

Early Help Assessment



The aim of the early help assessment is to help children, young people and families look at what is working well for them, what is not working well and what next step are needed to support change. ***Please note by completing this assessment you are the lead professional. Please use the guidance document to support you writing this assessment.***

Assessment Start Date:	Assessment completion Date:	Author Name:		Co-Author Name:	
		Author Service:		Co-Author Team:	
		Author telephone:		Co-Author telephone:	
		Author email:		Co-Author email:	

Family Details:

Name:	DOB/ EDD	Relationship:	Gender:	Address:	Post Code:	Parental Responsibility	Ethnicity:	Telephone:	Email:
			Choose an item.			<input type="checkbox"/> Yes <input type="checkbox"/> No	Choose an item.		
			Choose an item.			<input type="checkbox"/> Yes <input type="checkbox"/> No	Choose an item.		
			Choose an item.			<input type="checkbox"/> Yes <input type="checkbox"/> No	Choose an item.		
			Choose an item.			<input type="checkbox"/> Yes <input type="checkbox"/> No	Choose an item.		
			Choose an item.			<input type="checkbox"/> Yes <input type="checkbox"/> No	Choose an item.		
			Choose an item.			<input type="checkbox"/> Yes <input type="checkbox"/> No	Choose an item.		
			Choose an item.			<input type="checkbox"/> Yes <input type="checkbox"/> No	Choose an item.		
			Choose an item.			<input type="checkbox"/> Yes <input type="checkbox"/> No	Choose an item.		

Who else is important to your family?

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Are you registered at a GP surgery?	<input type="checkbox"/> Yes <input type="checkbox"/> No	GP Surgery details:	
Are you registered at a dentist Surgery?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Dentist Surgery details:	

Do you or any members of your family have an EHCP? If yes please include date of EHCP review:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you or any members of your family been referred to or are open to the CDC? If yes please provide further details below:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you or any member of your family in receipt of DLA ad or PIP? If yes please provide further details below.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please provide further details here:					

Who is working with your family?

Service Details?	Current or past?	Agency contact details including name/role and contact details	Who for?
Education for each child-			
Primary health i.e midwife, health visitor			
Specialist services i.e. CYPMHS, CDC			
Adult services i.e. mental health, pathways			
Housing agencies			
Other			

Why are we completing this assessment?

Child and Family's Story

Child and/or Young Person's Story- *consider child/young person's development, physical and emotional health, learning and behavioural development, including any special needs or disabilities and family and social relationships. Remember to identify needs as well as strengths. Comment on what life is like for each child and young person in this family. Include the views and feelings of each child.*

Parents and carers story- *consider parenting skills, basic care, guidance & boundaries, emotional warmth & stability whilst ensuring safety. Note any attendance at parenting programmes. Include the parent's views, strengths and needs.*

Family, community and support network- *family history & relationships, wider family, housing & finances, useful resources available in locality. Please note strengths and needs. Please consider the use of a genogram*

Summary and Analysis

Reflecting on the assessment above, what is the understanding and analysis of the emerging needs for the child or children? Consider the impact on the child or children now and in the future and what needs to change to improve the outcomes each child. Differences of opinion with the family's views need to be reflected on and taken into account.

What is working well for this child/ young person/ family?

What are you and the family worried about? Are there any concerns and risks? What is the impact or potential impact of these concerns/ risks on the child, young person or family? What might happen if we didn't do anything? Have we addressed why the family needed/ wanted support?

What needs to change? How will we know that there is improvements for this child, children or young person and their family?

Identified needs from this assessment: *please write the name against the need of all whom these needs apply to.*

Abuse (emotional/ physical/sexual):	Adult has drug/alcohol misuse:	Young Carer:
Neglect:	Child has drug/alcohol misuse:	Families not in sustainable housing/ at risk of homelessness:
Anti-Social Behaviour:	Adult mental health:	Adult perpetrator of domestic abuse:
Child to parent violence:	Child/ young person mental health:	Young people who have been excluded from the family home: (edge of care)
Child criminal exploitation:	Risk of NEET:	Radicalisation:
Child sexual exploitation:	Neurodiversity:	Unemployment/ workless
Communication/ Sensory Needs:	Physical health needs not being met:	School Attendance:
Physical disabilities:	Expectant/ new parents who need additional support:	Teenage pregnancy:
Child developmental needs not being met (0-5s):	Child missing from home:	Online Safety:
Child/ Young Person Mental Health:	Child experiencing harm outside of home (peer to peer abuse/ bullying/ harassment):	
Child/ family affected by domestic abuse:	Parenting:	
Debt/ financial difficulties:	Parental Conflict:	

Identified level of need and identified actions from early help assessment: From the information obtained during this assessment please identify which level of need you have identified and detail why you have chosen this level of need. *Please refer to Warrington's continuum of need document to support your decision. **Please note EHAs should not be completed for families whose current level of need is 1.***

Level 1	Level 2	Level 3	If completing this EHA and the identified need is level 4 please complete a MARS form to refer to children's social care in line with safeguarding procedures. MARS
	<i>Detail decision:</i>	<i>Detail Decision:</i>	<i>Detail Decision:</i>

What do we want to achieve?	How are we going to do it?	Who is going to do it?	When by?

CONSENT (PLEASE SEE GUIDANCE TO FURTHER EXPLAIN INFORMATION SHARING WITH THE FAMILY)

We collect the information in this form so that we can understand what support you may need. If we cannot cover all your needs we may share some of the information with other organisations so that they can help us to support you, as a result of this they will record the advice and guidance given in line with the Data Protection Act. We will treat your information as confidential and we will not share it with any organisation unless we are required by law or unless you or any other person will come to some harm if we do not. In this case, we will only ever share the minimum information needed. All personal information will be processed and stored in compliance with the Data Protection Act. Your data can be monitored by Warrington's supporting families programme, how your data is managed can be found at <https://www.warrington.gov.uk/privacy-policy>. 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 (please tick):

☐ Me ☐ This Infant, Child or Young Person for whom I am a Parent/ Carer.

I have had the reasons for information sharing and information storage explained to me and I understand those ☐ Yes ☐ No

I agree to the sharing of information, as explained and outlined in the statement above. ☐ Yes ☐ No.

I understand this consent is for the duration of the Assessment and TAF process. I understand I can withdraw consent at any time. ☐ Yes ☐ No

Parent Carer signature:

Date:

Young person signature (where applicable):

Date: