**Early Help Assessment**

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

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| --- | --- | --- | --- |
| **Person completing this assessment with the child/young person and family:** | | | |
| **Name:** | **Agency:** | **Role:** | |
| **Contact Number:** | **Email Address:** | | **Date conversation held with the family:** |

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

**Which child or young person is this assessment for? Please list their names below:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1. Child's Name:** |  | **Date of Birth** | **Preferred name and pronouns** | **Ethnicity** |
|  |  |  |
| **2. Child's Name:** |  | **Date of Birth** | **Preferred name and pronouns** | **Ethnicity** |
|  |  |  |
| **3. Child's Name:** |  | **Date of Birth** | **Preferred name and pronouns** | **Ethnicity** |
|  |  |  |

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| --- | --- |
| **Family Address** *(including postcode):*  *(Please state if this is a placement or short term living arrangement)* |  |

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| --- | --- | --- | --- | --- | --- | --- |
| **Family and Friends (Networks)** | | | | | | |
| **Name** | **Contact Telephone Number** | **Age or Date of Birth** | **Relationship to the child/young person/family:** | **Parental Responsibility?**  **Y/N** | **Do they live with the child?**  **Y/N** | **Have they contributed to the assessment? If yes, how?** |
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| **Do any of the children/young persons have a caring responsibility?**  The impact of their caring role and whether extra support is needed should be fully explored throughout the assessment. For additional 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 or 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:**

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| --- | --- | --- | --- | --- |
| **Worker Name** | **Supporting who?** | **Role/Team/Agency** | **Contact details** | **Have they contributed to the assessment? If yes, how?** |
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**Section 2: Child/Young Person and Family Overview**

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| --- | --- | --- | --- |
| **What are we worried about?** | **What is going well?** | **What needs to happen?** | |
| ***What’s happening right now and/or has happened in the past that we are worried about?***  ***What or who are making the worries harder to sort out and how?*** | ***What has already been tried that has worked well?***  ***Who or what is helping and how?***  ***What do the family or child do well?*** | | ***What are the next steps everyone will take? What difference will it make to the child and family?*** |

**Section 3: What do the Children and Young People Think?**

**Is there**

**anyone or anything that is helping you cope with the things you worry about?**

**What would**

**help make things**

**better for you?**

**What**

**do you worry**

**about?**

\*Please continue on a separate sheet if needed

**Section 4: Worries and Goals**

|  |  |  |
| --- | --- | --- |
| **Worry Statement**  If things don't improve, what are we worried will happen to the child or young person?  Write a statement for each worry or theme | **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 | **On a scale of 0–10, what number is everyone and why?**  **0 is worry statement; 10 is the goal** |
| **Worry Statement 1:** | **Goal 1:** |  |
| **Worry Statement 2:** | **Goal 2:** |  |

**Section 5 What happens next:**

|  |  |  |
| --- | --- | --- |
| **What** | **Who** | **When** |
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**Section 6: Information Sharing**

TAC is a voluntary process, and permission from the young person and family is required before the information in this assessment is shared outside of your agency (please see Lincolnshire's TAC leaflet). For further information, see your agency's privacy information, policies and procedures, 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 in a paper or electronic file.
* I understand that this assessment may need to be shared, where appropriate, with other professionals in order to help provide and co-ordinate support for my family.

|  |  |
| --- | --- |
| **Parent/carer/child/YP Name:** |  |
| **Signed:**  (Parent/carer or child/young person) |  |
| **Practitioner name:** |  |
| **Signed:**  (Practitioner) |  |
| **Date permission is given :** |  |
| **Date Assessment submitted to TAC Admin:** |  |

If there are any safeguarding concerns for the child or young person, the workers involved will need to contact 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)