Early Help Assessment

A whole family approach to supporting children, young people and their families in Merton
For information on completing this assessment please visit Effective Support for Families in Merton (mertonscp.org.uk)

1. LEAD PRACTITIONER INFORMATION

Practitioner agency/service		Date Completed	
Practitioner name		Practitioner telephone	
Practitioner email			

2. FAMILY DETAILS

PARENT / CARER 1		PARENT / CARER 2	
Name		Name	
Parental responsibility?	Yes ☐ No ☐	Parental responsibility?	Yes ☐ No ☐
Telephone		Telephone	
Date of birth		Date of birth	
Ethnicity		Ethnicity	
Address and postcode		Address and Postcode	
Disabilities / Health needs		Disabilities / Health needs	
Special Educational Needs		Special Educational Needs	
Communication support needs		Communication support needs	
Immigration Status		Immigration Status	

CHILD / YOUNG PERSON		Gender	Disability	Special Educational Needs	Health Need
Child / Young Person 1	Name:	Male ☐ Female ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
	Date of Birth:				
	Ethnicity:				
	Address				
	Name of early education / school /college				
Child / Young Person 2	Name:	Male ☐ Female ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
	Date of Birth:				
	Ethnicity:				
	Address				
	Name of early education / school /college				
Child / Young Person 3	Name:	Male ☐ Female ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
	Date of Birth:				
	Ethnicity:				
	Address				
	Name of early education / school /college				
Child / Young Person 4	Name:	Male ☐ Female ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
	Date of Birth:				
	Ethnicity:				
	Address				
	Name of early education / school /college				

3. FAMILY NEEDS

Merton's Priority Outcomes	Supporting Families Outcomes	Presenting Needs	
Health	Improved mental and physical health	Parents/carers and children with a range of health needs	☐
	Promoting recovery and reducing harm from substance misuse	Parents/carers or children with a problem with alcohol or drugs	☐
Stay Safe	Children safe from abuse and exploitation	Children experiencing or at risk of exploitation or abuse (emotional/physical/sexual/neglect)	☐
	Crime prevention and tackling crime	Parents/carers or children involved in crime or antisocial behaviour	☐
	Safe from domestic abuse	Families affected by domestic abuse	☐
	Improve family relationships	Families affected by parent conflict or children being abusive within the home	☐
Enjoy and Achieve	Getting a good education	Children who have not been attending school regularly / children whose special educational needs are not being met	☐
	Good early years development	Expectant or new parents/carers who require additional or specialist support with their babies or pre-schoolers	☐
Being Independent	Financial stability	Families experiencing or at risk of worklessness and financial difficulties	☐
	Secure housing	Families experiencing or at risk of homelessness	☐

4. INFORMATION SHARING

I, [practitioner name] have discussed this assessment with [insert name of person/s with parental responsibility] and the child/young person [insert name of child or young person] on Click or tap to enter a date. They have agreed:

- For the assessment to be undertaken
- That they understand how their personal data will be stored
- That the completed assessment will be shared with other practitioners who may be able to provide support and/or advice – as detailed

5. PERSONAL DATA

I understand that receiving Early Help and Targeted Early Help support is voluntary and the information I give on this form may be shared with other services to identify what support may be needed and to help plan support for me and my family. This may involve the sharing of my information with one or more of the following professionals / agencies where considered necessary so that they can help to plan and provide support for me and my family:-

- ☐ Education Providers e.g. nurseries, schools and colleges;
- ☐ London Borough of Merton Childrens services;
- ☐ Health services
- ☐ Counselling Services;
- ☐ Housing Providers;
- ☐ Local Job Centres;
- ☐ Victim Support;
- ☐ Voluntary and Community Sector Bodies.

I understand that my information will be stored safely as per the General Data Protection Regulation. If you would like more information about how your information is processed please ask your Practitioner

6. TEAM AROUND THE FAMILY (who is currently supporting the family)

Name / Role / Organisation	Contact Details	Family Member working with	Consent to share info with this person		Contributed to EHA	
			Yes ☐	No ☐	Yes ☐	No ☐
			Yes ☐	No ☐	Yes ☐	No ☐
			Yes ☐	No ☐	Yes ☐	No ☐

7. FAMILY INFORMATION			
Development of Baby/Child/Young Person Consider early years development/education/send/mental and physical health/ risk of abuse and exploitation/substance misuse/involvement in crime or anti-social behaviour			
What is currently working well?	What are we worried about?	How would you like this area of your life to look?	What needs to happen to get you there?
Parenting Capacity Consider providing good early years development and education/ensuring safety/neglect/mental and physical health/substance misuse/ involvement in crime or anti-social behaviour			
What is currently working well?	What are we worried about?	How would you like this area of your life to look?	What needs to happen to get you there?
Family and Environmental Factors Consider family relationships including domestic abuse/housing/financial stability			
What is currently working well?	What are we worried about?	How would you like this area of your life to look?	What needs to happen to get you there?

8. ANALYSIS
Worry Statement:
Well-being Statement:
Wellbeing scale: 1-10

1 Extremely Worried	2	3	4	5	6	7	8	9	10 No worries

9. FAMILY PLAN

Family Goal	How will this happen	Who will do this	When will we do this
Family goals listed here should align with the Supporting Families Outcome Framework e.g. Getting a good education	*Individual actions agreed with the family in response to the family goal. A single-family goal may be broken down into a number of smaller, specific action points.*	*Who is responsible for this action? (this can include family members)*	*Please provide a specific date. Avoid using ASAP. If 'ongoing' please state when the action will be reviewed*

10. PARENT / CARER VIEWS

Do you know who your Lead Practitioner is and their role?	Yes / No
Do you feel that you have a good relationship with your Lead Practitioner and can go to them for support and guidance?	Yes / No
Have you and your family been able to share your views throughout this assessment?	Yes / No
Do you agree with the family plan and think it will improve things for your child/ren and family?	Yes / No

Use this space for the family to record their views on the situation and the support they feel they need

11. CHILD / YOUNG PERSON VIEWS

Use this space for the child / young person to record their views on the situation and the support they feel they need

Signing below confirms consent for the information in this plan to be stored and shared with those working alongside the family.

12. CONSENT

Parent signature		Date:	Click to enter a date
Parent Signature		Date:	Click to enter a date
Child/young person		Date:	Click to enter a date
Child/young person		Date:	Click to enter a date