

Early Help Assessment

Name of Keyworker/Lead Professional Completing this Early Help Assessment:	
Agency:	
Contact Telephone Number:	

Date Started:	
Date Finished:	

Date Consent Leaflet Shared with Family:	
Which Family Member(s) have Consented to the Progression of this EHA:	

SECTION 1: FAMILY BACKGROUND AND INFORMATION

Details of all Children in your Family													
	Full Name	DoB or EDD ¹	Gender	Capita ID No / Agency ID	Ethnicity	First Language	Interpreter Needed? Please Detail	Religion	Disability	Name of School or Education Setting	Address (if different from family address)	Special Educational Needs	Education Health and Care Plan
1.			Choose an item.									Choose an item.	Choose an item.
2.			Choose an item.									Choose an item.	Choose an item.
3.			Choose an item.									Choose an item.	Choose an item.
4.			Choose an item.									Choose an item.	Choose an item.
5.			Choose an item.									Choose an item.	Choose an item.
6.			Choose an item.									Choose an item.	Choose an item.
7.			Choose an item.									Choose an item.	Choose an item.
Main Family Address (including Postcode)							Family Phone Numbers and Email Addresses						

¹ Date of Birth or Expected Date of Delivery

Who is in your family and who lives in your home? Please complete a genogram with the family and retain a copy for your records.

Please give details of parents/carers, other family members and significant people (this must include all people who live in the household).

	Full Name and Address if Different from Main Family Address	Date of Birth	Gender	Ethnicity	First Language	Interpreter Needed? Please Detail	Religion	Disability	Relationship to the Child	Parental Responsibility
1.			Choose an item.							Choose an item.
2.			Choose an item.							Choose an item.
3.			Choose an item.							Choose an item.
4.			Choose an item.							Choose an item.

Which agencies and professionals are/have been involved in supporting your family? (Include GP, Education setting etc.)

Name	Role / Agency	Supporting Who	Contact Details	Contributed to the Assessment?	Involvement Dates and service provided
				Choose an item.	
				Choose an item.	
				Choose an item.	
				Choose an item.	

What is the reason for referral? Who made the referral? Provide a summary of any background history available from your agencies records.

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Family history gathered from the family during the assessment. Include information about things that have happened that have been important to the family (e.g. house moves, bereavement, illness). Obtain a pen picture of each child in the family and indicate who they say is important to them. Information from existing professional records should also be included in this section.

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Information Shared by Other Agencies for the Assessment			
Agency	Contact in Agency	Information Shared and Date this was Provided	Have Family Consented to Contact with this Agency?

SECTION 2: FAMILY STAR PLUS ASSESSMENT

Scoring

Provide one score for the family. See guidance notes.

1	2 3	4 5	6 7	8 9	10
Stuck	Accepting Help	Trying	Finding What Works	Effective Parenting	

Star Element	Star Number	Under each section please summarise what are the worries , what are the positives (i.e. what is going well) and what changes are needed based on the identified worries.
Physical Health		
Your Wellbeing		
Meeting Emotional Needs		
Keeping Your Children Safe		
Social Networks		
Education and Learning		
Boundaries and Behaviour		
Family Routine		
Home and Money		
Progress to Work		
Other		

SECTION 3: CHILD/RENS' WISHES AND FEELINGS/ RECORD OF DIRECT WORK

For example: Describe the child's lived experience *from their own perspective* referring to any direct work you have undertaken during the assessment. This should be included for all children being worked with.

(Using the tab key in the last box will give you another row for more children).

Name of Child	Child's Experience and Record of any Direct Work Undertaken

SECTION 4: ANALYSIS

Summary analysis of what are the identified **worries**, what are the **positives** and what **changes** are needed to address the worries. Please also include a summary of the daily lived experience of the child/ren; i.e. What does life look like for the child/ren today in the family?

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SECTION 5: YOUNG CARERS AND PRIVATE FOSTERING

If this assessment is being completed on a child/young person below the age of 18 please complete this section.

<p>Has the child or children been identified as a young carer? <i>"A young carer is a child or young person under the age of 18 who carries out significant caring tasks and assumes a level of responsibility for another person which would normally be taken by an adult." (Princess Royal Trust for Carers). For more information please email: info@thecarershub.co.uk</i></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Is the child living in a private fostering arrangement or likely to live in one in the future? <i>"Private fostering happens when a child up to the age of 16, (or 18 with a disability) is being looked after by someone other than parents, siblings, blood-related aunt/uncle, or grandparents for the majority of a 28 day period or more. By law, anyone involved in private fostering must inform the First Response Team in Staffordshire County Council so they can get the support they are entitled to. This includes the child's parents, carers or any third party/practitioner." If yes or in doubt, contact the First Response Team on 0800 1313126.</i></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

SECTION 6: OUTCOME OF THE ASSESSMENT

<p>Convene TAF and Complete Early Help Plan (Identify who will convene the TAF and by what date)</p>	
<p>No Further Action</p>	
<p>Signposted to Other Services (Please Detail)</p>	
<p>Request Step-Up to Children's Social Care</p>	

Team Manager Comments and Recommendations (for Families First Local Support Team use, this section may not be utilised by all agencies providing Early Help Assessments)

Team Manager Signature:

Date:

Parents/Carers' Comments:

Parents/Carers' Signatures:

Date:

Childrens/Young Persons' Comments:

**Childrens/Young Persons'
Signatures:**

Date:

APPENDIX 1: PARENT / CARER AND CHILD/CHILDREN'S VIEW



Family Star Plus™

An Outcomes Star for parents

Parent

Date of completion

First Review Retrospective

Completed by Professional and Parent

Professional

Parent

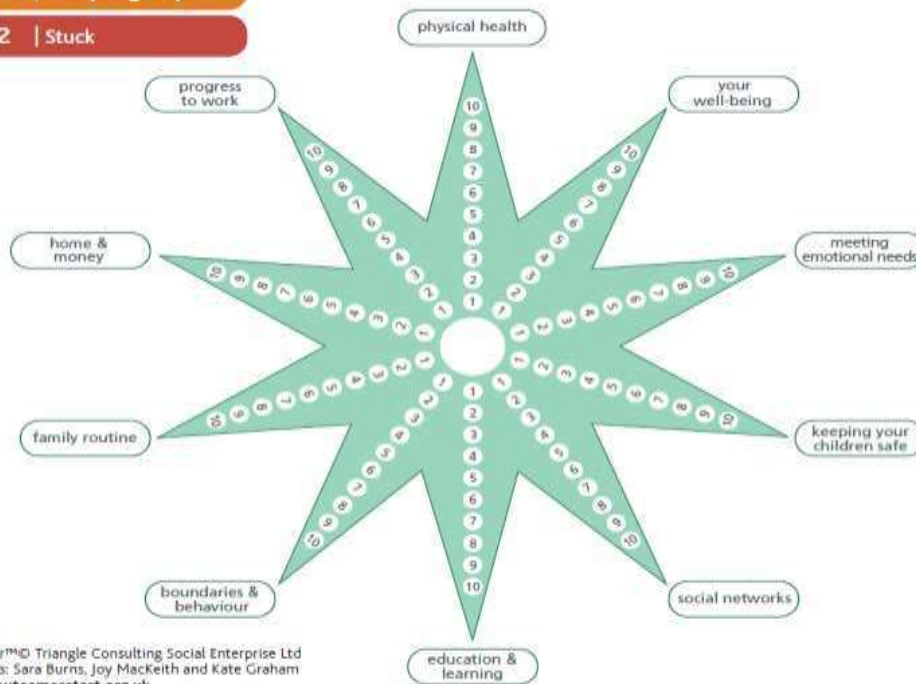
9-10 | Effective parenting

7-8 | Finding what works

5-6 | Trying

3-4 | Accepting help

1-2 | Stuck



My Star™© Triangle Consulting Social Enterprise Ltd
 Authors: Sara Burns, Joy MacKeith and Kate Graham
www.outcomesstar.org.uk

Use the Outcome Star to record where you and your family are today, this can then inform what changes are needed and what progress has been made.

Professionals please refer to the Outcome Star Guidance.

Please complete each review/assessment on the outcome star above using the following colour scale:-

Initial Assessment	Green
Review 1	Red
Review 2	Blue
Review 3	Yellow

The Journey of Change

Steps to effective parenting

Stuck (1-2)

Others are concerned about one or more of your children – perhaps about their behaviour, health or development – but you aren't acknowledging problems or doing anything to change the situation. Perhaps your own needs or other things are taking your attention so you can't meet your children's needs. Maybe you are really worried but don't know what to do. Maybe you don't want others involved or feel criticised or afraid to talk about problems. At 2 you have moments of acknowledging difficulty or concern and briefly open up to someone about it, but you do not accept help so things are still stuck.

Accepting help (3-4)

Your children have problems with their behaviour, development or school attendance and at this stage you go along with help when things are organised for you. Perhaps you feel helpless, angry or that you have to co-operate, but this stage is a positive place to be because you are engaged and change is possible. At 3 sometimes you go along with support and sometimes you don't. You take a step forward to 4 when you go along with support more consistently but the initiative is from workers at this stage.

Trying (5-6)

You recognise that it is up to you to improve things for your children and to start to take more responsibility. You take the initiative to try new ways to address your children's needs and deal with problems. Sometimes this goes well but often it doesn't and your children resist the changes so things may seem worse for a while. This is a difficult place to be and it is easy to give up so you may need lots of support. At 5 you may feel tentative and give up quickly. At 6 you stick to new ways of doing things for longer.

Finding what works (7-8)

You are learning from experience what works and what doesn't work with your children and they are benefiting from this. More of your own needs are met so you are more able to give to your children and you are thinking about the whole family and how to make things work for everyone. However, there are some things that are not working so well or where you need professional support. By 8, you are parenting well enough but you still need ongoing support and could slip back if this is withdrawn too soon.

Effective parenting (9-10)

Your children can do well in your care and so you do not need the support of a specialist service. You put your children first when necessary but you also find ways to meet your own needs so you can be a good-enough parent and cope with the ups and downs of family life most of the time. Although for most parents this will not be the end of the journey, you are able to reflect on what you have learnt and continue to improve your parenting and learn new skills as your children get older, without professional input. At 9 you need occasional support and at 10 you are parenting well enough without support from a service.