

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

This assessment should always be completed with the child, young person and family.

Ensure signed consent has been obtained – see page 6

<b>Date Assessment Started:</b>		<b>Date Assessment submitted to the TAC Co-Ordinator:</b>	
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### Family Composition & details – include all those living in the family home

<b>Child's Name:</b>						
<b>Family Address</b> (including postcode):						
Full Name	DOB/EDD	Gender M/F	Relationship to the child	Parental Responsibility?	Ethnic Origin	EHA Number
				Y/N		
				Y/N		
				Y/N		

### Details of any significant family members not living in family home

<u>Name</u>	<u>Date of Birth</u>	<u>Relationship</u>	<u>Address</u>

**Further information about the family:**

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

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<b>Please summarise what has led to this assessment</b>

**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	
				Y/N	
				Y/N	
				Y/N	
				Y/N	
				Y/N	

**Child's/Young Person's Needs**

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

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**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?**

Child or Young Person's Views	Parents or Carers Views

**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:	
Date:	

**I/We agree this assessment is an accurate summary of my/our family's needs**

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