**Early Help Assessment for Children, Young People & Families**

This Assessment should always be completed with the Child, Young Person and Family.

**If you become concerned that a child/young person is at risk of significant harm, the Telford & Wrekin Safeguarding Partnership Board (TWSP) Multi-agency child protection procedures must be followed. They can be accessed** [**here:**](https://www.telfordsafeguardingpartnership.org.uk/info/7/partner-agency-information/8/policies-procedures-pathways)

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| **SECTION 1 – About the person completing the assessment** | |
| **Start Date of Assessment** |  |
| **Details of Person Completing the Assessment** | |
| **Name** |  |
| **Role** |  |
| **Agency** |  |
| **Address** |  |
| **Email address** |  |
| **Telephone Numbers** |  |
| **Who is the Lead Professional?** |  |
| **Locality** |  |

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| **SECTION 2 – About the family living in the family home** | |
| **Family Surname (s)** |  |
| **Family Address (including Post Code)** |  |
| **Housing Provider (Name of Landlord)** |  |
| **Telephone Number(s)** |  |
| **Religion** |  |
| **Ethnicity** |  |
| **Nationality** |  |
| **First Language** |  |
| **Details of any disability in the family** |  |
| **Do any of the children have a caring responsibility?** | Yes No |
| **Is the child privately fostered? (if yes please provide details)** |  |

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| **2.1 Details of each family member or significant people living in the family home** | | | | | | | |
| **First Name(s)** | **Surname** | **Religion**  **Pick list** | **Ethnicity**  **Pick list** | **Previous names or aka** | **Relationship**  **Pick list** | **Date of Birth or Estimated Date of Delivery (if unborn)** | **Education, Employment or Training (pick list, ‘employed’, ‘in training/education’ – if selected detail name of school/college/nursery** |
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| **2.2 Details of any significant people not living in the family home** | | | | | | |
| **First Name(s)** | **Surname** | **Religion** | **Ethnicity** | **Date of Birth** | **Relationship** | **Address** |
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| **2.3 Why is this assessment being completed?** |
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| **SECTION 3 – Professional Involvement – other agencies and/or professionals currently involved with the family and whether they have contributed to the assessment.** | | | |
| **Agency/Professional Name** | **Address and Telephone Number** | **Who are they supporting in the family** | **Contributed to this Assessment**  **Yes/No** |
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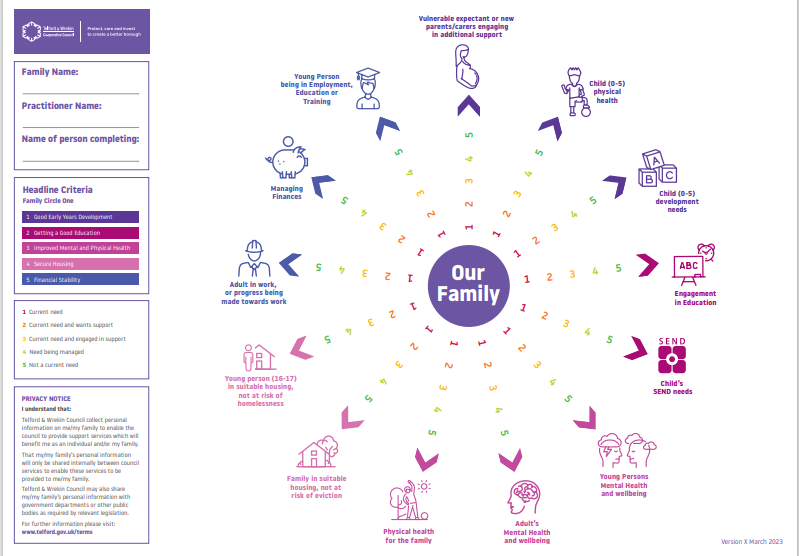
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| **SECTION 4 – Family Circle Scoring Matrix Scores of below 2 indicate an area of need or concern only score below 2 where needs or concerns have been identified**  **The family circle will be reviewed every 8 weeks in line with the Early Help support plan. Following discussion around the Family Circle,**  **please enter the scores for each area in the matrix below:** |

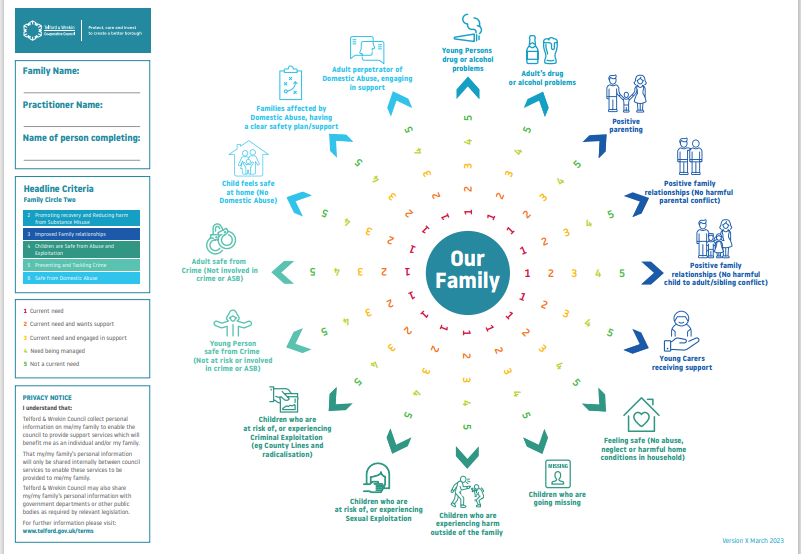
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| **Area** | **Good Early Years Development** | | | **Getting a Good Education** | | **Improved Mental and Physical Health** | | | **Secure Housing** | |
| Vulnerable expectant or new Parents/ Carers engaging in additional support | Child (0-5) physical health | Child (0-5) developmental needs | Engagement in Education | Child's SEND needs | Young Persons Mental Health and wellbeing | Adult's Mental Health and wellbeing | Physical health for the family | Family in suitable housing, not at risk of eviction | Young person (16-17) in suitable housing, not at risk of homelessness |
| **Practitioner Score** |  |  |  |  |  |  |  |  |  |  |
| **Parent Score** |  |  |  |  |  |  |  |  |  |  |
| **Child Score** |  |  |  |  |  |  |  |  |  |  |

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| **Area** | **Financial Stability** | | | **Promoting recovery and Reducing harm from Substance Misuse** | | **Improved Family relationships** | | | |
| Adult in work, or progress being made towards work | Managing Finances | Young Person being in Employment Education or Training | Young Persons drug or alcohol problems | Adult's drug or alcohol problem | Positive parenting | Positive family relationships (No harmful parental conflict) | Positive family relationships (No harmful child to adult / sibling conflict) | Young Carers receiving support |
| **Practitioner Score** |  |  |  |  |  |  |  |  |  |
| **Parent Score** |  |  |  |  |  |  |  |  |  |
| **Child Score** |  |  |  |  |  |  |  |  |  |

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| **Area** | **Children are Safe from Abuse and Exploitation** | | | | | **Preventing and Tackling Crime** | | **Safe from Domestic Abuse** | | |
| Feeling safe (No abuse, neglect or harmful home conditions in household) | Children who are going missing | Children who are experiencing harm outside of the family | Children who are at risk of, or experiencing Sexual Exploitation | Children who are at risk of, or experiencing Criminal Exploitation  (eg County Lines and radicalisation) | Young Person safe from Crime (Not at risk or involved in crime or ASB) | Adult safe from Crime (Not involved in crime or ASB) | Child feels safe at home (No domestic Abuse) | Families affected by DA, having a clear safety plan/support | Adult perpetrator of DA, engaging in support |
| **Practitioner Score** |  |  |  |  |  |  |  |  |  |  |
| **Parent Score** |  |  |  |  |  |  |  |  |  |  |
| **Child Score** |  |  |  |  |  |  |  |  |  |  |

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| **Criteria** | **Relates to** | **Supporting Comments** |
| **Good Early Years Development** | Vulnerable expectant or new Parents/Carers engaging in additional support  Child (0-5) Physical health  Child (0-5) Developmental Needs |  |
| **Getting a Good Education** | Engaging in Education  Child’s SEND needs |  |
| **Improved Mental and Physical Health** | Young Persons Mental Health and wellbeing  Adult’s Mental Health and wellbeing  Physical health for the family |  |
| **Secure Housing** | Family in suitable housing, not at risk of eviction  Young Person (16-17) in suitable housing, not at risk of homelessness |  |
| **Financial Stability** | Adult in work, or progress being made towards work  Managing Finances  Young Person being in Employment, Education or Training |  |
| **Promoting recovery and reducing harm substance misuse** | Young Persons drug or alcohol problems  Adult’s drug or alcohol problems |  |
| **Improved Family Relationships** | Positive Parenting  Positive Family relationships (no harmful parental conflict)  Young Carers receiving support |  |
| **Children are Safe from Abuse and Exploitation** | Feeling safe (No abuse, neglect or harmful home conditions in household)  Children who are experiencing harm outside of the family  Children who are at risk of, or experiencing sexual exploitation  Children who are at risk of, or experiencing criminal exploitation (eg county lines and radicalisation |  |
| **Preventing and Tackling Crime** | Young Person safe from crime  Adult safe from crime |  |
| **Safe from Domestic Abuse** | Child feels safe at home (no DA)  Families affected by DA, having clear safety plan/support  Adult perpetrator of DA, engaging in support |  |





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| **SECTION 5 - Tell us what has led to this assessment.** | |
| **What are you worried about?**  Harm/impairment/ Worries – *Past and present harm which has occurred.*  *Impact on the child*  *On-going difficulties which are causing the different members of the family to not meet their potential.* | **Parent/Carer** |
| **Child/Young person** |
| **Agency** |
| **Complicating factors** *(including any previous involvements)*:  *What is making this problem harder to deal with? What are the behaviours which increase the worry? What don’t we know?* | **Parent/Carer** |
| **Child/Young person** |
| **Agency** |
| **How does the family manage worries and concerns?**  *What helps the child or family manage, overcome or avoid the worry?* | **Parent/Carer** |
| **Child/Young person** |
| **Agency** |
| **What is working well - Existing strengths**  *What are the best things about the parents and the care of the children? Who supports/help the parents and children?*  *Comment on the child’s lived experience- what is going well in their life.* | **Parent/Carer** |
| **Child/Young person** |
| **Agency** |
| **Community Support Network**  What local facilities do you use? *I.e., schools, day nurseries, sports, play and Leisure centres, libraries etc.*  *Any barriers to accessing these services?* | **Parent/Carer** |
| **Child/Young person** |
| **Agency** |

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| **SECTION 6 – Analysis of Needs and Risk – What is your analysis?**  Consider all strengths, unmet and complex needs and risk associated to needs that are not being met and impact on the child. |
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**Early Help Assessment Support Plan**

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| **SECTION 7 – What needs to happen next** (Note: Focus on the Worry Statements and Risks that need support ie. Domestic Abuse, Neglect, Health issues, School attendance etc..) | | | |
| **What needs to happen in the family’s and agency’s view** | **Agreed Actions** | **Outcome** | **By whom and when** |
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**Threshold Guidance Level of Need – Please tick the appropriate box to indicate the level of need**

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| **Universal** |  | **Vulnerable** |  | **Complex** |  | **Acute** |  |

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| **SECTION 8. – Outcome of Assessment** | |
| **What is the outcome of this assessment?** | Move to plan (single agency response)  Move to plan (multi-agency repose)  Closed, NFA |
| **Date Involvement Ended** |  |
| **Date of First Early Help Support Plan Meeting** |  |
| **Name of Lead Professional completing the meeting** |  |
| **Family Informed** | Yes or no drop down |

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**This document needs to be forwarded to:**

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