

Early Help Assessment

Hartlepool has a range of people and services that want to help families deal with worries and problems before they can become bigger or get worse. To be able to help and support a family to deal with a worry or a problem, we try to understand who they are as individuals, but also how they are when together as a family. To do this, we spend time with the family and we have conversations with them. If you let us, we might also speak to others who might know your family or who already help in some way.

This assessment is about

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DOB

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Why are we completing the assessment? Who gives consent for the assessment?

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| |  |  | | --- | --- | | |  | | --- | |  |     Who was involved in the assessment, how did they contribute? (Was their involvement face to face or via video conference/telephone/email etc.? Did the child/ren/young person contribute? | |  | | |  |  | | --- | --- | | |  | | --- | |  | | | Who do the family say are part of their support network (this can be anyone who helps or supports the family, such a friend, neighbour, family, school, Health Visitor, Dr etc.) and how do they help them? | |  |  |  |  |  | | --- | --- | --- | --- | | |  |  | | --- | --- | | |  | | --- | |  | | |  | | |

**Child/ren/Young Person’s Voice (What do they say)**

*House of good things (what’s working well?)*

*House of worries (what are they worried about?)*

*House of dreams (what needs to happen or change?)*

**Parents/carers voice**

*What is working well?*

*What are they worried about?*

*What do they want to happen or change?*

***Family Situation***

Summary of child and family history, including any previous involvement with Early Help or Social Care (including the reason for involvement) and any current professional involvement i.e. School, Health, Harbour, Drug and Alcohol Services, Mental Health Services, Voluntary Agencies etc.

The child/ren/young person’s health and development, this section must (where possible) refer to the child/young person's understanding of the situation. Consider the child/ren/young person's physical and mental health, education, emotional and behavioural development, culture and identity, relationships with family members and others, social presentation and self-care skills. What are their interests?

**Parenting of the child/young person**

Consider the parents/carers capacity to ensure the child/ren/young person's safety and how parents/carers provide basic care, emotional warmth, love, stimulation, guidance, boundaries and stability. This section must refer to the parents/carers response to the assessment and their understanding of the situation.

**The family, where they live and the things that impact on their lives**

Consider the family network, the role of extended family and friends, the child and family's connection with the local neighbourhood and community resources, activities. The environment that the child/ren/young person lives in, including the family's housing, employment & income situation and the family history and functioning.

**Reflection and Analysis**

*What is working well? This is what* ***you*** *think is working well*

*What are we worried about? This is what* ***you*** *think is a worry*

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**Analysis**

This should pull all the information together you have gathered as part of the assessment to include: what has happened/is happening for the child/ren/young person? What are the strengths and protective factors in the family? Do we have any worries about the child/ren/young person? What needs to change to ensure the child/ren/young person is safe and/or their needs are met? The parents/carers capacity to make necessary changes with or without help. What help/support the child/ren/young person and family needs (need) to make the changes?

*This is where you record your views and thoughts and also what might be helpful for the family in order for them to make changes*

**What should happen now? The next steps after the assessment.**

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| Identified Issue/worry | What do we want to achieve? | What needs to be done? (What, how, who, when) |
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Family Details (anyone else who lives in the family home or is a significant person)

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| Name/Relationship to the child/ren/young person | Address | Contact Number |
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Signature of parent/carer………………………………..

Date…………………………………….

Signature of person completing the assessment……………………..

Date…………………………………….

Once completed and signed, please send to: [earlyhelpreferrals@hartlepool.gov.uk](mailto:earlyhelpreferrals@hartlepool.gov.uk) if you feel that a Family Support Worker may have a role to play in the support of the family.