**Early Help Assessment**

*The Right help, In the Right Place, At the Right Time*

An Early Help Assessment is completed in partnership with a family to identify strengths and needs. An Early Help Assessment can help to identify what a family would like to change and to develop an action plan of support.

Early help is about receiving the right help at the earliest possible stage.

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**Family Name:**

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**Date Assessment Started:**

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| --- |
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**Date Assessment Completed**:

**Section 1**- Consent - information sharing and storage-

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| **Please share the Early Help Assessment Information storage and sharing agreement prior to completing the assessment. We explain the information we collect by the Early Start and Families Service and we also outline how this may be shared, in our**  [**Early Start and Families Service privacy notice**](https://www.barnsley.gov.uk/media/26735/early-start-and-families-service-privacy-notice.pdf)**.** | | |
| *Name of each (all) parent/carer with parental responsibility* | *Consent to complete and share Early Help Assessment*  *(Y/N)* | *By consenting are they aware how information will be shared and stored?*  *(Y/N)* |
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**Section 2** – Your Family Network

This is your assessment and should be completed with your whole family network to include their views, including all children living in the household. The family network plan is more likely to be effective if you understand the purpose, and you and your family network members play an active role from the beginning.

**Children/Young people to be considered within this Early Help Assessment:** (this should include all children within the household)

**Child 1:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Full name of child/young person (include any other names they are known by): |  | Date of Birth/Expected Date of Delivery: | | |  | Age: |  |
| Address including post code: |  | | | | | | |
| Contact phone number: |  | | | | | | |
| Gender identity: |  | | Ethnicity: |  | | | |
| Language: |  | | Religion: |  | | | |
| Name of school/Early Years/Further Education Setting: |  | | | | | | |
| Education and Health Status: | Does the child/young person have a complex health need?  Yes  No  Does the child/young person have a disability?  Yes  No  Does the child/young person have a special educational need?  Yes  No  Does the child have an Education Health and Care Plan (EHCP)?  Yes  No  If you answered yes, please provide details: | | | | | | |
| Does the child require assistance with communication (including need for an interpreter of signer)? | Yes  No  If you answered yes, please provide details: | | | | | | |
| Have their views been sought as part of this early help assessment? (Yes/No) If not, why not? |  | | | | | | |

**Child 2:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Full name of child/young person (include any other names they are known by): |  | Date of Birth/Expected Date of Delivery: | | |  | Age: |  |
| Address including post code: |  | | | | | | |
| Contact phone number: |  | | | | | | |
| Gender identity: |  | | Ethnicity: |  | | | |
| Language: |  | | Religion: |  | | | |
| Name of school/Early Years/Further Education Setting: |  | | | | | | |
| Education and Health Status: | Does the child/young person have a complex health need?  Yes  No  Does the child/young person have a disability?  Yes  No  Does the child/young person have a special educational need?  Yes  No  Does the child have an Education Health and Care Plan (EHCP)?  Yes  No  If you answered yes, please provide details: | | | | | | |
| Does the child require assistance with communication (including need for an interpreter of signer)? | Yes  No  If you answered yes, please provide details: | | | | | | |
| Have their views been sought as part of this early help assessment? (Yes/No) If not, why not? |  | | | | | | |

(Where required more children can be added by copying and pasting the table above into the document)

|  |  |
| --- | --- |
| Do any of your children have a caring responsibility? | Yes  No  If answered Yes, please detail the child/ren’s details below: |
| Has a Young Carer’s Needs Assessment been offered? | Yes  No  N/A  If answered Yes, please detail which child/ren this was offered to |
| Is a Young Carer’s Needs Assessment in place? | Yes  No  N/A  If answered Yes, please details which child/ren this is in place for |
| Do you, as a family have leave to remain? | Yes  No |
| **Leave to Remain**: The individual/family have permissions to stay in the UK for a specific period of time where activities are limited to the restrictions of their visa.  **Indefinite leave to Remain (ILR)** is where the individual/family have permanent lawful status in the UK as a settled person and are no longer subject to immigration control |  |
| **Please ensure the above needs are reflected in the plan** | |

**Adults to be considered within this Early Help Assessment: (Include all parents details and all those individuals aged 18 or over, living in or outside the family home, include family/friends)**

**Adult 1:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Full name of adult (include any other names they are known by): |  | | | Relationship to child: | |  | |
| Date of Birth: |  | | Age: | | | |  |
| Address including post code: |  | | | | | | |
| Tenancy Status: |  | | | | | | |
| Contact phone number: |  | | | | | | |
| Gender identity: |  | Ethnicity: | | |  | | |
| Does they require assistance with communication (including need for an interpreter of signer)? | Yes  No  If you answered yes, please provide details: | Do they hold parental responsibility? | | | Yes  No | | |
| Have their views been sought as part of this early help assessment? (Yes/No) If not, why not? |  | | | | | | |

**Adult 2:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Full name of adult (include any other names they are known by): |  | | | Relationship to child: | |  | |
| Date of Birth: |  | | Age: | | | |  |
| Address including post code: |  | | | | | | |
| Tenancy Status: |  | | | | | | |
| Contact phone number: |  | | | | | | |
| Gender identity: |  | Ethnicity: | | |  | | |
| Does they require assistance with communication (including need for an interpreter of signer)? | Yes  No  If you answered yes, please provide details: | Do they hold parental responsibility? | | | Yes  No | | |
| Have their views been sought as part of this early help assessment? (Yes/No) If not, why not? |  | | | | | | |

**Adult 3:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Full name of adult (include any other names they are known by): |  | | | Relationship to child: | |  | |
| Date of Birth: |  | | Age: | | | |  |
| Address including post code: |  | | | | | | |
| Tenancy Status: |  | | | | | | |
| Contact phone number: |  | | | | | | |
| Gender identity: |  | Ethnicity: | | |  | | |
| Does they require assistance with communication (including need for an interpreter of signer)? | Yes  No  If you answered yes, please provide details: | Do they hold parental responsibility? | | | Yes  No | | |
| Have their views been sought as part of this early help assessment? (Yes/No) If not, why not? |  | | | | | | |

(Where required more adults can be added by copying and pasting the table above into the document).

**Section 3**- Practitioner Involvement

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| --- | --- | --- | --- | --- | --- |
| **Information about the practitioner completing this assessment:** | | | | | |
| Full Name | Role | Organisation | Email address | Contact Number | Relationship to the family |
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| --- | --- | --- | --- | --- | --- |
| **Information about the other agencies and practitioners supporting you and your family: (insert more rows if necessary)** | | | | | |
| Full Name | Role | Organisation | Email address | Contact Number | Contributed to this assessment (Y/N) |
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| **As a family, which practitioner do you feel you have the best relationship with? (insert more rows if `necessary)** | | |
| Family member | Practitioner | Comments |
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| **Please list any previous or ongoing assessments completed with you and your family:** | | | | | |
| Date | Service undertaking assessment | Person undertaking assessment | Assessment Type | Dates open - closed | Reason for assessment |
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**Section 4** –Whole Family Assessment (Please refer to the guidance for completing each section for the whole family assessment)

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| --- | --- | --- | --- |
| **How has the voice of the child been gathered?** | | | |
| Child Name- | Tool- | Child Name- | Tool- |
| Child Name- | Tool- | Child Name- | Tool- |
| Child Name- | Tool- | Child Name- | Tool- |

|  |  |
| --- | --- |
| Child’s Name | What do you worry about?  Who or what helps you with the things you are worried about?  What would help make things better for you? |
| Child’s Name | What do you worry about?  Who or what helps you with the things you are worried about?  What would help make things better for you? |
| Child’s Name  (delete or add more names as required) | What do you worry about?  Who or what helps you with the things you are worried about?  What would help make things better for you? |

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| **What are we worried about?** | **What is working well?** | **What needs to happen?** |
| **What has happened to make you have a worry and how has this affected the child/young person?**  **Who or what is making the worries harder to sort out and how?** | **Who has been doing what to try and address these worries and how has this helped?**  **Who has stepped in to keep your child/ren safe, well and cared for?** | **What are the next steps to try and get the worries sorted out?** |

**Section 5 – Worry, Wellbeing and Scaling**

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| What are we worried will happen to the child or young person if nothing changes?  Write a statement for each worry or theme (1 minimum 4 maximum) | What do we need to see to know that the child or young person is safe and well enough for us to not be worried anymore?  Write a goal for each worry statement (1 minimum, 4 maximum) |
| **Worry Statement 1:** | **Wellbeing Goal 1:** |
| **Worry Statement 2:** | **Wellbeing Goal 2:** |

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| **Scaling Question** | | | |
| On a scale of 0-10 where 10 is that there is a family network in place and evidence that the worries are being managed and practitioners do not need to remain involved and 0 means we are very worried, and we need some additional professional support to deal with this where do people currently rate the situation?  Please remember everyone in your family network plan should complete (please add more rows as appropriate) | | | |
| **Family members/ Lead practitioner** | **Scale** | **Reason as to scale chosen** | **What would need to happen to make things better? (e.g. improve scaling by 1)** |
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**Section 6**- Reason For Assessment Being Completed

FAMILY NEED AREAS - Please identify any criteria relevant to the family at the point of assessment.

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| **Getting a Good Education** | **Identified Family Need Area** | **Please provide the names of the family members this applies to** | **Improved Family Relationships** | **Identified Family Need Area** | **Please provide the names of the family members this applies to** |
| Average of less than 90% attendance (authorised absence optional) for 2 consecutive terms  In |  |  | Parent / carers require parenting support |  |  |
| Average of less than 50% attendance unauthorised and authorised for 2 consecutive terms |  |  | Harmful levels of parental conflict i.e., when it is frequent, intense or poorly resolved |  |  |
| Not able to participate and engage with education – motivation, emotional regulation and behaviour difficulties, risk of, or subject to, exclusions, concerns around suitability of Elective Home Education, child is off-roll and not receiving an education otherwise, risk of NEET |  |  | Child / young person violent or abusive in the home (to parents/carers or siblings) |  |  |
| Child’s special educational needs not being met |  |  | Unsupported young carer or caring circumstances changed requiring additional support |  |  |
| **Good early years development** | **Identified Family Need Area** | **Please provide the names of the family members this applies to** | **Children safe from abuse and exploitation** | **Identified Family Need Area** | **Please provide the names of the family members this applies to** |
| Expectant or new parent/carers who require additional or specialist support (e.g., young parents, parents who have been in care, parents with learning needs) |  |  | Emotional, physical, sexual abuse or neglect, historic or current, within the household |  |  |
| Child’s (0-5 yrs) physical health needs not met (e.g., immunisations not up to date, concerning accidental injuries, dental hygiene) |  |  | Child going missing from home |  |  |
| Child’s (0-5 yrs) developmental needs not being met (e.g. communication skills/speech and language, problem-solving, school readiness, personal social and emotional development) |  |  | Child identified as at risk of, or experiencing, sexual exploitation |  |  |
| **Improved mental and physical health** | **Identified Family Need Area** | **Please provide the names of the family members this applies to** | Child identified as at risk of, or experiencing, criminal, or pre-criminal, exploitation (e.g., county lines) |  |  |
| Child needs support with their mental health |  |  | Child identified as at risk of, or being affected by, radicalisation |  |  |
| Adult needs support with their mental health |  |  | Child experiencing harm outside of the family (e.g., peer to peer abuse, bullying, online harassment, sexual harassment/offences) |  |  |
| Child and/or parent/carer require support with physical health needs that affect the family (e.g., long-standing health conditions requiring management, physical disabilities requiring adaptations) |  |  |  |  |  |
| **Promoting recovery and reducing harm from substance misuse** | **Identified Family Need Area** | **Please provide the names of the family members this applies to** | **Financial stability** | **Identified Family Need Area** | **Please provide the names of the family members this applies to** |
| An adult has a drug and/or alcohol problem |  |  | Adult in the family is workless |  |  |
| A child or young person has a drug and/or alcohol problem |  |  | Family require support with their finances and / or have unmanageable debt (e.g., rent arrears) |  |  |
|  |  |  | Young person is NEET |  |  |
| **Crime prevention and tackling crime** | **Identified Family Need Area** | **Please provide the names of the family members this applies to** | **Secure housing** | **Identified Family Need Area** | **Please provide the names of the family members this applies to** |
| Adult (18+) involved in crime and/or ASB (at least one offence/arrest/named suspect report/ASB incident) in the last 12 months |  |  | Families who are in local authority temporary accommodation and are at risk of losing this |  |  |
| Young person (u18) at risk of crime – including gangs, serious violence and weapons carrying, or involved in harmful risk-taking behaviour |  |  | Families not in suitable, sustainable housing and/or threatened with eviction /at risk of homelessness |  |  |
| Young person (u18) involved in crime and/or ASB (at least one offence/arrest/named suspect report/ASB incident) in the last 12 months |  |  | Young people aged 16/17 at risk of, or who have been, excluded from the family home |  |  |
| **Safe from domestic abuse** |  |  |  |  |  |
| Family affected by domestic abuse or inter-personal violence and abuse - historic, recent, current or at risk (victim) |  |  |  |  |  |
| Adult in the family is a perpetrator of domestic abuse |  |  |  |  |  |
| Child currently or historically affected by domestic abuse |  |  |  |  |  |

**Section 7-** Safety

Please refer to the guidance for completing this section of the assessment

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| **Are you satisfied that the child/ren are safe?** | **Yes/ No** |
| **If yes, what have you seen to tell you that the children/ren are safe?** | |
| **If no, to increase the safety of the child/ren do they need an agency led safety plan?** |  |

**Section 8** – Next Steps For You and Your Family Network

Please refer to the guidance for completing this section of the assessment

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| **Single agency response** |  |
| **Early Help Family Network Meetings (if this is required, complete initial family plan section)** |  |
| **Complete a request for support from another service** |  |
| **There are significant concerns for the child/ren which requires a referral to Children’s Social Care** |  |

If you have selected Early Help Family Network Meetings

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| --- | --- | --- | --- |
| **Provide the name of the lead practitioner:** | | | |
| Organisation | Email address | Contact Number | Relationship to the family |
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| **Who will be involved in the plan:** | | | | | |
| Full Name and Role | Organisation | Contact details email/phone number | How often will they see the child/young person? | What are their specific tasks to support the child & family? | Contributed to this assessment? (Y/N) |
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| **Initial Family Plan** | | | | |
| **Which presenting worry does this link to?** | **What needs to happen?** | **What practitioners need to do and who will do it?** | **What the family network members will do and who will do it?** | **When will this happen by?** |
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After your completion of your Early Help Assessment, you need to share the completed assessment with the family network and involved practitioners and services. Also, please ensure that you send the completed early help assessment to [earlyhelp@barnsley.gov.uk](mailto:earlyhelp@barnsley.gov.uk)