

# Early Help Assessment

Wandsworth Children & Young People's Partnership



## Early Help Assessment form for children and young people

**Details of baby, child or young person being assessed**

Name	<input type="text"/>	Mobile or contact telephone no*.	<input type="text"/>
Male <input type="checkbox"/>	Female <input type="checkbox"/>	D.O.B. or E.D.D	<input type="text"/>
Address	<input type="text"/>	Email*	<input type="text"/>
Ethnicity	<input type="text"/>	Postcode	<input type="text"/>
		Reference No.	<input type="text"/>
		Religion	<input type="text"/>
Child or young person's first language	<input type="text"/>	Parent(s) first language spoken at home	<input type="text"/>
Is the child or young person disabled?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If 'yes, give details <input type="text"/>
Details of any special requirements	<input type="text"/>		

e.g. special access or an interpreter

\*Must be provided for a CAMHS referral

**Details of person undertaking assessment**

Date of Assessment	<input type="text"/>	What has led to this child or young person being assessed? <input type="text"/>
Name of person undertaking assessment	<input type="text"/>	
Role	<input type="text"/>	
Organisation	<input type="text"/>	
Address	<input type="text"/>	
Postcode	<input type="text"/>	
Telephone no.	<input type="text"/>	
Email address	<input type="text"/>	

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

Address

Mobile or contact tel\*

Email\*

Ethnicity

Name

Address

Mobile or contact tel\*

Email\*

Ethnicity

Relationship to baby, child or young person

Relationship to baby, child or young person

Parent or carer reference number e.g. N.I. Number or DWP No.

*\*must be provided for a CAMHS referral*

Current family & home situation

e.g. family structure and who the child lives, with and doesn't live with, including siblings, other significant adults etc.  
(provide as much information as you can, this will help to identify family support networks)

Agencies involved with the family, child or young person e.g. headteacher, EWO, school nurse, CAMHS, child care, school, EP, vol. org. Please Provide below:

	Name	Service	Email	Phone No.
1				
2				
3				
4				
5				
6				
7				
8				

If necessary please continue on a separate piece of paper

## Family Summary

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)

What are you worried could happen if nothing changes for the child/YP (this is the worry/danger statement and your professional analysis)

What things are making it harder to deal with the difficulties

### 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)

The things that have been done to change the situation and have proven to be effective over time (this is the Safety)

### 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 will you do next to reach the goals/improve the outcomes for the child/YP – this will become your action plan completed overleaf (the Next Steps)

### 3. Wellbeing Scale

1	2	3	4	5	6	7	8	9	10
1	2	3	4	5	6	7	8	9	10

# Action Plan: Services and Family

What 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 identified outcome and action plan.  
Does this capture your views and give a way forward?

Parent or carer's view of the assessment and identified outcome and action plan.  
Does this capture your views and give a way forward?

Practitioner's view of the assessment and identified 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

Name

Date