

## Early Help Assessment and Planning Tool for children and young people

This assessment should always be completed with the child, young person and family.

Ensure signed consent has been obtained.

<b>Date assessment started:</b>		<b>Date completed:</b>	
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Person completing this assessment with the child/young person and family			
Name	Agency	Role	Contact details

### Section1: Family composition and details

Include all those living in the family home			
<b>Child's name</b> and NHS number <i>Include all names the child may be known as, and indicate how they prefer to be addressed</i>	<b>DOB</b>	<b>Gender M/F</b>	<b>Ethnic origin</b> <i>As described by the child and family</i>
<b>Siblings' names</b>	<b>DOBs</b>	<b>Gender M/F</b>	<b>Ethnic origin</b>
<b>Parents'/Carers' names</b>	<b>Relationship to child</b>	<b>Parental responsibility?</b>	<b>Ethnic origin</b>
<b>Family address (including postcode):</b>	<i>This should be the child's main home, but you may include more than one address if the child regularly stays elsewhere, or is temporarily living somewhere else.</i>		
<b>Phone number(s):</b>			

Details of any significant others not living in family home		
Name	Relationship	Address
<i>Please include as relevant, especially those who can be part of a support network for the child/young person</i>	<i>i.e. maternal grandmother</i>	

Further information about the family			
<b>Child's first language</b>		<b>Parent's first language</b>	
<b>Details of any disability in the family:</b>	<i>Include parents/carers and siblings</i>		

Do any of the children have a caring responsibility?	Y/N	Is this child privately fostered? (if yes, please provide details)	Y/N
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## Section 2: Assessment information

Please select main reason and summarise what has led to this assessment of the child / young person / family

<b>Main reason:</b> Academic Attendance Behaviour Emotional needs Health issues Home situation Housing Risk of exclusion Permanent exclusion Substance misuse Transition	<p>Please clarify why you have chosen to do this assessment at this time.          Detail any significant incidents or discussions that have led to your concerns.          Please use clear language that the young person and family can understand.</p>
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Details of universal services supporting any of the family members

Role team/Agency	Worker name	Supporting who?	Contact details	Contributed to this assessment?
GP				Y/N
School/Nursery (indicate Not of School age or NEET where relevant)				Y/N
School cluster:				

Other professionals already involved with any of the family members

				Y/N
				Y/N
				Y/N

How has the child/young person been involved in this assessment

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### Section 3: Early help assessment

<b>1. Development of the unborn baby, infant, child or young person</b> <b>Consider:</b> Health, physical development, speech, language and communication; Emotional, behavioural and social development; Identity, self-esteem, self-image and social presentation; Family and social relationships; Self-care skills and independence; Education: understanding, reasoning and problem solving, participation, progress and achievement in learning; aspirations.		
<b>Strengths – existing success</b>	<b>Needs – harm/impact, complicating factors</b>	<b>What needs to happen? Next steps and outcomes</b>
What has minimised harm or made things better? And how do we know? What are the child / family good at? Try making this relevant to the needs	What has been the harm or negative impact so far? And how do we know? Voice of the child is key here	What do we need to know more about? What questions do we need to ask? What are the first small steps to making things better?
<b>What could happen if things didn't change?</b> What are the behaviours we are worried about? What is making things worse / harder to deal with?		<b>Goal(s)</b> What do the child and family want to achieve? What does success look like?
<b>2. Parents and carers</b> <b>Consider:</b> Basic care, ensuring safety and protection; Emotional warmth and stability; guidance, boundaries and stimulation		
<b>Strengths – existing success</b>	<b>Needs – harm/impact, complicating factors</b>	<b>What needs to happen? Next steps and outcomes</b>
<b>What could happen if things didn't change?</b>		<b>Goal(s)</b>
<b>3. Family and environmental factors</b> <b>Consider:</b> Family history, functioning and well-being; Wider family; Housing, employment and financial considerations; social and community elements and resources, including education		
<b>Strengths – existing success</b>	<b>Needs – harm / impact, complicating factors</b>	<b>What needs to happen? Next steps and outcomes</b>
<b>What could happen if things didn't change?</b>		<b>Goal(s)</b>

**Scaling** – having discussed what life is like for your child right now, where is this on the scale? Child, parent and lead professional should scale – please write the person’s name underneath their score.

0            1            2            3            4            5            6            7            8            9            10



Extremely concerned

All is well

The Professional, the parents/carers, and the child or young person should all scale separately. There is no need to agree. This is powerful for opening up a discussion about why views are similar or different for each person involved.

## Section 4: Next steps

**What are the first steps to making things better and moving towards the goals?**

What do the child and family think should happen first?	Action(s)	Who will do this?	By when?
	Make sure these are SMART Avoid jargon / acronyms		Be realistic
What else do professionals think needs to happen?	Action (s)	Who will do this?	By when?

**When and how are we going to review this assessment and how things are progressing?**

Date and time for TAC meeting:

Where:

**Does the child or family want to make any further comments?**

## Section 5: Information sharing and consent

I agree to the Early Help Assessment taking place and to attend Team Around the Child meetings to review how things are progressing.

I understand that information that is relevant to my child's/my needs will be recorded and securely stored as a paper or electronic file.

I agree that this assessment can be shared with the agencies listed below in order to help provide and co-ordinate support to my family – if new agencies were needed in the future I will be asked for consent again.

The Early Help Assessment is a voluntary process, and signed consent from the young person and family is required before the information in this assessment is shared outside of your agency. Once the assessment has been signed, please use the secure submission form available at the AfC website to attach and submit the completed assessment.

<b>Parent/carer/child/young person name:</b>	<b>Signed</b> (Parent/carer or child/young person)
<b>Practitioner name:</b>	<b>Signed</b> (Practitioner)
<b>Date signed</b> (by Parent/carer or child/young person):	

If there is evidence or reasonable cause to believe a child/young person is suffering, or at risk of suffering significant harm, practitioners have a legal responsibility to inform Children's Social Care. In most cases, they will discuss this with you first.