**Early Help Assessment**

for up to 10 children living in the same household

Notes for use: If you are completing the form electronically, text boxes will expand to fit your text. Where check boxes appear, insert an ‘X’ in those that apply

BEFORE YOU START AN ASSESSMENT – Call the Early Help Transformation Team on 338746 – to see if there is already one in place

|  |  |
| --- | --- |
| **DATE ASSESSMENT STARTED:** |  |

**Section 1 – Identifying details**

Address where the family live:

|  |
| --- |
|  |

Parent(s) / Carer(s) Details – People with parental responsibility. If additional, please use wider family

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Adult 1 | First Name |  | Surname |  | Date of Birth |  | Ethnicity |  |
| Religion |  | Relationship to Child(ren) / Young Person |  | Contact Tel: |  |

|  |  |
| --- | --- |
| Address (if different) |  |

Parent(s) / Carer(s) Details – People with parental responsibility. If additional, please use wider family

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Adult 2 | First Name |  | Surname |  | Date of Birth |  | Ethnicity |  |
| Religion |  | Relationship to Child(ren) / Young Person |  | Contact Tel: |  |

Child / Young Person Details:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Child 1 | First Name(s): | Family Name(s): | DOB / Due Date | Gender | Ethnicity | Religion | Disability | Details of Disability  |
|  |  |  |  | Male |[ ]   |  | Yes |[ ]   |
|  |  |  |  | Female |[ ]   |  | No |[ ]  NHS No |  |
| Child 2 | First Name(s): | Family Name(s): | DOB / Due Date | Gender | Ethnicity | Religion | Disability | Details of Disability  |
|  |  |  |  | Male |[ ]   |  | Yes |[ ]   |
|  |  |  |  | Female |[ ]   |  | No |[ ]  NHS No |  |
| Child 3 | First Name(s): | Family Name(s): | DOB / Due Date | Gender | Ethnicity | Religion | Disability | Details of Disability  |
|  |  |  |  | Male |[ ]   |  | Yes |[ ]   |
|  |  |  |  | Female |[ ]   |  | No |[ ]  NHS No |  |
| Child 4 | First Name(s): | Family Name(s): | DOB / Due Date | Gender | Ethnicity | Religion | Disability | Details of Disability  |
|  |  |  |  | Male |[ ]   |  | Yes |[ ]   |
|  |  |  |  | Female |[ ]   |  | No |[ ]  NHS No |  |
| Child 5 | First Name(s): | Family Name(s): | DOB / Due Date | Gender | Ethnicity | Religion | Disability | Details of Disability  |
|  |  |  |  | Male |[ ]   |  | Yes |[ ]   |
|  |  |  |  | Female |[ ]   |  | No |[ ]  NHS No |  |
| Child 6 | First Name(s): | Family Name(s): | DOB / Due Date | Gender | Ethnicity | Religion | Disability | Details of Disability  |
|  |  |  |  | Male |[ ]   |  | Yes |[ ]   |
|  |  |  |  | Female |[ ]   |  | No |[ ]  NHS No |  |
| Child 7 | First Name(s): | Family Name(s): | DOB / Due Date | Gender | Ethnicity | Religion | Disability | Details of Disability  |
|  |  |  |  | Male |[ ]   |  | Yes |[ ]   |
|  |  |  |  | Female |[ ]   |  | No |[ ]  NHS No |  |
| Child 8 | First Name(s): | Family Name(s): | DOB / Due Date | Gender | Ethnicity | Religion | Disability | Details of Disability  |
|  |  |  |  | Male |[ ]   |  | Yes |[ ]   |
|  |  |  |  | Female |[ ]   |  | No |[ ]  NHS No |  |
| Child 9 | First Name(s): | Family Name(s): | DOB / Due Date | Gender | Ethnicity | Religion | Disability | Details of Disability  |
|  |  |  |  | Male |[ ]   |  | Yes |[ ]   |
|  |  |  |  | Female |[ ]   |  | No |[ ]  NHS No |  |
| Child 10 | First Name(s): | Family Name(s): | DOB / Due Date | Gender | Ethnicity | Religion | Disability | Details of Disability  |
|  |  |  |  | Male |[ ]   |  | Yes |[ ]   |
|  |  |  |  | Female |[ ]   |  | No |[ ]  NHS No |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Immigration status |  | Family first language |  |
| Is an interpreter or signer required for any of the family members? Yes [ ]  No [ ]  If YES, has this been arranged ? Yes [ ]  No [ ]  |
| Details of any special requirements (for any of the family members) |

Wider / Extended Family (if relevant)

(e.g. family structure including other parent (s) / carer (s), step parents, siblings, other significant adults who help the family etc.; who lives with the child and who does not live with the child)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name |  | Relationship to child/YP |  | AddressInc. tel no. |  |
| DOB |  |
|  |
| Name |  | Relationship to child/YP |  | AddressInc. tel no. |  |
| DOB |  |

**Services Working with the Family**

(Are there any other services working with any of the family members that we can contact and ask them to attend the Team Around the Family meeting? (for example SEN, Adult Mental Health, Adult Social Care, Probation etc.). Please indicate if this is a current or previous involvement with child, young person or family)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Agency name** | **Practitioner name** | **Practitioner role** | **Contact number and E-mail address** | **Family member(s) with whom this practitioner is involved** | **Current?****YES/NO** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
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|  |  |  |  |  |  |

**Is any child/young person in a private fostering\* or a kinship arrangement?** Yes [ ]  No [ ]

If private fostering, and with consent copy EHA form to be sent to Private Fostering, Children’s Social Care, Gun Wharf, Dock Road, Chatham, Kent, ME4 4TR

**Details of private fostering / kinship arrangement**

|  |
| --- |
|  |

**Details of Person(s) undertaking the assessment**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** |  |  | **Contact tel.no** |  |
| **Address**(including postcode) |  |  | **Role** |  |
|  | **Organisation** |  |
|  | **E-mail address** |  |

# What are the issues that have led to this assessment? What has already been tried?

|  |
| --- |
|  |

**Section 2 - Early Help Process Agreement**

The Early Help process has been explained to me/my family.
I/We understand information about our family will be collected using the Early Help Assessment, and that this information will be stored on a Council database and used for the purpose of providing advice & support for my family and for the evaluation of this support.
I/We understand that in order to offer the best possible support, this information may be shared with schools, health professionals and other organisations relevant to my family. I also agree to this information being provided to any new services should I move out of area or between services.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date |  | Name |  | Signed |  |
| Date |  | Name |  | Signed |  |

Exceptional circumstances: concerns about significant harm to infant, child or young person – (Reminder, practitioner to read out this statement)

If at any time we are concerned that an infant, child or young person has been harmed or abused or is at risk of being harmed or abused, we must follow the Medway Safeguarding Children Board, safeguarding children procedures.

We will seek the agreement of the child and family before making such referral UNLESS to do so would place the child at increased risk of significant harm.

### Section 3 - Strengths and Points to be Addressed

Wherever possible, base comments on evidence, not just opinion, and indicate what your evidence is. However, if there are any major differences of view, these should be recorded too. **Consider each of the elements to the extent they are appropriate in the circumstances**

1. **Health**

|  |  |  |
| --- | --- | --- |
|  |  **Strengths / Background Information** | **Points to be Addressed** |
| General HealthConditions and impairments; access to and use of dentist, GP, optician; immunisations, developmental checks, hospital admissions, accidents, health advice and informationPhysical and sensory developmentNourishment, activity, relaxation, vision and hearing, coordination, fine motor skills (drawing etc.), gross motor skills (mobility, playing games and sport etc.).Speech, language and communicationPreferred communication, language, conversation, expression, questioning, games, stories and songs, listening, responding, understanding | **Adult 1** |  |  |
| **Adult 2** |  |  |
| **Child / YP 1** |  |  |
| **Child / YP 2** |  |  |
| **Child / YP 3** |  |  |
| **Child / YP 4** |  |  |
| **Child / YP 5** |  |  |
| **Child / YP 6** |  |  |
| **Child / YP 7** |  |  |
| **Child / YP 8** |  |  |
| **Child / YP 9** |  |  |
| **Child / YP 10** |  |  |

1. **Emotional / Social Behavioural Development**

|  |  |  |
| --- | --- | --- |
|  |  **Strengths / Background Information** | **Points to be Addressed** |
| Emotional and social developmentFeeling special, early attachments, risking/actual self-harm, phobias, psychological difficulties, coping with stress, motivation, positive attitudes, confidence, relationships with peers, feeling isolated and solitary, fears, often unhappy, leisure opportunities, able to reflect on events and learn from this.Behavioural developmentLifestyle, self-control, reckless or impulsive activity, behaviour with peers, substance misuse, anti-social behaviour, sexual behaviour, offending, violence and aggression, restless and overactive, easily distracted, attention span / concentration. | **Adult 1** |  |  |
| **Adult 2** |  |  |
| **Child / YP 1** |  |  |
| **Child / YP 2** |  |  |
| **Child / YP 3** |  |  |
| **Child / YP 4** |  |  |
| **Child / YP 5** |  |  |
| **Child / YP 6** |  |  |
| **Child / YP 7** |  |  |
| **Child / YP 8** |  |  |
| **Child / YP 9** |  |  |
| **Child / YP 10** |  |  |

1. **Identity, Self Esteem, Family and Social Relationships and Independence**

|  |  |  |
| --- | --- | --- |
|  |  **Strengths / Background Information** | **Points to be Addressed** |
| **Identify, self-esteem, self-image and social presentation**Perceptions of self, knowledge of personal/family history, sense of belonging, experiences of discrimination due to race, religion, age, gender, sexuality and disabilityFamily and social relationshipsBuilding stable relations with family, peers and wider community, helping others, friendships, levels of association for negative relationshipsSelf-care skills and independenceBecoming independent, boundaries, rules, asking for help, decision-making, changes to body, washing, dressing, feeding, positive separation from family | **Adult 1** |  |  |
| **Adult 2** |  |  |
| **Child / YP 1** |  |  |
| **Child / YP 2** |  |  |
| **Child / YP 3** |  |  |
| **Child / YP 4** |  |  |
| **Child / YP 5** |  |  |
| **Child / YP 6** |  |  |
| **Child / YP 7** |  |  |
| **Child / YP 8** |  |  |
| **Child / YP 9** |  |  |
| **Child / YP 10** |  |  |

1. **Learning**

|  |  |  |
| --- | --- | --- |
|  |  **Strengths / Background Information** | **Points to be Addressed** |
| **Learning understanding, reasoning and problem solving**Organisation, making connections, being creative, exploring, experimenting, imaginative play and interaction**Participation in learning, education and employment**Access and engagement, attendance, participation, adult support, access to appropriate resourcesProgress and achievement in learningProgress in basic and key skills, available opportunities, support with disruption to education, level of adult interestAspirationsAmbition, confidence and view of progress, motivation, perseverance | **Adult 1** |  |  |
| **Adult 2** |  |  |
| **Child / YP 1** |  |  |
| **Child / YP 2** |  |  |
| **Child / YP 3** |  |  |
| **Child / YP 4** |  |  |
| **Child / YP 5** |  |  |
| **Child / YP 6** |  |  |
| **Child / YP 7** |  |  |
| **Child / YP 8** |  |  |
| **Child / YP 9** |  |  |
| **Child / YP 10** |  |  |

1. **Parents and Carers – Impact of Parenting Capacity on a child (ren) and young person’s well being**

|  |  |  |
| --- | --- | --- |
|  |  **Strengths / Background Information** | **Points to be Addressed** |
| **Basic care, ensuring safety and protection**Provision of food, drink, warmth, shelter, appropriate clothing, personal, dental hygiene, engagement with services and healthy environment, ability to care for a child with additional needs, young parent.Emotional warmth and stabilityStable, affectionate, stimulating family environment, praise and encouragement, secure attachments, frequency of house, school, employment moves.Guidance, boundaries and stimulationEncouraging self-control, modelling positive behaviour, effective and appropriate discipline, avoiding over-protection, support for positive activities & expectations for child or young person | **Adult 1** |  |  |
| **Adult 2** |  |  |
| **Child / YP 1** |  |  |
| **Child / YP 2** |  |  |
| **Child / YP 3** |  |  |
| **Child / YP 4** |  |  |
| **Child / YP 5** |  |  |
| **Child / YP 6** |  |  |
| **Child / YP 7** |  |  |
| **Child / YP 8** |  |  |
| **Child / YP 9** |  |  |
| **Child / YP 10** |  |  |

1. **Family and Environment – Factors that impact on the child (ren) or young person’s well being**

|  |  |  |
| --- | --- | --- |
| Family history, functioning and well-beingIllness, bereavement, violence, parental substance misuse, criminality, anti-social behaviour, culture, size and composition of household, history of teenage pregnancies, absent parents, relationship breakdown, domestic abuse, physical disability and mental health, abusive behaviour, discrimination due to disability, sexual orientation, identity or heritage.Wider familyFormal and informal support networks from extended family and others, wider caring and employment roles and responsibilities.Housing, employment and financial considerationsWater/heating/sanitation facilities, sleeping arrangements, reason for homelessness, work and shifts, employment, income/benefits, effects of hardship.Social and community elements and resources, including educationDay care, places of worship, transport, shops, leisure facilities, crime, unemployment, anti-social behaviour in area, peer groups, social networks and relationships, religion. | **Strengths / Background information** | **Points to be addressed** |
|  |  |

**Section 4 - Needs Summary** (Please tick in the box if there is a relating issue. To add new row, press the tab key on your keyboard)

**1 Criminal Behaviour –During the Assessment ……**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Individual name | Anti Social Behaviour incidents  | Conviction in last 12 months (since review)  | Subject to probation / community order/ Less than 12 months from prison release | Potential criminal behaviour(At risk of radicalisation, Gang behaviour) |
|  |  |  |  |  |

**2 Education –During the Assessment**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Individual name | Perm. Exclusion in last 12 months or fixed term exclusions (since review) | Child missing education | Child is home educated?  | School attendance issues? | At risk of education failing? (attainment etc) |
|  |  |  |  |  |  |

**3 Child in Need–During the Assessment**

|  |  |  |  |
| --- | --- | --- | --- |
| Individual name | At risk of CSE – Has the CSE toolkit been completed?  | Child missing | Child needing help |
|  |  |  |  |

**4 Worklessness**

|  |  |  |
| --- | --- | --- |
| Individual name | In receipt of out of work benefit | Not in Education, Employment or Training |
|  |  |  |

**4b financial exclusion –During the Assessment (family question)**

Significant Rent arrears YES [ ] / NO[ ]  At risk of homelessness due to breach of tenancy? YES [ ]  / NO [ ]

Debt impacting on ability to meet basic needs? YES[ ]  / NO[ ]  Have there been any evictions? YES [ ]  / NO [ ]

**5 Domestic Abuse**

|  |  |  |  |
| --- | --- | --- | --- |
| Individual name | Experience DA in the last 12 months (since review) – Has a DASH been completed? | Unaddressed historic DA issues | Perpetrator of DA in the last 12 months (since last review) |
|  |  |  |  |

**6 Health –**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Individual name | Alcohol Misuse – Has a DUST been completed? | Drug misuse | Mental Health | Self Harm | Not accessing health care at appropriate times | Carer responsibilities | Unhealthy behaviours (obesity etc) |
|  |  |  |  |  |  |  |  |

**Section 5 – What needs to change?**

|  |  |  |
| --- | --- | --- |
| Change | Who for? | View of? |
|  |  | Child/YP [ ]  EH Lead [ ] Parent [ ]  All [ ]  |
|  |  | Child/YP [ ]  EH Lead [ ] Parent [ ]  All [ ]  |
|  |  | Child/YP [ ]  EH Lead [ ] Parent [ ]  All [ ]  |
|  |  | Child/YP [ ]  EH Lead [ ] Parent [ ]  All [ ]  |
|  |  | Child/YP [ ]  EH Lead [ ] Parent [ ]  All [ ]  |
|  |  | Child/YP [ ]  EH Lead [ ] Parent [ ]  All [ ]  |

**Section 6 – Outcome of Assessment**

|  |  |
| --- | --- |
| Close Assessment – Family moved out of area [ ]  | Close Assessment – Family withdrawn agreement to continue [ ]  |
| Progress to Reviews [ ] - When is the date for the first review: \_\_\_\_\_\_\_\_\_\_\_\_Which services / family member/others do you plan to invite:(Please Note: Reviews should be held at least once in any 8 week period and documents sent to EHTT) |

Copy this form securely to ALL agencies involved, to child(ren) and family involved & to Early Help Transformation Team. Use email ONLY if within secure IT exchange environment. Otherwise use FAX or MAIL.

Private and Confidential, Early Help Transformation Team, Integrated Family Support Service, Gun Wharf, Dock Road, Chatham, Kent, ME4 4TR. Or by FAX 01634 331503 Or by email ehsupport@medway.gov.uk from @medway.gov.uk, or ehsupport@medway.gov.uk.cjsm.net from other secure platforms (@nhs.net or @kent.pnn.police.uk)