



## Early Help Assessment

### Child's view

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**Date assessment started:** \_\_\_\_\_

Additional information:

This document is for each individual child to share their view of how things are for them and their family. Please do not feel restricted by the questions. The important thing is to note what is and isn't going well in all areas of family life.

You may wish to alter this section depending on the age and ability of the child. You may attach drawings or other assessments if relevant.

For children who are unable to participate please note how you feel life is from their perspective or from observations that have been made.

<b>Child/Children's name(s)</b>	
<b>Date of birth</b>	
<b>Does the child have SEN?</b>	Yes / No
<b>Is there an Education Health and Care Plan?</b>	Yes / No

#### 1: Physical health:

**talk about how others look after you & how you keep healthy.**

Do you have health problems or disabilities? What do you like to eat? How often do you visit the doctor and dentist? What do you do to look after your body? How well do you sleep? Do you need to change anything to be more healthy?

#### Child's view

**2: Where you live:**  
**talk about how you feel at home and where you live.**

What's good and bad about where you live? Does it feel like home? Do you have your own space? Do you like friends coming round? What is your area like?

**Child's view**

**3: Being safe:**  
**talk about how safe you are.**

When and where do you feel worried or frightened? Where do you feel safe? Name your safe place/people? Does anyone hurt you or make you feel frightened? What do you do to keep yourself safe?

For older children: Do you have experience with alcohol or drugs? What about your sexual health?

**Child's view**

**4: Relationships:**  
**talk about your relationships with your parents/carers.**

What are things like with your parents/carers? If your parents/carers are separated do you see both of them? How is this? Are there people in your family you don't see much? How do you feel about this?

**Child's view**

**5: Feelings & behaviour:**  
**talk about how you deal with difficult feelings.**

Are there things that make you very angry or sad? Do people generally know how you feel inside or do you hide it? What happens when you get upset? Are there people you can talk to about how you feel? Do you normally feel good or bad?

**Child's view**

**6: Friends:**  
**talk about how you make and keep friends.**

Do you prefer to play with friends or spend time by yourself? Can you talk to your friends about things that bother you? What do you like and not like about your friends? Do you get bullied?

**Child's view**

**7: Confidence & self esteem:**  
**talk about how you feel about yourself.**

What do you think about yourself? What do you think people think about you?  
What are you good at?  
Do you normally feel relaxed and confident or worried and anxious? When and where are you happiest? Do you mostly think things will go okay?

**Child's view**

**8: Education & learning:**  
**talk about school and learning new things.**

How do you feel about school? What are the best and worst bits? Are there things that make it difficult to learn? Is there anything that would help? What do you like doing when you're not at school? What new things have you done recently?

**Child's view**

# Consent

This section confirms your consent for the author to liaise with other professionals during this process and to share information and copies of your Early Help Assessment and Team Around the Family Plan with other agencies and professionals throughout and on completion.

When the assessment is complete you should receive a copy. It will also be sent to the local Locality and Community Support Service team within Oxfordshire County Council where it will be stored electronically. Your personal information, including your name and date of birth, may be shared with the Office of National Statistics which is carrying out a national evaluation on some of this work.

For more information, including details of how you can opt-out of information sharing for research and evaluation, click here: <https://www.oxfordshire.gov.uk/cms/content/consent-share-information>.

An Early Help guide for parents and carers is available on the OSCB, and the OCC website.

## Who is involved in completing this assessment?

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Are you happy for the information on this assessment to be stored and shared with other relevant professionals and agencies? Yes  No

## Who would you like to receive a copy?

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## Is there anyone you do not want to see this assessment?

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Family signatures and printed name	Date

If you are sending this form by email can you confirm that you have consent to share it?

Yes

No