**Early help assessment and support planning form** 

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| **Child’s name:** | **DOB:** | **Gender:** | **Ethnicity:** |
| **Siblings:** | **DOB:** | **Gender:** | **Ethnicity:** |
| **Parent’s or carer’s name:** | **Relationship to child** (Privately fostered? Yes No) | **Parental responsibility:** | **Ethnicity:** |
| **Home address:** | **Phone numbers:**  **Email:** | **Significant others living at the address:** | |

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| **Language spoken by child:** | **Language spoken by family:** | **Child’s religion:** | **Family’s religion:** |
| **Disability:** | **SEN support needs: Yes/No**  If yes please outline | | **EHCP: Yes\*/No**  \*Date of the most recent EHCP plan: |

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| **School or nursery:** | **GP details:** | **Other professionals Involved:** | **Consent to share information with professionals obtained:**  YES NO |
| **Consent to share information withheld**  YES, with ………………………………………………………………………………………………………………  **N/A** |
| **Date assessment completed:** | **Author’s name:** | **Author’s phone numbers:** | **Author role and agency:** |

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| **Reason for assessment:** |

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| **About the child** (provide pen picture noting child’s personality, interests, hobbies, likes, dislikes, current challenges or issues, physical attributes) |

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| **Think assessment triangle: child’s development needs, parenting capacity and family and environmental factors. Think child’s or young person’s lived in experience. Provide analysis and reflections within your assessment.** | |
| **What is going well?**  Things that are going well or have been done to improve or change the situation and which can be built on to reduce worries, resources in place. |  |
| **What are we worried about?**  Past, current and future worries? Specify risks. What could happen if nothing changes for the child?  What things are making it harder to deal with difficulties and worries? Consider Complicating Factors. Include analysis. |  |
| **Worry statement:**  Include analysis |  |

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| **Safety goal:** |

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| **Wellbeing or safety scale:** Rate the situation on a scale of 0 to 10, where 0 means things are bad and 10 means that everything that needs to happen for the children to be safe in the family is happening.  0 10 | | |
| **Child’s score and comments:** | **Parent’s or carer score and comments:** | **Practitioners score and comments:**  **5** |

**What needs to happen – plan of support**

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| **What needs to happen and outcome?**  Think how this plan will help to address the worries and reduce risks | **Who will do this and have responsibility?**  Think child, young person, parent, carer, family, friends and professional network) | **When does this need to be done with timeframe?** |
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| **Child’s name:** | **Signature:** | **Date:** |
| **Parent/carer name:** | **Signature:** | **Date:** |
| **Lead practitioner name and job title** | **Signature:** | **Date:** |
| **Date of team around the child meeting and venue:** | | |