



## Early Help Assessment

(This PDF version is a tool to support completion of the EHA with the family - please input all details onto Liquid Logic system as usual when complete)

Date EHA started:

Date EHA commenced:

Details of Child/ Children	
Full name (s)	
DOB(s)	
Ethnicity	
Primary language	

Communication/ language or learning support needs for any family members

Lead Professional Details			
Name	Role	Organisation	Telephone/email

<b>Other professionals involved</b>			
<b>Name</b>	<b>Role</b>	<b>Organisation</b>	<b>Telephone/email</b>

<b>Reason for early help assessment</b>

<b>Do your family have any other support or assessments?</b>

<b>Tell us about who is in your wider network</b>
Who helps you, who is important to you and your family?

<b>Voice of the Child/ Young Person</b>

**Summary:** The five sections below will help us to talk about what is going well for your family and to explore the areas you need some help. Please tell us about the adults and children in your family.

### **Early Years and Education**

**Access to nursery/childcare, child development, SEND, school attendance, engagement in school, achievements, and goals. If you have identified in the 'other support' box earlier in the assessment that there is an EHCP or SEN plan in place, ensure this is explored further here.**

**Family Strengths and Worries:**

**What needs to change?**

### **Supporting Families Criteria (highlight if applicable)**

#### **Getting a Good Education**

- Average of less than 90% attendance (authorised absence optional) for 2 consecutive terms
- Average of less than 50% attendance unauthorised and authorised for 2 consecutive terms
- 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's special educational needs not being met

#### **1- Good Early Years Development**

- 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)
- Child's (0-5 yrs) physical health needs not met (e.g., immunisations not up to date, concerning accidental injuries, dental hygiene)
- 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)

**Have any actions been identified Yes or No**

**If yes, please detail –**

### Family Relationships

Parent and child relationships, sibling relationships, parental relationships, parental conflict. Parenting, routines, and boundaries. Extended family/friends support, access and engagement to community.

Family Strengths and Worries:

What needs to change?

### Supporting Families Criteria

#### 7- Improved Family Relationships

- Parent / carers require parenting support
- Harmful levels of parental conflict i.e., when it is frequent, intense or poorly resolved
- Child / young person violent or abusive in the home (to parents/carers or siblings)
- Unsupported young carer or caring circumstances changed requiring additional support

#### 9- 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

Have any actions been identified Yes or No

If yes, please detail –

**Physical and Mental Health**

**Access to GP/Dentist, developmental checks, medical conditions, disability, self-identity, self-esteem and wellbeing, sleep, diet, self-care.**

**Family Strengths and Worries:**

**What needs to change?**

**Supporting Families Criteria (highlight if applicable)**

**4- Improved Mental and Physical Health**

- Child needs support with their mental health
- Adult needs support with their mental health
- 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)

**Have any actions been identified Yes or No**

**If yes, please detail –**

**Staying safe at home and in the community**

**Safety at home, online and in the community. Anti-social behaviour, links to crime, supervision.**

**Family Strengths and Worries:**

**What needs to change?**

**Supporting Families Criteria (highlight if applicable)**

**2- Promoting recovery and reducing harm from substance misuse**

- An adult has a drug and/or alcohol problem
- An child or young person has a drug and/or alcohol problem

**8- Children safe from abuse and exploitation**

- Emotional, physical, sexual abuse or neglect, historic or current, within the household
- Child going missing from home
- Child identified as at risk of, or experiencing, sexual exploitation
- Child identified as at risk of, or experiencing, criminal, or pre-criminal, exploitation (e.g., county lines)
- Child identified as at risk of, or being affected by, radicalisation
- Child experiencing harm outside of the family (e.g., peer to peer abuse, bullying, online harassment, sexual harassment/offences)

**10 – Crime prevention and tackling crime**

- Adult (18+) involved in crime and/or ASB (at least one offence/arrest/named suspect report/ASB incident) in the last 12 months
- Young person (u18) at risk of crime – including gangs, serious violence and weapons carrying, or involved in harmful risk-taking behaviour
- Young person (u18) involved in crime and/or ASB (at least one offence/arrest/named suspect report/ASB incident) in the last 12 months

**Have any actions been identified Yes or No**

**If yes, please detail –**

**Finances, employment and housing**

**Debts, financial situation. Employment, skills, and aspirations. Housing, arrears, home conditions.**

**Family Strengths and Worries:**

**What needs to change?**

**Supporting Families Criteria (highlight if applicable)**

**5- Financial Stability**

- Adult in the family is workless
- Family require support with their finances and / or have unmanageable debt (e.g., rent arrears)
- Young person is NEET

**6- Secure Housing**

- Families who are in local authority temporary accommodation and are at risk of losing this
- Families not in suitable, sustainable housing and/or threatened with eviction /at risk of homelessness
- Young people aged 16/17 at risk of, or who have been, excluded from the family home

**Have any actions been identified Yes or No**

**If yes, please detail –**

## Lead professional analysis

**What does the information you have gathered mean? What is the impact and how can we make changes?**

**Child or Young Persons comments on assessment**

**Parent/ carers comments on assessment**



## Plan

What are we going to do?	Who is going to do it?	When will it be done by?	Are we on track, yes or no?	Date completed
<b>Agreed review date:</b>				

## Consent

Privacy notice - <https://www.stockport.gov.uk/privacy-notice/family-help-service-including-supporting-families-programme>

“We need to collect the information in this Early Help Assessment form so that we can understand what help you may need. If we cannot cover all of your needs we may need to share some of this information with the other organisations specified below, so that they can help us to provide the services you need. If we need to share information with any other organisation(s) later to offer you more help we will ask you about this before we do it.”

“We will treat your information as confidential and we will not share it with any other organisation unless we are required by law to share it or unless you or any other person shall come to some harm if we do not share it. not share it. In any case we will only ever share the minimum information we need to share”

<b>Consent</b>	
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:	<input type="checkbox"/> Me <input type="checkbox"/> This infant, child or young person for whom I am the parent <input type="checkbox"/> This infant, child or young person for whom I am the carer

I have had the reasons for information sharing and information storage explained to me and I understand those reasons.	<input type="checkbox"/> Me <input type="checkbox"/> This infant, child or young person for whom I am the parent <input type="checkbox"/> This infant, child or young person for whom I am the carer
I agree to the sharing of information as agreed, between the services listed:	<input type="checkbox"/> Me <input type="checkbox"/> This infant, child or young person for whom I am the parent <input type="checkbox"/> This infant, child or young person for whom I am the carer
Services:	

**Exceptional circumstances: concerns about significant harm to infant, child or young person**

If at any time during the course of this assessment you are concerned that an infant, child or young person has been harmed or abused or is at risk of being harmed or abused, you must follow your local Safeguarding Children Board (LSCB) safeguarding children procedures. The practice guidance *What to do If you're worried a child is being abused* (HM Government, 2006) sets out the processes to be followed by all practitioners.

If you think the child may be a child in need (under section 17 of the Children Act 1989) then you should also consider referring the child to children's social care. These referral processes will be included in your local safeguarding children procedures and are set out in Chapter 5 of *Working Together to Safeguard Children* (2006) ([www.ecm.gov.uk/workingtogether](http://www.ecm.gov.uk/workingtogether)). You should seek the agreement of the child and family before making such a referral **unless to do so would place the child at increased risk of significant harm.**

<b>Decisions and Further Actions</b>	
Suggested Outcomes	<input type="checkbox"/> Plan and Review (Team Around the Family) . Date of meeting:  <input type="checkbox"/> Step up to Children's Social Care  <input type="checkbox"/> Early Help Episode Closure
Reasons for these suggested Outcomes	
If the Early Help Assessment was not completed within timescale, please give the reason why	
Managers Comments	If you are a partner agency who authorises your own EHA please leave this blank
Authorisation Date	