**Lincolnshire Early Help Child and Family Assessment**

**This Assessment should always be completed with the child, young person and family. Please ensure signed consent has been obtained – see last page.**

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| --- | --- | --- | --- | --- | --- |
| **Date Assessment Started:** |  | | **Date Assessment submitted to TAC Admin:** | |  |
| **Person completing this assessment with the child/young person and family:** | | | | | |
| **Name:** | | **Agency:** | | **Role:** | |
| **Contact Number:** | | **Email Address:** | | | |

**Section 1: Child, Family and Network Details:**

**Which child/YP is this assessment for? Please list their names below:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1. Child's Name:** |  | **Date of Birth** | **Child/YP Seen** | **Ethnic Origin** |
|  | **Y/N** |  |
| **2. Child's Name:** |  | **Date of Birth** | **Child/YP Seen** | **Ethnic Origin** |
|  | **Y/N** |  |
| **3. Child's Name:** |  | **Date of Birth** | **Child/YP Seen** | **Ethnic Origin** |
|  | **Y/N** |  |
| **4. Child's Name:** |  | **Date of Birth** | **Child/YP Seen** | **Ethnic Origin** |
|  | **Y/N** |  |

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| **Family Address** *(including postcode):*  *(Please state if this is a placement or short term living arrangement)* |  | | | | | |
| **Family and Network**  **Those living in the Family Home** (including non-family members who offer support) | **Contact Number** | **DOB** | **Gender** | **Relationship to the child/young person/family:** | **Parental Responsibility?**  **Y/N** | **Have they contributed to the assessment?** |
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| **Family and Network not living in the family home:** | | | |
| **Name** | **Date of Birth** | **Relationship to the child/young person** | **Have they contributed to the assessment? Y/N** |
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| --- | --- | --- | --- |
| **Details of any significant others not currently in the network or living in the family home:** | | | |
| **Name** | **Date of Birth** | **Relationship to the child/young person** | **Have they contributed to the assessment? Y/N** |
|  |  |  |  |
|  |  |  |  |

**Further information about the family:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Child's first language** |  | **Parent(s) first language** |  | | |
| **Child’s religion** |  | **Parent(s) religion** |  | | |
| **Do any of the children/young persons have a caring responsibility?** The impact of their caring role should be fully explored throughout the assessment, and whether extra support is needed *(for extra information and guidance around assessing young carer role visit* [*www.lincolnshire.gov.uk/tac*](http://www.lincolnshire.gov.uk/tac) *and see young carer guidance)* | | **If yes, please indicate which child/YP has a caring role** | | **Is this child privately fostered? (if yes, please provide details)** For more details visit *www.lincolnshire.gov.uk/childcare-and-family-support/adoption-and-fostering/private-fostering/* | **Y/N** |

**Details of professionals already involved with the child or any of the family members:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Worker Name** | **Supporting Who?** | **Role/Team/Agency** | **Contact Details** | **Have they contributed to the Assessment? How?** |
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**Relationships:**

If family are currently working with any agency or professional – who do they have the best relationship with and why? *(If family members have different people please state:)*

|  |  |  |  |
| --- | --- | --- | --- |
| **Family Member:** | **Name of worker:** | **Role:** | **Contact Details:** |
|  |  |  |  |

**Section 2: Assessment Information**

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| **Reason for completing assessment:** |
|  |
| **Does the child/family understand the worries presented and why an assessment is being completed?** |
|  |

**Section 3: Timeline and Significant events:**

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| --- | --- | --- |
| ***These are part of an assessment. Key life events and facts to be recorded that have had an impact/ are significant to the young person.*** | | |
| **Date** | **First Event** | **Significance and impact to the Young Person/Family** |
|  |  |  |
| **Date** | **Worst Event** | **Significance and impact to the Young Person/Family** |
|  |  |  |
| **Date** | **Last Event** | **Significance and impact to the Young Person/Family** |
|  |  |  |

**Section 4: Child/Young Person and Family Overview**

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| --- | --- | --- | --- |
| **What are we worried about?** | **What is going well?** | **What needs to happen?** | |
| **Harm/Impact** | **Existing success** | | **Next Steps** |
| **Complicating Factors** | **Strengths** | | **Outcomes** |

**Section 5: Child and Family lived experience:**

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| --- |
| **Direct work completed with the child/young person: (Please attach any direct pieces of work if completed)** |
|  |
| **What are the child's/young person's worries?** |
|  |
| **What does the child/young person say is the best thing about the family and what works?** |
|  |

**Section 6: Analysis and Scaling**

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| --- | --- | --- |
| **Worry Statement**  If things don't change, what are we worried will happen to the child?  Write a statement for each worry or theme identified | **Goal**  What do we need to see to know that the child is safe and well enough for us to not be worried anymore?  Write a Goal for each worry statement | **Scaling:**  With 0 being the worry statement and 10 being achieving the goal… where would you scale this worry? |
|  |  |  |

**Section 7: Next Steps**

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| --- | --- | --- | --- |
| **What do the child/young person and family think should happen first?** | **Action** | **Who will do this?** | **By when?** |
|  |  |  |  |
| **Is there anything else the Lead Professional thinks should happen?** | **Action** | **Who will do this?** | **By when?** |
|  |  |  |  |

**When and how are we going to review this assessment?**

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| --- |
|  |

**Initial TAC meeting:**

|  |  |
| --- | --- |
| **Date:** | **Venue:** |
|  |  |

**Any additional comments from the child/young person and family:**

|  |  |
| --- | --- |
| **Parents/Carers/Network** | **Child/ren/Young Person** |
|  |  |

**Section 8: Information sharing and consent**

**As previously stated, TAC is a voluntary process, and consent from the young person and family is required before the information in this assessment is shared outside of your agency. For further information see TAC Handbook, DfE Guidance on Information Sharing (**[**www.education.gov.uk**](http://www.education.gov.uk)**); and your agency's policies and procedures.**

* I agree to the Early Help Assessment (EHA) taking place.
* I understand that information that is relevant to my child’s/my needs will be recorded and securely stored as a paper or electronic file.
* I agree that this assessment can be shared with other professionals in order to help provide and co-ordinate support to my family.

|  |  |
| --- | --- |
| **Parent/carer/child/YP name:** |  |
| **Signed:**  **(Parent/carer or child/young person)** |  |
| **Practitioner name:** |  |
| **Signed:**  **(Practitioner)** |  |
| **Date:** |  |

**If there is evidence or reasonable cause to believe a child/young person is suffering, or at risk of suffering significant harm, practitioners have a legal responsibility to inform Children’s Services, Social Care. In most cases, they will discuss this with you first.**

**Please remember to send a copy of this Assessment to the TAC Admin Team:** [**tacadmin@lincolnshire.gov.uk**](mailto:tacadmin@lincolnshire.gov.uk)