Lincolnshire Early Help Assessment for Children, Young People and their Families

This assessment should	always be	comple	ted wi	th the child,	young pers	son and family.		
Ensure signed consent h	as been o	btained	- see	page 6				
Date Assessment Started:				Date Assessment submitted to the TAC Co-Ordinator:				
	1		·					
Family Composition & details	– include al	I those livi	ng in the	e family home				
Child's Name:								
Family Address (including pos	tcode):							
Full Name	DOB/EDD	Gender M/F	Relation	onship to the o	child	Parental Responsibility?	Ethnic Origin	EHA Number
						Y/N		
						Y/N		
						Y/N		
Details of any significant fam	ly members	s not livin	g in fan	nily home				
Name	Date of	f Birth		Re	<u>ationship</u>		<u>Address</u>	

Further information about the family:

Immigration status eg. Refugee/asylum seeker	Child's first language		Parent(s) first language	
Is an interpreter or signer required?	Y/N	Has this been arranged	Y/N	
Child's Religion		Parent(s) religion		
Details of any disability in the family:				
Enter here any other relevant information:				
Do any of the children have a caring responsibility?	Y/N	Is this child privately fostered? (if yes, please provide details)		

Please summarise what has led to this assessment

Details of professionals involved with any of the family members:

Please remember to include school or nursery, health visitor and GP.

Worker Name	Supporting Who	Role/Team/Agency	Contact Details	Have they contributed to the Early Help Assessment?	Current Lead Professional (Please mark)
				Y/N	

Child's/Young Person's Needs

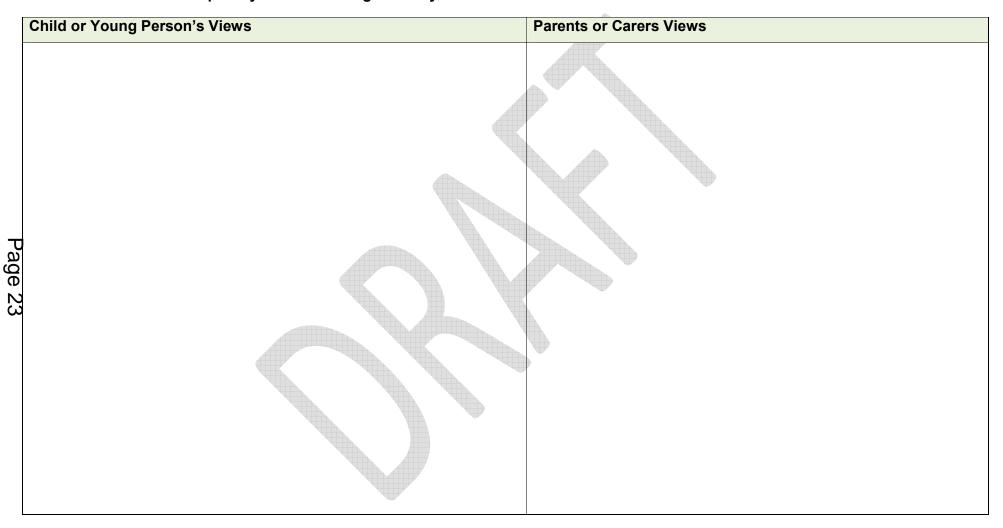
What are we worried about?	What is going well?	What needs to happen?

On a scale of 0 – 10 where 10 means you haven't got any worries, and 0 means that things are so bad you don't know what to do; where do you rate this situation today? Please circle a number for each person (Child/Young Person, Lead Professional, Parent/Carer(s))

0 1 2 3 4 5 6 7 8 9 10

Family's Views

Does this assessment capture your views and give a way forward?



Information sharing and consent.

I agree to the Early Help assessment (EHA) taking place.

I am aware that it is voluntary and I can withdraw at any point.

Information that is relevant to my child/my needs will be recorded and securely stored as a paper or electronic file.

I agree that the practitioners detailed in the EHA can be contacted to gather information for the EHA.

The information on the EHA form will be shared with practitioners for the purposes of providing services and meeting my child/my needs.

EHA documentation may be used by Lincolnshire Children's Services for audit and quality assurance purposes.

I am aware that practitioners have a legal responsibility to inform Children's Social Care should there be reason to believe that a young person/child is suffering or at risk of suffering harm.

Parent/carer/child/YP name:	
Signed:	
Parent/carer or child/young person	
Practitioner signature:	
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Date:	
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I/We agree this assessment is an accurate summary of my/our family's needs

Parent/Carer/Young Person Signature:	Name:	Date:
Lead Professional's Signature:	Name:	Date: