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**Early Help Assessment for family**

**Early Help Assessment**

**Date assessment started:**       **Date of planned ‘Team around the Child/Family’ meeting:**

**Details of all unborn babies/child(ren)/ young people in the family:**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name | E.D.D./  D.O.B/ age | Gender | Ethnicity | Disability | Religion | First language | Telephone Number | SEN  *(Include details below*) | Address |
| 1. |  |  |  |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |  |  |  |

**Details of significant family members (e.g. adult siblings, fathers, mothers, carers, relatives and/or others):**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name | D.O.B. | Gender | Ethnicity | Relationship to child(ren) *(identify which child(ren) where more than one is being assessed*) | Parental Responsibility?  (*How do you know this?)* | Telephone number | Living in same household?  *(If parents/carers living in separate addresses, list address here if appropriate)* |
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**Communication and accessibility needs or details of any SEN indicated above**

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**Has another assessment been completed recently? If so, please summarise what was learned (Please consider any outstanding actions)**

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**Why is this assessment being completed? What are you hoping to achieve?**

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**What has been tried to meet the needs including details of any outcomes**

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**Family history/context.** *(Please include details of any relevant cultural or community considerations)*

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**Details of person co-ordinating this assessment**

**Name:**      

**Job title:**

**Agency:**      

**Secure email:**

(If you do not have a secure email address, please use a secure file transfer system)

**Telephone number:**

|  |  |  |
| --- | --- | --- |
| **Services involved** | **Name and address** | **Contact details**  (telephone number and email) |
| **GP** |  |  |
| **Dentist** |  |  |
| **Early years setting, school, college or training** |  |  |
| **Health Visitor or School Nurse** |  |  |
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**Section 1a: Child(ren)/young people – Information about themselves**

**What do they each think is going well? (or what might your unborn child say?)**

*Consider home, family relationships, parenting, friendships, school/college/training, health, including mental health, development etc*

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**What do they each think is not going well? (or what might your unborn child say?)**

*Consider home, family relationships, parenting, friendships, school/college/training, health, including mental health, development etc*

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**What do they think needs to change?**

*Be specific about desired changes and outcomes. Aim to describe how things would be if…*

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**What are the risks and concerns if things don’t improve?**

*What might your life look like if things stay the same?*

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**Section 1b: Parents/Carers – Information about the child(ren)**

**What do mothers/fathers/carers think is going well?**

*Consider home, family relationships and parenting, friendships, school/college/training, health, including mental health, development etc*

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**What do mothers/fathers/carers think is not going well?**

*Consider home, family relationships and parenting, friendships, school/college/training, health, including mental health, development etc.*

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**What do mothers/fathers/carers think needs to change?**

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**What are the risks and concerns if things don’t improve?**

*What are you worried might happen?*

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**Section Two: Information about Mothers/Fathers/Carers**

**Life history, including experience of being parented***. (Please consider significant life events, childhood experiences, any history of domestic violence and/or substance misuse as well as positive family relationships with immediate or extended family.)*

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**General Health.** *(Please include any diagnosed medical conditions, physical as well as emotional or mental health and wellbeing and any involvement with adult services)*

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**Employment/progress to work, finances and home situation.** *(Consider job security, financial security, benefits and any other dependants)*

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**Social and Community resources/activities.** *(Consider support networks, friends and family in the local area and other interest groups)*

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**Language/communication/culture.** *(English as a second language, communication needs as well as any cultural and heritage considerations)*

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**Keeping children safe.** *(Include positive and protective factors, understanding of safety, setting and enforcing boundaries, e-safety)*

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**Confidence in Parenting.** *(Dealing with conflict and disagreements, co-parenting and consistency)*

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**Family and household routines.** *(Consider rule setting, expectations, consistent or chaotic childcare)*

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**What do Fathers/Mothers/ Carers want to change***? (Consider the needs of the adults as well as the children and the readiness to make changes)*

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**How would these changes impact/improve family life?** *(Consider individual needs, differing opinions, family unity, shared goals and positive outcomes)*

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**Section Three: Information from others working with the family**

*This section is to capture information from other professionals involved with the family and can either be completed directly or after gaining their input from phone calls or other communications.*

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| **Your name/agency/ contact details:** | **Who are you working with?**  (i.e. name of child(ren)  or family)**:** | **Outline involvement, including dates:** |
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**What is going well for this family?**

*Consider home, family relationships, parenting, friendships, school/college/training, health, including mental health, development etc.*

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**What is not going well for this family?**

*Consider home, finance and employment, family relationships, parenting, friendships, school/college/training, health, including mental health, development etc.*

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**What needs to change to meet the family’s needs?**

*Be specific about desired changes and outcomes. Aim to describe how things would be if…*

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**What are the risks and concerns if things don’t improve?**

*Consider short, medium- and long-term impact/outcomes for the young person*

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**Section Four: Information from person co-ordinating this assessment**

**What do you think is going well?**

*Consider home, family relationships and parenting, friendships, school/college/training, health, including mental health, development etc.*

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**What do you think is not going well?**

*Consider home, family relationships and parenting, friendships, school/college/training, health, including mental health, development etc.*

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**What do you think needs to change to meet the young person or family needs?**

*Be specific about desired changes and outcomes. Aim to describe how things would be if…*

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**What are the risks and concerns if things don’t improve?**

*Consider short, medium and long-term impact/outcomes for the young person*

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**Section Five: Summary and Analysis**

Drawing on all information gathered here, what is your professional opinion of what life is like for this child or young person? *Please use evidence and any relevant research or professional experience to support your analysis and be agency/service specific where appropriate.*

*(If the assessment includes an unborn baby, what is your professional opinion of what life will be like for the baby?)*

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**Consent to store and share my information**

**Assessor’s confirmation**

* I confirm I have explained the need for and practice of storing and sharing information with the person named below and /or that person's parent/carer and that they have given their signed consent below.
* I have detailed below any persons or agencies that this information should NOT be shared with without prior permission of the parent/carer/young person named below.
* I have explained the exceptional circumstances where it may not be possible to abide by such a request and that not sharing information could delay the process of support for the unborn baby/child(ren)/young person.
* You can find further guidance and explanation of the consent process, information sharing protocols and privacy notice using the links below.

[www.bathnes.gov.uk/sites/default/files/consent\_guidance\_0.pdf](http://www.bathnes.gov.uk/sites/default/files/consent_guidance_0.pdf)

[www.bathnes.gov.uk/services/children-young-people-and-families/child-protection/information-sharing-protocol](http://www.bathnes.gov.uk/services/children-young-people-and-families/child-protection/information-sharing-protocol)

[www.bathnes.gov.uk/sites/default/files/sitedocuments/Your-Council/Data-Protection-and-freedom-of-information/PN\_Early\_Help\_Assessments.pdf](http://www.bathnes.gov.uk/sites/default/files/sitedocuments/Your-Council/Data-Protection-and-freedom-of-information/PN_Early_Help_Assessments.pdf)

**Assessor’s Name:**       **Signed:**       **Date:**

**Managers’ Name:**       **Signed:**       **Date:**

**Family agreement to sharing information**

* I agree that this assessment and all subsequent reviews/updates can be shared with any agencies and professionals who can help things to improve for me or my child(ren) and family, except those specified in the box below.
* I understand that this information may also be shared for the purposes of quality assurance and service improvement with a group operating within an agreed data sharing agreement.
* I have had the need for the storing and sharing of this information explained to me and I understand the exceptional circumstances under which it may be shared without my prior consent.

I withhold my consent for this information to be shared with:

**Child/young person(s) name:**       **Signed:**       **Date:**

**Parent/carer(s) name:**       **Signed:**       **Date:**

Please return the completed assessment securely to the Integrated Working Team either:

* by email from B&NES or Virgin Care accounts directly to [IWT@bathnes.gov.uk](mailto:IWT@bathnes.gov.uk).
* Alternatively, from all other sources, please send by registered post to Integrated Working Team, Lewis House, Manvers Street, Bath, BA1 1JG or call Lyn Tapping on Bath 395448 or Kevin Clark on Bath 395308 to discuss other options

**Action Plan**

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| **Needs**  *Which child does the need relate to? (if supporting multiple children) Which of the identified needs does this address?* | **Desired Outcome**  *See section five ‘Summary and Analysis’ from assessment* | **Action** | **Who will do this?** | **By When?**  *Please give specific timescales rather than ‘ongoing’ or ‘asap’* | **Progress and comment on specific action** |
|  | End result |  |  |  |  |
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| We will know this is happening when |
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|  | End result |  |  |  |  |
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