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:

SECTION 1 - About the person co	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						

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)	



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

2.2 Details of any significant people not living in the family home							
First Name(s)	Surname	Religion	Ethnicity	Date of Birth	Relationship	Address	



2.3 Why is this assessment being of	completed?		
SECTION 3 – Professional Involve assessment.	ment – other agencies and/or professionals currently i	nvolved with the family and whether they have c	ontributed to the
Agency/Professional Name	Address and Telephone Number	Who are they supporting in the family	Contributed to this Assessment Yes/No

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

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:

Area	Good Early Years Development				a Good ation				Secure Housing		
	Vulnerable expectant or new Parents/ Carers engaging in additional support	Child (0-5) physical health	Child (0-5) developmen tal 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											

Area	Financial Stability			Reducir	g recovery and ng harm from nce Misuse	Improved Family relationships			y 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									

Area	Children are Safe from Abuse and Exploitation	Preventing and	Safe from Domestic Abuse
		Tackling Crime	



	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										

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	



Family Name:

Practitioner Name:

Name of person completing:

Headline Criteria Family Circle One

ranny circle one

1 Good Early Years Development

Getting a Good Education

3 Improved Mental and Physical health

4 Secure Housing

5 Financial Stability

- 1 Current need
- 2 Current need and wants support
- 3 Current need and engaged in support
- 4 Need being managed
- 5 Not a current need

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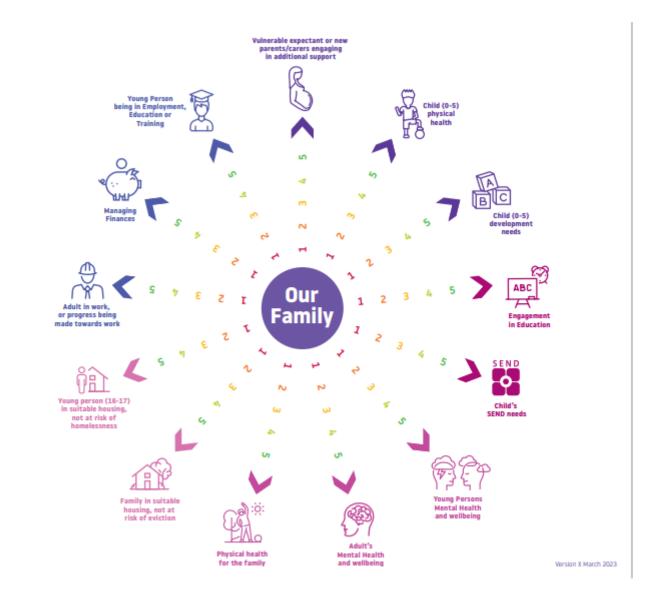
understand that

Telford & Wrekin Council collect personal information on me/my family to enable the council to provide support services which will benefit me as an individual and/or my family.

That my/my family's personal information will only be shared internally between council services to enable these services to be provided to me/my family.

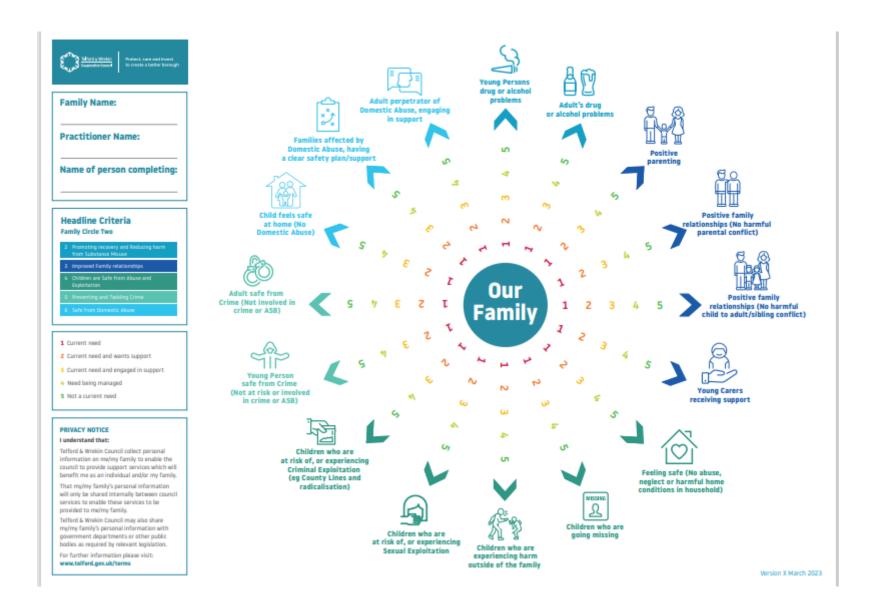
Telford & Wrekin Council may also share my/my family's personal information with government departments or other public bodies as required by relevant legislation.

For further information please visit: www.telford.gov.uk/terms











SECTION 5 - Tell us what has led to this as	sessment.
What are you worried about? Harm/impairment/ Worries – Past and present harm which has occurred.	Parent/Carer
Impact on the child On-going difficulties which are causing the different members of the family to not meet their potential.	Child/Young person
	Agency
Complicating factors (including any previous involvements): What is making this problem harder to deal	Parent/Carer
with? What are the behaviours which increase the worry? What don't we know?	Child/Young person
	Agency
How does the family manage worries and concerns? What helps the child or family manage,	Parent/Carer
overcome or avoid the worry?	Child/Young person
	Agency
What is working well - Existing strengths	Parent/Carer



What are the best things about the parents and the care of the children? Who supports/help the parents and children?	Child/Young person
Comment on the child's lived experience- what is going well in their life.	Agency
Community Support Network What local facilities do you use? I.e., schools, day nurseries, sports, play and Leisure centres, libraries etc.	Parent/Carer
Any barriers to accessing these services?	Child/Young person
	Agency





Early Help Assessment Support Plan

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

Threshold Guidance Level of Need - Please tick the appropriate box to indicate the level of need

	Universal		vuinerable				Complex			Acute	
•	SECTION 8. – Outcome of Assessment										
١	What is the outcome of this ass	essment'	?		Move to plan Move to plan Closed, NFA	(multi-ag	gency response) ency repose)				
I	Date Involvement Ended										

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Yes or no drop down

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This document needs to be forwarded to: StrengtheningfamiliesBSO@telford.gov.uk

Date of First Early Help Support Plan Meeting

Family Informed

Name of Lead Professional completing the meeting

