





Completing the Early Help Assessment.

Guidance for users

Lyn Tapping

Assessment and Information Officer

February 2019

sessment started:				Date	of planner	d 'Team aroun	d the Child(ren)' meeting:
of unborn baby/ch		ung per	son being		•	a reamaioan	a are emiation	, meeting.
Name	E.D.D./ D.O.B/ age	Gender	Ethnicity ¹	Disability	Religion	First language	Telephone Num	ber Address
						_		
of other significan	D.O.B.	g. adult Gender	siblings,	Relationsl (identify where me	nip to child(ren which child(ren ore than one is assessed)) Parental	Tolophono nu	wing in the household): Living in same hous (If parents/carers living in addresses, list address here
				Relationsl (identify where me	nip to child(ren which child(ren ore than one is) Parental	Tolophono nu	Living in same hous

Completing an Early Help Assessment form.

This document provides guidance on completing an Early Help Assessment. Such an assessment is to be made whenever an unborn baby/child/young person's needs are multiple, complex or unmet, and may need a multi-agency response. You can also refer to the local Threshold Document, which can be found here: https://www.safeguarding-bathnes.org.uk/sites/default/files/threshold for assessment 2016v4.pdf

Here you will find an explanation of the themes of the assessment, and some examples of useful questions to ask when completing the Early Help Assessment form, as well as some guidance notes in particular areas.

Part of the assessment is split into sections on what is going well, and what is not going so well. The guidance does not dictate which questions should be asked for which section you are working on, but aims to guide conversations which can then be recorded appropriately.

Please include the child/young person in the assessment, as their voice is crucial. Feel free to be as creative as you want with this – pictures, drawings, letters as well as any direct comments recorded on the Early Help Assessment form; all of these provide the voice of the child to inform planning.

Once the Early Help Assessment form has been completed, please send it in to the Integrated Working team, who will log it should there be future enquiries or a need to update it. They be happy to offer support with the next steps. Please see below for contact details.

If you find you have any further questions, or require further training on the Early Help Assessment form, please do get in touch, and we will be happy to provide you with support. The Integrated Working Team provide multi-agency and bespoke training on both the Early Help Assessment form as well as planning and chairing the Team Around the Child/Family meetings and the role of the lead professional.

If you are concerned about the immediate safety of a child or young person, you should speak to your manager and/or seek advice from the Children's Social Care Duty Team on 01225 396312/6313 or email: childcare_duty@bathnes.gov.uk You can also refer to the Threshold for Assessment document to help you consider the level of service intervention appropriate. The link to this can be found in the 'Other Resources' section towards the end of this document.

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CONSENT

Discuss with the family why an Early Help Assessment may be beneficial and what the process involves.

Gain verbal consent to begin the Early Help assessment process



ASSESS

Early Help Assessment paperwork should be completed with the family, with a focus on hearing the voice of the child.



SUBMIT

Written consent from the parents/carers or young person will be needed before completed paperwork is submitted to the integrated working team. Please send via secure email to IWT@bathnes.gov.uk via a BANES email address, Globalscape or Royal Mail recorded delivery to the Integrated Working Team, Children, Young People and Families Department, Bath and North East Somerset Council, Manvers Street, Bath, BA1 1JG.



RESPONSE

The Integrated working team will respond to the assessment. We aim to contact you within 5 working days and send a written response within 15 working days.



PLAN

All relevant agencies should be invited to a team around the child / team around the family meeting to agree an action plan and identify an appropriate lead professional.

We will expect to receive an action/delivery plan and review within 3 months of the assessment being received. This should outline what progress has been made and contain any details of new aims. Action plans and reviews are needed to evidence distance travelled and progress against agreed aims.



REVIEW

Further reviews are held minimum 3 monthly in agreement with the family. Once all agreed aims have been met, the current Early Help episode can be closed. If there are further needs identified, then the Early Help Assessment can be revisited and updated at a later date with the family's consent

Please inform the integrated working team of a decision to close an Early Help Assessment.

This form will be read by children and young people as well as parents, carers and professionals.

Remember to keep the language simple and jargon free.

You may find it easier not to use the form in the order it is set, i.e., not work through it in page order. The assessment should begin with a conversation, rather than solely focusing on positives and negatives. As you gather more information, you may find your initial causes for concern and causes for celebration change.

Bath	&	N	ort	h	Ea	st
Som	er	set	: C	OI	un	cil

Early Help Assessment



Early Help Assessment for family								
Date assessment started: Date of planned 'Team around the Child(ren)' meeting:								
Details of unborn baby/child(ren)/ young person being assessed:								
Name	E.D.D./ D.O.B/ age	Gender	Ethnicity ¹	Disability	Religion	First language	Telephone Number	Address
1.								
2.								
3.								
Details of other significant p	people (e.	g. adult	siblings,		_		nd/or others living	in the household):
Name	D.O.B.	Gender	Ethnicity	(identify where me	hip to child(rer which child(ren ore than one is assessed)) Parental	? Telephone number	Living in same household? (If parents/carers living in separate addresses, list address here if appropriate)
Details of any communication	on or acc	essibilit	y requiren	nent				
Details of any communication of accessionity requirement								
White British White Irish Any other White background Traveller of Irish background	Gypsy/Ro White and 8 White and 8 Any other B	Black Caribb Black Africar	1	African Caribbean White and Any other		• Indian • Pakist • Bangl d • Chine	ani adeshi	Any other Mixed background Any other ethnic group Refused Information not yet obtained

Please be sure to complete this form with as much information as possible.

It is useful to understand why this assessment has been completed. What are the initial concerns from you as a professional, as well as the child/young person and their family?

Early Help Assessment Form 2

	Use this as	an opportunity to explain what
		ave already been used, and the
Why is this assessment being completed?	•	y. You can bring information previous assessments, (with
	consent) as	well as others working with the
		person and their family (see
What has been tried to meet the needs?	,	to this to summarise and ensure standing of what has been tried
	previously.	
Family history/context		
Family history/context		
Family history/context		
		The manage are adding the state of the state
Details of person co-ordinating assessment		The person coordinating the
Details of person co-ordinating assessment		assessment is not necessarily
Details of person co-ordinating assessment Name: Job title: Agency:		assessment is not necessarily the confirmed lead professional,
Details of person co-ordinating assessment Name: Job title: Agency: Secure email:	ase use a secure file	assessment is not necessarily the confirmed lead professional, but should take on this role until lead professional is formally
Details of person co-ordinating assessment Name: Job title: Agency: Secure email: (If you do not have a secure email address, plea	ase use a secure file	assessment is not necessarily the confirmed lead professional, but should take on this role until lead professional is formally agreed usually at, or prior to, the
Details of person co-ordinating assessment Name: Job title: Agency: Secure email: (If you do not have a secure email address, plea	ase use a secure file	assessment is not necessarily the confirmed lead professional, but should take on this role until lead professional is formally agreed usually at, or prior to, the first team around the child
Details of person co-ordinating assessment Name: Job title: Agency: Secure email: (If you do not have a secure email address, plea	ase use a secure file	assessment is not necessarily the confirmed lead professional, but should take on this role until lead professional is formally agreed usually at, or prior to, the

If you have a bathnes.gov.uk or a virgincare.co.uk email, you can send documents securely via email. For all other users, please use Globalscape or send documents via registered post by Royal Mail.

Please include all agencies with their correct contact details. The family may use this to keep track of who is who and how to contact them. This also allows other professionals a clear picture of who is supporting the family

Form 3

	e ie eap	who is supporting the family			
Services involved Please state for which family member	Name and address	Contact details (telephone number and secure email)			
GP					
Dentist					
Early years setting, school, college or training provider	V				
Health Visitor					

Ь

Please enter the name of the child/young person on each page of their assessment

The aim of sections 1 and 2 is to find out fully what is going on for this child or young person in different areas of their life, as well as gaining the family point of view, alongside your professional thoughts.

Prompts are there to help you start conversation and your questions can be used for both the child/young person as well as their parents; consider using differentiation depending on age and levels of understanding

Early help assessment for |

(Duplicate forms can be found in the appendices for

Section One: What is going well?

What does the child/young person think is going well (with reasons)? (or what might your unborn child say?)

At home: (consider home environment, condition, area, shared bedroom, privacy, outside space, area)

Family relationships and	d parenting: (consider siblings, family rules, parents, extended family)
At Home: In this section, we can find out more about how the child feels about their home environment. Do they share a bedroom? Do they have a garden? What is the local area like? Do they feel safe? Do the parents/carers feel the same? What concerns, if any, do they have?	tivities, clubs/groups, who, where, frequency) ing / work: (consider engagement, aspirations, enjoyment, motivation) luding mental and emotional health): (consider fitness, diet, happiness, s to services; hygiene)
Other: (consider family be	ackground and ethnicity, diversity and cultural considerations)

Please use appendix 1 for any additional children being assessed

Early help assessment for	
(Duplicate forms can be found in the appendices for addition	Family relationships and
What do mothers/fathers/carers think is going well (with At home: (consider security, comfort, space, condition)	parenting: Here we want to know more about the relationships within the family
Family relationships and parenting: (consider communica	home, and with the wider family. Are they positive relationships/difficult relationships? Find out who the
disagreement/conflict)	child/young person lives with; is it a happy home? Do they do things together as a family? Do they have any support when
Friendships: (consider positive influences, role models, beh	, ,
In school setting/training/work: (consider attendance, atta attitude, home/school communication)	argue about? What fun things happen at home? What causes concerns/worries at home? What are the challenges for the child/young person, and for the parents?
Health/development (Including mental and emotional hea conditions/diagnoses, emotional wellbeing, resilience, self-ca	
Other: (consider family background and ethnicity, diversity a	nd cultural considerations)

Open questions are a good way to get conversations started. For example, using phrases such as 'tell me about..' 'describe...', 'what do you do...' can be useful, then you can follow up with more specific questions. This can develop into more of a conversation than an assessment which first focuses on the positives then the negatives, so it is up to you to record the information where you feel it best fits.

	d in the appendices for additional children.)
What does the person co-o At home: (consider atmosphe	rdinating the assessment think is going well (with reasons)?
At Home: (Sonsider danospin	sio, suitability, toriarity)
Family relationships and pa	arenting: (consider emotional warmth, responsiveness, boundaries)
Friendships: (consider appro	opriateness, peer group, influence)
\	
In school / setting / training aspirations)	I work: (consider attendance, attainment, behaviour, relationships,
Health/day/dayment/(Inclus	Friendships: This section is about the child/young person's friendships and social relationships. Do they have opportunity to see friends away from nursery/school? Who are their closest friends? What do
Health/development (Include services, management of me	they do together? What makes a good friend? Do they
	worry about their friends? Parents may be able to describe any concerns they have for their child's
	friendships or what they do socially, or describe the
Other: (family background at resources, places of worship,	
\uparrow	
	rd anything discussed that
sn't 'fit' into any of the othe cribe any protective factors	· · · · · · · · · · · · · · · · · · ·
ents using appropriate bour	

safe, is there wider family support, does the child/young

person have a trusted adult in their life?

Early help assessment for

(Duplicate forms can be found in the appendices for additional children.)

Section Two: What is not going so well?

What does the child/young person think is not going well (with reasons)? (or what might your unborn child say?)

-	ent, condition, area, shared bedroom, privacy, outside space,
Family relationships and parentin	Health/Development: This section can be used to find out about any concerns or worries the child/young person and family might have about their health and well-being, (have they missed any days of school, any hospital admissions etc.) as well as making sure they are registered with a GP/dentist/optician. It can also be used to find out about what is going well in terms of health, when the young person may be progressing.
Friendships: (consider activities, cl	health, when the young person may be progressing well, have the support they need, or are simply doing well and feeling healthy. Consideration should also be given to the emotional well-being and mental health of
In school / setting / training / work	the young person
	,
Health/development (Including me wellness,resilience, access to service	ental and emotional health): (consider fitness, diet, happiness, es; hygiene)
	V
Other: (consider family background	and ethnicity, diversity and cultural considerations)
What is the risk if things don't imp	prove? (what might your life look like if things stay the same?)

Please use appendix 1 for any additional children being assessed

Risk: As an example, if school attendance is a concern, as a professional you might say that the child/young person may be at risk of not meeting their potential, poor attainment, low self-esteem, social isolation, limited opportunity, strained family relationships...describe the risks you consider are evident both short term and long term.

What does the child/young person and their family see as the risk? Why?

In schools/setting/training: Here we can find out more about how things are going in terms of education. Do they enjoy their time at 'school'? What do they think they do well at? What would their teachers say about them? What feedback have the parents had? Are they meeting age related expectations? Are they need more support? What aspirations do they have? What was their last school report like? Friendships: (consider positive influences, rolling training) work: (consider attendance, attainment, engagement, enjoyment, attitude, home/school communication) In schools/setting/training: Here we can find out more about how things are going in terms of education. Do they enjoy their time at 'school.' What do they had to they have? What would their teachers say about them? What feedback have the parents had? Are they meeting age related expectations? Are there any specific concerns or do they need more support? What aspirations do they have? What was their last school report like? Maybe they could describe the relationships within school. In schools/setting/training: Here we can find out more about how things are going in terms of education. Do they enjoy their time at 'school'? What do they think they do well at? What is the risk if things don't improve? (what are you worried might happen?)		Early Help Assessment Form 8
Health/development (Including mental and emotional health): (consider stability, medical conditions/diagnoses, emotional wellbeing, resilience, self-care, mood) Other: (consider family background and ethnicity, diversity and cultural considerations)	(Duplicate forms can be found in the appendice What do mothers/fathers/carers think is not At home: (consider security, comfort, space, c Family relationships and parenting: (consid disagreement/conflict)	Here we can find out more about how things are going in terms of education. Do they enjoy their time at 'school'? What do they think they do well at? What would their teachers say about them? What feedback have the parents had? Are they meeting age related expectations? Are there any specific concerns or do they need more support? What aspirations do they have? What was their last school report like? Maybe they could describe the
Other: (consider family background and ethnicity, diversity and cultural considerations)		endance, attainment, engagement, enjoyment,
Other: (consider family background and ethnicity, diversity and cultural considerations)		
What is the risk if things don't improve? (what are you worried might happen?)	Other: (consider family background and ethnic	ity, diversity and cultural considerations)
	What is the risk if things don't improve? (w)	hat are you worried might happen?)

Early help assessment for

Early help assessment for

(Duplicate forms can be found in the appendices for additional children.)

Section Three: Information from others working with the unborn baby, child(ren), young person or family

We aspire that all children living in B&NES are safe, healthy, prepared for adult life and making a positive contribution

Your name/agency/ contact details:	Who are you working with? (i.e. name of child(ren) or family):		Outline involvement, including dates:			
What is going well for this un (Consider home, family relation mental health, development et	nships, parenting, fr	input. A go contribution information longer work have inform you have di aware of the should be n	on is for contributing agencies to give to cood holistic assessment will have as from all involved with the child. The can also be sought from professional king alongside the child/family, but who mation that will be of use. Please ensuliscussed this with the family and they be information you are sharing. There are surprises when they read through the			
(Consider home, family relation	What is not going well for this unborn baby, child(ren), young person or family? (Consider home, family relationships, parenting, friendships, school/college/training, health (including mental health, development etc.)					
What is the <u>risk</u> for this unborn baby, child(ren), young person or family if things don't improve? (Consider short, medium and long term impact/outcomes for the young person)						

Professionals completing this section should help others to understand the strengths and protective factors they see, but also the concerns they have, giving reasons, especially when using specialist language or sharing specialist information.

Remember that not everyone will understand professional language they use day to day.

agency is contributing

This section allows focus on the parents/carers. It is clear that the needs of the parents/carers can often have an impact on the child/young person. If we gain a deeper understanding of the life of the parents/carers, it's possible that we can offer support to those adults which in turn will support the young person to have their needs met.

Early help assessment for

(Duplicate forms can be found in the appendices for additional crimaren.)

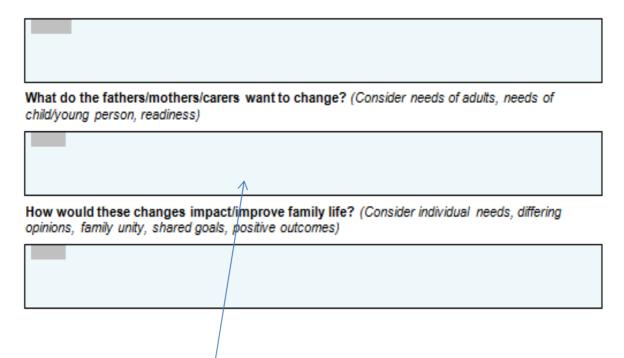
Section Four: Information about mothers/fathers/carers

Life history, including experience of being parented: (Consider significant life events, childhood experiences, history of violence, substance misuse, positive extended family relationships)

General health (physical and mental well-being): (Consider mental and emotional wellbeing, diagnosed medical conditions, adult services) **Life history:** This section allows us to find out more about the life ork, finance and home: (Consider job security, financial security, of the parents/carers. For example: Tell me about your childhood? What was your relationship with your urces/activities: (Consider support networks, friends/family in the area, parents/carers like? Did you experience any domestic violence in your childhood? Did you see much of your grandparents/aunts/uncles, other culture: (Consider English as a second language, communication extended family? Keeping children safe: (Consider protective factors, understanding of safety, boundaries, e-safety) Confidence in parenting: (Consider boundaries, dealing with conflict/disagreement, co-parenting, consistency)

Family routines: (Consider rule setting, expectations, consistent/chaotic, child care)

Confidence in parenting: Here we can find out more about how the parents/carers feel about how they parent. Questions could include how do you manage conflict/arguments in the home? What boundaries do you use? Are you and their other parent/carer consistent with those boundaries?



Change: What do the parents/carers want to change? This could be something in their own lives, for example, they would like help reducing their alcohol use; in their child's life, for example, they would like their child to attend school more regularly, or it could be a family wide change, for example, they would like everyone to spend more time together as a family.

Once these changes are made, what does the parent/carer think will improve? For example, if they reduce their alcohol use, their children might notice them being more responsive to their needs, more engaged in their lives, whereas spending more time together as a family might see their relationships strengthened communication improving, shared experiences etc.

Early help assessment for |

(Duplicate forms can be found in the appendices for additional childre

Section Five: Family summary

Please tick all the areas of need identified, and then rank them in ord (1 being the highest priority) that need to be addressed to improve the person's current situation. Consider the significance of points of agreement

Child Need Acrimonious relationship between parents/carers or other members of the household/family Alcohol misuse Audit C Screening Tool doesn't like the area they live in. Drink Think Tool Anti-social behaviour (perpetrator) Anti-social behaviour (victim) Bereavement Care Leaver - request for service Care leaver - request to access records Child Sexual Exploitation (risk of) Please attach SERAF (sexual exploitation risk assessment form) Criminal behaviour / risk of offending (please state whether adult or young person) Cyber-bullying Disability (formally diagnosed) Domestic abuse (perpetrator) Please indicate if child to adult or adult to child or adult to adult Domestic abuse (victim) Please attach DASH risk checklist Education -not accessing education -not meeting expected education outcomes - risk of education breakdown Exploitation e.g. criminal / county-lines / gangs Fabricated or induced illness Family breakdown / risk of

Use this section to indicate which concerns are priorities for the child/young person, parent, and you as the assessor, taking into account all that you have learned throughout the assessment process. You may have learned there are many issues which need addressing, but some of those issues may be more urgent, for example, a child at imminent risk of child sexual exploitation may need more urgent action than a child who doesn't like the area they live in

				_
Female Genital Mutilation (FGM)]
Financial Hardship/Debt]
Gang involvement]
Harmful Sexual Behaviour]
Hate crime / discrimination]
Home conditions (inadequate)]
Homelessness (young person)]
Homelessness or risk of eviction (family)]
Honour based abuse / forced marriage]
Hospital admission	V	fire at the	- 1 - 1 - 1 - 1 - 1 - 1 - 1	1
Learning needs including learning disabilities/difficulties (EHC/SEN) or below age related expectations	the c	hild/young	at the priorit person or th	ne
Mental health issues / emotional well-being			lo not match atch what yo	
Adult: Long term/complex	cons	ider a priori	ty. This isn	't a
Adult: Short term/low mood or anxiety			is right or w	•
Child: Difficulty regulating emotions		• •	ity to begin out the situa	
Missed appointments / immunisations	and v	what the ris	ks and cond	cerns
Missing young person	are.			
No recourse to public funds				
Non-engagement or resistant to working with services]
Not in education, employment or training (NEET) young people				
Parenting capacity to meet needs of child(ren)/routines and boundaries				
Physical health issues including limiting long term illness]
Police involvement or numerous call-outs]
Prison (Children affected by Parental Imprisonment (CAPI) - parent / carer / family member has a custodial sentence orrecently released)				
Private fostering]
Private fostering (overseas student)				
				-

Radicalisation / risk of Prevent information (Please note you have a duty to refer)		
Self-Harm		
Socialisolation		
Substance / drug misuse		
Suicide (risk of)		
Teenage pregnancy/risk of		
Toxic Trio (domestic abuse, parental mental ill health & substance misuse)		
Trafficking and modern slavery		
Worklessness		
Young Carer		

Please add in appendix 1 for any additional children being assessed.

Early help assessment for (Duplicate forms can be found in the appendices for additional children.)
Section Six: Summary and Analysis
Drawing on all information gathered here, what is your professional opinion of what life is like for this child or young person? (If the assessment is for an unborn baby, what is your professional opinion of what life will be like for the baby?)
Child's name:
What is the child or young person telling you, either in words or through behaviour?
Using their own words wherever possible, what would the child or young person like to change?
What needs to change to meet the child or young person's or family needs?
What is the risk or concern if things do not change?

This section is an opportunity for you to summarise what you have learned in the assessment. It is where you can bring together the key aspects of the child's life, which should include the protective factors in place and the risk to the child /young person if things don't change.

You should consider the lived experience of the child, and the impact both short and long term, and also consider making use of professional knowledge and research to illustrate the concerns, for example, we know a child living with domestic violence in the home can be affected in many ways, including developing attachment disorder, becoming withdrawn and isolated, may become aggressive themselves and find it difficult to maintain healthy relationships in the future. Hearing from the chid/young person themselves about what changes they are hoping for, and how that might change things for them is really important.

Strong analysis can also help the family understand the concerns of the professionals

Whilst verbal consent should be sought before initiating an Early Help Assessment, formal signed consent is required before the assessment can be submitted to the Integrated Working Team, or shared with other professionals.

Consent to store and share my information

Assessor's confirmation

- I confirm I have explained the need for and practice of storing and smaring information with the person named below and /or that person's parent/carer and that they have given their signed consent below.
- I have detailed below any persons or agencies that this information should NOT be shared with without prior permission of the parent/carer/young person named below.

I have explained the exceptional circumstances where it may not be possible to abide by such a
request and that not sharing information could delay the process of support for the un
baby/child(ren)/young person.

 You can find further guidance and explanation of the consent process, informations protocols and privacy notice using the links below.

www.bathnes.gov.uk/sites/default/files/consent_quidance_0.pdf

www.bathnes.gov.uk/services/children-young-people-and-families/child-protection/infosharing-protocol

www.bathnes.gov.uk/sites/default/files/sitedocuments/Your-Council/Data-Protection-an information/PN Early Help Assessments.pdf

Assessor Name:	Signed:	Date:
Manager Name:	Signed:	Date:

Parent/Carer/Young Person declaration

- I agree that this assessment and all subsequent reviews/updates can be shared with and professionals who can help things to improve for me or my child(ren) and family specified in the box below.
- I understand that this information may also be shared for the purposes of quality ass service improvement with a group operating within an agreed data sharing agreement
- I have had the need for the storing and sharing of this information explained to me and I
 understand the exceptional circumstances under which it may be shared without my prior consent.

withhold my consent for this information	ation to be shared with:	7
Young Person Name:	Signed:	Date:
Parent/Carer Name:	Signed:	Date:

Please return the completed assessment securely to the Integrated Working Team either by email from B&NES or Virgincare accounts directly to IWT@bathnes.gov.uk. From all other sources please first contact the Integrated Working Team on 01225 395021 or send by registered post to:

Integrated Working Team, Lewis House, Manvers Street, Bath, BA1 1J

The child/young person and their parents/carers have the right not to share their information with specific agencies. If this is the case, this should be indicated in this space.

Appendices

The Early Help Assessment includes appendices to be used if more than one child in the family are being assessed, Appendix 1, and also to include contributions from multiple agencies, Appendix 2.

These appendices are not reproduced here but the guidance is the same as in the original sections of the assessment.

An assessor's signature will indicate the Early Help Assessment form is complete and the form is ready to be submitted to the Integrated Working Team. It is expected that managers will support staff in completing the Early Help Assessment. This can be evidenced by a manager's signature.

Action plans and review paperwork

Bath & North East Somerset Council

Early Help Action P

To help review the effectiveness of plans for children and young pe Team hold a copy of Action Plans resulting from team around the c

If you have any questions or require further advice please contact:

Assessment & Information Officer (NE Somerset Area)
Assessment & Information Officer (Bath Area)

A team around the child/family meeting is recommended every 8-12 weeks. This allows enough time for any actions to get started, but not so long as to allow the child/young person to feel unsupported if things aren't working.

01225 395448 01225 395308

*		
Child(ren)'s Name	_	The parents /carers
Child(ren)'s Date of Birth		should always be in
Fathers/mothers/carers name/s		attendance at the meeting and inviting
Review Meeting Date		the child/young person is good practice. If the
Venue		child/young person
Lead Professional (Chair) Include contact details and agency	_	chooses not to attend, consider how they can
Attendees and Job Role – Include contact details and agency		be represented. To give an example, this could be through an advocate, or being
Apologies received		supported to write their
		thoughts down to be
Next Review Meeting Date	_	fed into the meeting.
Venue	_	

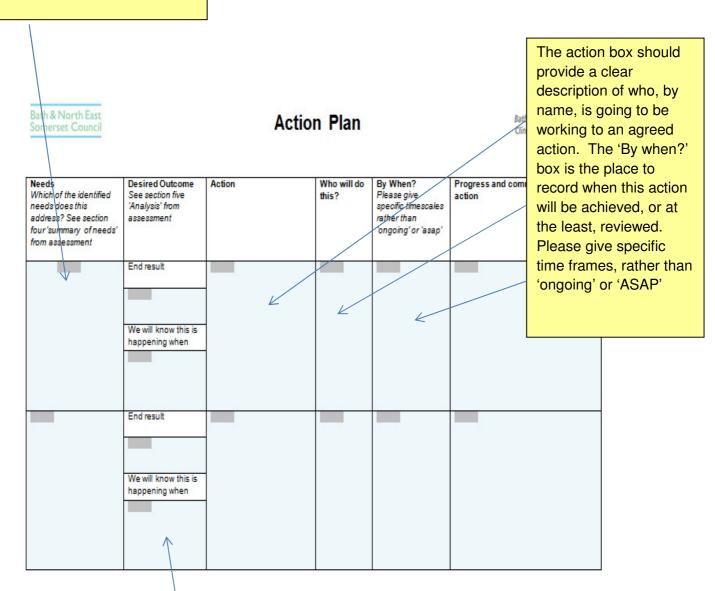
Please return the completed action plan to the Integrated Working Team at IWT@bathnes.gov.uk if emailing from B&NES or Virgin accounts. From other email accounts please first contact the Integrated Working Team on 01225 395021

At the team around the child/family meeting, you should invite all professionals working with the family currently, and if possible, a representative from any agencies to which you are making/have made referrals.

It is important to be aware of the size of any meetings, and consider whether agencies are able to send one person to represent them if there are multiple workers. If the team around the family approach is being used, does everyone need to be present for the whole meeting, or can some attendees come just for the child which whom they are working?

and visit

Use this section to indicate which need you are addressing. You could refer back to section five to look at which needs are a priority.



In the desired outcome box, it is helpful to describe what it is you are aiming to achieve. For example:

End result - For Archie to feel safe to talk about his dad at home, and understand his feelings about his experiences.

We will know this has happened when Archie does not feel so worried or anxious about seeing his dad, he may also stop being quiet and withdrawn before and after visits with his dad.

End result		
We will know this is happening when		
End result		
		7
We will know this is happening when		
	/	

The progress box is to be used in review meetings to describe how the agreed action is working to meet the needs of the child/young person. Here you can indicate whether things are progressing as planned, or have been completed, in which case, offer a description of what has changed for the child/young person. It could be that an action is not having the desired effect, so maybe a new action needs to be considered in its place.

Action	Plan Revie	PW Date:		
Current pe	ople involved			
	Name	Agency	Phone Number	
New peopl	e to be involved			
Name		Agency	Please see he following pa	ge for
			next steps if Early Help Assessment is to be closed	d.
	episode be closed?	Yes No No attached closure form		
Review Note	es			
Mother/fathe	er/carer's comment	on the review and actions ident	ified	
Child(ren)/ Y	oung person's com	ment on the review and actions	identified	

Exceptional circumstances: concerns about significant harm to infant, child or young person. If at any time you are concerned that an infant, child or young person has been harmed or abused or is at risk of being harmed or abused, you must follow the South West Child Protection procedures (www.swcpp.org.uk). The practice guidance What to do If you're worried a child is being abused (HM Government, 2006) sets out the processes to be followed by all practitioners.

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This page allows you to record who was in attendance at the meeting, and who could be invited to the next meeting. This is also where you record a narrative to the meeting, in the Review Notes box.

If there are any additional specific comments the parents/carers or child/young person wishes to add, these can be added in the final two boxes on this page.



Early Help Assessment Closure Form

This form is to be used in those instances where support for a child/young person through an assessment is coming to an end and used to record the reasons for this decision.

☐ All needs beii☐ Child's need:☐ Consent with☐ Other (Please	ng met by universa s now being manag drawn	ged by statutory ser	DE 100 AT	This page is for you to indicate to the Integrated Working Team that the assessment and subsequent action plans have come to an end, and should be considered closed.
				Reasons for closing an Early Help
Job role				Assessment include:
Team/Service				
Date closed				 The needs having been met
How involved did 1 Not involved	dyou feel in the ass	arers to answer the essment and plant 3 s has had a positiv	ning process 4 Ver	 An escalation in to a statutory service, for example Social Care The needs being addressed and monitored by a single agency, with no need for a multi-agency approach. The Early Help Assessment may also be closed if at any point the parent/carer or the child/young person withdraw their consent.
Diagea sek than	hild/voung perso	n to answer the fo	llowing que	
		essment and plant	The second second	This section also requires feedback from the
1 🗆	2 🗆	3 🔲	4 🗆	parent/carer and the child/young person on
< Notinvolved			Ver	how they found the process, and any
Do you feel the a	ssessment proces	s has had a positiv	e impact on	comments they wish to make.
1 🗆	2 🗆	3 🔲	4 🗆	3
				Big impact >
90B/mkwa.				





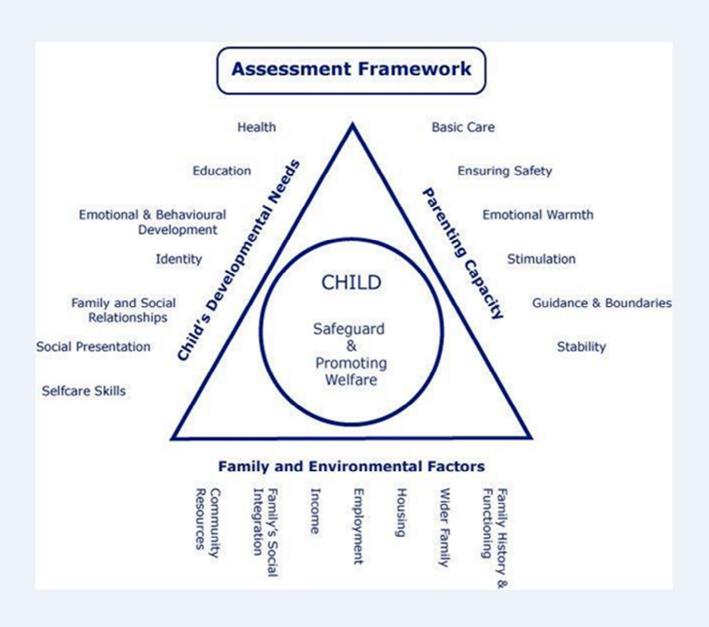
Is there anything else you would like to tell us? (family)		
Is there anything else you would like to tell us	? (practitioner)	
Signed: Lead Professional Date	Signed: Father/mother/carer or Young Person Date	

Please return the completed closure form to the Integrated Working Team at <a href="https://www.imp.com/lwt.nc/www.mc.nc/www.nc/www.mc.nc/www.mc.nc/www.mc.nc/www.mc.nc/www.mc.nc/www.mc.nc/ww.m

Alternatively, you can send by registered post to:-Integrated Working, Lewis House, Manyers Street, Bath BA1 1JG

Exceptional circumstances: concerns about significant harm to infant, child or young person. If at any time you are concerned that an infant, child or young person has been harmed or abused or is at risk of being harmed or abused, you must follow the South West Child Protection procedures (www.swcpp.org.uk). The practice guidance What to do If you're worried a child is being abused (HM Government, 2006) sets out the processes to be followed by all practitioners.

FURTHER SUPPORT



DIMENSIONS OF CHILD'S DEVELOPMENTAL NEEDS

Health

Includes growth and development as well as physical and mental wellbeing. The impact of genetic factors and of any impairment should be considered. Involves receiving appropriate health care when ill, an adequate and nutritious diet, exercise, immunisations where appropriate and developmental checks, dental and optical care and, for older children, appropriate advice and information on issues that have an impact on health, including sex education and substance misuse.

Education

Covers all areas of a child's cognitive development which begins from birth. Includes opportunities: for play and interaction with other children; to have access to books; to acquire a range of skills and interests; to experience success and achievement. Involves an adult interested in educational activities, progress and achievements, who takes account of the child's starting point and any special educational needs.

Emotional and Behavioural Development

Concerns the appropriateness of response demonstrated in feelings and actions by a child, initially to parents and caregivers and, as the child grows older, to others beyond the family.

Includes nature and quality of early attachments, characteristics of temperament, adaptation to change, response to stress and degree of appropriate self control.

Identity

Concerns the child's growing sense of self as a separate and valued person. Includes the child's view of self and abilities, self image and self esteem, and having a positive sense of individuality. Race, religion, age, gender, sexuality and disability may all contribute to this. Feelings of belonging and acceptance by family, peer group and wider society, including other cultural groups.

Family and Social Relationships

Development of empathy and the capacity to place self in someone else's shoes. Includes a stable and affectionate relationship with parents or caregivers, good relationships with siblings, increasing importance of age appropriate friendships with peers and other significant persons in the child's life and response of family to these relationships.

Social Presentation

Concerns child's growing understanding of the way in which appearance, behaviour, and any impairment are perceived by the outside world and the impression being created.

Includes appropriateness of dress for age, gender, culture and religion; cleanliness and personal hygiene; and availability of advice from parents or caregivers about presentation in different settings.

Self Care Skills

Concerns the acquisition by a child of practical, emotional and communication competencies required for increasing independence. Includes early practical skills of dressing and feeding, opportunities to gain confidence and practical skills to undertake activities away from the family and independent living skills as older children. *Includes* encouragement to acquire social problem solving approaches. Special attention should be given to the impact of a child's impairment and other vulnerabilities, and on social circumstances affecting these in the development of self care skills.

DIMENSIONS OF PARENTING CAPACITY

Basic Care

Providing for the child's physical needs, and appropriate medical and dental care. *Includes* provision of food, drink, warmth, shelter, clean and appropriate clothing and adequate personal hygiene.

Ensuring Safety

Ensuring the child is adequately protected from harm or danger. Includes protection from significant harm or danger, and from contact with unsafe adults/other children and from self-harm. Recognition of hazards and danger both in the home and elsewhere.

Emotional Warmth

Ensuring the child's emotional needs are met and giving the child a sense of being specially valued and a positive sense of own racial and cultural identity. *Includes* ensuring the child's requirements for secure, stable and affectionate relationships with significant adults, with appropriate sensitivity and responsiveness to the child's needs. Appropriate physical contact, comfort and cuddling sufficient to demonstrate warm regard, praise and encouragement.

Stimulation

Promoting child's learning and intellectual development through encouragement and cognitive stimulation and promoting social opportunities.

Includes facilitating the child's cognitive development and potential through interaction, communication, talking and responding to the child's language and questions, encouraging and joining the child's play, and promoting educational opportunities. Enabling the child to experience success and ensuring school attendance or equivalent opportunity. Facilitating child to meet challenges of life.

Guidance and Boundaries

Enabling the child to regulate their own emotions and behaviour.

The key parental tasks are *demonstrating and modelling* appropriate behaviour and control of emotions and interactions with others, and *guidance* which involves setting boundaries, so that the child is able to develop an internal model of moral values and conscience, and social behaviour appropriate for the society within which they will grow up. The aim is to enable the child to grow into an autonomous adult, holding their own values, and able to demonstrate appropriate behaviour with others rather than having to be dependent on rules outside themselves. This includes not over protecting children from exploratory and learning experiences. *Includes* social problem solving, anger management, consideration for others, and effective discipline and shaping of behaviour.

Stability

Providing a sufficiently stable family environment to enable a child to develop and maintain a secure attachment to the primary caregiver(s) in order to ensure optimal development.

Includes: ensuring secure attachments are not disrupted, providing consistency of emotional warmth over time and responding in a similar manner to the same behaviour. Parental responses change and develop according to child's developmental progress. In addition, ensuring children keep in contact with important family members and significant others.

FAMILY AND ENVIRONMENTAL FACTORS

Family History and Functioning

Family history includes both genetic and psycho-social factors.

Family functioning is influenced by who is living in the household and how they are related to the child; significant changes in family/household composition; history of childhood experiences of parents; chronology of significant life events and their meaning to family members; nature of family functioning, including sibling relationships and its impact on the child; parental strengths and difficulties, including those of an absent parent; the relationship between separated parents.

Wider Family

Who are considered to be members of the wider family by the child and the parents?

Includes related and non-related persons and absent wider family. What is their role and importance to the child and parents and in precisely what way?

Housing

Does the accommodation have basic amenities and facilities appropriate to the age and development of the child and other resident members? Is the housing accessible and suitable to the needs of disabled family members?

Includes the interior and exterior of the accommodation and immediate surroundings. Basic amenities include water, heating, sanitation, cooking facilities, sleeping arrangements and cleanliness, hygiene and safety and their impact on the child's upbringing.

Employment

Who is working in the household, their pattern of work and any changes? What impact does this have on the child? How is work or absence of work viewed by family members? How does it affect their relationship with the child? Includes children's experience of work and its impact on them.

Income

Income available over a sustained period of time. Is the family in receipt of all its benefit entitlements? Sufficiency of income to meet the family's needs. The way resources available to the family are used. Are there financial difficulties which affect the child?

Family's Social Integration

Exploration of the wider context of the local neighbourhood and community and its impact on the child and parents.

Includes the degree of the family's integration or isolation, their peer groups, friendship and social networks and the importance attached to them.

Community Resources

Describes all facilities and services in a neighbourhood, including universal services of primary health care, day care and schools, places of worship, transport, shops and leisure activities.

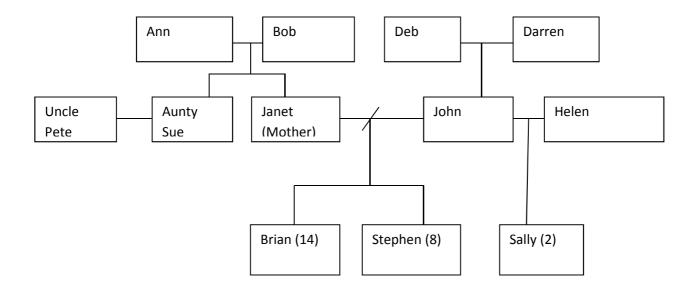
Includes availability, accessibility and standard of resources and impact on the family, including disabled members.

Taken from: "Framework for the Assessment of

Children in Need and their Families", DOH, 2000.

Family Tree

Trying to describe the family 'make up' can be quite tricky at times, and making use of a Family Tree can make this slightly easier. These can be hand drawn or inserted in to the Early Help Assessment.



Other Resources

Listed below are some resources to support the assessment of children and young people which have been recommended by local practitioners.

Threshold for Assessment of Children and Young People & Guide to Level of Service Intervention in Bath & North East Somerset - https://www.safeguarding-bathnes.org.uk/sites/default/files/threshold for assessment 2016v4.pdf

http://www.socialworkerstoolbox.com/category/assessment/wishes-feelings

http://www.socialworkerstoolbox.com/say-way-40-worksheets-facilitating-childrens-participation-assessment/

'Positive Mental Health Resources' for KS 3,4 and 6th form - http://www.directorofpublichealthaward.org.uk/content/resources