

Early Help Assessment

This assessment should always be completed with the child(ren) and family and focus on the relationships within families, as well as being clear about what needs to change to help and support families to achieve positive outcomes.

The Early Help Assessment is about having a good quality conversation with a child, young person or family about different aspects of life such as home, work, school/college, social/community and health and well-being. The focus is on what's working well and what can be done if things need to improve. These quality conversations need to happen as early as possible. Use this form to record the detail of your conversation and to help you to start plan for the future.

Consent

I am happy to participate in an Early Help Assessment. I understand that the information I give will be used to help me plan things. I understand that my information will be stored safely as per General Data Protection Regulation (EU) 2016. I give my permission for this information to be shared with other professionals to assist me to plan what is needed. Any exceptions should be brought to the attention of the author of the assessment. I understand that should there be an immediate risk of harm; the practitioner will follow the Tameside safeguarding reporting procedures.

NB: Young person can sign in their own right if deemed to be Fraser Competent

Signed: Date:	Print Name:	Relationship:
Signed: Date:	Print Name:	Relationship:

Details of person completing the assessment:

Date Assessment Started:		Date that most recent involvement started:		Date Assessment Completed:	
Person completing this assessment with the child/young person and family					
Name					
Address				Post Code	
Agency					
Role					
Telephone		Mobile			
Email					
Has a check been carried out to see if there is an existing open Early Help Assessment prior to commencing?(NB families should only have one Early Help Assessment open) To check please contact an Early Help Advisor on 0161 342 4260				Yes	No

Practitioner Agreement

As a practitioner, I agree to help you make plans and to support you to make improvements for your family. This means I will do the following;

- Help you to record what is working well and agree plans for the future.
- Provide support from my agency.
- Explain and if needed organise a meeting called a 'Team Around Meeting'
- Help you to access additional support if required.
- Help you to access specialist support if needed
- Use the Early Help Access Point for advice and guidance
- Explain the safeguarding procedures

Practitioner Signature		Date	
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Child Family and Network Details

Child/Children's Details							
Please name ALL child/ren in the family household incl. those who live elsewhere Name of Child/ren Please state approximate age if DoB is not known	Please indicate which child/ren are of concern	DoB/EDD* (dd/mm/yy)	Gender (M/F)	Disabilities SEND PCP State which (Y/N)	Religion	Ethnicity	School/Nursery/College NHS No (if known) Please state if the young person is a young carer (YC)
1	X						
2							
3							
4							
5							
6							
7							

Please state if there are any communication needs?	Y/N** If yes please detail:		
Is an interpreter required? Y/N**	Yes	No	What Language is required and for which family member?
Address <i>What is the primary address of the child/ren/young person you are concerned about? Include post code</i>			Postcode
Contact Numbers <i>Include Parent Carers and child/YP</i>	Name		Mobile /Phone
If there are children involved that do not live at the primary address please give any other known addresses and contact details of where the children live	3		

Family Household details Please state the names of the Parent/Carer/s and any other adults who live in the household		Relationship to Child/ren (Indicate PR Y/N)	DoB	Gender (M/F)	Ethnicity	Language/Interpreter		Disabilities (Y/N)
						Yes	No	
Name Address Contact number						Yes	No	
Name Address Contact number								
						Yes	No	
Name Address Contact number								
						Yes	No	
Name Address Contact number								
						Yes	No	

Safety/Support Network Details –

Who else is important to the Child/ren and family apart from those named above; are they currently offering support

*If the named person is a professional please state their title and organisation they work for, underneath their name

Name	Relationship	Address/Organisation	Telephone/Email	Are they currently offering support(Y/N)	Does this person consent to information sharing?
1					

2						
3						

Assessment Information

Details of professionals currently/previously involved with any of the family members

Worker Name	Family member supporting	Role/Team/Agency	Contact Details	Dates From/To	Have they contributed to this assessment?

What is the reason for Assessment? All about the child, young person and family (*Include any information you feel is relevant*)

How has the child/young person been involved in this assessment? Was the young person seen during this assessment? Outline the child's thoughts and feelings that are understood from completing the assessment with them, and offer analysis of how this will inform the plan. (What tools have been used during this assessment? (Consideration should be given to using the Tameside Voice of the Child Booklets)

Child's Daily Life Experiences	
What does the child say are the best things about their lives? What do they say they are most worried about? What do they say needs to happen?	
Is the direct work attached? e.g. Three Houses	
Please explain what alternative methods were used. e.g. non-verbal child/observation	
What are we worried about?	
Worries	
Complicating Factors What are the things which make it harder to create safety/promote the wellbeing of the child Is there anything you know of which makes it difficult for this family to keep the child safe and well?	

What's working well? What does the child/family say are the best things about their lives? What makes you happy? Think about what you're good at, your successes. What do you enjoy doing?	
Existing Wellbeing Things mum/dad/others do that make sure your child's is safe and okay at home even when things get difficulty.	
Existing Strengths What strengths do the family have and what does a good day look like? What do the children like about their family? What has been different when things were going well?	

What needs to happen?

What are the next steps in ensuring the child's wellbeing means they are safe and well? What are the next steps in ensuring the child's wellbeing means they are safe and well? What will things need to look like for things to be better? Actions and who. What's important for the family? What are your goals? What does success look like? If you wanted to make changes, and knew you wouldn't fail, what would you start doing? How ready are you for change?

ANALYSIS

Think about how many worry statements you need. You may only need 1 or 2

Worry Statement 1

Wellbeing Goal 1

Scaling Question 1

Individual Scales 1 – who scored what and why?		
Person	Score	Why? This is really important, What is the evidence that makes you score as you did?
Worker		
Parent		
Teacher		

Worry Statement 2	
Wellbeing Goal 2	
Scaling Question 2	

Individual Scales 2 – who scored what and why?		
Person	Score	Why? This is really important, What is the evidence that makes you score as you did?
Worker		
Parent		
Teacher		
Worry Statement 3		
Wellbeing Goal 3		
Scaling Question 3		

Individual Scales 3 – who score what and why?		
Person	Score	Why? This is really important, What is the evidence that makes you score as you did?
Worker		

Parent		
Teacher		
Worry Statement 4		
Wellbeing Goal 4		
Scaling Question 4		
Individual Scales 3 – who score what and why?		
Person	Score	Why? This is really important, What is the evidence that makes you score as you did?
Worker		
Parent		
Teacher		

b. Overall Case Score and reason:

How safe and well is the child, where 10 is the parents and family network can make sure the child is safe and achieving without the need for support from professionals and 0 is we are very worried about the safety/wellbeing of the child and they are at immediate risk of harm

Scaling – Having discussed what life is like for person right now, how worried are we?



1

2

3

4



5

6

7

8

9



10



Has there been any direct work already completed or is ongoing with the child/ young person/ family, that is not detailed in the previous sections of this form?

Name of Parent/Carer

Please state the relationship to child/ren
e.g. mum, dad, grandparent, other family
member etc.

Please state any additional worries and/or strengths raised by your family members that are not detailed above

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Please tick any of the following issues that you know to be a factor in this situation

Issue	Tick if Yes	Issue	Tick if Yes	Issue	Tick if Yes
Mental health of Child		Emotional Health of Child		Behavioural difficulties of Parent/Carer	
Teenage pregnancy/sexual health		Physical Health Parent / Carer		Homelessness	
Child has been missing from home		Mental Health of Parent/Carer		Unemployment	
Alcohol or other substance Misuse by Child		Domestic Violence		Family breakdown	
Sexually Harmful Behaviour		Anti-social behaviour (Parent/Carer)		Bereavement	
Risk of Child Sexual Exploitation		Alcohol or other substance Misuse by Parent		Financial Pressures /Loss of benefits	
Risk of Criminal Exploitation		At risk of being Not in Education, Employment or training		Other (insert below) <i>Please provide any details of any issues you have indicated that you feel are relevant to this situation</i>	
Risk of Criminal Exploitation		Parental Conflict			
Child/young person Offending		Neglect			
Anti-social behaviour (Child/young person)		Housing/Environment			
Non-School Attendance/ Exclusion		Experiencing of bullying			
Physical Health Child		Adult Offending			

Initial Plan

Next Steps: What are the first steps to making things better and moving from the worries further towards the goals (this must link to the worry statements above)?

What do the child and family / professional	Who will do	By When?	How can we ensure that the	Review Date/Comments
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think should happen first? Action In relation to Worry Statement 1		this?		action is carried out? How do we get to 10?	
What do the child and family / professional think should happen first? Action In relation to Worry Statement 2		Who will do this?	By When?	How can we ensure that the action is carried out? How do we get to 10?	Review Date/Comments
Is A risk assessment Required?	YES/No	Has one been completed?	YES/No	Who By?	Name
Is a Graded Care Profile/Neglect Screening tool required?	Yes/No	Has one been completed?	YES/No	Who By?	Name

Recommended Actions

What are the child(ren's) and parent's/carer's views of the Assessment and Initial plan?

Consent

I have been fully involved in completing this Early Help Assessment. I understand that the information I have given will be used to help me plan things. I understand that my Information will be stored safely as per the General Data Protection Regulation (EU) 2016 I give my permission for this information to be shared with other professionals and the people who I agree that it can be shared. (Any exceptions should be brought to the attention of the author of the assessment) I understand that should there be an immediate risk of harm; the practitioner will follow the Tameside safeguarding reporting procedures.

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Parents/Carers/YP Signature		
	Relationship	Relationship

Manager/Supervisor Oversight and Analysis

Manager Name:

Manager Contact Details:

Designation

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Summary :

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Close Yes/ No Date closed:	Signed: Manager
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