

Child's name	CF/Child Reference	Date of Birth	Worker Name	Date

Early Help Assessment Form

Timeframe for the Assessment to be Completed and Plan to be Created

Assessment Start Date

Assessment Due Date

Date for Initial Review by Manager

Was the Child/Young Person seen during the assessment?

☐ Yes ☐ No

Family and Network Details

Please check Carefirst read only, if the person does not exist please complete a Demographics form for them.

Add relationship 1

Defined Relationship	
Name	
Age	
Gender	
Address	
Start/End Date	
<input type="checkbox"/> Main Carer? <input type="checkbox"/> Young Carer? <input type="checkbox"/> Parental Responsibility? <input type="checkbox"/> Next of Kin? <input type="checkbox"/> Emergency Contact?	

Add relationship 2

Defined Relationship	
Name	
Age	
Gender	
Address	
Start/End Date	
<input type="checkbox"/> Main Carer? <input type="checkbox"/> Young Carer? <input type="checkbox"/> Parental Responsibility? <input type="checkbox"/> Next of Kin? <input type="checkbox"/> Emergency Contact?	

Communication Needs (including language and disability)

If anyone does not have English as their primary language, and/or anyone has a disability, please provide relevant details here.

Add Language (The following Language entries are only necessary if a new language needs to be added)

Language

Fluency

Understanding

Primary Language ☐

Interpreted required? ☐

Notes

Disabilities

Start Date	End Date	Type	Severity	Notes
			Choose an item.	
			Choose an item.	

Does the Child have a Special Education Need, Disability, Illness or Additional Care Need?

☐ Yes ☐ No

(This next question only appears if the answer to the previous question was 'Yes')

What extra support does the child need to meet their additional needs?

You can provide further details in the child's and parent's views

Is the Child Receiving Short Break Support?

☐ Yes ☐ No

Is the child Receiving Overnight Short Breaks?

☐ Yes ☐ No

Number of Hours, Rate and Current Account Balance:	Are the hours being used and working well? Please explain:	Any issues:	Next steps – what needs to happen and by whom?	Date to be Completed:	Changes made from last Review:

Does the Parent have a Special Educational Need, Disability, Illness or Additional Care Need?

☐ Yes ☐ No

Add Key Agencies

Role	Professional	Agency	Agency role	Start Date	End Date

Child, Family and Network's Experience

Child's Experience

Use the exact words and images of the child as well as any observations.

Name	What does the child/young person say are the biggest issues they are worried about in their life?	What does the child/young person say are the best things about their life?	What does the child/young person want to happen?

Parents/Carer's Experience

Name and Relationship	What are they most worried about in the child's safety / success, health and development? Please use the exact words of the parents/carers	What do they say is the best things about their life, their family, their child and their care of the child?	What needs to happen to address the corners identified for the child?

Key Family Members and Support Network's Experience

Name and Role	What does s/he say they are worried most about the child's health and development and in the child's life? Please use the exact words wherever possible.	What does s/he say are the best things about their life, their family, their care of the child and the child?	What does s/he say needs to happen to address the wellbeing concerns that Children's Service have identified?

Impact of Significant Life Events

Impact of Significant Life Events

What was the first event in the family's life that brought Children's Services involvement with the family and what was the impact of that on the child?

What was the most recent event in the family's life (if different) that brought Children's Services involvement with the family and what was the impact of that on the child.

Worries and What's Working Well

What are we worried about?

Wellbeing Concerns

Complicated Factors

What is working well?

Existing Strengths

Existing Wellbeing

Analysis and Judgement

Signs of Wellbeing

Critical Worry Statement 1

Critical Worry Statement 1	Wellbeing goal 1
<input type="text"/>	<input type="text"/>

Wellbeing Scaling Question 1

Individual's Scale Rating

Individual's Name and Role	Scale for Critical Worry Statement & Wellbeing Goal 1	Reason
<input type="text"/>	<input type="text"/>	<input type="text"/>

Would you like to add another Critical Worry Statement? ☐ Yes ☐ No

Critical Worry Statement 2

Critical Worry Statement 2	Wellbeing goal 2

Wellbeing Scaling Question 2

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Individual's Scale Rating

Individual's Name and Role	Scale for Critical Worry Statement & Wellbeing Goal 1	Reason

Overall progress Scale

On a scale of 0-10 where 10 means that things are going very well and there is no need for Early Help services and 0 means a child or young person's wellbeing is significantly adversely affected and may need a children's social worker, how would you rate the current situation for this child / young person?

Children's Services Case Scale Rating

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

Reasons for Overall Scaling

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What needs to happen?

Wellbeing plans should always be created together with the parents, carers, child and key members of the support network?

Bottom Lines

Professional bottom-lines are the minimum that must happen for Children's Services to be satisfied and they cannot compromise on.

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Contingency Plan

What will the family do to keep the child/ren safe if the Bottom Lines are not met?

What will Children's Services do to keep the child/ren safe if the Bottom Lines are not met?

Timeline

Target Date for Closure

Date	Task	Meetings and Monitoring	Changes/Outcomes

Words and Pictures

Have the Words and Pictures been attached? ☐ Yes ☐ No

-If yes

Date this was completed?

Make sure this is the date of the version you are referencing.

-If no

Please set out the plan and timescale for this to be completed by.

Who is involved in the plan?

Please ensure all people listed are recorded on the child's main demographics.

Name and Role	How often will they see the child?	What are the specific tasks of this person?	Network Lead

Plan rules

The Plan Rules will address each concerning behaviour in turn. Moving from what is working well on to stressors, and triggers for emergency events and consider who will do what when problems arise?

Key Issues Arising from Critical Worries	Existing Wellbeing/What is working well?	Stressors and Triggers	Indicators Critical Worries are emerging or present	Who will do what when problems arise?

Recording and Demonstrating the Plan

Has a Wellbeing Journal been created? ☐ Yes ☐ No

Is a Safety Objects Plan relevant for this child or young person? ☐ Yes ☐ No

Child's Name	Safety Object	How will the child use the Safety Object?	What action will be taken?	When has the Safety Object been 'fire drill' tested?

Outcomes

Suggested Outcomes

- ☐ Team Around Family Meeting
- ☐ Early Help Plan
- ☐ Step Up to Children's Social Care
- ☐ Early Help Episode Completed

Reasons for these Suggested Outcomes

Manager's Review and Authorisation

Name of Manager Authorising this Assessment

Having reviewed this assessment and plan on a scale of 0 to 10, where 10 means that I am confident that this plan will keep the child safe and 0 is it will not improve the child's safety at all, where would you rate it?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

What else needs to improve the plan and move your assessment towards a 10?

Date of Completion

Where there is a significant discrepancy between the worker's overall progress scale rating and the manager's scale it is recommended that a Collaborative Case File Audit is started by the manager with the practitioner.

Any other comments and/or decisions.

