This assessment should gather information about the child/ young person’s current situation. It is intended to be completed in partnership with the child/ young person and their family. This assessment should support decision making about the child/ young person’s level of need and allow the development of an action plan to address identified needs. If information contained within the assessment is shared, **consent** should be sought.

| **Assessor’s details** |
| --- |
|  |  |  |  |
| **Date of assessment** |  |  |  |
|  |  |  |  |
| **Name** |  | **Job title** |  |
|  |  |  |  |
| **Agency** |  | **Contact No.**  |  |
|  |  |  |  |
| **Email** |  |  |  |
|  |  |  |  |

| **Child(ren) Subject of Assessment – (please include unborn babies)** |
| --- |
|  |  |  |  |
| **Child/Young Person 1** |  |  |  |
|  |  |  |  |
| **Forenames** |  | **Surname** |  |
|  |  |  |  |
| **Address inc. postcode** |  | **Gender** |  |
|  |  |  |  |
| **DOB or EDD** |  | **School/nursery** |  |
|  |  |  |  |
| **Ethnicity** |  | **Religion** |  |
|  |  |  |  |
| **Communication needs/language** |  | **GP Surgery & contact number** |  |

| **Child(ren) Subject of Assessment – (please include unborn babies)** |
| --- |
|  |  |  |  |
| **Child/Young Person 2** |  |  |  |
|  |  |  |  |
| **Forenames** |  | **Surname** |  |
|  |  |  |  |
| **Address inc. postcode** |  | **Gender** |  |
|  |  |  |  |
| **DOB or EDD** |  | **School/nursery** |  |
|  |  |  |  |
| **Ethnicity** |  | **Religion** |  |
|  |  |  |  |
| **Communication needs/language** |  | **GP Surgery & contact number** |  |

| **Child(ren) Subject of Assessment – (please include unborn babies)** |
| --- |
|  |  |  |  |
| **Child/Young Person 3** |  |  |  |
|  |  |  |  |
| **Forenames** |  | **Surname** |  |
|  |  |  |  |
| **Address inc. postcode** |  | **Gender** |  |
|  |  |  |  |
| **DOB or EDD** |  | **School/nursery** |  |
|  |  |  |  |
| **Ethnicity** |  | **Religion** |  |
|  |  |  |  |
| **Communication needs/language** |  | **GP Surgery & contact number** |  |

| **Details of Parents/Carers** |
| --- |
|  |  |  |  |
| **Parent/Carer 1:** |  | **Parent/Carer 2:** |  |
| Forename: |  | Forename: |  |
|  |  |  |  |
| Surname |  | Surname: |  |
|  |  |  |  |
| Address: |  | Address: |  |
|  |  |  |  |
| Postcode |  | Postcode: |  |
|  |  |  |  |
| Telephone: |  | Telephone: |  |
|  |  |  |  |
| DOB/age: |  | DOB/age: |  |
|  |  |  |  |
| Ethnicity: |  | Ethnicity: |  |
|  |  |  |  |
| Relationship to child: |  | Relationship to child: |  |
|  |  |  |  |
| Parental Responsibility | Yes/ No | Parental Responsibility | Yes/ No |

| **Details of other significant adults/ household members/ siblings not included in assessment** |
| --- |
| **Name** | **DOB or age** | **Gender**  | **Reside with family?** | **Relationship to child 1** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

| **Primary Issues:** |
| --- |
| ☐ Child behaviour☐ Child health & development☐ Education☐ Emotional abuse☐ Domestic abuse☐ Sexual abuse☐ Child sexual exploitation☐ Harmful sexual behaviour☐ Missing From Home | ☐ Family relationships☐ Teenage pregnancy☐ Emerging criminality/ ASB☐ Neglect☐ Parental health ☐ Physical abuse☐ Female Genital Mutilation☐ School/nursery attendance☐ Radicalisation  | ☐ Mental health☐ Alcohol misuse☐ Substance misuse☐ Social exclusion☐ Disabilities & SEN☐ Financial issues☐ Housing☐ Young Carer ☐ Emotional wellbeing☐ Other (detail below) |

| **What has led you to completing an Early Help Assessment for the child/ren today?** |
| --- |
|  |
| **General Health** | Strengths |
| Record information on general health and wellbeing.Consider long-term conditions, recent ailments, speech and language, sexual health, substance use and dental health.Include SEN and disabilitiesDo parents/ carers seek help? |  |
| Needs |
|  |
| **Personal Development** | Strengths |
| Consider physical, emotional and social development expected for their age. Friendships and relationships with adults. Sense of belonging and self-image of own race, culture and gender. Growing independence and ability to deal with challenge and disappointment. |  |
| Needs |
|  |
| **Family and Environment** | Strengths |
| Include information about the family make up and functioning (including domestic abuse). Wider support networks and positive influences. Consider housing and physical environment. Family employment and income. |  |
| Needs |
|  |
| **Parenting capacity** | Strengths |
| Are parents/ carers able to provide basic care, emotional warmth, stimulation and boundaries? Do they act as appropriate role models for positive behaviour, dealing with disappointment and conflict? Consider the impact of parental mental health conditions or learning difficulties.  |  |
| Needs |
|  |
| **Safety and supervision** | Strengths |
| Consider whether the child/ren is protected and kept safe, whether other care providers are appropriate. Are older children allowed appropriate freedom, are they exploited or engaging in risky behaviour? Record the outcomes of CSE and Harmful Sexual Behaviour screening tools. |  |
| Needs |
|  |
| **Neglect** | Strengths |
| Record whether the BSCB Neglect Checklist indicates that neglect is present, at what level and the outcomes of other assessment tools. Use the STIR framework to assess (scale, type, impact, reason). |  |
| Needs |
|  |

| **Conclusions** |
| --- |
| Work together to agree on **What** changes you would like to see? |  |
| Record ideas for **How** changes will happen. If people have different or competing ideas include these as well. |  |
| What are the **Next Steps**? Think about who will do what and whether any other professionals or family members should be enlisted. Record the detailed actions on the following **Action Plan**. |  |
| Record the threshold level that you have assessed the child/ren to be at and whether you intend to call a professionals’ meeting. |  |

| **Other agencies working with the child/ren and family** |
| --- |
| Practitioner Name | Job title | Agency | Contact details |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
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| **Action Plan** |
| --- |
| **Need - (indicate any unmet need)** | **Action – what needs to happen?** | **Who will complete the action?** | **By when will this action be achieved?** | **How will you know that things have improved?** | **Progress****(to be completed on review)** |
|  |  |  |  |  |  |
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|  | **Consent statement for information storage and information sharing**We have collected the information in this assessment form so that we can understand what help you and/or your family may need. If we cannot meet all of your needs we may need to share all or part of this information with the other organisations specified below, so that they can help us to provide the services you need. If we need to share information with any other organisation(s) later to offer you more help we will ask you about this before we do it.We will treat your information as confidential and we will not share it with any other organisation unless we are required by law to share it or unless you will come to some harm if we do not share it. In any case we will only ever share the minimum information we need to share.I understand the information that is recorded on this form and that it will be stored and used for the purpose of providing services to: |  |
| --- | --- | --- |
|  | ☐ Me and family☐ This infant, child or young person for whom I am a parent☐ This infant, child or young person for whom I am a carer |  |
|  | I have had the reasons for information sharing explained to me and I understand those reasons.**‘By completing this section and ticking the ‘yes’ button you as a practitioner confirm that you have received signed, written consent on the original copy of the early help assessment and that the family, child or young person understand and agree that you will share the information with other agencies should this be required’ ☐ Yes** |  |
|  | I agree to the sharing of information, as agreed, between the services listed below | Yes | ☐ | No | ☐ |  |
|  |

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|  | **Parent or carer** |  |  |  |  |  |
| Signed |       | Name |       | Date |       |
|  |  |  |  |  |  |  |
|  | **Child or young person** |
|  | Signed |       | Name |       | Date |       |  |
|  |  |  |
|  | **Practitioner’s signature**  |  |
|  | Signed |       | Name |       | Date |       |  |

|  | **Exceptional circumstances: concerns about significant harm to a child or young person**If at any time during the course of this assessment you are concerned that a child or young person has suffered or is likely to suffer significant harm you must contact Blackpool Council Children’s Social Care Duty and Assessment Team on (01253) 477299 and follow Blackpool Safeguarding Children Board (BSCB) procedures which can be found at [www.blackpoolsafeguarding.org.uk](http://www.blackpoolsafeguarding.org.uk). The statutory guidance ‘*Working Together to Safeguard Children*’ (HM Government, 2015) sets out the responsibilities of all agencies to safeguard children. If a decision is made to make a referral to Blackpool Children’s Social Care then you should inform the parent, carer and where appropriate, the young person before making such a referral unless to do so would place the child at increased risk of imminent significant harm. |  |
| --- | --- | --- |