



Early Help Assessment



A whole family approach to supporting children, young people and their families in Merton
 For guidance on completing this assessment please visit [Early Help Assessment guidance \(mertonscp.org.uk\)](http://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			
Parental responsibility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Telephone			
Date of birth			
Ethnicity			
Address and postcode			
Disabilities / Health needs			
Special Educational Needs			
Communication support needs			
Immigration Status			

CHILD / YOUNG PERSON		Gender	Disability	Special Educational Needs	Health Need
Child / Young Person 1	Name:	Male <input type="checkbox"/> Female <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Date of Birth:				
	Ethnicity:				
	Address				
	Name of early education / school / college				
Child / Young Person 2	Name:	Male <input type="checkbox"/> Female <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Date of Birth:				
	Ethnicity:				
	Address				
	Name of early education / school / college				
Child / Young Person 3	Name:	Male <input type="checkbox"/> Female <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Date of Birth:				
	Ethnicity:				
	Address				
	Name of early education / school / college				
Child / Young Person 4	Name:	Male <input type="checkbox"/> Female <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	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 <input type="checkbox"/>
	Promoting recovery and reducing harm from substance misuse	Parents/carers or children with a problem with alcohol or drugs <input type="checkbox"/>
Stay Safe	Children safe from abuse and exploitation	Children experiencing or at risk of exploitation or abuse (emotional/physical/sexual/neglect) <input type="checkbox"/>
	Crime prevention and tackling crime	Parents/carers or children involved in crime or antisocial behaviour <input type="checkbox"/>
	Safe from domestic abuse	Families affected by domestic abuse <input type="checkbox"/>
	Improve family relationships	Families affected by parent conflict or children being abusive within the home <input type="checkbox"/>
Enjoy and Achieve	Getting a good education	Children who have not been attending school regularly / children whose special educational needs are not being met <input type="checkbox"/>
	Good early years development	Expectant or new parents/carers who require additional or specialist support with their babies or pre-schoolers <input type="checkbox"/>
Being Independent	Financial stability	Families experiencing or at risk of worklessness and financial difficulties <input type="checkbox"/>
	Secure housing	Families experiencing or at risk of homelessness <input type="checkbox"/>

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 the London Borough of Merton Local Authority as well as other practitioners who may be able to provide support and/or advice – as detailed

5. PERSONAL DATA

I understand that receiving Early Help is voluntary and the information I give on this form may be shared with the London Borough of Merton Local Authority as well as other services where considered necessary. This may involve the sharing of my information with one or more of the following professionals / agencies 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 / 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. For further details on how we use your information, please refer to our [Privacy Notice](#), which can be found on the London Borough of Merton's website, or speak to your Lead 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 <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
			Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
			Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

7. FAMILY INFORMATION

Development of Baby/Child/Young Person

Consider early years development/education including attendance/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:

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Well-being Statement:

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Wellbeing scale: 1-10

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

Family Goal	How will this happen	Who will do this	When will we do this
<i>Family goals listed here should align with the Supporting Families Outcome Framework e.g. Getting a good education</i>	<i>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.</i>	<i>Who is responsible for this action? (this can include family members)</i>	<i>Please provide a specific date. Avoid using ASAP. If 'ongoing' please state when the action will be reviewed</i>

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 assessment to be stored and shared as detailed in Section 4: Information Sharing and Section 5: Personal Details.

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