# **Early Help Assessment Form**



# **Child and family details**

Details of all subject child(ren)

Name		Alias			DOB / EDD
Gender	Disability		Ethnicity	Religio	n
Address					
Name		Alias			DOB / EDD
Gender	Disability		Ethnicity	Religio	n
Address					
Name		Alias			DOD / FDD
Name		Allas			DOB / EDD
Gender	Disability		Ethnicity	Religio	n
Address					

# Family composition / household members and significant others including absent fathers Name Alias DOB / EDD Gender Relationship PR Address DOB / EDD Name Alias Gender Relationship PR Address Name Alias DOB / EDD Gender Relationship PR Address Name Alias DOB / EDD Gender Relationship PR Address



Legal status/immigration status information regarding any of the people to be included in this assessment	Communication needs (including language) regarding any of the people to be included in this assessment
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# **Assessment details**

This section should be completed prior to the beginning of the assessment and will draw on information already known about the child(ren) / young persons and family from the referral. It should include a statement about what is to be assessed and why and identify any particular issues to be explored further, including key issues to be addressed or causes for concern. This should clearly tell the family why we are involved and be written in plain language with no jargon

Reason for undertaking this assessment/Presenting issues:		
Assessment Timescales		
Start date:		
Given working days:		
Target completion date:		



# Child and Family background/history

The Early Help Assessment should reflect a multi-agency approach to supporting the family and as such it should evidence the contribution from professionals and services who know the family, along with their own view of their family, strengthens and areas they need support with. If you use any tools as part of your assessment, GCP for example reference these and what they tell you.

### The Child's Profile

This section should tell the child(s) story.

- Childs, wishes and feelings, including non-verbal communication
- Their understanding of the reason for involvement and their views on their own situation
- Evidence of direct observations / contact and information from other professionals. Is the child's development age appropriate?
- Being healthy growth, development, physical/mental wellbeing, suitable health care and advice by parent/carer including dental/eye care, sexual health
- Emotional and behavioural development reactions and responses to change/ stress, motivations, self-control/responsibility, personality
- Nursery and Education Current and historical, attendance, home / education provider relationships and achievements.
- Resilience factors hobbies, interests, skills, trusted adults and/or peers
- Identity view of self/abilities, context of gender and gender identity, race, religion, age, abilities, class, culture, ethnicity, spirituality and sexual orientation and how does the child perceive that they "fit" in the household/family/community and how do others describe them?
- Family and Social Relationships, Emotional warmth and interaction
  - Attachments (who to/nature), loss of significant figures i.e. bereavement, divorce, peer relationships, friends; understanding of own family; view of day to day life
  - Who are the child's trusted adults? Who so they have an appropriate secure attachment to? Who are we worried about, are there any risky adults involved?
- Social presentation, including suitable dress for age, hygiene, support from parents to develop suitable self-care and independence skills
- Parents view of the child, who they think is important for the child and relationships between those people?
- Grey Areas—identify any areas that are unclear or may be of potential concern for the child(ren) but need further clarity and assessment.

Name			
Story			



### Family History and Understanding of Family Relationships - 0

Using the chronology identify themes and patterns including Child Protection or other social work and partner agency previous and current involvement with the family

- What works well in this family, parental and extended family strengths?
- All Parent/carers views of the assessments, wishes and feelings
- Overview of each parent/carer's own history, childhood, experience of being parented, Health / patterns in the family e.g. illness, disability; where do they fit in their family, impact of diversity issues for parent and on parenting
- Parent/carer current and historical relationships, how long together, how did they meet, strengths, conflict, Drug and alcohol misuse, offending, anti-social behaviour, domestic abuse and views on these
- Summary of current and historic education/ work/training of parents and significant figures. Own opinion/understanding of how they are parenting including providing basic care/safety, guidance and boundaries; capacity to change
- Who is seen as part of the family/support network, information about their siblings/extended family/friendships/ relationships with neighbours
- Views of previous involvement with social care and other professionals
- Domestic violence and abuse, what are each involved person's views and understanding of the violence / abuse and control factors
- Grey Areas—identify any areas that are unclear or may be of potential concern for the child(ren) but need further time, clarity, or assessment
- Previous and current involvement of social work, other professionals and services Check with the family which other agencies may have worked with them. What support and by whom? What changed or stayed the same?
- Provide a brief summary of interventions provided by other professionals / agencies.
- Grey Areas –identify any areas that are unclear or may be of potential concern for the child(ren) but need further time, clarity, or assessment.

Name		
Story		



### Risks within the Community – Contextual Safeguarding - 0

Are there Concerns ab	out Exploitation? If yes, plea	se consider whether a CE1 referral i	is required
Yes O No O Alr	ready Completed		
Story			
Date(s) child(ren) / voi	ung person(s) and family men	nhers seen / consulted	
	ang person(s) and ranniy men	ibers seemy consumed	
Name	Date	Child Seen	Child Seen Alone
5 1 14 1 6		N/I I	
Family Members Con	suitea	Who else was present	t during the visit

### Practitioner's assessment of the situation

Analysis - think about strengths demonstrated as protection over time Always remember the context of the information Distinguish between past harm and future danger, focus on specific observable behaviours Consider the impact on the child of their circumstances: a) physical, emotional and/or educational needs; b) likely effect of any change in circumstances; c) age, sex, background, diversity issues and any characteristics that are relevant; d) any harm suffered or at risk of suffering; e) how capable each parent/carer is of meeting his needs;

- Has a Family Group Conference taken place, if so detail any identified strengths or protective factors from this meeting What does the family do well and should continue to do
- What services can support this
- What part do wider family and support networks play to support the family?
- How does this support impact upon parenting capacity?
- Grey areas, identify any areas that are unclear or may be of potential concern for the child(ren) but need further time, clarity, or assessment

Family strengths and protective factors:		

This is your analysis of the information provided in the assessment.

- · What does all of the information gathered tell you (and the family) about the child's situation and what needs to change?
- Identify the child's needs and how these can be better met and by whom, including family, wider networks and other professionals
- Where there are protection risks what needs to change to minimise these risks. Identify any specific risks to or from either parent and how they relate to the safety of the child(ren)
- Complete this section for each child
- Grey areas, identify any areas that are unclear or may be of potential concern for the child(ren) but need further time, clarity, or assessment

Worries, needs & significant harm:



Use specific evidence from your assessment to support your analysis and professional judgment

- Explore concerns identified within the referral and how these are being addressed
- What's going well? Parent/carer strengths and strengths in the wider family and extended network of support
- Parents ability and willingness to change
- What are we worried about? Identify areas of unmet need and significant harm what must change and why, what is non-negotiable
- Grey areas, identify any areas that are unclear or may be of potential concern for the child(ren) but need further time, clarity, or assessment

Analysis and professional judgement:
<ul> <li>Has a Family Group Conference, family support meeting, ICPC, Pre Birth-Planning Meeting re: unborn baby or other meeting resulted in a safe plan for the child?</li> </ul>
<ul> <li>Outline the specific actions that family members and other agencies need to undertake to address the needs and risks identified for each child</li> </ul>
• Each person, professional or family member should know what they are responsible for and when the plan will be reviewed
The plan should be realistic, have measurable outcomes with clear timescales (SMART targets)
• The child and family must be told what may happen if they fail to co-operate or are unable to achieve the agreed objectives within the agreed time-scales. Plans should not use jargon and should be written in plain language
Include a clear Contingency Plan which the family understand
Recommendations including outline plan:



# Views of child(ren) on the assessment: Views of child(ren) on the assessment: View of parent / carer and significant others on the assessment:



# **Comments and Actions**

Was the Assessment Completed or Terminated?	
<b>○</b> Completed <b>○</b> Terminated	
Date Assessment Completed / Terminated:	
Lead worker	
Name	
Manager	
Reviewed by:	Reviewed on:
Comments:	

