Sandwell Metropolitan Borough Council

Early Help

PO Box 16021

Oldbury

B69 9EW

|  |
| --- |
| **Early Help Note** |
| **Baby/Child/Young Person’s Details** |
| **Surname:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Male |  |  | Female |  |

**Forename:****Also known as:****Date of Birth:****Gender:** | **Unique Ref. Number:** | Please record all names the child and parents/carers have been known by.This is the child / young person's usual or home address. Where the parents have shared care, the child / young person may have two addresses. |
| **Address:****Postcode:****Telephone Number:** |
|  |  |  |
| **Parent/Carer Details** |
|  |  |  |
| **Name:****Relationship:****Date of Birth:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |

 | **Address:****Postcode:****Telephone Number:****E-mail Address:** |  |

|  |
| --- |
| **Assessment Details** |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Early Help Note Commenced: ………………………………………****Early Help Note Completed: ……………………………………….****In which Locality do the family live ? ............................................****Is this a referral for COG? Yes/No**

|  |  |
| --- | --- |
| **Family Non-Engagement** |  |
| **Agency Non-Engagement** |  |
| **Spot Purchase Request** |  |
| **Service Required Not Available** |  |

**If yes, reason for referral?** |

|  |
| --- |
| **Early Help Checklist****Does the unborn baby, infant, child or young person appear to be:**  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Healthy****Yes/ No/ Not Sure (*delete as appropriate)*****Comments**

|  |
| --- |
|  |

**Safe from Harm****Yes/ No/ Not Sure (*delete as appropriate)*****Comments**

|  |
| --- |
|  |

**Learning and Developing****Yes/ No/ Not Sure (*delete as appropriate)*****Comments**

|  |
| --- |
|  |

**Having a positive impact on others?****Yes/ No/ Not Sure (*delete as appropriate)*****Comments**

|  |
| --- |
|  |

**Free from the negative impact of poverty?****Yes/ No/ Not Sure (*delete as appropriate)*****Comments**

|  |
| --- |
|  |

**If you have answered ‘No’ to any of the previous questions, what additional services are needed for the unborn baby, infant, child or young person or their parent(s), carer(s) or families?****Comments**

|  |
| --- |
|  |

**Can you provide the additional services needs?****Yes/ No *(delete as appropriate)*****If you answered ‘Yes’ to the previous question who will provide these services?****Comments**

|  |
| --- |
|  |

**Is there a child in the household aged between 18 months and 3.5 years?****Yes/No *(delete as appropriate)*****If yes, please select which of the following apply:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Income Support** |  | **The Guarantee Element of State Pension Credit (from 30 April 2005)** |  |
| **Income Based Job Seekers Allowance** |  | **The child has a current statement of SEN or an Education, Health and Care Plan** |  |
| **Child Tax Credit (and household income is not more that £16,190)** |  | **Support under part 4 of the Immigration an Asylum Act 1999** |  |
| **Working Tax Credit (and household income is not more than £16,160)** |  | **The child has left care through special guardianship or an adoption or residence order** |  |
| **Disability Living Allowance** |  | **Looked After Child (in the care of the local authority)** |  |
| **Income Related Employment and Support Allowance** |  | **None of the Above** |  |

**If answered yes to one or more of the above you/ your child meets the eligibility criteria to access Early Learning for Twos in Sandwell, would you like to receive further information?****Yes/ No (*delete as appropriate)*****(If yes, please provide family with application and provision details)** |