This assessment of the needs and worries of families should be in line with advice and guidance from the Birmingham Safeguarding Children’s Partnership**,** [**Right Help, Right Time Framework**](http://www.lscbbirmingham.org.uk/index.php/delivering-effective-support). The aim of this assessment is to work consensually with the family to share strengths and difficulties. Wherever possible, the needs of children and families will be met by universal services.

You can contact the **Early Help Support Team** on **0121 303 8117** to find out if an Early Help Assessment is available and any current Lead Professional details. Click [here for resources and guidance](https://intranet.birminghamchildrenstrust.co.uk/download/) from the **Early Help Support Team**

The [**Waiting Room**](https://the-waitingroom.org/)resource can be used to help identify partners and services in your area that can meet the specific needs of the family and may be available to support them.

“As soon as a professional is aware that a child has any additional needs which may require the involvement of more

than one professional, they should talk to that child and their family and offer advice and support.”

Right Help, Right Time, 2018

**How to submit this form: Please complete all sections and return this form too** **EHST@birminghamchildrenstrust.co.uk**

Birmingham Children's Trust is accredited to send and receive sensitive and confidential information from other secure organisations, without the need for using GCSX email addresses. This change is described further[**here**](https://www.birminghamchildrenstrust.co.uk/info/6/contact_us/119/changes_to_gcsx_secure_emails)

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|  **Section 1. About this assessment** |
|  **Date of Assessment**Choose an item. | Click here to enter a date. |  **Are you current providing support to the family** | Choose an item. |
|  **Briefly summarise what has led to this assessment for the child and family** |
| Click here to enter text. |
| **Section 2. Have you gained consent from the family to share information and/or request this support** | Choose an item. |
| If you have, please describe who has consented and if you have not been able to gain consent, please tell us why |
| Click here to enter text. |

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| **Section 3. Child(ren) or Young Person you are concerned about** |
| Full Name  | Gender | DOB / Age / Due Date | Address & Telephone | Ethnicity | Disability / Diagnosis | Education Setting | Interpreter / Signing | Nationality | Nat Ins NHS no. |
|   |   |   |   |   |   |   |   |   |   |
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| Other children or Young People you are aware of in the household |
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| **Adults you are aware of in the household** |
| Full Name  | Gender | DOB / Age | Address & Telephone | Ethnicity | Disability / Diagnosis | Interpreter / Signing  | Nationality | Nat InsNHS no. | Relationship (Parental Responsibility |
|   |   |   |   |   |   |   |   |   |   |
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| Any other significant adults, children or young people who live elsewhere |
|   |   |   |   |   |   |   |   |   |   |
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| **Section 4. Details about you (for example Organisation such as school name)** |
| Organisation | Service | Full name | Telephone | Email | Address | Nature of Relationship | Currently Involved |
|   |   |   |   |   |   |   |   |
| Other agencies involved with the child(ren), young people or Family |
|   |   |   |   |   |   |   |   |
|   |   |   |   |   |  |   |   |
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| **Section 5. Previous Assessments / Screening Tools or Plans available**  |
| Title | Type | Date | Completed by (Name) | Organisation | Purpose | Attached |
|   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |
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**Section 6.**

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| **View of Child, Young Person(s)**  |
| What is going well | What are we worried about | What needs to happen next |
| enter text here | enter text here | enter text here |

**On a scale of zero (0) to ten (10)** – Tell me on a scale of (0) zero to (10) ten, how you feel about your life at the moment?

 **Concerns No Concerns**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Enter their initials  | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|   |   |   |   |   |   |   |   |   |   |   |

**Section 7**.

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| **View of Parent, Carer or other Adult(s)** |
| What is going well | What are we worried about | What needs to happen next |
| enter text here | enter text here | enter text here |

**On a scale of zero (0) to ten (10)** – Tell me on a scale of (0) zero to (10) ten, how you feel about your life at the moment?

**Concerns No Concerns**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Enter their initials  | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|   |   |   |   |   |   |   |   |   |   |   |

**Section 8.**

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| **View of those working with and supporting the whole family directly in partnership with others** |
| **Ensure that you have considered the 6 Think Family areas of need**: (1) Crime and ASB, (2) School Readiness and Attendance in Education (3) Children who need help, (4) Financial Isolation and Employment and training, (5) Domestic and Emotional Abuse, (6) Health issues |
| What is going well | enter text here |
| What are we worried about | enter text here |
| What needs to happen next | enter text here |

**On a scale of zero (0) to ten (10)** – Indicate below, based on your assessment, how the family are doing at the moment?

**Concerns No Concerns**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Enter their initials  | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|   |   |   |   |   |   |   |   |   |   |   |

**Section 9.**

**Reflection:** Reflecting on this assessment you should consider when discussing the concerns and next steps:

1. Are there any other guidelines and policies which need to be considered
2. Which potential courses of action are available
3. What are you going to do next, which course of action will you take or need support with

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| **Referring to the Right Help, Right Time framework, could the needs of the family most appropriately be described as:** |
| Universal Need | Universal Plus | Additional Needs | Complex/ Significant Needs |
| [ ]  | [ ]  | [ ]  | [ ]  |
| General needs are met and assist families to access appropriate services locally | A single universal service or two services are likely to be involved; these services should work together on a plan with the child and family by completing and registering a plan | A child and their family have needs that require a multi-disciplinary approach. Engage the family and other professionals to co-ordinate support for the family by completing and registering a plan | A child or their family have needs that are so complex or significant that they need an immediate statutory social work assessment and intervention or other specialist services to prevent significant harm or serious risks to their health or welfare. |

**Section 10.**

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| **What are the next steps? Please agree with the family who will be invited to help support the family plan.** |
| Click here to enter text. |

**Privacy Statement:**

The personal data collected on this form will be stored and used by us to provide our services to you. We will share relevant data with Children Safeguarding Partner Organisations also involved in providing services to you. We will collect store and use your personal data in line with the General Data Protection Regulation (GDPR) and Data Protection Act 2018.

**For further information on how your information is used, how we maintain the security of your information and your rights in relation to the information we hold about you please see our full privacy notice**