Early Help Assessment

|  |
| --- |
| An Early Help Assessment is a way of bringing together what is going well in your family, what could be better and what needs to happen to help things improve. This may include different organisations working together.  You and your family, along with the people involved in supporting you, will then agree the best way for change to happen: This will be written into the Early Help Assessment and Plan. |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Names and details of children and young people in the home / family | | | | | | | | |
| Name | **Preferred name / Pronouns** | **DOB / EDD** | **Ethnicity** | **Religion** | **Education setting** | **Disability?** | **Carer?** | **Consent?** |
|  |  |  | Choose an item. |  |  | Choose an item. | Choose an item. | Choose an item. |
|  |  |  | Choose an item. |  |  | Choose an item. | Choose an item. | Choose an item. |
|  |  |  | Choose an item. |  |  | Choose an item. | Choose an item. | Choose an item. |

**Date assessment started** Click or tap to enter a date.

|  |  |  |  |
| --- | --- | --- | --- |
| Contact Details for the Children in the Family. (If all children have the same contact details please put ALL in the name section) | | | |
| Name of Child | **Address** | **Contact Number (if appropriate)** | **Email (if appropriate)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Names and details of adults who care for me / us | | | | | | | | | | |
| Name | | **Preferred name / pronoun** | **Date of Birth** | **Parental respon-sibility** | **Relationship to Child/ Children** | **Address/telephone & email** | **Ethnicity** | **Religion** | **Disability** | **Carer** | **Consent** |
|  | |  |  | Choose an item. |  |  | Choose an item. |  | Choose an item. | Choose an item. | Choose an item. |
|  | |  |  | Choose an item. |  |  | Choose an item. |  | Choose an item. | Choose an item. | Choose an item. |
|  | |  |  | Choose an item. |  |  | Choose an item. |  | Choose an item. | Choose an item. | Choose an item. |
|  | |  |  | Choose an item. |  |  | Choose an item. |  | Choose an item. | Choose an item. | Choose an item. |
|  | |  |  | Choose an item. |  |  | Choose an item. |  | Choose an item. | Choose an item. | Choose an item. |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Services Involved With The Family | | | | | | |
| Professional’s Name | **Agency** | **Role** | **Email** | **Telephone Number** | **Contributed to Assessment** | **Summary of Contribution** |
|  |  |  |  |  | Choose an item. |  |
|  |  |  |  |  | Choose an item. |  |
|  |  |  |  |  | Choose an item. |  |
|  |  |  |  |  | Choose an item. |  |
|  |  |  |  |  | Choose an item. |  |

|  |
| --- |
| **Reason for assessment and information gathered** |
| * Please give the reason for the assessment/detail of referral. * This should include the definition of the needs and purpose/scope of the assessment * Wording throughout this assessment should be child and parent focused * Consider language and parent as the audience * Identify any communication/ learning needs or styles that inform delivery of interventions or need for further assessment * Is an interpreter required and if so in what language? * It is important that the family understand the reason for the assessment and there is consent where appropriate * Understand where the family are at the start of the intervention to measure progress and outcomes |
|  |
| **Chronology** |
| A chronology is a record of all significant events, referrals and observations concerning the child and their family. A chronology provides a brief description and summarised account of events in date order. It should be used as an analytical tool to assist in the understanding of the impact of life events and to inform decision making. It helps identify patterns and issues – invaluable in assessing risk and when analysing the likely impact of events. It is particularly useful when a child experiences a series of incidents that individually would be of low concern but as a pattern could cause high concern about their welfare e.g. neglect. It is therefore an essential tool in analysis and planning at all stages and especially when cases are transferred. A chronology is not expected to be a repetition of the narrative contained in process or case recordings, but bullet points indicating incidents, events or issues within a family or which significantly affect a child’s life. It must be relevant and succinct so that important events are not lost in insignificant and irrelevant details. The child or young person and their family should also be involved in the process of completing the chronology. The involvement of the child and family members provides an opportunity to check the accuracy of information and it can assist the worker in obtaining family member’s perspectives on particular events. |
|  |
| **Child or children’s views on what is happening in their life** |
| * It is import to understand the different ways children communicate * Include the child’s direct voice if appropriate * Listen to and understand children’s lived experiences, what is their understanding of what the needs and strengths are? How could life be different for them? What do they like, dislike? * Age appropriate tools can be used to capture this * Enable them to take an active role in decision-making concerning them and their future. * [Record and take into account their views, regardless of age or ability to communicate directly.](https://www.bing.com/ck/a?!&&p=289111f94b33e5bd8be5d5797b7099417477b2af047591727172439dcf32ae96JmltdHM9MTc0NzM1MzYwMA&ptn=3&ver=2&hsh=4&fclid=213f1af2-c45d-66f2-2618-0e80c5bd6789&psq=voice+of+the+child+guidance&u=a1aHR0cHM6Ly93d3cucHJvY2VkdXJlc29ubGluZS5jb20vdHJpeGNtczEvbWVkaWEvODMwMS8wMS1iLTAyOS12b2ljZS1vZi10aGUtY2hpbGQtZ3VpZGFuY2UucGRm&ntb=1) * The child’s perspective on the impact of disability should be considered |
|  |
| **Parents/Carers views on what is happening in their child or children’s and family lives** |
| * Gain clarity of parent’s understanding of the impact on their children and on their physical and emotional well-being. * What are the impacts for them as parents? * What do they want to change and how can this happen? Understanding of parent’s motivation and capacity to act to change and * Use the support available as well as being clear on the barriers to change. * How could life be different for them and their child? * What are the consequences of changing or not changing behaviours? * What positive parenting behaviours are evident and what do they do well? * How are parents/carers supported to make changes and take responsibility for their own actions and make the changes?   Assessments in relation to disability or where disability must be considered; the assessment must identify the disabled child or young person’s care and support needs beyond that of a typically-developing child of the same age, in the following domains:   * Maintaining physical health * Self-care * Speech and communication * Emotional and behavioural development * Sleep * Identity and relationships * Supervision and safety |
|  |
| **Additional information and views of those supporting the family regarding the child or children’s lives** |
| * Key agency involvement with the child/ren and family * Key agency professional views, including attendance and behaviours * Strengths for the child or children and family * Any needs for child or children and family * How do the family engage with the services * Any other information relevant including information on disability and Education Health Care Plans |
|  |
| **Analysis and impact** |
| What strengths have been identified? (consider the assessment triangle and be brief clear and specific) |
|  |
| What needs have been identified? (consider the assessment triangle and be brief clear and specific) |
|  |
| **Analysis** |
| * What are the protective and complicating factors and areas of uncertainty * It is crucial to clarify the nature of any needs – of what? From whom? In what circumstances? What are the impacts of needs on the children? * Is there any need that may not be appropriately met? * What change is required? * Do parents recognise the things that need to change? * Are they ready to make changes and what support do they need to overcome any barriers? |
|  |
| **Recommendations** |
| Consider:   * Next steps * Has this been based on the practitioners analysis of the information gathered and needs identified? * Has this considered the history and impact on the child? * Does this include the family priorities? * Does this acknowledge any other recommendations from other professionals involved?   **This is not the plan.** |
|  |

|  |
| --- |
| **Manager comments / sign off** |
| * Manager to outline their views clearly * Manager to reflect on the impact of the needs * Manager to give clear guidance on the next steps and their rationale as to why they have come to the decisions relayed. |
|  |

Date assessment completed: Click or tap to enter a date.