

**EARLY HELP ASSESSMENT**

*The Early Help Assessment is a voluntary process and signed consent from the young person and family is required before the information in this assessment is shared outside of your agency.*

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| **Name of children in household** | **DOB** | **Gender** | **Ethnicity** | **Language(s)** | **Religion** | **Immigration Status** |
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| **Parents/Carers in household****(including Fathers)** | **PR & Relation to child(ren)** | **Gender** | **Ethnicity** | **Language(s)** | **Religion** | **Immigration Status** |
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| **Household Address**  |
| **Postcode: Contact Details:** |
| **Any other household the child(ren) reside on a regular basis** |
| **Postcode: Contact Details:** |

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| **Significant Others not in household (parents / fathers / extended family)** | **Address (incl postcode)** | **PR & Relation to child(ren)** |
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| **Are there any disabilities or communication needs within this family?** **Are there any SEND? If so, please detail****What is the best way to communicate with this family?***Are interpreters needed? Are there better times of the day to contact this family?* |

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| **Professionals Involved with Family** |
| **Name / Role** | **Service Name**  | **Service Address** | **Contact Details** | **Supporting who in the household?** |
|  | GP |  |  |  |
|  | School / Nursery |  |  |  |
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| **Reason for Assessment/Referral (detail the referral):** |

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| **Draw or create a family tree / friend map (eco map) to show the key people in this family’s life** |

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| **What is Working Well?** | **What are we Worried About?** | **What needs to happen?** **Next Steps** |
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| **What could happen if things did not change?** | **Wellbeing Goal****What do we want to achieve?** |
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| **What does the young person /child(ren) say about life at home?****What would they like to see happen?** |
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| **Scaling –** having discussed what life is like for your child right now, where is this on the scale? Child, parent and lead professional should scale – please write the person’s name underneath their score.  |
| 0  | 1  | 2  | 3  | 4  | 5  | 6  | 7  | 8  | 9  | 10  |
| Extremely  | All is well  |
| ConcernedThe Professional, the parents/carers, and the child or young person should all scale separately. There is no need to agree. This is powerful for opening up a discussion about why views are similar or different for each person involved.  |

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| **Family/Young Person Plan:** |  |  |
| **Wellbeing Goal****What do we want to achieve?** | **How will we achieve this? (action)** | **Who will do this? When will it be done?** |
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| **Supporting Families Indicators:**  | **Y/N** |  |  |
| Parents and/or child(ren) involved in crime or anti-social behaviour |  | Adult(s) out of work or at risk of financial exclusion, or young people at risk of worklessness or Not in Education Employment or Training (NEET) |  |
| Child(ren) not attending school regularly |  | Family affected by domestic violence and/or abuse |  |
| Child(ren) who need help, are identified as in need, or are subject to a Child Protection Plan (CPP), or there is a young carer in the family\* |  | Parent(s)/Carer(s) and/or child(ren) with a range of health problems |  |
| No Troubled Family Indicators have been identified |  |  |  |

**Consent:**

I agree to the Early Help Assessment taking place and for Team around the Family meetings to be held to review how things are progressing. I agree for professionals listed within this EHA to share information, where necessary, to support me and my family.

I confirm that the Early Help Assessment has been shared with me and it is an accurate summary of my family’s situation, and agree with the family plan

I understand that the information that is relevant to my child/ren and my needs will be recorded and securely stored as a paper or electronic file.

I agree that this assessment can be shared with the agencies listed above in order to help provide and co-ordinate support to my family. If new agencies are needed in the future, I will be asked for consent again.

I have been informed that if there is evidence or reasonable cause to believe a child/young person is suffering, or at risk of suffering significant harm, practitioners have a legal responsibility to inform Children’s Social Care. In most cases, they will discuss this with you first.

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| **Parent / Carer Name:** | **Signature:** | **Date:** |
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| **Young Person Name:** | **Signature:** | **Date:** |
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| **Practitioner Name:** | **Signature:** | **Date:** |
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