

**Early Help** is about having a good quality guided conversation with a family about different aspects of their life such as home, school, college, work, social/community, and health and well-being. The focus is on what's working well and what can be done if things need to improve. These quality conversations need to happen as early as possible.

Please use this form to record the details of your conversation and to help you plan alongside the family what will change and how.

<b>Date assessment started</b>	<input type="text"/>	<b>Date assessment completed</b>	<input type="text"/>
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**EHM case number** *(if known)*

**Is this assessment being completed as a result of a step down?**      Yes       No

## Details of professional recording the assessment

Name	<input type="text"/>	Agency	<input type="text"/>
Role	<input type="text"/>	Address	<input type="text"/>
Telephone no.	<input type="text"/>	Postcode	<input type="text"/>
Email	<input type="text"/>		
I have discussed this assessment /referral with the person(s) listed below who have consented to the intervention / support on behalf of the family.			
			<input type="checkbox"/>

## Information sharing and consent

We need to collect the information in this assessment so that we can understand what help you may need. If we cannot cover all of your needs we may need to share some of this information with the other agencies, so that they can help us to provide the services you need. If we need to share information with any other agencies later, to offer you more help, we will ask you about this before we do it.

We will treat your information as confidential and we will not share it with any other agency unless we are required by law to share it or unless you or any other person will come to some harm if we do not share it. In any case we will only ever share the minimum information we need to share.

I agree to the sharing of information, as agreed, between agencies that are providing me with a service or those that may need to see my assessment to plan, monitor, or measure outcomes. I understand the information that is recorded in this assessment and that it will be stored and used for the purpose of providing services to my family and may also be used for monitoring and auditing.

Name	Signature	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Is there any individual or agency you do not wish information to be shared with?      Yes       No

If yes please provide details:

## Family details

Family address  Postcode

Contact details

### Details of all people living in the family home

Full name	Date of birth or estimated due date	Gender M / F / U (unborn)	Family member? (e.g. mother/father of X, brother / sister of X)	Ethnic origin	Religion, first language, interpreter required	Nursery / School / College	Disabled	SEN
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>

### Details of other significant family members (including parents / partners that do not live in the family home who may or may not be involved in sharing care of the children.)

Full name	Date of birth	Gender M/F	Relationship to child(ren)	Address and contact details	Took part in assessment?
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

### Type of accommodation the family lives in

Local authority (LA) / housing association  Private rented  Owner occupied  LA Temporary accommodation  No fixed abode  Other  Please specify:

Name and contact details of landlord (if applicable)

Other relevant family information and support offered by extended family, friends and neighbours (this could include cultural considerations; immigration status; language spoken; whether an interpreter is required; people not living in your home that impact on your life positively or negatively or anything else that might be important to know ).

**Details of professionals that have been or are currently involved with any of the family members**

Agency	Name of professionals	Contact details	Family member(s) being supported/ accessing	Brief detail of support provided including other assessments they may have used (e.g. pastoral support plan, pre-sentence report, alcohol screening)	Consulted as part of assessment ?
GP					<input type="checkbox"/>
Dentist					<input type="checkbox"/>
Nursery/School/College					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

## Assessment

Please explain why you have started the Early Help Assessment:

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### Strengths and difficulties

- ⊙ **Strengths** - this is where we can record the good stuff such as what's going well for you and where there are no concerns.
- ⊙ **Difficulties** - this is about what could be better and why? This is where we record your worries and our worries.

For each section of the table below please tick whether you, as the assessor, and the family identify this as a strength or a difficulty. If you have ticked that a family member or you, as the assessor, have identified that this area is difficult please explain what the concern is. You must tick either a strength or a difficulty for each section.

*For some suggestions as to what you could discuss with the family please refer to Appendix 1.*

#### Education

Attending nursery / school / college <input type="checkbox"/>	Not attending nursery / school / college <input type="checkbox"/>
Making good progress in education - children <input type="checkbox"/>	Lack of skills / qualifications / underachieving - children <input type="checkbox"/>

#### Work, home and finances

Employed <input type="checkbox"/>	Unemployed <input type="checkbox"/>
Making good progress in education / training - adult <input type="checkbox"/>	Lack of skills / qualifications / underachieving - adult <input type="checkbox"/>
Suitable accommodation <input type="checkbox"/>	Accommodation problems <input type="checkbox"/>
Financial stability <input type="checkbox"/>	Financial instability/ debt <input type="checkbox"/>

## Health

Non problematic alcohol use – children <input type="checkbox"/>	Problematic alcohol use – children <input type="checkbox"/>
Non problematic alcohol use - adults <input type="checkbox"/>	Problematic alcohol use - adults <input type="checkbox"/>
Non problematic drug use – children <input type="checkbox"/>	Problematic drug use – children <input type="checkbox"/>
Non problematic drug use – adults <input type="checkbox"/>	Problematic drug use – adults <input type="checkbox"/>
Good physical health <input type="checkbox"/>	Poor physical health <input type="checkbox"/>
Accessing GP / dentist / clinics <input type="checkbox"/>	Not accessing GP / dentist / clinics <input type="checkbox"/>
Positive emotional health and wellbeing <input type="checkbox"/>	Difficulties with mental health / emotional wellbeing <input type="checkbox"/>

## Engagement and motivation

Attends appointments / meetings <input type="checkbox"/>	Does not attend services / meetings <input type="checkbox"/>
Positive activities / engaged in community <input type="checkbox"/>	Not engaged in the community <input type="checkbox"/>
Motivated to change <input type="checkbox"/>	Not motivated to change <input type="checkbox"/>

## Child behaviour and parenting

Child's basic needs being met <input type="checkbox"/>	Child's basic needs not being met* <input type="checkbox"/>
<p><i>* To ascertain if a child's basic needs are being met please complete the Neglect Screening Tool. If this then indicates neglect the Graded Care Profile will need to form part of the plan for the family: <a href="https://www.rbscb.org/professionals/useful-resources/default.aspx">https://www.rbscb.org/professionals/useful-resources/default.aspx</a></i></p>	
No problems with child behaviour <input type="checkbox"/>	Problems with child behaviour <input type="checkbox"/>
No support required with parenting <input type="checkbox"/>	Needs support with parenting <input type="checkbox"/>
No known risk of sexual exploitation <input type="checkbox"/>	At risk of sexual exploitation <input type="checkbox"/>

## Crime and anti-social behaviour

Non-offending behaviour <input type="checkbox"/>	Offending behaviour <input type="checkbox"/>
Not involved in anti-social behaviour <input type="checkbox"/>	Involved in anti-social behaviour <input type="checkbox"/>

## Relationships

Positive relationships <input type="checkbox"/>	Relationship conflict / breakdown / difficulties <input type="checkbox"/>
No violence in the home <input type="checkbox"/>	Violence in family home, current or historical <input type="checkbox"/>

## Family comments

Your views are really important. This assessment is about you and your family and we want to make sure you get the right support. Tell us what you hope will change and what really matters to you.

**Adult's views:**

Absent parent consulted? Yes  No  If No, please explain why

**Children's views:** Was the young person consulted as part of this assessment? How were their wishes and feelings obtained?

## Actions and priorities

What's important for the family? Outline and prioritise the goals and support needs. Focus on areas of greatest resilience and on the priorities that will have the greatest impact on the family's needs and circumstances.

Desired outcome – what needs to change and what does success look like? <i>(As agreed with child, young person and family)</i>	Action – what needs to happen? <i>(How will you achieve the desired outcome/goal and are you ready for change?)</i>	Who will do this?	By when?

## Level of need

Having completed the assessment where on the Children's Needs and Response Framework would you place the family?

(1-4)

## Locality enabling team support

In completing this early help assessment I have received support / advice from:

Heywood Locality Enabling Team <input type="checkbox"/>	Middleton Locality Enabling Team <input type="checkbox"/>	Pennines Locality Enabling Team <input type="checkbox"/>	Rochdale Locality Enabling Team <input type="checkbox"/>
The Early Help and Safeguarding Hub <input type="checkbox"/>		I did not receive / require any help <input type="checkbox"/>	

## What happens next?

<input type="checkbox"/> Team around the family (TAF) meeting	Date of first TAF
<input type="checkbox"/> Referral to Children's Social Care (CSC) - please provide the reason	
<input type="checkbox"/> Does not need to proceed to TAF - please provide the reason	

## Risk assessment

Any information provided as part of a risk assessment is likely to be subject to third party confidentiality. Please state whether there are any concerns regarding visits to the family home, whether visits can be conducted alone or with workers from other agencies. (E.g. large dogs, weapons, violence)

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## Assessment author / initiator

Name	Signature	Date
Agency	Role	

Please ensure the details in this form are entered on to the EHM system, if you are unable to access the EHM system, a copy of this form should be sent to the Early Help team, as well as the services to which you wish to refer.

If you need to send a copy of the assessment to the Early Help team, please email to: [early.help@rochdale.gov.uk](mailto:early.help@rochdale.gov.uk)

If you are emailing from a GCSX or nhs.net email address, please use [early.helpgsx@rochdale.gcsx.gov.uk](mailto:early.helpgsx@rochdale.gcsx.gov.uk)