**Early Help Assessment**

|  |  |
| --- | --- |
| Name of Keyworker/Lead Professional Completing this Early Help Assessment: |       |
| Agency: |       |
| Contact Telephone Number: |       |

|  |  |
| --- | --- |
| Date Started: |       |
| Date Finished: |       |

|  |  |
| --- | --- |
| Date Consent Leaflet Shared with Family: |       |
| Which Family Member(s) have Consented to the Progression of this EHA: |       |

# Section 1: Family Background And Information

|  |
| --- |
| **Details of all Children in your Family** |
|  | **Full Name** | **DoB or EDD1** | **Gender** | **Capita ID No / Agency ID** | **Ethnicity** | **First Language** | **Interpreter Needed?****Please Detail** | **Religion** | **Disability** | **Name of School or Education Setting** | **Address (if different from family address)** | **Special Educational Needs** | **Education Health and Care Plan** |
|  |       |       | Choose an item. |       |       |       |       |       |       |       |       | Choose an item. | Choose an item. |
|  |       |       | Choose an item. |       |       |       |       |       |       |       |       | Choose an item. | Choose an item. |
|  |       |       | Choose an item. |       |       |       |       |       |       |       |       | Choose an item. | Choose an item. |
|  |       |       | Choose an item. |       |       |       |       |       |       |       |       | Choose an item. | Choose an item. |
|  |       |       | Choose an item. |       |       |       |       |       |       |       |       | Choose an item. | Choose an item. |
|  |       |       | Choose an item. |       |       |       |       |       |       |       |       | Choose an item. | Choose an item. |
|  |       |       | Choose an item. |       |       |       |       |       |       |       |       | Choose an item. | Choose an item. |
| **Main Family Address (including Postcode)** | **Family Phone Numbers and Email Addresses** |
|       |       |

1 Date of Birth or Expected Date of Delivery

|  |
| --- |
| **Who is in your family and who lives in your home? Please complete a genogram with the family and retain a copy for your records.****Please give details of parents/carers, other family members and significant people (this must include all people who live in the household).** |
|  | **Full Name and Address if Different from Main Family Address** | **Date of Birth** | **Gender** | **Ethnicity** | **First Language** | **Interpreter Needed?****Please Detail** | **Religion** | **Disability** | **Relationship to the Child** | **Parental Responsibility** |
|  |       |       | Choose an item. |       |       |       |       |       |       | Choose an item. |
|  |       |       | Choose an item. |       |       |       |       |       |       | Choose an item. |
|  |       |       | Choose an item. |       |       |       |       |       |       | Choose an item. |
|  |       |       | Choose an item. |       |       |       |       |       |       | Choose an item. |

|  |
| --- |
| **Which agencies and professionals are/have been involved in supporting your family? (Include GP, Education setting etc.)** |
| **Name** | **Role / Agency** | **Supporting Who** | **Contact Details** | **Contributed to the Assessment?** | **Involvement Dates and service provided** |
|       |       |       |       | Choose an item. |       |
|       |       |       |       | Choose an item. |       |
|       |       |       |       | Choose an item. |       |
|       |       |       |       | Choose an item. |       |

|  |
| --- |
| **What is the reason for referral? Who made the referral? Provide a summary of any background history available from your agencies records.** |
|       |

|  |
| --- |
| **Family history gathered from the family during the assessment. Include information about things that have happened that have been important to the family (e.g. house moves, bereavement, illness). Obtain a pen picture of each child in the family and indicate who they say is important to them. Information from existing professional records should also be included in this section.** |
|       |

|  |
| --- |
| **Information Shared by Other Agencies for the Assessment** |
| **Agency** | **Contact in Agency** | **Information Shared and Date this was Provided** | **Have Family Consented to Contact with this Agency?** |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

# SECTION 2: Family Star Plus Assessment

**Scoring**

Provide one score for the family. See guidance notes.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** |
| **Stuck** | **Accepting Help** | **Trying** | **Finding What Works** | **Effective Parenting** |

|  |  |  |
| --- | --- | --- |
| **Star Element** | **Star Number** | **Under each section please summarise what are the worries, what are the positives (i.e. what is going well) and what changes are needed based on the identified worries.** |
| **Physical Health** |       |       |
| **Your Wellbeing** |       |       |
| **Meeting Emotional Needs** |       |       |
| **Keeping Your Children Safe** |       |       |
| **Social Networks** |       |       |
| **Education and Learning** |       |       |
| **Boundaries and Behaviour** |       |       |
| **Family Routine** |       |       |
| **Home and Money** |       |       |
| **Progress to Work** |       |       |
| **Other** |  |       |

# Section 3: Child/rens’ Wishes and Feelings/ RECORD OF DIRECT WORK

For example: Describe the child’s lived experience *from their own perspective* referring to any direct work you have undertaken during the assessment. This should be included for all children being worked with.

(Using the tab key in the last box will give you another row for more children).

|  |  |
| --- | --- |
| **Name of Child** | **Child’s Experience and Record of any Direct Work Undertaken** |
|  |  |

# Section 4: Analysis

|  |
| --- |
| **Summary analysis of what are the identified worries, what are the positives and what changes are needed to address the worries. Please also include a summary of the daily lived experience of the child/ren; i.e. What does life look like for the child/ren today in the family?**  |
|       |

# Section 5: Young Carers and Private Fostering

If this assessment is being completed on a child/young person below the age of 18 please complete this section.

|  |  |
| --- | --- |
| **Has the child or children been identified as a young carer?***“A young carer is a child or young person under the age of 18 who carries out significant caring tasks and assumes a level of responsibility for another person which would normally be taken by an adult.” (Princess Royal Trust for Carers). For more information please email: info@thecarershub.co.uk* | Yes [ ]  No [ ]  |
| **Is the child living in a private fostering arrangement or likely to live in one in the future?** *“Private fostering happens when a child up to the age of 16, (or 18 with a disability) is being looked after by someone other than parents, siblings, blood-related aunt/uncle, or grandparents for the majority of a 28 day period or more. By law, anyone involved in private fostering must inform the First Response Team in Staffordshire County Council so they can get the support they are entitled to. This includes the child’s parents, carers or any third party/practitioner.” If yes or in doubt, contact the First Response Team on 0800 1313126.* | Yes [ ]  No [ ]  |

# Section 6: Outcome of the Assessment

|  |  |
| --- | --- |
| **Convene TAF and Complete Early Help Plan****(Identify who will convene the TAF and by what date)** |       |
| **No Further Action** |       |
| **Signposted to Other Services****(Please Detail)** |       |
| **Request Step-Up to Children’s Social Care** |       |

|  |
| --- |
| **Team Manager Comments and Recommendations (for Families First Local Support Team use, this section may not be utilised by all agencies providing Early Help Assessments)** |
|       |
| **Team Manager Signature:** |       | **Date:** |       |

|  |
| --- |
| **Parents/Carers’ Comments:** |
|       |
| **Parents/Carers’ Signatures:** |            | **Date:** |            |
|  |
| **Childrens/Young Persons’ Comments:** |
|       |
| **Childrens/Young Persons’ Signatures:** |       | **Date:** |       |

# APPENDIX 1: Parent / Carer AND CHILD/CHILDREN’S VIEW



Please complete each review/assessment on the outcome star above using the following colour scale:-

|  |  |
| --- | --- |
| Initial Assessment | Green |
| Review 1 | Red |
| Review 2 | Blue |
| Review 3 | Yellow |

