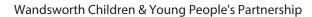
## Early Help Assessment





Early Help Assessment form for children and young people

Details of baby, child	or young person being assessed			
Name		Mobile or contact telephone no*.		
Male	Female	D.O.B. or E.D.D		
Address		Email*		
		Postcode		
Ethnicity		Reference No.		
		Religion		
Child or young person's first language		Parent(s) first language spoken at home		
Is the child or young person disabled?	Yes No	If 'yes, give details		
Details of any special requirements				
requirements	e.g. special access or an interpreter	*Must be provided for a CAMHS referral		
Details of person undertaking assessment				
Date of Assessment		What has led to this child or young person being assessed?		
Name of person undertaking assessment		being assessed:		
Role				
Organisation				
Address				
Postcode				
Telephone no.				
Email address				

If you have a child protection concern follow safeguarding procedures by contacting Children's Specialist Services on (020) 8871 6622 or mash@wandsworth.gov.uk

Details of persons with	parent responsibility		
Name		Name	
Address		Address	
		Mark the constant of the	
Mobile or contact tel*		Mobile or contact tel*	
Email*		Email*	
Ethnicity		Ethnicity	
Relationship to baby, chil	ld or young person	Relationship to baby, chil	d or young person
	r reference number e.g. N.I. Number		
or DWP No.			*must be provided for a CAMHS referral
Current family & home	situation		
	who the child lives, with and doesn'	t live with including siblings o	ther significant adults etc
	s much information as you can,this		
Agencies involved with t school, EP, vol. org. Please	he family, child or young person e.g e Provide below:	. headteacher, EWO, school nur	se, CAMHS, child care,
Name	Service	Email	Phone No.
1			
2			
3			
4			
5			
6			
7			
8			
		f neccessary please continue or	n a seperate piece of paper

## Family Summary

3. Wellbeing Scale

Consider both the strengths and worries for the child. It may not be necessary to fill in all the boxes, but be clear about what the current worries are and how the strengths support improvements for the child, be clear about what you consider could happen if the worries are not sorted out. Develop a clear plan of action which states what needs to happen, when and by whom that link to the goals you have set.

1. What are we worried about? What has happened or what have seen that has made you worried about this child/ YP (this is the past and current harm and worries)	2. What is going well?  The things that are going well, resource in place, best hopes, things which can be built on to reduce the worries (these are the Strengths)	4. What Needs to Happen?  What the parent, child/YP, practitioner would need to see to be satisfied that the worries were sorted out (these are the wellbeing outcome)
What are you worried could happen if nothing changes for the child/YP (this is the worry/danger statement and your professional analysis)	The things that have been done to change the situation and have proven to be effective over time (this is the Safety)	What will you do next to reach the goals/improve the outcomes for the child/YP – this will become your action plan completed
What things are making it harder to deal with the difficulties		overleaf (the Next Steps)

8

9

10

5

6

2

Vhat actions will be taken and by whom?		
Action	Who will be doing this?	By when?
Action	Who will be doing this?	By when?
Action	Who will be doing this?	By when?
Action	Who will be doing this?	By when?
Action	Who will be doing this?	By when?
Action	Who will be doing this?	By when?

Child or young person's view of the assessment and identifed outcome and action plan.  Does this capture your views and give a way forward?			
Parent or carer's view of the assessment and identifed outcome and action plan. Does this capture your views and give a way forward?			
Practitioner's view of the assessment and identifed outcome and action plan. Does this capture your views and give a way forward?			
Lead Professional:  Date:  TAC Review date:			
Consent for information storage and information sharing			
I understand the information recorded on this form and that it will be shared with the TAC and stored and used for the purpose of providing services to:			
myself or this baby, child or young person, for who I am parent carer young person			
Do you agree to the information recorded on this form being shared with other people/services?  Yes No Parent/young person does not agree with the assessment, but has been informed that it will be shared.			
Please list below the services that this information can be shared with.  National service list categories (available on Early Help I.T. System)			
Please use this space when a parent/carer has refused consent and you are overriding that decision. Make clear why they disagree and your reasons for overriding this.			
Signature of parent/carer or young person  Signed			

V7/July/2015