

# Early Help Assessment

Date assessment started: \_\_\_\_\_ Date assessment form submitted: \_\_\_\_\_

| Information on child, young person, or unborn |        |         |                       |  |      |
|---|--------|---------|-----------------------|--|------|
| Given name(s):                                |        |         | Family name:          |  |      |
| Male  | Female | Unknown | AK/Previous names:    |  |      |
| Address:                                      |        |         | Date of birth or EDD: |  | Age: |
| Postcode:                                     |        |         |                       |  |      |

| White                       | Black or Black British      | Asian or Asian British      | Mixed/Dual Background       | Other                        |  |
|-----------------------------|-----------------------------|-----------------------------|-----------------------------|------------------------------|--|
| White British               | Caribbean                   | Indian                      | White & Black Caribbean     | Chinese                      |  |
| White Irish                 | African                     | Pakistani                   | White & Black African       | Arab                         |  |
| Traveller or Irish Heritage | African Indian              | Bangladeshi                 | White & Asian               | Filipino                     |  |
| Gypsy/Roma                  | Any other Black background* | Kashmiri                    | Any other mixed background* | Information not yet obtained |  |
| European other              |                             | Any other Asian background* |                             | Information refused          |  |
| Any other white background* |                             |                             |                             |                              |  |

|  |  |                         |  |
|--|--|-------------------------|--|
| *If other ethnicity, please specify  |  | Immigration status      |  |
| Child's first language   |  | Parent's first language |  |
| Details of any special requirements (for child and/or their parent) e.g. signing, interpretation or access needs |  |                         |  |

| Details of parents/carers                 |  |           |  |
|---|--|-----------|--|
| Name                                      |  | Email:    |  |
| Relationship to unborn/child/young person |  | Address:  |  |
| Parental responsibility (yes/no)          |  | Postcode: |  |
| Contact tel. no.                          |  |           |  |

|   |  |           |  |
|---|--|-----------|--|
| Name                                      |  | Email:    |  |
| Relationship to unborn/child/young person |  | Address:  |  |
| Parental responsibility (yes/no)          |  | Postcode: |  |
| Contact tel. no.                          |  |           |  |

| Services working with this infant, child or young person |                         |
|--|-------------------------|
| GP Name:   | EY/Schools/FE/Training: |
| Tel:   | Tel:                    |

|          |          |
|----------|----------|
| Address: | Address: |
|----------|----------|

| Other current services |         |     | Other previous services |         |     |
|------------------------|---------|-----|-------------------------|---------|-----|
| Name                   | Details | Tel | Name                    | Details | Tel |
|                        |         |     |                         |         |     |
|                        |         |     |                         |         |     |
|                        |         |     |                         |         |     |
|                        |         |     |                         |         |     |
|                        |         |     |                         |         |     |
|                        |         |     |                         |         |     |
|                        |         |     |                         |         |     |

| Details of person(s) undertaking assessment |  |           |
|---|--|-----------|
| Name  |  | Email     |
| Job title                                   |  | Address:  |
| Employing organisation                      |  |           |
| Contact tel. no.                            |  | Postcode: |
| Type of setting                             |  |           |

| Assessment information           |                                 |
|----------------------------------|---------------------------------|
| People present at the assessment | Their relationship to the child |
|                                  |                                 |
|                                  |                                 |
|                                  |                                 |
|                                  |                                 |
|                                  |                                 |
|                                  |                                 |
|                                  |                                 |

|   |
|---|
| What has led to this unborn baby, child or young person being assessed? |
|   |

|   |     |    |  |
|---|-----|----|--|
| Is the child or young person being considered as part of an EHCP process?             | Yes | No |  |
| Has the child or young person been spoken to?   | Yes | No |  |
| Is this a referral for Children with Disabilities/Occupational Therapy?               | Yes | No |  |
| Is any member of the household <b>vulnerable</b> to the influences of radicalisation? | Yes | No |  |
| Are there any indications of Child Sexual Exploitation?                               | Yes | No |  |
| Could any of the children in the household be considered 'Young Carers'?              | Yes | No |  |

### Current family and home situation

| Please list <b><u>ALL</u></b> adults and children at the child's home address |              |               |                          | Please list <b><u>ALL</u></b> significant adults and children <b><u>NOT</u></b> at the child's home address |              |               |
|---|--------------|---------------|--------------------------|---|--------------|---------------|
| Name  | Relationship | Date of Birth | School and Attendance(%) | Name  | Relationship | Date of birth |
|   |              |               |                          |   |              |               |
|   |              |               |                          |   |              |               |
|   |              |               |                          |   |              |               |

### Development of unborn baby, child or young person

|                 |   |
|-----------------|---|
| <b>LEARNING</b> | How does the child participate in learning, education, or training (engagement levels)?   |
|                 | What levels of school attendance has the child/young person achieved?   |
|                 | How has the child progressed and achieved in learning?  |
|                 | Is the progress and attainment age appropriate?   |
|                 | Are there any additional needs to consider?   |
|                 | Interaction with learning opportunities and aspirations   |
|                 | Risk of anti social behaviour   |
|                 | Are there any criminal convictions or current orders in place and what are they?  |
|                 | <i>Is there any indication that any member of the household is vulnerable to the influences of radicalisation or extremism?</i> |

|               |   |
|---------------|---|
| <b>HEALTH</b> | General Health, self care, and independence   |
|               | Is the child/young person attending all routine and other check ups and appointments? |
|               | Physical, speech, language and communications development                             |
|               | Emotional development   |
|               | Behavioural development   |
|               | Identify, self esteem, self image, social presentation                                |
|               | Social relationships within and outside of the family                                 |

|   |   |
|---|---|
| <b>PARENTS AND CARERS</b>   | Basic care, ensuring safety and protection  |
|   | Emotional warmth and stability  |
|   | Guidance, boundaries and stimulation  |
|   | Parents/carers mental and physical health   |
|   | Are there any indicators for parent/carers mental health? If so what are they?              |
|   | Family and social relationships   |
|   | Parent/Carers own experience of social care as a child/young person                         |
|   | Has any parent/carer experienced abuse or social care intervention as a child/young person? |
| What experience of school did the parents/carers have while growing up? |   |

|   |  |
|---|--|
| <b>FAMILY AND ENVIRONMENT</b>                   | Family history and functioning   |
|   | Is there any indication of domestic abuse?   |
|   | Wider family or others that influence the child/young person or family life  |
|   | Housing, heating, employment status, managing budget or debt   |
|   | Is there income deprivation, what is the impact of this?   |
|   | Social and environment elements, access to community resources   |
|   | Substance misuse in the household or by significant family members   |
|   | Anti social behaviour, criminal offences by family members   |
|   | What is the type and nature of any offending/ASB by significant people in the child/young person's life?   |
|   | <b><i>Are there any indications that the child/young person is at risk of being sexually exploited?</i></b> (If so, please complete and attach the CSE Risk Assessment tool) |
| <a href="#"><u>CSE Risk Assessment Tool</u></a> |  |

**Summary and solution ideas**

Child/young person's comments on the assessment and next step activities

Parent/carer's comments on the assessment and next step activities

**What are your conclusions?** (*What are the Child/young person's/families strengths and resources, what are their needs – e.g. no additional needs, additional needs, complex needs, risk of harm to self or others?*)

Strength and Resources:

Needs/worries:

**(Include the child/young person's, parent/carer's and practitioner's views)**

What changes are needed?

How can change happen?

|  |  |
|--|--|
|  |  |
|--|--|

**Information storage and information sharing**

Luton Council is committed to protecting your privacy when you use our services. We'll make sure we hold records about you (on paper and electronically) in a secure way, and we'll only make them available to those who have a right to see them. If you want to know more about how the council keeps your data safe please see our [main privacy statement](#)

|  |  |
|--|--|
|  |  |
|--|--|

|                              |  |      |  |      |  |
|------------------------------|--|------|--|------|--|
| <b>Parent's Signature:</b>   |  | Name |  | Date |  |
| <b>Assessor's Signature:</b> |  | Name |  | Date |  |

**Exceptional circumstances: concerns about significant harm to infant, child or young person**

If at any time during the course of this assessment you are concerned that an infant, child or young person has been harmed or abused or is at risk of being harmed or abused, you must follow your Local Safeguarding Children Board (LSCB) safeguarding children procedures. The LSCB procedures are set out on: [www.lutonlscb.org.uk](http://www.lutonlscb.org.uk)

You should seek the agreement of the child and family before making such a referral **unless to do so would place the child at increased risk of significant harm.**

**These referral processes are set out on: [www.lscb.org.uk](http://www.lscb.org.uk)**

Please return the completed form via email: [mash@luton.gov.uk](mailto:mash@luton.gov.uk) **(This is a government secure email, please ensure the email address you are sending from is secure)**