

**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:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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)* |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

**Communication and accessibility needs or details of any SEN indicated above**

|  |
| --- |
|  |

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

|  |
| --- |
|  |

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

|  |
| --- |
|  |

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

|  |
| --- |
|  |

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

|  |
| --- |
|  |

**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** |  |  |
|  |  |  |

**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*

|  |
| --- |
|  |

**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*

|  |
| --- |
|  |

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

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

|  |
| --- |
|  |

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

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

|  |
| --- |
|  |

**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*

|  |
| --- |
|  |

**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.*

|  |
| --- |
|  |

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

|  |
| --- |
|  |

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

*What are you worried might happen?*

|  |
| --- |
|  |

**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.)*

|  |
| --- |
|  |

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

|  |
| --- |
|  |

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

|  |
| --- |
|  |

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

|  |
| --- |
|  |

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

|  |
| --- |
|  |

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

|  |
| --- |
|  |

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

|  |
| --- |
|  |

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

|  |
| --- |
|  |

**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)*

|  |
| --- |
|  |

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

|  |
| --- |
|  |

**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.*

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

**What is going well for this family?**

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

|  |
| --- |
|  |

**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.*

|  |
| --- |
|  |

**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…*

|  |
| --- |
|  |

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

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

|  |
| --- |
|  |

**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.*

|  |
| --- |
|  |

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

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

|  |
| --- |
|  |

**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…*

|  |
| --- |
|  |

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

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

|  |
| --- |
|  |

**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?)*

|  |
| --- |
|  |

**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 HCRG 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 01225 395448 or Holly Carter-Miles on 01225 395940 to discuss other options

**Action Plan**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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 |  |  |  |  |
|  |
| We will know this is happening when |
|  |
|  | End result |  |  |  |  |
|  |
| We will know this is happening when |
|  |
|  | End result |  |  |  |  |
|  |
| We will know this is happening when |
|  |
|  | End result |  |  |  |  |
|  |
| We will know this is happening when |
|  |