

Why we are completing an Early Help Assessment

The aim of the Early Help Assessment is to help children, young people and families to get the help they need at the right time. Together, we will look at what is working well and what can be done if things need to change to improve family life.

Assessment Start Date		Assessment Completed Date		Author Name		Co-Author Name	
				Author Team		Co-Author Team	
				Author Service Area		Co-Author Service Area	
				Author Telephone		Co-Author Telephone	
				Author Email		Co-Author Email	

Your Family Details (Please include parents/carers, children, young people and unborn children.)

Name	DoB/EDD	Age	Relationship	Gender	Address 1	Address 2	Town	Post Code	Parental Responsibility	Ethnicity
									<input type="checkbox"/> Yes	Choose an item.
									<input type="checkbox"/> Yes	Choose an item.
									<input type="checkbox"/> Yes	Choose an item.
									<input type="checkbox"/> Yes	Choose an item.
									<input type="checkbox"/> Yes	Choose an item.
									<input type="checkbox"/> Yes	Choose an item.

Who can we contact in your family and how?

Name of family member

Mobile/Landline

Email

Who else is important to you?

(Please include those in close contact with you/your family. This can be grandparents, step parents, half-siblings, friends, social groups.)

Name	Date of Birth	Age	Relationship	Gender	Address 1	Address 2	Town	Post Code	Parental Responsibility	Ethnicity
									<input type="checkbox"/> Yes	Choose an item.
									<input type="checkbox"/> Yes	Choose an item.
									<input type="checkbox"/> Yes	Choose an item.
									<input type="checkbox"/> Yes	Choose an item.
									<input type="checkbox"/> Yes	Choose an item.
									<input type="checkbox"/> Yes	Choose an item.

Universal Services working with you and your family

Are all family members registered with a GP?	<input type="checkbox"/> Yes	Surgery Name		Tel. No.	
	<input type="checkbox"/> No				
<u>If you have ticked No, please say who is not:</u>					

Are all family members registered with a dentist?	<input type="checkbox"/> Yes	Dental Practice		Tel. No.	
	<input type="checkbox"/> No				
<u>If you have ticked No, please say who is not:</u>					

Other Services working with you and your family

Name of Service	Name of family member service is working with	Service Tel. No	Service Email Address	Has this service contributed to the completion of this assessment?
				<input type="checkbox"/> Yes
				<input type="checkbox"/> Yes
				<input type="checkbox"/> Yes
				<input type="checkbox"/> Yes

Details of Lead Practitioner

Name			
Job Title			
Service Area			
Contact Details	<u>Mobile</u>	<u>Landline</u>	<u>Email</u>

Reason(s) why we are completing this assessment

Those who took part in this assessment

(Please include the family/wider family and any others who were there or any others who may have contributed to this assessment.)

Assessment Information

1. Development of Unborn/Children/Young People

In this part, assess all children and young people in the family. Please consider health, education, emotional and behavioural development, identity, family and social relationships, social presentation and self-care skills.

Taking into account the information provided above, please now say:

- What works well?
- What does not work well?
- Are there any clear next steps?
- What are the views of parents/carers/children/young people?

Assessment Information

2. Parents and Carers

In this part, consider parental factors that may influence parenting capacity and in turn affect the needs of the children and young people. Please consider ability to offer basic care, safety, emotional warmth, stimulation and play, guidance and boundaries and stability. Other factors may include learning capacity, any disabilities, mental health, domestic abuse and substance misuse.

Taking into account the information provided above, please now say:

- What works well?
- What does not work well?
- Are there any clear next steps?
- What are the views of parents/carers/children/young people?

Assessment Information

3. Wider Family and Environment

In this part, consider any further issues that affect the family functioning. Please consider family history, wider family, housing, employment, income, social integration and community resources.

Taking into account the information provided above, please now say:

- What works well?
- What does not work well?
- Are there any clear next steps?
- What are the views of parents/carers/children/young people?

Identified Needs from Early Help Assessment

Please select all options that apply to each parent/carer/adult/young person/child. Where needs of the adults have an impact on the child(ren), please be clear what consequent needs the child has, e.g. parental alcohol misuse impacts on child school attendance. If you select Abuse or Neglect, you must have considered contacting the MASH Team.

Child 1 Name:			
Abuse	Drug Misuse	Parental Conflict/Relationships	
Alcohol Misuse	Homeless/Housing Needs/Conditions	Parenting	
Anti-Social Behaviour/Crime	Intra-Familial Sexual Abuse	Physical Disabilities	
Behaviour	Learning Disabilities	Physical Health	
Child Criminal Exploitation	Mental/Emotional Health	Harmful Sexual Behaviour	
Child Sexual Exploitation	Missing Education	School Attendance and Exclusions	
Communication/Sensory Needs	Missing from Home	Sexual Abuse	
Contextual Safeguarding	Neglect	Teenage Pregnancy	
Debt	Not in Education, Employment or Training	Young Carer	
Domestic Abuse	Online Safety	Youth Offending	
Child 2 Name:			
Abuse	Drug Misuse	Parental Conflict/Relationships	
Alcohol Misuse	Homeless/Housing Needs/Conditions	Parenting	
Anti-Social Behaviour/Crime	Intra-Familial Sexual Abuse	Physical Disabilities	
Behaviour	Learning Disabilities	Physical Health	
Child Criminal Exploitation	Mental/Emotional Health	Harmful Sexual Behaviour	
Child Sexual Exploitation	Missing Education	School Attendance and Exclusions	
Communication/Sensory Needs	Missing from Home	Sexual Abuse	
Contextual Safeguarding	Neglect	Teenage Pregnancy	
Debt	Not in Education, Employment or Training	Young Carer	
Domestic Abuse	Online Safety	Youth Offending	
Child 3 Name:			
Abuse	Drug Misuse	Parental Conflict/Relationships	
Alcohol Misuse	Homeless/Housing Needs/Conditions	Parenting	
Anti-Social Behaviour/Crime	Intra-Familial Sexual Abuse	Physical Disabilities	
Behaviour	Learning Disabilities	Physical Health	
Child Criminal Exploitation	Mental/Emotional Health	Harmful Sexual Behaviour	
Child Sexual Exploitation	Missing Education	School Attendance and Exclusions	
Communication/Sensory Needs	Missing from Home	Sexual Abuse	
Contextual Safeguarding	Neglect	Teenage Pregnancy	
Debt	Not in Education, Employment or Training	Young Carer	
Domestic Abuse	Online Safety	Youth Offending	

Parent/Carer 1 Name:			
Abuse	Drug Misuse	Parental Conflict/Relationships	
Alcohol Misuse	Homeless/Housing Needs/Conditions	Parenting	
Anti-Social Behaviour/Crime	Intra-Familial Sexual Abuse	Physical Disabilities	
Communication/Sensory Needs	Learning Disabilities	Physical Health	
Debt	Mental/Emotional Health	Harmful Sexual Behaviour	
Domestic Abuse	Not in Education, Employment or Training	Sexual Abuse	
Parent/Carer 2 Name:			
Abuse	Drug Misuse	Parental Conflict/Relationships	
Alcohol Misuse	Homeless/Housing Needs/Conditions	Parenting	
Anti-Social Behaviour/Crime	Intra-Familial Sexual Abuse	Physical Disabilities	
Communication/Sensory Needs	Learning Disabilities	Physical Health	
Debt	Mental/Emotional Health	Harmful Sexual Behaviour	
Domestic Abuse	Not in Education, Employment or Training	Sexual Abuse	

Current Level of Need for child/young person/family Select **ONE** box only

(Please refer to Levels of Need Framework from Warrington's Threshold of Need and Response Guidance 2017.)

Level 1	Level 2	Level 3	Level 4 Refer to Social Care

Analysis of Assessment

Now the assessment is completed, record your professional analysis of the findings, strengths and difficulties, protective and risk factors within the family and how these impact on the child(ren)/young person(s) and parent(s)/carer(s).

Practitioner Comments

Child's/Young Person's View

Parent's/Carer's View

Action Plan

Action	Action to be taken/ support to be provided	Name of Child/Young Person/Family Member to whom action relates	Desired effect of actions/support	By when	Name and role of person carrying out action/ providing support
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					

How we will work together

- To help us to provide more effective support, professionals and services will need to ask you and your family for relevant information so that they can work well with you and your family. Any such information will then need to be shared with services. We will aim to be open and honest about what personal information we might need to share and why.
- If there are services with which you do not wish to share your or your family's information, you must let us know who they are and we will put their details in the box below.
- In some situations, it may not always be appropriate to let you know that information is being shared, for example, where there may be cause for concern about the safety of a child/young person, if there may be any signs of significant harm to a child/young person or serious harm to an adult.
- The information we keep about you and your family is stored securely on computer systems and/or paper files. It is kept safe because we follow the procedures set out in the General Data Protection Regulation (GDPR) and the Data Protection Act 2018. You can ask to see the information we keep about you at any time and we will tell you how this will be done.

Agreement

- I agree to the assessment and to sharing my/my family's information between services which may include, but is not limited to, Children's and Adult Services, Health Care, Education, Social Care, Police, Probation Services, Department of Work and Pensions, Housing, Voluntary services and other Council services. This agreement will be reviewed on an annual basis.
- I have told you about any services with which I do not want my/my family's information to be shared.
- I understand that I can stop this process at any time by informing my support worker or emailing the Early Help Support Team at earlyhelpsupport@warrington.gov.uk

Name		Family Member/ Relationship		Signature		Date	
Name		Family Member/ Relationship		Signature		Date	

Please do not share my/my family's information with the following service(s):

As the assessing practitioner(s), I confirm that I have fully explained the above to the child/young person/family.

Name		Team/Service		Signature		Date	
Name		Team/Service		Signature		Date	

What you need to do next

(Please select **ONE** option only.)

Needs identified which can be supported through universal services or by a single agency. <i>(Review/close using Early Help Meeting Review/Early Help Assessment Closure.)</i>	
Level 2 needs identified and a Family Meeting to be arranged. <i>(Review/close using Early Help Meeting Review/Early Help Assessment Closure.)</i>	
Level 3 complex and multiple needs identified. Arrange a Family Meeting and/or complete a MARS online form to request Early Help services. <i>(Review/close using Early Help Meeting Review/Early Help Assessment Closure.)</i>	
Safeguarding concerns have been identified/raised. Contact the MASH Team. <i>(Close using Early Help Meeting Review/Early Help Assessment Closure.)</i>	

Safeguarding

If at any time you feel that a child or young person has been harmed or abused or is at risk of harm or abuse, you must follow your local safeguarding children board (LSCB) procedures immediately.

Submitting your completed assessment

Please email you completed assessment to the Early Help Support Team at earlyhelpsupport@warrington.gov.uk

Contact Information

Multi-Agency Safeguarding Hub (MASH) Team
01925 443400
childreferral@warrington.gov.uk

Early Help Support Team
01925 443136
earlyhelpsupport@warrington.gov.uk