

Version 1.2 Feb 2022

**YOUR FAMILY'S EARLY HELP ASSESSMENT**

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| **A: YOUR CHILD/ YOUNG PERSON'S DETAILS** | URN: | Date Assessment Started: Click or tap to enter a date. |

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| Forename: |  | | | Middle Name: | | |  | | Surname: |  | | |
| Name child/young person wishes to be known as: | | | | | |  | | | | | | |
| Address (include Post code) | | |  | | | | | | | | | |
| DOB/EDD: |  | | | Gender: | | |  | | Parent / Carer Contact Name |  | | |
| Ethnicity: | Choose an item. | | | Religion: | | | Choose an item. | |
| NHS No: |  | | | | | | | | Telephone Number | | |  |
| Which Nursery/School/College do they attend? | | | | |  | | | | | | | |
| Please provide details of any Special Educational Needs or Disabilities | | | | | | | |  | | | | |
| Immigration Status: | |  | | | | | | | | | | |
| Has the family come to the UK under a refugee resettlement programme, such as the Syrian Resettlement Programme, the Gateway Protection Programme, or the Vulnerable Children Resettlement Scheme? | | | | | | | | | | | Yes  No | |

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| **B: WHO ARE THE CHILDREN AND ADULTS IN YOUR HOUSEHOLD / FAMILY?**  Who is important in the child(ren) / young person's life, who sees them on a day to day basis, supports them and cares for them? ***URNs should be for each individual child listed below.*** | | | | | | | | | | | |
| **Relationship to Child / Young Person above** | **Full Name** | | **Child's URN** | **PR** | **DOB** | | **Address (if different from above)** | | **Nursery/School/College** | | **Ethnicity:** |
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| **C: SERVICES SUPPORTING YOUR FAMILY** | | | | | | | | | | | |
| **Full Name** | | **Role/Agency** | | | | **Telephone** | | **Email Address** | | **Who in the family are they supporting?** | |
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| **D: WHAT'S HAPPENING FOR YOU AND YOUR FAMILY?**  *What has led you to request support for your child(ren) and your family?* | | | | | | | |
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| **E: FAMILY RADAR: ABOUT YOUR CHILDREN AND FAMILY**  *Thinking about the different areas of family life; What do you think is going well for your child(ren) and family? What you are concerned about? What do you think is having an impact on your child(ren)? Where do you want to make changes? What are the views of the people supporting you?* | | | | | | | |
| **Feeling Safe** | Do you feel that you are? | 1. Stuck | 2. Ready for Change | 3. Exploring Options | 4. Taking Action | 5. Achieving | 6. Maintaining Change |
| Supporting information: | | | | | | |
| **Being Well (Body and Mind)** | Do you feel that you are? | 1. Stuck | 2. Ready for Change | 3. Exploring Options | 4. Taking Action | 5. Achieving | 6. Maintaining Change |
| Supporting information: | | | | | | |
| **Home and Money** | Do you feel that you are? | 1. Stuck | 2. Ready for Change | 3. Exploring Options | 4. Taking Action | 5. Achieving | 6. Maintaining Change |
| Supporting information: | | | | | | |
| **Friends, Relationship and Support** | Do you feel that you are? | 1. Stuck | 2. Ready for Change | 3. Exploring Options | 4. Taking Action | 5. Achieving | 6. Maintaining Change |
| Supporting information: | | | | | | |
| **Work, Education and Learning** | Do you feel that you are? | 1. Stuck | 2. Ready for Change | 3. Exploring Options | 4. Taking Action | 5. Achieving | 6. Maintaining Change |
| Supporting information: | | | | | | |
| **Goals and Ambitions** | Do you feel that you are? | 1. Stuck | 2. Ready for Change | 3. Exploring Options | 4. Taking Action | 5. Achieving | 6. Maintaining Change |
| Supporting information: | | | | | | |
| **Feelings, Behaviours and Choices** | Do you feel that you are? | 1. Stuck | 2. Ready for Change | 3. Exploring Options | 4. Taking Action | 5. Achieving | 6. Maintaining Change |
| Supporting information: | | | | | | |
| **Boundaries and Behaviours** | Do you feel that you are? | 1. Stuck | 2. Ready for Change | 3. Exploring Options | 4. Taking Action | 5. Achieving | 6. Maintaining Change |
| Supporting information: | | | | | | |

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| **F: LISTENING TO YOUR CHILDREN**  *What are the child(ren) / young person's thoughts about the situation? What do they feel is going well? What are they worried about and what do they feel needs to change?* **(Professionals can use the activities available in the Enabling Children's Voice Toolkit to support this section)** |
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| **G: YOUR FAMILY'S STORY**  *Have you, your child(ren) or family members needed support in the past? What was this for? Who did you get support from and what helped?* |
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| **H: NEXT STEPS**  *Thinking ahead, what do you want to see change for your child(ren) and family? How would you like day to day life to be?* | | | | | | |
| **What are the key things you and your child(ren) need support with?** | **What needs to happen to change this?** | | **Who needs to be involved?** | **How will things be better for your child(ren)**  **when this changes and how will we know?** | | |
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| 3. |  | |  |  | | |
| 4. |  | |  |  | | |
| 5. |  | |  |  | | |
| A Team Around The Family (TAF) meeting will bring together the people who are supporting your family and are a part of your plan, are you in agreement for this to be arranged? | | | | | Yes | No |
| When and where would you like your TAF meeting to be held? | |  | | | | |
| Who do you feel would be the ideal person to be your Lead Professional? | |  | | | | |
| **I: ANALYSIS & RECOMMENDATIONS (To be completed by the professional, see guidance for support)**  *How is, what is happening within the family impacting on the day to day lives of the children? What are the strengths, protective factors and levels of resilience within the family? Are the family ready to make change? What needs to happen to improve outcomes for the children & young people now and over the coming weeks? What are the concerns if no changes are made?* | | | | | | |
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| **J: ABOUT THE PROFESSIONAL COMPLETING THIS FORM** | | | | |
| Name: |  | Tel: |  | Date of completion: Click or tap to enter a date. |
| Agency: |  | | | Version No: Choose an item. |
| Role: |  | Email: |  | |

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| **CONSENT (PLEASE SEE GUIDANCE TO FURTHER EXPLAIN INFORMATION SHARING WITH THE FAMILY)** | | | | | | | | |
| We need to collect the information in this form so that we can understand what support you may need. If we cannot cover all your needs we may share some of the information with other organisations so that they can help us to support you, as a result of this they will record the advice and guidance given in line with the Data Protection Act. We will treat your information as confidential and we will not share it with any organisation unless we are required by law or unless you or any other person will come to some harm if we do not. In this case, we will only ever share the minimum information needed. All personal information will be processed and stored in compliance with the Data Protection Act.  For more information please visit: <https://www.lancashire.gov.uk/council/transparency/access-to-information/service-and-project-specific-privacy-notices/early-help-assessment-and-plans/>  I understand the information that is recorded on this form and that it will be stored and used for the purpose of providing services to (please tick): | | | | | | | | |
| Me | | This Infant, Child or Young Person for whom I am a parent | | | This Infant, Child or Young Person for whom I am a carer | | | |
| I have had the reasons for information sharing and information storage explained to me and I understand those | | | | | | | | Yes  No |
| I agree to the sharing of information, as explained and outlined in the statement above. | | | | | | | | Yes  No |
| I understand this consent is for the duration of the Assessment and TAF process. I understand I can withdraw consent at any time. | | | | | | | | Yes  No |
| **PARENT/CARER SIGNATURES** | | | | | | | | |
| **Name:** |  | | **Signature:** |  | | **Date:** | Click or tap to enter a date. | |
| **Name:** |  | | **Signature:** |  | | **Date:** | Click or tap to enter a date. | |
| **Name:** |  | | **Signature:** |  | | **Date:** | Click or tap to enter a date. | |
| **Regular monitoring of early help assessments and plans is essential for the Early Help Partnership to ensure the information that is being captured is accurate, good quality and up to date. Where we have received an assessment or plan with missing key information, we may return this to you for this to be amended and resubmitted before we can process the documents. *Please be aware it is the Lead Professional that is responsible for updating the Early Help Assessment Team with Early Help Assessment & Your Family's Early Help Plan documentation, changes in Lead Professional and requests for closure.***  ***These updates must be sent to the Early Help Assessment Team (***[eha***@lancashire.gov.uk***](mailto:eha@lancashire.gov.uk)***) in a timely manner so as to update the family's record.*** | | | | | | | | |