



# Early Help Assessment

We want all children in Oxfordshire to have the best start in life, to enable them to reach their full potential. Sometimes children and families need additional support to achieve this. The aim of this Early Help Assessment (EHA) is to work with you and those around you, to help understand what is going on and to decide the best way forward.

The author of this Early Help Assessment will guide you through the process and will be responsible for seeking and recording the views of everyone in your family and those who support you.

If you require additional pages for Professional views and/or Child views please download these from the OSCB website and list those used here:

Additional forms:

## Family Background and Information

Date assessment started:

### Details of all children in your family

	Name	Date of birth / Due date	Gender	Ethnicity	Religion	Name of school or educational setting	Address (if different from family address)
1							
2							
3							
4							
5							
6							
7							
8							

Additional information:

Main family address (including postcode)	Family phone numbers and email addresses

### Details of parents/carers, other family members and significant people

	Name	Date of birth	Gender	Ethnicity	Religion	Relationship to child - state Parental Responsibility	Address (if different from main family address)
1							
2							
3							
4							
5							
6							
7							
8							
Additional information							

### Which agencies and professionals are/have been involved in supporting your family? (Include GP, Education, setting etc)

Name	Supporting who	Role /agency	Contact details	Contributed to the assessment? Y/N	Start date	End date
Additional information:						

### Assessment author

Name		Role	
Agency/ Organisation		Email	
Telephone Number		Address	

**What has led to this assessment taking place?**

**What is your family history?**

**Include information about important things that have happened to you and your family (eg house moves, bereavement, illness)**

**Who is in your family, and who lives in your home?**

**You can write or draw this (eg a genogram/family tree)**

# Parent/carer's view

Parent or carer's view of how things are for the 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.

## 1: Physical health:

**talk about health in your family and how you manage this.**

Consider your children's early development, health conditions or disabilities, diet, sleep, exercise, health appointments etc.

What needs to change for your children to be more healthy?

Parent/carer's view for each child	
What's going well?	Are there any risks or concerns? If so, what?
Star score:	

## 2: Your wellbeing:

**talk about how you feel and how you cope with difficulties.**

Consider past and present; mood, stress, mental health, experience of abuse, domestic abuse, alcohol or drug use, physical and learning difficulties.

How does this affect you and your children? When do you feel at your best? What needs to change?

Parent/carer's view for each child	
What's going well?	Are there any risks or concerns? If so, what?
Star score:	

### 3: Meeting emotional needs:

#### talk about your relationship with your children.

Consider how you support your children with the emotional difficulties they face. Consider their self-esteem, identity, emotional development and resilience.

What needs to change to improve your children's emotional wellbeing?

Parent/carer's view for each child	
What's going well?	Are there any risks or concerns? If so, what?
Star score:	

### 4: Keeping your children safe:

#### talk about how you keep your children safe.

Consider things in their life that could cause them physical or emotional harm. This may include accidents, bullying, harassment, substance misuse or exposure to things inappropriate for their age.

Do they know how to stay safe? How do you make sure they are safe? What needs to change?

Parent/carer's view for each child	
What's going well?	Are there any risks or concerns? If so, what?
Star score:	

**5: Social networks:**

**talk about the people in your life.**

Who is important to your family? Do you have friends and family nearby to help when you need? Do you attend any community groups or a place of worship? Do your children have friends they spend time with? What needs to change?

Parent/carer's view for each child	
What's going well?	Are there any risks or concerns? If so, what?
Star score:	

**6: Education & learning:**

**talk about how learning is supported and barriers to learning.**

Consider attendance and engagement (in education, employment and training), positive role models & aspirations for the future. For younger children consider their developing co-ordination, stimulating activities, play and getting ready for school.

What needs to change to support their education and learning?

Parent/carer's view for each child	
What's going well?	Are there any risks or concerns? If so, what?
Star score:	

**7: Boundaries and behaviour:**

**talk about how you manage issues with behaviour**

Consider difficulties with behaviour (including criminal and anti-social behaviour by children or adults), confidence in maintaining boundaries, modelling appropriate behaviour, balancing being too strict or too lenient and bringing out their best.

What needs to change in order to improve this?

Parent/carer's view for each child	
What's going well?	Are there any risks or concerns? If so, what?
Star score:	

**8: Family routine:**

**talk about whether you have a routine that works for the family.**

Consider bedtimes, mealtimes, keeping on top of household chores, getting to work or school on time and spending time together. What needs to change in order to improve this?

Parent/carer's view for each child	
What's going well?	Are there any risks or concerns? If so, what?
Star score:	

### 9: Home & money:

#### talk about your house and how you manage your finances.

Is your house safe and secure? Does it meet yours and the children's needs? Is your home overcrowded? Is your home physically safe for your children? How are you managing financially? Are you able to provide for your family's basic needs? What needs to change?

Parent/carer's view for each child	
What's going well?	Are there any risks or concerns? If so, what?
Star score:	

### 10: Progress to work:

#### talk about being ready for work and career options.

Are you in work? If so how is it going? If not are there things that are holding you back? What would help?

Parent/carer's view for each child	
What's going well?	Are there any risks or concerns? If so, what?
Star score:	

# Family Star Plus™

An Outcomes Star for parents

Parent

Date of completion

First  Review  Retrospective

Completed by Professional and Parent

Professional

Parent

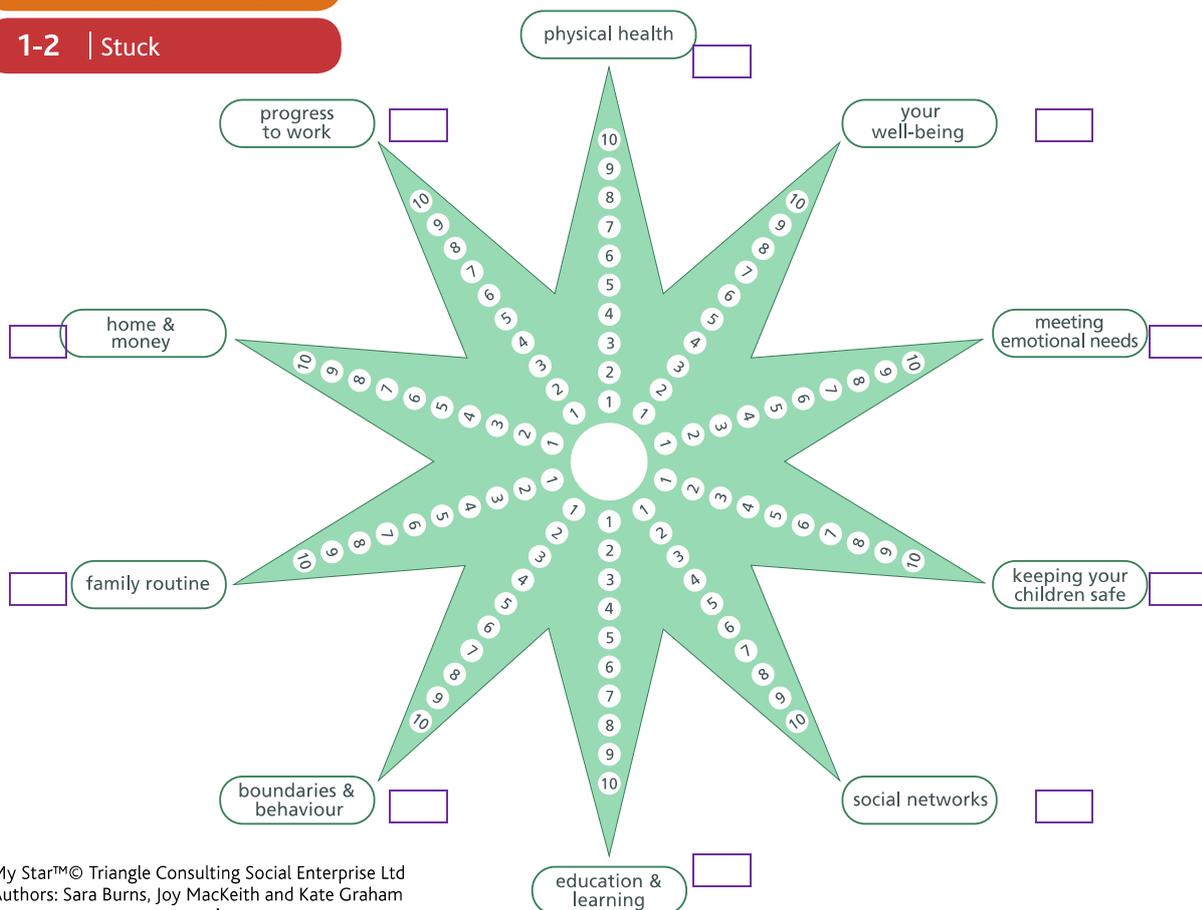
9-10 | Effective parenting

7-8 | Finding what works

5-6 | Trying

3-4 | Accepting help

1-2 | Stuck



physical health

your well-being

meeting emotional needs

keeping your children safe

social networks

education & learning

boundaries & behaviour

family routine

home & money

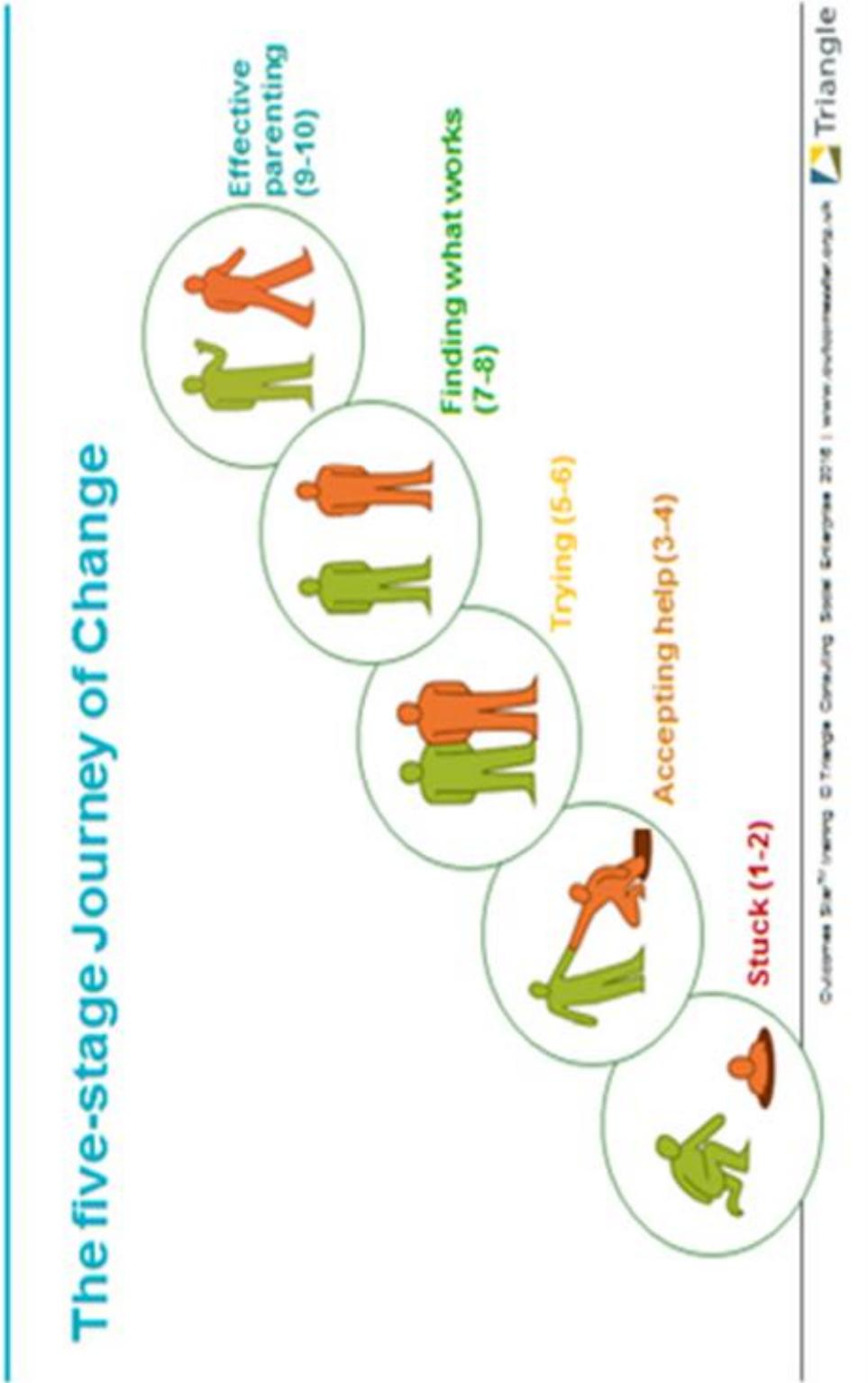
progress to work

My Star™© Triangle Consulting Social Enterprise Ltd  
 Authors: Sara Burns, Joy MacKeith and Kate Graham  
[www.outcomesstart.org.uk](http://www.outcomesstart.org.uk)

Use the Outcome Star to record where you and your family are today, this can then inform what changes are needed and what progress has been made.

Professionals when completing the star please use the Outcome Star User Guide

# The Journey of Change



# Child's view

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This part 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

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## 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

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**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**

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**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**

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**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**

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**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**

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**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**

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**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**

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# Professional views

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This part should be given to those working with the family to share their view. The family should agree who they want to give this part to.

<b>Child/Children's name</b>	
<b>Professional's name</b>	
<b>Organisation</b>	
<b>Role</b>	

Please comment on how things are going for the child/children in this family.

**What is going well? What are your concerns?  
What needs to change for things to be better for the child/children?**

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**If there have been significant concerns raised during this assessment, what steps have been taken so far to address these?**

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# Summary and plan

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This section is to bring together what is going well and what needs to change.

**Summarise what is going well with your family:**

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**What are we worried about?**

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**What needs to change and how can this happen?**

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**How will we know we've been successful?**

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# Next steps

This section is to create a whole family action plan – specific actions that are easy to measure, achievable, realistic and timely can support positive change.

What actions need to take place to support positive change?	Which family member(s) will this support	Who will do this?	By when?
Additional Information			

The above actions need to be reviewed using TAF paperwork within 6 weeks – continue to review every 12 weeks in a TAF until all outcomes are achieved and then complete Closure and Evaluation paperwork:

Who will do this?	When? (date)

**If you are now progressing to TAF, who are the different people involved in supporting the child/children to be invited?**

Discussions should be held before the TAF to decide who the family feel is best placed to be the lead professional.

## Please sign upon completion of your Early Help Assessment:

**Family signatures and printed name:**

Additional Information	

**Date of completion:**

Please send copies of your completed documents to your local Locality and Community Support Service:  
 North - LCSS.North@oxfordshire.gov.uk | South - LCSS.South@oxfordshire.gov.uk | Central  
 LCSS.Central@oxfordshire.gov.uk

The Early Help Assessment and Team Around the Family processes are vital components of ensuring that children and families get the right support at the right time.

This is sponsored by all partners making up the OSCB  Oxfordshire Safeguarding Children Board

# 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