**Knowsley** **Early** **Help** **Assessment** **for** **Children,** **Young** **People** **and** **Families**

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| **Section** **1** |  |
| **Date** **assessment** **started** |       |

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| **Immediate** **family** **information** |
| **Children and Young People** |
| Name | Date of birth (due date) | Gender M/F | Ethnicity | Disability | Who has parental responsibility |
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| **Parents / Carers details** |
| Name | Date of birth (due date) | Gender M/F | Ethnicity | Disability | Who has parental responsibility |
|       |       |  |  |       |       |
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| **Primary** **language** **in** **the** **family:**  |
| **Family** **Address(es):**  |
| **Contact** **telephone** **numbers:**  1.       2.       3.       4.       5.       |
| **Relevant** **information** **including** **immediate** **family** **and/or** **other** **significant** **adults** **details:**       |
| **Those** **who** **took** **part** **in** **the** **assessment** - Including family / wider family / professionals      |

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| **Ethnicity** **Key:** White British - WB; Caribbean – Ca; Indian – I; White and Black Caribbean - WBC; Chinese – Ch; White Irish – WI; African – Af; Pakistani – Pa; White and Black African – WBA; Bangladeshi – Ba; White and Asian - WA; Any other – please describe; Not given - NG |

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| Practitioner details – Lead profession completing the assessment |
| Name:       | Job role and agency      | Address      | Contact details: Telephone:      Mobile:      Email:        |
| Name:       | Job role and agency      | Address      | Contact detailsTelephone:      Mobile:      Email:        |
| Name:       | Job role and agency      | Address      | Contact detailsTelephone:      Mobile:      Email:        |

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| Who else is working with the familyPlease include Health, Education and any other agencies currently involved with the family |
| Agency      | Main contact      | Contact details      |
| Agency      | Main contact      | Contact details      |
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Additional services may include: School/College, GP, Dentist, Health Visitor, Children’s Centre, Housing provider, Child Development Team, Therapy services, Youth Offending Service, Probation, Anti-Social Behaviour Unit, Knowsley Works, Job Centre Plus, Youth services etc

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| Reason for assessment |
|       |

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| **Section** **2** |  |
| **Child** **/** **Young** **Person’s** **Name** |       |
| Learning / Education / Employment – including attendance, aspirations | RAG |
|       |
| Physical Health | RAG |
|       |
| Emotional and Mental Health | RAG |
|       |
| Relationships – school, family, friends | RAG |
|        |
| Crime & Anti-Social Behaviour | RAG |
|        |
| Substance / Alcohol Misuse | RAG |
|       |
| Use the space below to note anything else you would like to include about your child(ren)? |
|       |
| How would you describe your child’s / children’s strengths or the things that they do well? |
|       |
| RAG Rating Key: | R = RED – issues which need addressing quickly; A = AMBER – issues you may need help with; G = GREEN – ositive / no issues |

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| **Voice** **of** **the** **Child** | use appropriate age and ability related tools to ensure the voice of the child / young person is captured |
| What are your biggest worries about your family? |
|       |
| What things do your parents or carers do well? |
|        |
| What are your hopes and wishes for yourself? |
|        |
| What are your hopes and wishes for your family? |
|       |
| What would you like to change the most? |
|       |
| What do you feel you can do to help make some positive changes? |
|       |
| How will you know things have changed for the better? |
|       |

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| **Section** **3** |  |
| **Parent** **/** **Adult** **Name** |       |
| Housing / Living Conditions | RAG |
|        |
| Physical Health | RAG |
|       |
| Emotional and Mental Health | RAG |
|       |
| Relationships – including domestic abuse | RAG |
|       |
| Parenting Skills | RAG |
|        |
| Employment / Training / Learning | RAG |
|        |
| Crime & Anti-Social Behaviour | RAG |
|       |
| Substance / Alcohol Misuse | RAG |
|       |
| Finance / Debt issues | RAG |
|       |
| RAG Rating Key: | R = RED – issues which need addressing quickly; A = AMBER – issues you may need help with; G = GREEN – positive / no issues |

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| **Parent** **/** **Adult** **Voice** |       |
| What are your biggest worries about your family? |
|       |
| What are your hopes and goals for your family? |
|        |
| What has worked well for you as a family in the past? |
|        |
| What has not worked well for you as a family in the past? |
|       |
| What things as a family would you like to change the most? |
|        |
| What do you feel you can do as a parent/carer to help make some positive changes? |
|       |
| Who else can support your family to make some changes? |
|         |
| How will you know things have changed for the better? |
|        |

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| **Section** **4** |  |
| **Summary** **and** **Analysis** |
| Are there any dangers or risks to you and/or your child(ren) you need to deal with? If so how can we help? |
|       |
| Summarise the most important changes for your family – what needs to go in your family plan? |
|        |
| Practitioner’s analysis and conclusion |
|        |

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| **Section** **5** |  |
| **Our** **Family** **Plan** |
| How can change happen – what action needs to be taken? | Who | When |
|       |       |       |
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| Agreement to share information |
| I understand that the information I give will be used to get the services to help me and my family.I understand that the information I have provided may be shared only where it is necessary and the law allows it. The information may be shared with other teams and services.**The** **teams** **and** **services** **that** **will** **have** **my** **family’s** **information** **will** **be** **the** **teams** **who** **will** **be** **helping** **and** **supporting** **us**. They will be named in my/our assessment and support plan.I understand that under no circumstances will you share my/ our personal information with third parties for commercial purposes.I understand that information that I give is kept safe and secure and treated confidentially.I understand that my information will only be shared without my permission to protect children or vulnerable adults from harm; or to aid the prevention and detection of crime. |
| Below is the information I would not want to be shared with any other service or team (unless the law allows or requires it)      |

|  |  |  |
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| Name:      | Signature:      | Date:      |
| Name:      | Signature:      | Date:      |