**Early Help Assessment – Milton Keynes**

**Part 1: Assessment information**

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| **Please select main reason and summarise what has led to this assessment of the child / young person / family?** | |
| Main reason e.g.  *Academic*  *Attendance*  *Behaviour*  *Emotional Needs*  *Health issues*  *Home situation*  *Housing*  *Risk of exclusion*  *Permanent exclusion*  *Substance misuse*  *Transition* |  |

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| **Details of universal services supporting any of the family members – TAF (Team Around the Family)** | | | | | |
| Role / Team / Agency | Worker Name | Supporting who? | | Contact details | Contributed to this assessment? |
| GP |  |  | |  |  |
| Nursery / School / College |  |  | |  |  |
| **Other professionals already involved with any of the family members** | | | | | |
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| **What have you done to help this child and family and how has the child/young person been involved?** |
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**Part 2: Early Help Assessment**

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| 1. **Development of the unborn baby, infant, child or young person**   Consider: Health, physical development, speech language and communication; Emotional, behavioural and social development; Identify, self-esteem, self-image and social presentation; Family and social relationships; Self-care skills and independence; Education: understanding, reasoning and problem solving, participation, progress and achievement in learning, aspirations. | | | |
| What is working well?  (Strengths) | What are we worried about?  (Needs) | | What need to happen?  (Next steps and outcomes) |
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| Danger statement: | | Safety Goal(s) | |
| 1. **Parents and carers**   Consider: Basic care, ensuring safety and protection; Emotional warmth and stability; Guidance, boundaries and stimulation | | | |
| What is working well?  (Strengths) | What are we worried about?  (Needs) | | What need to happen?  (Next steps and outcomes) |
|  |  | |  |
| Danger statement: | | Safety Goal(s) | |
| 1. **Family and environmental factors**   Consider: Family history, function and well-being; Wider family; Housing, employment and financial considerations; social and community element and resources, including education. | | | |
| What is working well?  (Strengths) | What are we worried about?  (Needs) | | What need to happen?  (Next steps and outcomes) |
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| Danger statement: | | Safety Goal(s) | |

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| **Scaling** – having discussed what life is like for your child right now, where is this on the scale? Child, parent and lead professional should scale – please write the person’s name with their score.  0 1 2 3 4 5 6 7 8 9 10  Extremely concerned  All is well |

**Section 4: Agencies next steps (what actions have been agreed? Include referrals to other services; TAF meetings planned, direct work with child/young person’s etc.)**

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| **Agreed action?** | **Who will do this?** | **Due by?** |
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**Section 5: Comments on the assessment**

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| **Child(ren’s) views on assessment** |
| *If these views have not been sought – please explain why?* |

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| **Parent or carer’s views on this assessment** | |
| Mother / Stepmother / Female carer | *If these views have not been sought – please explain why* |
| Father / Stepfather / Male carer | *If these views have not been sought – please explain why* |

**Section 6: Information sharing and consent**

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| I agree to the Early Help Assessment taking place and to attend Team Around the Child meetings to review how things are progressing.  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 agencies. |

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| **Parent/carer/child/young person name:** | **Signed** (Parent/carer or child/young person) |
| **Practitioner name:** | **Signed** (Practitioner) |
| **Date signed (by parent/carer or child/young person):** | |

**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 Social Care. In most cases, they will discuss this with you first.**

For further information regarding our early help services, please go to our website:

<https://www.milton-keynes.gov.uk/children-young-people-families/early-help/early-help-a-to-z-directory>