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|  | Early Help Assessment |  |

**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.

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| **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 |
|  |  |  |  |  |   |   |   |  |  | Choose an item. |
|   |  |  |   |  |   |   |   |   |  | Choose an item. |
|   |  |  |   |  |   |   |   |   |  | Choose an item. |
|   |  |  |   |  |   |   |   |   |  | Choose an item. |
|   |  |  |   |  |   |   |   |   |  | Choose an item. |
|   |  |  |   |  |   |   |   |   |  | Choose an item. |

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| **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.)

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name | Date of Birth | Age | Relationship | Gender | Address 1 | Address 2 | Town | Post Code | Parental Responsibility | Ethnicity |
|  |  |  |  |  |   |   |   |  |  | Choose an item. |
|   |  |  |   |  |   |   |   |   |  | Choose an item. |
|   |  |  |   |  |   |   |   |   |  | Choose an item. |
|   |  |  |   |  |   |   |   |   |  | Choose an item. |
|   |  |  |   |  |   |   |   |   |  | Choose an item. |
|   |  |  |   |  |   |   |   |   |  | Choose an item. |

Universal Services working with you and your family

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| --- | --- | --- | --- | --- | --- |
| Are all family members registered with a GP? |  | Surgery Name |  | Tel. No. |  |
| If you have ticked No, please say who is not: |

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| --- | --- | --- | --- | --- | --- |
| Are all family members registered with a dentist? |  | Dental Practice |  | Tel. No. |  |
| If you have ticked No, please say who is not: |

Other Services working with you and your family

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| --- | --- | --- | --- | --- |
| 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? |
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Details of Lead Practitioner

|  |  |
| --- | --- |
| **Name** |  |
| **Job Title** |  |
| **Service Area** |  |
| **Contact Details** | Mobile | Landline | Email |

Reason(s) why we are completing this assessment

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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.)

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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.**

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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?

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Assessment Information

1. **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.**

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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?

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Assessment Information

1. **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.**

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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?

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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.

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| **Child 1 Name:** |
| Abuse |  | Homeless/Housing Needs |  | Parental Relationships |  |
| Alcohol Misuse |  | Intra-Familial Sexual Abuse |  | Physical Disabilities |  |
| Anti-Social Behaviour/Crime |  | Learning Disabilities |  | Physical Health |  |
| Child Criminal Exploitation |  | Mental/Emotional Health |  | Problematic/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 |  |
| Drug Misuse |  | Parental Conflict |  |  |  |
| **Child 2 Name:** |
| Abuse |  | Homeless/Housing Needs |  | Parental Relationships |  |
| Alcohol Misuse |  | Intra-Familial Sexual Abuse |  | Physical Disabilities |  |
| Anti-Social Behaviour/Crime |  | Learning Disabilities |  | Physical Health |  |
| Child Criminal Exploitation |  | Mental/Emotional Health |  | Problematic/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 |  |
| Drug Misuse |  | Parental Conflict |  |  |  |
| **Child 3 Name:** |
| Abuse |  | Homeless/Housing Needs |  | Parental Relationships |  |
| Alcohol Misuse |  | Intra-Familial Sexual Abuse |  | Physical Disabilities |  |
| Anti-Social Behaviour/Crime |  | Learning Disabilities |  | Physical Health |  |
| Child Criminal Exploitation |  | Mental/Emotional Health |  | Problematic/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 |  |
| Drug Misuse |  | Parental Conflict |  |  |  |

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

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| --- | --- | --- | --- |
| **Level 1** | **Level 2** | **Level 3** | **Level 4****Refer to Social Care** |
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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/carer(s).

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| Practitioner Comments |
| Child’s/Young Person’s View |
| Parent’s/Carer’s View |

Action Plan

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| --- | --- | --- | --- | --- | --- |
| **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 th**at 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):**

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

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **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.***(Review/close using Early Help Meeting Review/Early Help Assessment Closure.)*** |  |
| Level 2 needs identified and a Family Meeting to be arranged.***(Review/close using Early Help Meeting Review/Early Help Assessment Closure.)*** |  |
| Level 3 complex and multiple needs identified. Arrange a Family Meeting and/or complete a MARS online form to request Early Help services.***(Review/close using Early Help Meeting Review/Early Help Assessment Closure.)*** |  |
| Safeguarding concerns have been identified/raised.Contact the MASH Team.***(Close using Early Help Meeting Review/Early Help Assessment Closure.)*** |  |

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