

YOUR FAMILY'S EARLY HELP ASSESSMENT



Please note this is **not** a Referral Form – this is an Early Help **Assessment Tool**.
 This assessment can be used to support a referral to evidence need but should not solely be used as a referral.

PROFESSIONAL DETAILS

(this is details of the practitioner completing the form with the family)

Name:		Job Title:		Agency:	
Email:		Contact No.:		Signed consent received from parent(s) / carer? (delete as appropriate)	Y / N

CHILD(REN)'S DETAILS

Child 1					
Family Address:				Postcode:	
Child's Full Name: (any aliases)		DOB or EDD:		Gender:	
Ethnicity:		Religion:		School/Nursery Year group:	
Do you feel that this child may have SEND?	Y / N	If Yes, please provide details:			
Does this child have an EHCP?	Y / N	Preferred mode of communication			

PLEASE NOTE - IF THERE ARE FUTHER CHILD(REN) THEN PLEASE COMPLETE ON APPENDIX 1

PARENT(S) / GURDIAN DETAILS

(Please indicate whether they are absent parents in the Relationship to Child section)

Parent / Carer Name:		Relationship to child:		Has parental responsibility?	Y / N
Address:				DOB:	
Contact No.:		Mobile No.:			
Are there any specific communication needs:					
Parent / Carer Name:		Relationship to child:		Has parental responsibility?	Y / N
Address:				DOB:	
Contact No.:		Mobile No.:			
Are there any specific communication needs:					

OTHER HOUSEHOLD MEMBERS

(Including any adult siblings in this section)

(*For additional household members, please include in **appendix 1**)

Name:		Relationship to child:		DOB:	
Name:		Relationship to child:		DOB:	
Name:		Relationship to child:		DOB:	

OTHER FAMILY MEMBERS OR SUPPORT

(Family members or close friends who do not live at the child's home address but regularly frequent the family home / provide support)

Name:		DOB / Age (approx) if known:	
Relationship to child / family member:		Address:	
Name:		DOB / Age (approx) if known:	
Relationship to child / family member:		Address:	
Name:		DOB / Age (approx) if known:	
Relationship to child / family member:		Address:	

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PLEASE NOTE - IF THERE ARE FUTURE HOUSEHOLD OR OTHER FAMILY/SUPPORT MEMBERS THEN PLEASE COMPLETE ON APPENDIX 1

REASON WE ARE UNDERTAKING THIS ASSESSMENT

(What is happening? What has led to the family needing support? What do you want to achieve?)

Please tick if the family is experiencing any of the following (If applicable please specify details in the family story)

Any additional support required meeting any SEND identified (please specify at home or in school/setting)	<input type="checkbox"/>	Development needs of the child	<input type="checkbox"/>	Domestic abuse	<input type="checkbox"/>	Health Needs of the child/ren Health Needs of the parent/carer	<input type="checkbox"/>
Mental health parent/carer Mental health child(ren)	<input type="checkbox"/>	Parenting issues	<input type="checkbox"/>	School attendance issues Behaviours that challenge	<input type="checkbox"/>	Substance misuse parent/carer Substance misuse child/ren	<input type="checkbox"/>

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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UNDERSTANDING THE WORLD OF THE CHILD

Consider each child individually

Central to this approach is gaining insight into the lived experience of each child in the family. It is essential to gain insight into their world and learn about their needs that are being met or not met.

Think about what the child understands about:

- Their health – general/well-being, hygiene, vision, speech, hearing, diet, dental, fitness, disability, substance use, sexual health, pregnancy
- Their personal development such as relationships, confidence, motivation, behaviour, self-image, race, culture and gender. Independence, challenge/conflict
- Their ability and opportunity to enjoy and achieve – attends school, accesses training opportunities, opportunity to learn and problem solve
- How they are parented –basic care, safety, security, guidance, boundaries, praise and encouragement, discipline, role models
- Their family and environment – family make-up, bereavement, relationship breakdown, domestic or community violence, home conditions, employment

Child 1

What's happening for this child? And how are they feeling? Impacted? *(Please see guidance and tools to support obtaining the voice of the child) - appendix 2*

Smiley face tool

Summary of Strengths - What does the child feel is going well? What is the parents view? What do you think the strengths are?

Summary of Concerns - What are you worried about? What is the child worried about? And do parents feel the same?

What does this mean? Analysis - this should include the motivation to change (see guidance *(insert link)* for more information analysis)

Commented [FJ1]: This needs some prompts about what we need for a good analysis)

Commented [WM2R1]: To be included in supporting guidance

Child 2

What's happening for this child? And how are they feeling? Impacted? *(Please see guidance and tools to support obtaining the voice of the child) - appendix 2*

Smiley-face-tool

Summary of Strengths - What does the child feel is going well? What is the parents view? What do you think the strengths are?

Summary of Concerns - What are you worried about? What is the child worried about? And do parents feel the same?

Commented [WM3]:

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What does this mean? Analysis - this should include the motivation to change (see guidance *(insert link)* for more information analysis)

Child 3	
What's happening for this child? And how are they feeling? Impacted? <i>(Please see guidance and tools to support obtaining the voice of the child) - appendix 2</i>	
Smiley face tool	
Summary of Strengths - What does the child feel is going well? What is the parents view? What do you think the strengths are?	Summary of Concerns - What are you worried about? What is the child worried about? And do parents feel the same?
What does this mean? Analysis - this should include the motivation to change (see guidance <i>(insert link)</i> for more information analysis)	
Child 4	
What's happening for this child? And how are they feeling? Impacted? <i>(Please see guidance and tools to support obtaining the voice of the child) - appendix 2</i>	
Smiley face tool	
Summary of Strengths - What does the child feel is going well? What is the parents view? What do you think the strengths are?	Summary of Concerns - What are you worried about? What is the child worried about? And do parents feel the same?
What does this mean? Analysis - this should include the motivation to change (see guidance <i>(insert link)</i> for more information analysis)	
Child 5	
What's happening for this child? And how are they feeling? Impacted? <i>(Please see guidance and tools to support obtaining the voice of the child) - appendix 2</i>	
Smiley face tool	
Summary of Strengths - What does the child feel is going well? What is the parents view? What do you think the strengths are?	Summary of Concerns - What are you worried about? What is the child worried about? And do parents feel the same?
What does this mean? Analysis - this should include the motivation to change (see guidance <i>(insert link)</i> for more information analysis)	

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UNDERSTANDING THE WORLD OF THE ADULT(S)

This section should be used to help identify readiness to change, support to achieve change.
To establish why the needs of a child are being met, or not being met, it is important to understand what daily life is like for the adults in their life. This can include parents, wider family members and significant others.

Think about what the adult understands about:

- Their health –general/well-being, hygiene, vision, speech, hearing, diet, dental, fitness, disability, substance use, sexual health, pregnancy
- Their personal development such as relationships with their children and others, confidence, motivation, behaviour, self-image, race, culture and gender. Independence, challenge/conflict.
- Their ability and opportunity to enjoy and achieve – accesses education, employment or training opportunities, opportunity to learn and problem solve. Opportunity to relax and participate in the community.
- How they parent –basic care, safety, security, guidance, boundaries, praise and encouragement, discipline, role models. How they were parented as a child.
- Their family and environment – family make-up, bereavement, relationship breakdown, domestic or community violence, home conditions, employment/ income.

Details of discussion

Summary of Strengths - What do they feel is going well? What is What do you think the strengths are?

Summary of Worries

If you could improve something to make life better at home, what would that be? What worries them that I might be able to help with?

What does this mean? Analysis - this should include the motivation to change

How does the parents lived experience impact on the child(ren)? 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?

Parenting Capacity and Readiness for Change

Issues affecting parent/carers capacity to respond appropriately to child/young person's needs: consider basic care, ensuring safety, emotional warmth, stimulation, provision of guidance and boundaries and stability. Are there any attributes of the parents/carers capacity's which effect their ability to respond appropriately to the child/young person's needs? Explore change facilitators and support, what has worked well in the past?

Adult Support - Should a referral to adult service be made? (e.g. Mental Health, Adult Social Care, Drug/Alcohol services) (Delete as appropriate)

Y / N

If yes, please specify which service and include in the Family Plan

AGENCIES CURRENTLY WORKING WITH THE FAMILY - Include community and voluntary groups/activities

Practitioner Name	Job Title	Agency	Phone number / email address	Have they contributed to the assessment? Y/ N

Does the family have a preference about who will act as their Lead Professional?

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FAMILY FOCUS: ABOUT YOUR CHILDREN AND FAMILY

Thinking about all the different areas of family life; What do you think is going well for your child(ren) and family overall? What are you 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?

Areas of family life	Do you feel that you are?					
	1. Stuck	2. Ready for change	3. Exploring options	4. Taking action	5. Achieving	6. Maintaining change
Learning, Education and Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Supporting information					
Your Home and Money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Supporting information					
Family Life, Hobbies and Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Supporting information					
Being Well : Body and Mind	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Supporting information					
Parenting, Behaviour and Boundaries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Supporting information					
Feeling Safe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Supporting information					
Relationships, Friends and Support Networks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Supporting information					
Goals and Ambitions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Supporting information					

Commented [FJ4]: Will probably need a different name for this.

ENGAGING FAMILIES IN THE CHANGE PROCESS

Family Plan - Work together with the family to identify **what needs to change** and what specific changes are important to them. Take into consideration the views of professionals working with the family about areas of concern

What needs to change?	How might this happen?	Describe what good would look like for the family?	What actions can be taken, by whom and when?	RAG Rating

Commented [FJ6]: Guidance needed on RAG rating the 'urgency' or priority of the action

Commented [FJ5]: Include in the guidance if requesting for support from an agency include here.

LISTENING TO CHILDREN AND YOUNG PEOPLE

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? (Refer to the practitioner guide)

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ENGAGING PARENTS IN CHANGE

Parents view of the Assessment and Family Plan

Should a TAF Meeting be arranged?	Y / N	When will this be held? Date, time and venue	
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CONSENT AND INFORMATION SHARING

Information collected in this family plan assessment form will need to be shared with the agencies identified in the form to help us provide the services you need. If we need to share information with any other organisations later to offer you more help we will ask you about this before we do. We will treat your information as confidential and we will not share it with any other organisation unless we are required to by law, or unless you or someone else will come to harm if we do not share it. In any case we will only ever share the minimum information we need to share. In line with the Data Protection Act (1998) we require your consent to share and store the information in this form.

I understand the information that is recorded on this form and that it will only be stored and shared for the purposes of providing services to me and my family.
 I have had the reasons for information sharing explained to me and I understand them.
 I understand I may add to or withdraw consent at any time.
 I agree to the sharing of information, as agreed, between **all** the services listed in this form.
 I also agree to the sharing of information with the services/ organisations listed below:

SIGNED BY ADULTS (If you have signature on file please highlight below)

Signed:		Name:		Date:		Signature on file: (delete as appropriate)	Y / N
Signed:		Name:		Date:		Signature on file: (delete as appropriate)	Y / N

SIGNED BY CHILD(REN) (If appropriate)

Signed:		Name:		Date:		Signature on file: (delete as appropriate)	Y / N
Signed:		Name:		Date:		Signature on file: (delete as appropriate)	Y / N

PLEASE SEND COMPLETED EHA TO boltonISA@bolton.gov.uk

Commented [FJ7]: Legal basis may indicate change of language, also need informed consent to be included in the guidance

(Appendix 1 – Additional Details)

Children's Details (continued from Page 1)

Child				
Family Address:			Postcode:	
Child's Full Name: (any aliases)		DOB or EDD:		Gender:
Ethnicity:		Religion:		School/Nursery Year group:
Do you feel that this child may have SEND?	Y / N	If Yes, please provide details:		
Does this child have an EHCP?	Y / N	Preferred mode of communication		

Child				
Family Address:			Postcode:	
Child's Full Name: (any aliases)		DOB or EDD:		Gender:
Ethnicity:		Religion:		School/Nursery Year group:
Do you feel that this child may have SEND?	Y / N	If Yes, please provide details:		
Does this child have an EHCP?	Y / N	Preferred mode of communication		

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Family Address:			Postcode:	
Child's Full Name: (any aliases)		DOB or EDD:		Gender:
Ethnicity:		Religion:		School/Nursery Year group:
Do you feel that this child may have SEND?	Y / N	If Yes, please provide details:		
Does this child have an EHCP?	Y / N	Preferred mode of communication		

Additional Household and Other Family Members/Support details

OTHER HOUSEHOLD MEMBERS (Including any adult siblings in this section)				
Name:		Relationship to child:		DOB:
Name:		Relationship to child:		DOB:
Name:		Relationship to child:		DOB:

OTHER FAMILY MEMBERS OR SUPPORT (Family members or close friends who do not live at the child's home address but regularly frequent the family home / provide support)			
Name:		DOB / Age (approx) if known:	
Relationship to child / family member:		Address:	
Name:		DOB / Age (approx) if known:	
Relationship to child / family member:		Address:	
Name:		DOB / Age (approx) if known:	
Relationship to child / family member:		Address:	