**Early Help Assessment for family**

**Early Help Assessment**

**Date assessment started:**       **Date of planned ‘Team around the Child(ren)’ meeting:**

**Details of unborn baby/child(ren)/ young person being assessed:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name | E.D.D./  D.O.B/ age | Gender | Ethnicity1 | Disability | Religion | First language | Telephone Number | Address |
| 1. |  |  |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |  |  |

**Details of other significant people (e.g. adult siblings, fathers, mothers, carers, relatives and/or others living in the household):**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name | D.O.B. | Gender | Ethnicity | Relationship to child(ren) (identify which child(ren) where more than one is being assessed) | Parental Responsibility? | Telephone number | Living in same household?  *(If parents/carers living in separate addresses, list address here if appropriate)* |
|  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |

**Details of any communication or accessibility requirement**

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| --- |
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**Has another assessment been completed recently? If so, please summarise what was learned.**

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|  |

**Why is this assessment being completed?**

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**What has been tried to meet the needs?**

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**Family history/context**

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|  |

**Details of person co-ordinating 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**  Please state for which family member | **Name and address** | **Contact details**  (telephone number  and secure email) |
| **GP** |  |  |
| **Dentist** |  |  |
| **Early years setting, school, college or training provider** |  |  |
| **Health Visitor** |  |  |
|  |  |  |
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**Early help assessment for**

*(Duplicate forms can be found in the appendices for additional children.)*

**Section One: What is going well?**

**What does the child/young person think is going well (with reasons)?** *(or what might your unborn child say?)*

**At home:** *(consider* *home environment, condition, area, shared bedroom, privacy, outside space, area)*

|  |
| --- |
|  |

**Family relationships and parenting:** *(consider siblings, family rules, parents, extended family)*

|  |
| --- |
|  |

**Friendships:** *(consider activities, clubs/groups, who, where, frequency)*

|  |
| --- |
|  |

**In school / setting / training / work:** *(consider engagement, aspirations, enjoyment, motivation)*

|  |
| --- |
|  |

**Health/development (Including mental and emotional health):** *(consider fitness, diet, happiness, wellness,resilience, access to services; hygiene)*

|  |
| --- |
|  |

**Other:** *(consider family background and ethnicity, diversity and cultural considerations)*

|  |
| --- |
|  |

*Please use appendix 1 for any additional children being assessed*

**Early help assessment for**

*(Duplicate forms can be found in the appendices for additional children.)*

**What do mothers/fathers/carers think is going well (with reasons)?**

**At home:** *(consider security, comfort, space, condition)*

|  |
| --- |
|  |

**Family relationships and parenting:** *(consider communication, caring, engaging, warmth, trust, disagreement/conflict)*

|  |
| --- |
|  |

**Friendships:** *(consider positive influences, role models, behaviour)*

|  |
| --- |
|  |

**In school setting/training/work:** *(consider attendance, attainment, engagement, enjoyment, attitude, home/school communication)*

|  |
| --- |
|  |

**Health/development (Including mental and emotional health):** *(consider stability, medical conditions/diagnoses, emotional wellbeing, resilience, self-care, mood)*

|  |
| --- |
|  |

**Other:** *(consider family background and ethnicity, diversity and cultural considerations)*

|  |
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**Early help assessment for**

*(Duplicate forms can be found in the appendices for additional children.)*

**What does the person co-ordinating the assessment think is going well (with reasons)?**

**At home:** *(consider atmosphere, suitability, tenancy)*

|  |
| --- |
|  |

**Family relationships and parenting:** *(consider emotional warmth, responsiveness, boundaries)*

|  |
| --- |
|  |

**Friendships:** *(consider appropriateness, peer group, influence)*

|  |
| --- |
|  |

**In school / setting / training / work:** *(consider attendance, attainment, behaviour, relationships, aspirations)*

|  |
| --- |
|  |

**Health/development (Including mental and emotional health**): *(consider engagement with services, management of medical conditions)*

|  |
| --- |
|  |

**Other:** *(family background and ethnicity, diversity and cultural considerations, also community resources, places of worship, transport, crime/ASB)*

|  |
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**Early help assessment for**

*(Duplicate forms can be found in the appendices for additional children.)*

**Section Two: What is not going so well?**

**What does the child/young person think is not going well (with reasons)?** *(or what might your unborn child say?)*

**At home:** *(consider* *home environment, condition, area, shared bedroom, privacy, outside space, area)*

|  |
| --- |
|  |

**Family relationships and parenting:** *(consider siblings, family rules, parents, extended family)*

|  |
| --- |
|  |

**Friendships:** *(consider activities, clubs/groups, who, where, frequency)*

|  |
| --- |
|  |

**In school / setting / training / work:** *(consider engagement, aspirations, enjoyment, motivation)*

|  |
| --- |
|  |

**Health/development (Including mental and emotional health):** *(consider fitness, diet, happiness, wellness,resilience, access to services; hygiene)*

|  |
| --- |
|  |

**Other:** *(consider family background and ethnicity, diversity and cultural considerations)*

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**What is the risk if things don’t improve?** *(what might your life look like if things stay the same?)*

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*Please use appendix 1 for any additional children being assessed*

**Early help assessment for**

*(Duplicate forms can be found in the appendices for additional children.)*

**What do mothers/fathers/carers think is not going well (with reasons)?**

**At home:** *(consider security, comfort, space, condition)*

|  |
| --- |
|  |

**Family relationships and parenting:** *(consider communication, caring, engaging, warmth, trust, disagreement/conflict)*

|  |
| --- |
|  |

**Friendships:** *(consider positive influences, role models, behaviour)*

|  |
| --- |
|  |

**In school setting/training/work:** *(consider attendance, attainment, engagement, enjoyment, attitude, home/school communication)*

|  |
| --- |
|  |

**Health/development (Including mental and emotional health):** *(consider stability, medical conditions/diagnoses, emotional wellbeing, resilience, self-care, mood)*

|  |
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|  |

**Other:** *(consider family background and ethnicity, diversity and cultural considerations)*

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**What is the risk if things don’t improve?** *(what are you worried might happen?)*

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**Early help assessment for**

*(Duplicate forms can be found in the appendices for additional children.)*

**What does the person co-ordinating the assessment think is not going well (with reasons)?**

**At home:** *(consider atmosphere, suitability, tenancy)*

|  |
| --- |
|  |

**Family relationships and parenting:** *(consider emotional warmth, responsiveness, boundaries)*

|  |
| --- |
|  |

**Friendships:** *(consider appropriateness, peer group, influence)*

|  |
| --- |
|  |

**In school / setting / training / work:** *(consider attendance, attainment, behaviour, relationships, aspirations)*

|  |
| --- |
|  |

**Health/development (Including mental and emotional health**): *(consider engagement with services, management of medical conditions)*

|  |
| --- |
|  |

**Other:** *(family background and ethnicity, diversity and cultural considerations, also community resources, places of worship, transport, crime/ASB)*

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**What is the risk if things don’t improve?** *(consider short, medium and long term impact/outcomes for the young person)*

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**Early help assessment for**

*(Duplicate forms can be found in the appendices for additional children.)*

**Section Three: Information from others working with the unborn baby, child(ren), young person or family**

*We aspire that all children living in B&NES are safe, healthy, prepared for adult life and making a positive contribution*

|  |  |  |
| --- | --- | --- |
| **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 unborn baby, child(ren), young person or family?**

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

|  |
| --- |
|  |

**What is not going well for this unborn baby, child(ren), young person or family?**

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

|  |
| --- |
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**What is the risk for this unborn baby, child(ren), young person or family if things don’t improve?**

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

|  |
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*Please use appendix 2 if more than one agency is contributing*

**Early help assessment for**

*(Duplicate forms can be found in the appendices for additional children.)*

**Section Four: Information about mothers/fathers/carers**

**Life history, including experience of being parented:** *(Consider significant life events, childhood experiences, history of violence, substance misuse, positive extended family relationships)*

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| --- |
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**General health (physical and mental well-being):** *(Consider mental and emotional wellbeing, diagnosed medical conditions, adult services)*

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**Employment/progress to work, finance and home:** *(Consider job security, financial security, benefits, other dependants)*

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**Social and community resources/activities:** *(Consider support networks, friends/family in the area, groups)*

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**Language/communication/culture:** *(Consider English as a second language, communication needs, cultural considerations)*

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**Keeping children safe:** *(Consider protective factors, understanding of safety, boundaries, e-safety)*

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**Confidence in parenting:** *(Consider boundaries, dealing with conflict/disagreement, co-parenting, consistency)*

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**Family routines:** *(Consider rule setting, expectations, consistent/chaotic, child care)*

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**What do the fathers/mothers/carers want to change?** *(Consider needs of adults, needs of child/young person, readiness)*

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

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**Early help assessment for**

*(Duplicate forms can be found in the appendices for additional children.)*

**Section Five: Family summary**

Please tick all the areas of need identified, and then rank them in order of the 3 highest priorities   
(1 being the highest priority) that need to be addressed to improve the unborn baby’s/child’s/young person’s current situation. Consider the significance of points of agreement and disagreement.

|  |  |  |  |
| --- | --- | --- | --- |
| **Need** | **Child** | **Parent** | **Assessor** |
| Acrimonious relationship between parents/carers  or other members of the household/family |  |  |  |
| Alcohol misuse  [Audit C Screening Tool](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/684826/Alcohol_use_disorders_identification_test_for_consumption__AUDIT_C_.pdf)  [Drink Think Tool](http://www.bathnes.gov.uk/sites/default/files/siteimages/drink_think_tool.pdf) |  |  |  |
| Anti-social behaviour (perpetrator) |  |  |  |
| Anti-social behaviour (victim) |  |  |  |
| Bereavement |  |  |  |
| Care Leaver - request for service |  |  |  |
| Care leaver - request to access records |  |  |  |
| Child Sexual Exploitation (risk of)  Please attach [SERAF](http://www.bathnes.gov.uk/sites/default/files/sitedocuments/Children-and-Young-People/ChildProtection/cse_seraf_risk_assessment_3may_2016_final_docx.docx) (sexual exploitation  risk assessment form) |  |  |  |
| Criminal behaviour / risk of offending  (*please state whether adult or young person)* |  |  |  |
| Cyber-bullying |  |  |  |
| Disability (formally diagnosed) |  |  |  |
| Domestic abuse (perpetrator)  *Please indicate if child to adult or adult to child or adult to adult* |  |  |  |
| Domestic abuse (victim)  Please attach [DASH risk checklist](http://www.safelives.org.uk/sites/default/files/resources/Dash%20for%20IDVAs%20FINAL.pdf) |  |  |  |
| Education   * not accessing education * not meeting expected education outcomes   - risk of education breakdown |  |  |  |
| Exploitation e.g. criminal / county-lines / gangs |  |  |  |
| Fabricated or induced illness |  |  |  |
| Family breakdown / risk of |  |  |  |
| Female Genital Mutilation (FGM) |  |  |  |
| Financial Hardship / Debt |  |  |  |
| Gang involvement |  |  |  |
| Harmful Sexual Behaviour |  |  |  |
| Hate crime / discrimination |  |  |  |
| Home conditions (inadequate) |  |  |  |
| Homelessness (young person) |  |  |  |
| Homelessness or risk of eviction (family) |  |  |  |
| Honour based abuse / forced marriage |  |  |  |
| Hospital admission |  |  |  |
| Learning needs including learning disabilities/difficulties (EHC/SEN) or below age related expectations |  |  |  |
| Mental health issues / emotional well-being Concerns re attachment |  |  |  |
| Adult: Long term/complex |  |  |  |
| Adult: Short term/low mood or anxiety |  |  |  |
| Child: Difficulty regulating emotions |  |  |  |
| Missed appointments / immunisations |  |  |  |
| Missing young person |  |  |  |
| No recourse to public funds |  |  |  |
| Non-engagement or resistant to working with services |  |  |  |
| Not in education, employment or training (NEET)  young people |  |  |  |
| Parenting capacity to meet needs of child(ren)/routines  and boundaries |  |  |  |
| Physical health issues including limiting long term illness |  |  |  |
| Police involvement or numerous call-outs |  |  |  |
| Prison (Children affected by Parental Imprisonment (CAPI ) – parent / carer / family member has a custodial sentence or recently released) |  |  |  |
| Private fostering |  |  |  |
| Private fostering (overseas student) |  |  |  |
| Radicalisation / risk of  [Prevent information](http://www.bathnes.gov.uk/services/neighbourhoods-and-community-safety/crime-prevention-and-community-safety/prevent)  (**Please note you have a duty to refer**) |  |  |  |
| Self-Harm |  |  |  |
| Social isolation |  |  |  |
| Substance / drug misuse |  |  |  |
| Suicide (risk of) |  |  |  |
| Teenage pregnancy / risk of |  |  |  |
| Toxic Trio (domestic abuse, parental mental ill health  & substance misuse) |  |  |  |
| Trafficking and modern slavery |  |  |  |
| Worklessness |  |  |  |
| Young Carer |  |  |  |

*Please add in appendix 1 for any additional children being assessed.*

**Early help assessment for**

*(Duplicate forms can be found in the appendices for additional children.)*

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

**Child’s name:**

**What is the child or young person telling you, either in words or through behaviour?**

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| --- |
|  |

**Using their own words wherever possible, what would the child or young person like to change?**

|  |
| --- |
|  |

**What needs to change to meet the child or young person’s or family needs?**

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**What is the risk or concern if things do not change?**

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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 Name:**       **Signed:**       **Date:**

**Manager Name:**       **Signed:**       **Date:**

**Parent/Carer/Young Person declaration**

* 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:

**Young Person Name:**       **Signed:**       **Date:**

**Parent/Carer Name:**       **Signed:**       **Date:**

Please return the completed assessment securely to the Integrated Working Team either by email from B&NES or Virgincare accounts directly to [IWT@bathnes.gov.uk](mailto:IWT@bathnes.gov.uk). From all other sources please first contact the Integrated Working Team on 01225 395021 or send by registered post to:

**Integrated Working Team, Lewis House, Manvers Street, Bath, BA1 1J**