



Early Help Assessment



Why do an Early Help Assessment?

A professional or you yourself have told us about an area of your life you might like some help with. So that we can make sure we get you the right support from the right place, we would like to talk to you more about what's important to you and your family. This will help us to work together with you to get things working well again.

Please enter brief details of why you are making this referral

The Agreement

I am happy to participate in an early help assessment. I have full parental responsibility. I understand that the information I give and consent to share will be used to help me make positive changes to my life/my child/ren's life. I understand that my information will be stored safely as per the General Data Protection Regulation (GDPR). If you would like more information about how your information is processed please ask your Practitioner or see our website at www.trafford.gov.uk/earlyhelpprivacynotice. I understand my information will be used to evaluate how successful and effective early help is at both local and national level (all names or personal identifying information will be removed). I understand that, where there is an immediate risk of harm, the practitioner will follow the Trafford Strategic Safeguarding Partnership safeguarding reporting procedures and/or make a referral to Intensive Family Support. You may withdraw your consent or alter your objection preferences at any time.

Signed:

Date:

Print Name:

As a practitioner I agree to help you make plans to get things working well. I may do the following things:

- Help you to record what is working well and what could be better
- Work with agencies and other professionals involved in your life e.g. Health, Local Authority or Education
- Explain and organise a meeting called a 'Family Support Meeting'
- Explore what you need to do to make positive changes
- Work together to ensure things move on

Please DO NOT share any of my personal details with the following agencies/persons

Are you completing this on behalf of another Professional/Agency?	
Please enter details of the Professional/Agency completing the Early Help Assessment or that you are completing on behalf of.	
Print Name	
Agency	
Contact Number	
Email	

Details - Child Young Person			
Surname		First Name	
Address		Date of Birth/Expected Date of Delivery	
		Ethnicity	
		Gender	
Postcode			
Religion		Disability	
NHS No		EHP Plan in Place	
Unique Pupil Number		Is the child a young carer?	
School or Pre- School Details?			
First Language of Child and Family?			
	Interpreter Required?		BSL Interpreter Required?
GP Details			
Dentist Details			



Details - Parents/Carers			
Surname		First Name	
Address		Date of Birth	
Postcode		Ethnicity	
		Gender	
Housing Status		Housing Association	
Telephone		Email	
Religion		Disability	
Relationship to Child		Are you a carer for an additional individual?	
First Language of Parent/Carer		If so, whom for?	
		Has Parental Responsibility (PR)	
Interpreter Required?		Sign Language Interpreter Required?	
Employment/In Training?		In Receipt of Benefits?	
GP Details			

Details of all children, young people, family members and others living in household					
	Surname	First Name	D.O.B	Ethnicity	Relationship to Child/Young Person
1					
2					
3					
4					
5					
6					



Details of other parent/carer/significant person providing support if not living at this address

Name	Address	Relationship to Child/Young Person	Parental Responsibility?

Services/Professionals currently working with this family

Name of Service	Worker name/Job Title	Contact Details	Family member being supported

What are the Child/Young Person's views?

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.

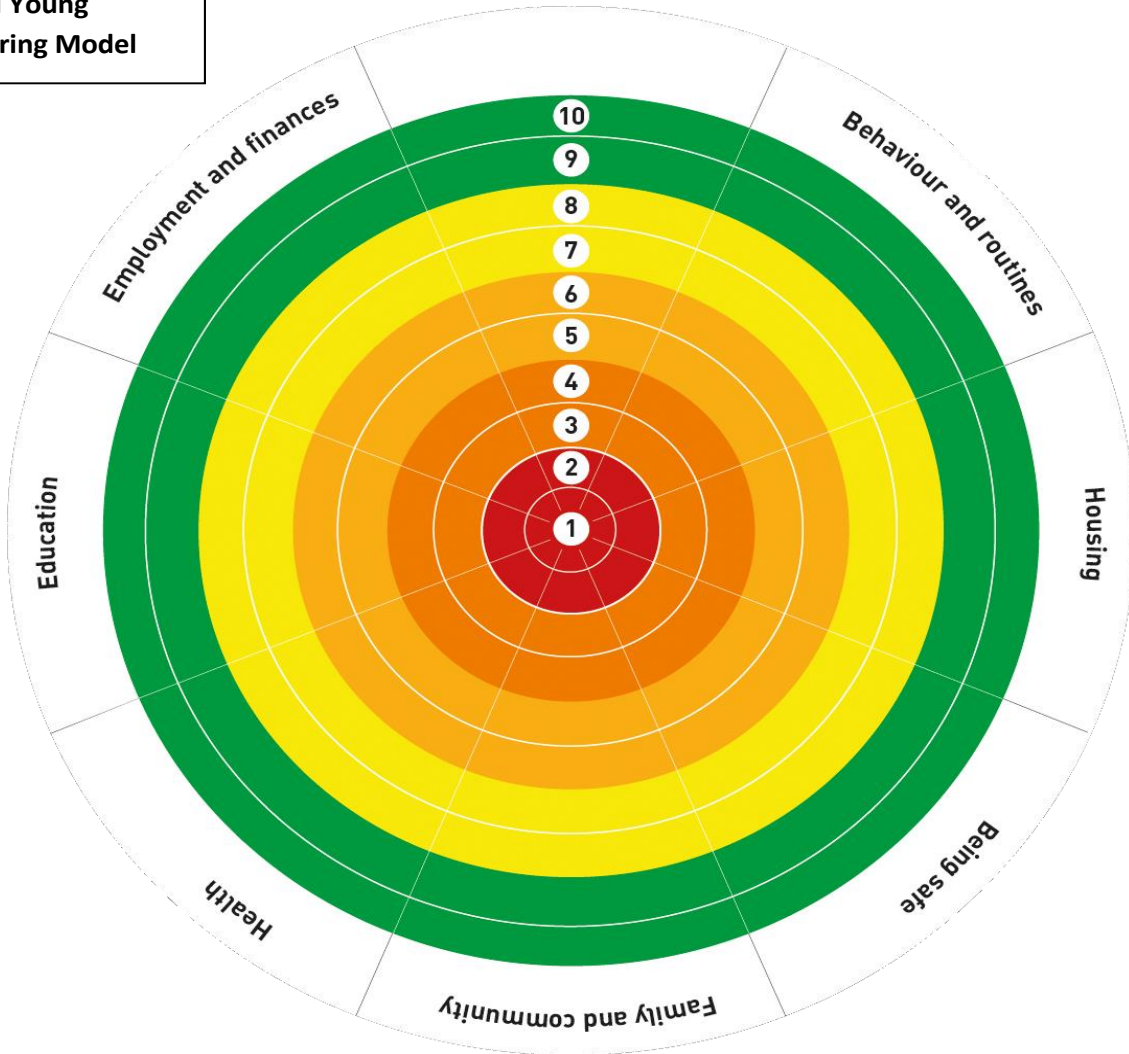


Conversation Tool – A guide to use

This is an observational prompt for the parent/carer and practitioner to use when completing the Child/Family Assessment. Practitioners can use these to support their knowledge in the assessment areas. The list of prompts isn't prescriptive or exhaustive. In discussion with the child/parent/carer ask them to consider on a scale of 1 – 10 where they feel they currently are. The key displaying the numbers is shown below and overleaf with Smiley Face prompts.

Emotional Wellbeing

Children and Young People's Scoring Model



I feel very confident that I can manage in this area	9 - 10
I feel confident that I can manage in this area	7 - 8
I feel unsure about my confidence that I can manage in this area	5 - 6
I feel I have very little confidence that I can manage in this area	3 - 4
I feel I have no confidence that I can manage in this area	1 - 2



Children and Young People's Scoring Model	What's Working Well? This is where you record the good stuff! What do you/your family enjoy? Think about what you're good at; your successes. Who makes up your support networks?	What are we worried about? Think about what is important to you and your family. This is where we record your concerns and what we have identified as a concern. What do you think could be better?	Where am I? Using the conversation tool above, state where you believe you are on a scale of 1 to 10.
Emotional Wellbeing			
Behaviour & Routines			
Housing			








Being Safe			
Family & Community			
Health			
Education			



Employment & Finances			
Any Other Area Identified by Family			

Key

How well are Things going (1 - 10)

<p>No Confidence</p>  <p>1 2</p>	<p>Little Confidence</p>  <p>3 4</p>	<p>Unsure</p>  <p>5 6</p>	<p>Feel Confident</p>  <p>7 8</p>	<p>Very Confident</p>  <p>9 10</p>
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What would we like to see happen? What's important for you and your family? What are your goals? Actions that you feel will help you and your family.	By Whom Who is responsible for the action	By When How long do we think it will take to achieve?





Please use this page for any notes or actions you may wish to record

A series of horizontal dotted lines for writing notes or actions.

