

Early Help Assessment & Plan			
Name and role of professional initiating assessment:		Date initiating assessment:	
Family Name :	Given Names:	Date birth :	
Primary Address:	Contact phone number:	NHS number (if known):	
Religion:	Ethnicity:	Primary Language: Interpreter required:	
Do you consider the child to have a disability, as defined by the Equality Act 2010? Yes / No	Is this an application to access Trafford Short Breaks for children with disabilities? Yes / No	If the child's name is not on the disability register, do parents consent to it being placed there? Yes / No	
Details of Parents/Carers/Family			
Name:	Address:		
Relationship:	Telephone:		
List below any other children or adults within this family /household (Add more rows if required)			
Name	Date of Birth / Age	Relationship	
Services working with this child/family – For example GP, Health visitors, School (Add more rows if required)			
Reason for Assessment			
Brief description of current situation			
Has someone with parental responsibility for the child/young person given consent to; contact being made with other agencies? If consent was not sought, explain why.			
Was the child/young person seen during this assessment? Were they seen alone?			
How the assessment was carried out and who was involved?			
Summary of child and family history, including any previous or current professional involvement			
Child/Young Person's Health and Development			
<p><i>Consider the child's physical and mental health, education and interests, emotional and behavioral development, culture and identity, relationships with family members and others, social presentation and self-care skills.</i></p> <p><i>This section should (where possible) refer to the child's understanding of the situation and their wishes and feelings about what needs to change.</i></p>			
The child/young person's health and development			

Parents/carers attributes and the impact on their capacity to ensure the child's safety			
<p>Consider the parents/carers capacity to ensure the child's safety and provide basic care, emotional warmth, stimulation, guidance, boundaries and stability.</p> <p>This section should also refer to the parent's/ carers response to the assessment, their understanding of the situation and their wishes and feelings about what needs to change.</p>			
Parents concerns for the child / young person			
Child/young person's home and community			
<p>Consider the role of extended family and friends; the child and family's connection with the local neighborhood and community resources; and the environment that the child lives in, including the family's housing, employment & income situation.</p>			
The child / young person's home and community			
Analysis			
<p>Case Worker's analysis of the current situation</p> <p>This will help you agree the desired outcomes and the actions needed to achieve these.</p>			
Outcome Plan			
Desired Outcomes (as agreed with child, young person, and or family) and agreed actions (at least one must be entered)	Who Will do this	By When	Review Date
Signatures and Comments			
Child / Young person's comments on assessment			
Family comments on assessment			
Name of practitioner completing assessment		Job title	
Signature		Date	

Consent statement for information storage and information sharing

We need to collect the information in this Early Help Assessment and Plan so that we can understand what help you and your family may need. If we cannot cover all of your needs we may need to share some of this information with the other organisations specified below including the Trafford Care Coordination Centre, so that they can help us to provide the services you need. If we need to share information with any other organisation(s) later to offer you more help we will ask you about this before we do it.

I understand the information that is recorded on this form and that it will be stored and used for the purpose of providing services to:

- Me
- This infant/s, child/ren or young person/s for whom I am a parent
- This infant/s, child/ren or young person/s for whom I am a carer

I understand the reasons for information sharing and I agree to the sharing of information, as agreed, between the services listed below Yes No

I agree that the basic information (Child's name, address and DOB, date of assessment) from the Early Help Assessment will be kept on file for statistical monitoring and evaluation. On occasions a random sample of Early Help Assessments and Plans may be requested for audit purposes. Yes No

Agreed review date

Signed Name Date

Assessor's signature

Signed 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 the TSCB procedures and contact the Multi Agency Referral and Assessment Team.(MARAT) 0161 912 5125 marat@trafford.gov.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.