

The Early Help Assessment is to be completed where you have concerns regarding a child or family. The Assessment is completed with the family once they consent to their needs being assessed and the outcome will be an objective led plan. Further information is available at www.hillingdon.gov.uk/eha or the Early Help Co-ordination team can be contacted for advice on 01895 556144/556402

Names of child(ren) and young people who are part of this assessment. Include unborn children and children not living in the family home.

Last Name	First Name	Age/DOB/ EDD	Gender M/F/ Unborn	Religion	Ethnicity (see list below)

NHS numbers for children

Address:

Postcode:

Telephone numbers of parent/carer:

Names of parents or carers (give address if different from the child)

Name	Address	Age/DOB/ EDD	Gender M/F	Relationship to child(ren)

Names of other adults or children who are significant to child(ren) young person

Name	Address	Age/DOB/ EDD	Gender M/F	Relationship to child(ren)

Are there any communication/interpreting needs for the child and /or family?

Do the child and/or family have special needs or a disability?

Ethnicity list

White British	Caribbean	Indian	White & Black Caribbean	Chinese	Other Asian
White Irish	African	Pakistani	White & Black African	Any other ethnic group	Other mixed background
Any other White background	Any other Black background	Bangladesh	White & Asian	Not given	

What services are already working with the family?			
Name	Agency	Address	Telephone
	School/Nursery/ Children's centre		
	GP		
	Health Visitor/School Nurse		
Have the family previously worked with the following services?			
Children's Social care	<input type="checkbox"/>	Specialist health Services	<input type="checkbox"/>
Youth Offending	<input type="checkbox"/>	Adult services	<input type="checkbox"/>
Child and Adolescent Mental Health Services	<input type="checkbox"/>	Special Educational Needs or Disability services	<input type="checkbox"/>
Early Intervention & Prevention Services	<input type="checkbox"/>	Voluntary Sector (please give details)	<input type="checkbox"/>
Are there any other agencies working with the family? If so please provide name of organisation/practitioner with contact details for this agency			

Why has an assessment been started?

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Are there any of the following issues, risks or concerns-if so please give further details in your assessment:

Risk of Child Sexual Exploitation (CSE)-If so has a risk assessment been completed?	<input type="checkbox"/>	Mental health/health-child or adult	<input type="checkbox"/>	Not in employment education or training	<input type="checkbox"/>
Young carer	<input type="checkbox"/>	Domestic Violence or Abuse	<input type="checkbox"/>	Anti-social behaviour/crime	<input type="checkbox"/>
Private Fostering	<input type="checkbox"/>	Teenage parent/Pregnancy	<input type="checkbox"/>	Parent/Carer not in work	<input type="checkbox"/>
Risk of exclusion	<input type="checkbox"/>	Risk of radicalisation	<input type="checkbox"/>	School attendance	<input type="checkbox"/>
Drug/alcohol misuse-child or adult	<input type="checkbox"/>				

Details of professional completing assessment

Name	Role		
Address of organisation			
Contact Number		Email address	

Complete the assessment below with the family and document their views. The assessment should focus on strengths as well as worries or concerns.

Family history, functioning and well-being

- Criminality, anti-social behaviour-adult/young person
- Substance misuse-adult/young person
- Risk taking
- Sexual behaviour
- Bullying-including cyber bullying

Strengths
Worries

Children are not attending school regularly

- Attendance
- Exclusion/risk of exclusion
- Special educational needs
- Parental engagement
- Transition needs
- Child is not registered with a school
- Child is in an alternative educational provision

Strengths
Worries

Children who need additional help

- Effective and appropriate discipline
- Modelling positive behaviour
- Over-protection
- Self esteem
- Emotional difficulties
- Friendships
- Attachments
- Relationships with peers
- Guidance boundaries and stimulation
- Sleeping arrangements
- Support for positive activities
- Engagement with services
- Stable, affectionate, stimulating environment
- Praise and encouragement
- Frequency of house and school moves

Strengths
Worries

Housing, employment and finances

- Employment
- Effects of hardship
- Provision of food, drink, warmth, shelter and appropriate clothing
- Parent/carer in receipt of out of work benefits
- Young person not in education, training or employment (NEET)
- Debt/finance
- Rent arrears

Strengths
Worries

Families affected by domestic violence or abuse

- Young person or adult is at risk or experiencing domestic violence
- Young person or adult who is a perpetrator of domestic violence
- Safe and healthy home

Strengths
Worries

Parents and children with a range of health problems

- Mental health-adult or child
- Conditions and impairments
- Access to health care
- GP registration
- A&E admissions
- Mobility
- Nutrition
- Communication
- Self care
- Personal and dental hygiene

Strengths
Worries

Action Plan

What needs to change	Action (How)	Date of desired change	Date of review

Families views on the assessment and action plan

Parent / child’s consent for information storage and information sharing

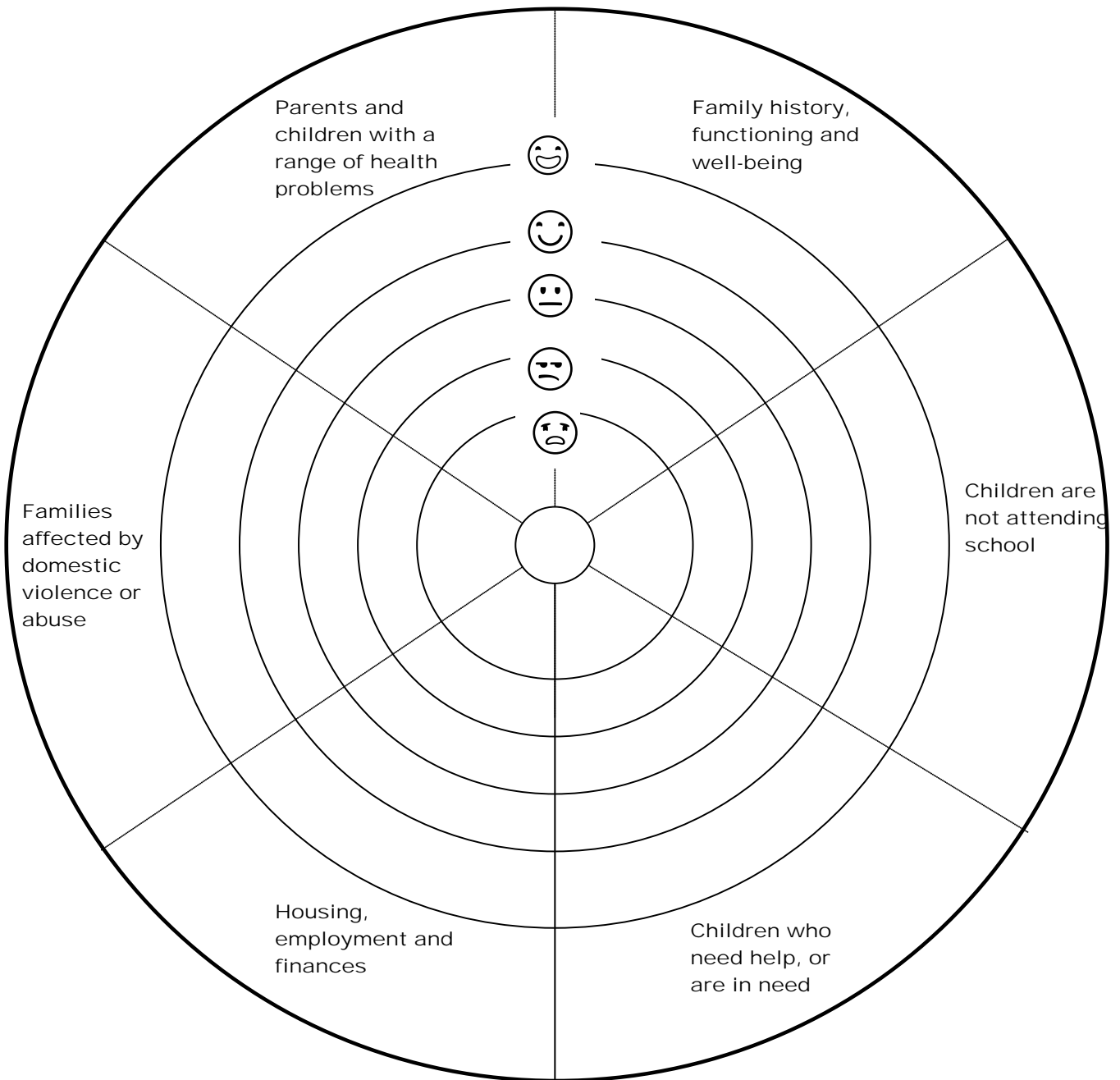
Do you agree to the information recorded on this assessment being shared with other practitioners and /or services in order to support you? Please tick as appropriate			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Some	
If no or some, what information can/cannot be shared and with whom?			
I agree that the information on this form can be securely stored centrally by the Early Help Co-ordination Team			<input type="checkbox"/> Yes <input type="checkbox"/> No
Parent/Carers’ Name:			
Signature:		Date:	






Please be aware we will contact Social Services if at any time during the EHA process the child/young person has been harmed or is at risk of harm or abuse.

Verbal consent to initiate an EHA may be given by the young person (aged 12-16) and/or their parent/carer. However, written consent must then be obtained at the very first opportunity and BEFORE any information can be shared or stored electronically. For children under the age of 12, parental consent must be obtained before initiating an Early Help Assessment

Please send a copy of all completed Early Help Assessments to the Early Help Co-ordination team at taf@hillingdon.gov.uk (non secure) or TAFhillingdon@hillingdon.qcsx.gov.uk (secure)

Use this outcome wheel with the family to identify their needs as part of the assessment process



-  A real strength, no concerns or worries
-  Fine, situation is adequate or sufficient
-  Not great, need to do something
-  Quite concerned
-  Significant concern