

These notes are a step-by-step guide to completing the Early Help Assessment document, following a discussion with a child/young person/family. The completed assessment needs to be strengths- and evidence-based and reflect multi-agency working.

Electronic copies of the assessment can be obtained from the Early Help Support Team at [earlyhelpsupport@warrington.gov.uk](mailto:earlyhelpsupport@warrington.gov.uk) or [earlyhelpsupport@warrington.gcsx.gov](mailto:earlyhelpsupport@warrington.gcsx.gov) or [caf.team@nhs.net](mailto:caf.team@nhs.net)

These notes cover all sections of the assessment.

### 1. Why we are completing an Early Help Assessment (page 1 of document)

Before starting the assessment, explain why it is being carried out and how it will benefit the individual/family.



#### Why we are completing an Early Help Assessment

The aim of the Early Help Assessment is to help children, young people and families to get the help they need at the right time. Together, we will look at what is working well and what can be done if things need to change to improve family life.

### 2. About the assessment (page 1 of document)

Record when you started and completed the assessment, along with your name, job title, team and service area.

Date Assessment Started		Assessor(s) Name(s) and Job Title(s)	
Date Assessment Completed		Assessor(s) Team(s) and Service(s)	

### 3. Recording Basic Family Details (pages 1 and 2 of document)

What works well in Early Help is whole-family working so it is important to name everyone living at the address, including adult children still living at home and younger children not at school.

If any of the adults or children are carers, please tell us. Some carers may not think of themselves as being carers so do include as part of your assessment, any health conditions adults and/or children may have which require care.

If a family member is pregnant, please remember to include as a separate entry, details of the unborn, with an Expect Due Date, e.g. "Unborn Blogs + EDD".

#### Your Family Details (Please include parents/carers, children, young people and unborn children)

Name	DoB/ EDD	Age	Relationship	Gender	Address 1	Address 2	Town	Post Code	Parental Responsibility	Ethnicity
Unborn Blogs	01.02.17								<input type="checkbox"/> Yes	Choose an item.

Please remember to tell us how each family member is related, e.g. "Mum, Dad, Sibling, etc."

To help with the monitoring of gender, please remember to record this information. This is a free text field and it is important that the information recorded here is accurate.

We all want our records to be as accurate and up to date as possible so making sure we have a full address, post code and date of birth/EDD is helpful in this section. This also helps everyone to quickly identify information about a child/young person/family.

It is important that we know who has legal parental responsibility for a child/young person as this affects the sharing of information about that child/young person so please remember to place a tick in the tick box.

To help with the monitoring of ethnicity, please remember to make a selection from the drop down list by clicking on "Choose an item".

#### **Please Note**

Whoever is detailed in this section should also form part of the assessment.

Remember to include how to contact the child/young person/family.

How can we contact you?

Mobile:

Other (Tell us who/where/how):

Email:

The relationship with extended family, friends and an absent parent/carers can be very significant so please remember to include this information.

Please remember to tell us how each extended family member, friend and/or absent parent/carers is related to the child/young person/family being assessed, e.g. "Grandparent, Parent, Friend, etc."

We all want our records to be as accurate and up to date as possible so making sure we have date of birth, gender, full address, including post code and parental responsibility, is helpful in this section. This also helps everyone to quickly identify information about a child/young person/family.

To help with the monitoring of ethnicity, please remember to make a selection from the drop down list by clicking on "Choose an item".

### Who else is important to you?

(Please include those in close contact with you/your family. This can be grandparents, step parents, half-siblings, friends, social groups.)

Name	Date of Birth	Age	Relationship	Gender	Address 1	Address 2	Town	Post Code	Parental Responsibility	Ethnicity
									<input type="checkbox"/> Yes	Choose an item

## 4. Recording Services already Working with the Child/Young Person/Family (pages 2 and 3 of document)

Please complete as fully as possible. Completing a list of all services working with every member of a household gives the family a picture of the issues they are working through.

### (a) Universal Services

If any family members living in the same house are not registered with a GP and/or dentist, please tell us. Where this is the case, the assessment must include an action for the individual(s) concerned to register with these services.

#### Universal Services working with you and your family

Are all family members registered with a GP?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Surgery Name		Tel. No.	
If you have ticked No, please say who is not:					

Are all family members registered with a dentist?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Dental Practice		Tel. No.	
If you have ticked No, please say who is not:					

## (b) Other Services

If a family member is already receiving a service, please tell us who and the type of service.

Please remember to include contact information for each service (telephone number, email address).

If a service has been asked to contribute to this assessment, please remember to tick the box and evidence how within your assessment.

### Other Services working with you and your family

Name of Service	Name of family member service is working with	Service Tel. No	Service Email Address	Has this service contributed to the completion of this assessment?
				<input type="checkbox"/> Yes

## (c) Details of Lead Practitioner

A lead practitioner is the main point of contact not just for an individual/a family, but also for other practitioners. Please remember to complete this section **in full**.

### Details of Lead Practitioner

Name			
Job Title			
Service Area			
Contact Details	<u>Mobile</u>	<u>Landline</u>	<u>Email</u>

## (d) Reason(s) why we are completing this assessment

The discussion should always start with a focus on the individual's/family's strengths. It should then focus on the issues which the individual/family is currently experiencing and how these are impacting on everyday life and on other members of the household.

### Reason(s) why we are completing this assessment

The reason(s) in this section will then act as prompts for your discussions with the individual/family during assessment. Please remember that you can add to the information in this section, but you must explore any new information with the individual/family during assessment.

**(e) Those who took part in this assessment**

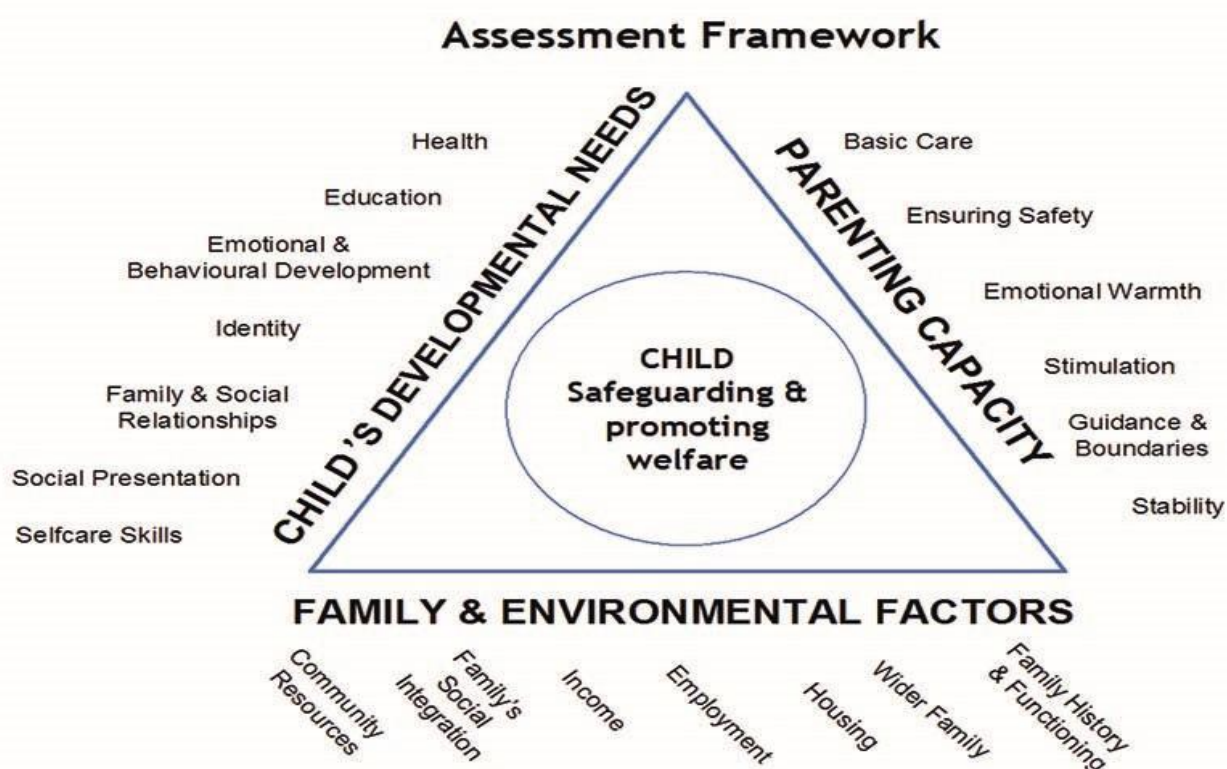
Please remember to include everyone who took part in the assessment, recording their full name, relationship and for practitioners, their job role.

## Those who took part in this assessment

(Please include the family/wider family and any others who were there)

Joe Blogs – Dad
Jo Blogs – 0-10 Early Help Worker

### 5. Assessment Information



**(a) Development of Unborn/Children/Young People (page 4 of document)**

The conversation should always start with a focus on the individual's/family's strengths. Remember not to use the form to drive the conversation as this can be intimidating for some individuals/families. Your assessment is a summary of the key issues discussed during the conversation.

All children and young people in the family have to be assessed. Please remember to consider their health; physical development; speech, language and communication development; emotional and social development; behavioural development; identity (including self-esteem, self-image and social presentation); family and social relationships; self-care skills and independence; understanding, reasoning and problem solving (learning); participation in learning, education and employment; progress and achievement in learning and aspirations.

## Assessment Information

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### 1. Development of Unborn/Children/Young People

In this part, you should assess all children and young people in the family. Please consider health, education, emotional and behavioural development, identity, family and social relationships, social presentation and self-care skills.

Things to consider could include:

#### Health

The infant's/child's/young person's current health condition, for example, growth, development, physical and mental wellbeing, accessing GP, dentist, optician.

#### Physical Development

The infant's/child's/young person's means of mobility, level of physical or sexual maturity/delayed development; how far their physical skills seem to be developing normally for their age, for example whether they are crawling, walking and running as expected and whether their vision and hearing seems normal.

#### Speech, Language and Communication Development

The ability to communicate effectively, confidently and appropriately with others; how far for their age the infant/child/young person seems able and willing to speak, communicate, read and write, and express their feelings.

#### Emotional and Social Development

The emotional and social response the infant/child/young person gives to parents/carers and others outside the family; how well they cope with everyday life, e.g. their disposition, attitudes and temperament, any phobias or psychological difficulties.

#### Behavioural Development

The behaviour of the child/young person – how well behaved the infant/child/young person is and, for example, any anti-social or aggressive behaviour.

#### Identity (including self-esteem, self-image and social presentation)

The growing sense of self as a separate and valued person; how far the infant/child/young person seems to be developing the right measure of confidence and self-assurance, and how far they have a sense of belonging.

#### Family and Social Relationships

The ability to empathise and build stable and affectionate relationships with others, including family, peers and the wider community; how far the infant/child/young person is building stable and affectionate relationships with others, including family, peers and the wider community.

### Self-Care Skills and Independence

The gaining of practical and emotional skills to increase independence; how independent the infant/child/young person is for their age; how far they can do routine tasks for themselves and make their own decisions.

### Understanding, Reasoning and Problem Solving (Learning)

The ability to understand and organise information, reason and solve problems; how well for their age, the infant/child/young person is able to understand and organise information, reason and solve problems.

### Participating in Learning, Education and Employment

The degree to which a child/young person has access to and is engaged in education and/or work based training and, if he/she is not participating, the reason for this; how far the infant/child/young person is engaged in and attending learning appropriate to their age, whether through play, early years settings, school or college/employment.

### Progress and Achievement in Learning

The child's/young person's educational achievements and progress, including in relation to their peers; the infant/child/young person's educational achievements and progress, including ability to read and write, compared with what would normally be expected from someone of their age.

### Aspirations

The ambition of the child/young person, whether their aspirations are realistic and they are able to plan how to meet them – note there may be barriers to a child's/young person's achievement of their aspirations, for example the child's/young person's other responsibilities within the home.

Based on the information you have provided in your assessment, please now look at this from a strengths-based perspective and say what is working and how this can be built on.

Look at the areas where support is needed and plan a way forward for the child/young person/family.

Remember to ask the child/young person/family for their opinion(s).

Taking into account the information you have provided above, please now say:

- What works well?
- What does not work well?
- Are there any clear next steps?
- What are the views of parents/carers/children/young people?

**(b) Parents and Carers (page 5 of document)**

Parenting/caring capacity influences the extent to which an infant/child/young person develops. Please remember to consider basic care (ensuring safety and protection); emotional warmth and stability and guidance, boundaries and stimulation.

## Assessment Information

### 2. Parents and Carers

In this part, you need to consider parental factors that may influence parenting capacity and in turn affect the needs of the children and young people. Please consider ability to offer basic care, safety, emotional warmth, stimulation and play, guidance and boundaries and stability. Other factors may include learning capacity, any disabilities, mental health, domestic abuse and substance misuse.

Things to consider could include:

#### Basic Care (ensuring safety and protection)

The extent to which an infant's/child's/young person's physical needs are met and they are protected from harm or danger, including self-harm; how far the infant/child/young person is safe from harm or sexual exploitation, is well-fed and cared for, and living in a safe, warm and clean home.

#### Emotional Warmth and Stability

Provision of emotional warmth in a stable environment, giving the infant/child/young person a sense of being valued; how far the infant/child/young person is loved, in a stable environment, and in contact with those who are important to him/her.

#### Guidance, Boundaries and Stimulation

Enabling the infant/child/young person to regulate their own emotions and behaviour while promoting the infant's/child's/young person's learning and intellectual development through encouragement and stimulation and promoting social opportunities; how far the infant/child/young person is subject to, and provided with, appropriate guidance and discipline at home and elsewhere, and helped to learn.

Based on the information you have provided in your assessment, please now look at this from a strengths-based perspective and say what is working and how this can be built on.

Look at the areas where support is needed and plan a way forward for the child/young person/family.

Remember to ask the child/young person/family for their opinion(s).

Taking into account the information you have provided above, please now say:

- What works well?
- What does not work well?
- Are there any clear next steps?
- What are the views of parents/carers/children/young people?



**(c) Wider Family and Environment (page 6 of document)**

In this section, please remember to consider the impact of family situations and experiences and if there are any further issues, how these may be affecting the functioning of the family as a whole.

## Assessment Information

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### 3. Wider Family and Environment

In this part, you need to consider any further issues that affect the family functioning. Please consider family history, wider family, housing, employment, income, social integration and community resources.

Things to consider could include:

#### Family History, Function and Wellbeing

Who lives in the household and how they relate to the infant/child/young person, including any changes since the infant's/child's/young person's birth; family routines and anything about the family history, such as family breakdown, illnesses (physical or mental) or problems with alcohol or other substances that are having an impact on the infant's/child's/young person's development.

#### Wider Family

The family's relationships with relatives and non-relatives; whether there is an appropriate level of help for the infant/child/young person or parents/carers from relatives and others.

#### Housing

What are the living arrangements? Does the accommodation have appropriate amenities and facilities? Who is working in the household, the pattern of their work and any changes? Whether the accommodation has everything needed for living safely and healthily; the effect on the infant/child/young person of the work and financial situation of the family or household.

#### Employment and Financial Considerations

Who is working in the household, the pattern of their work and any changes; income over a sustained period of time; the effect on the infant/child/young person of the work and financial situation of the family or household.

### Social and Community Elements and Resources, including Education

Explores the wider context of an infant's/child's/young person's neighbourhood and its impact on them, including local services and facilities available; impact on the infant/child/young person of the local area, including crime levels, availability and quality of shops, schools/colleges, etc. (this includes how well the child/young person fits in with neighbours, friends and others).

Based on the information you have provided in your assessment, please now look at this from a strengths-based perspective and say what is working and how this can be built on.

Look at the areas where support is needed and plan a way forward for the child/young person/family.

Remember to ask the child/young person/family for their opinion(s).

Taking into account the information you have provided above, please now say:

- What works well?
- What does not work well?
- Are there any clear next steps?
- What are the views of parents/carers/children/young people?

## **6. Analysis of Assessment (page 7 of document)**

Please remember to tick all presenting needs that apply. Alongside each presenting need, say how this is impacting on the **whole family**.

If you have identified any risks and/or concerns, please remember to say what you have agreed to do about them, following discussion with the child/young person/family.

### Analysis of Assessment

Now that you have completed the assessment, please indicate the appropriate presenting needs and consider their impact on the whole family. You should consider any risks and/or concerns.

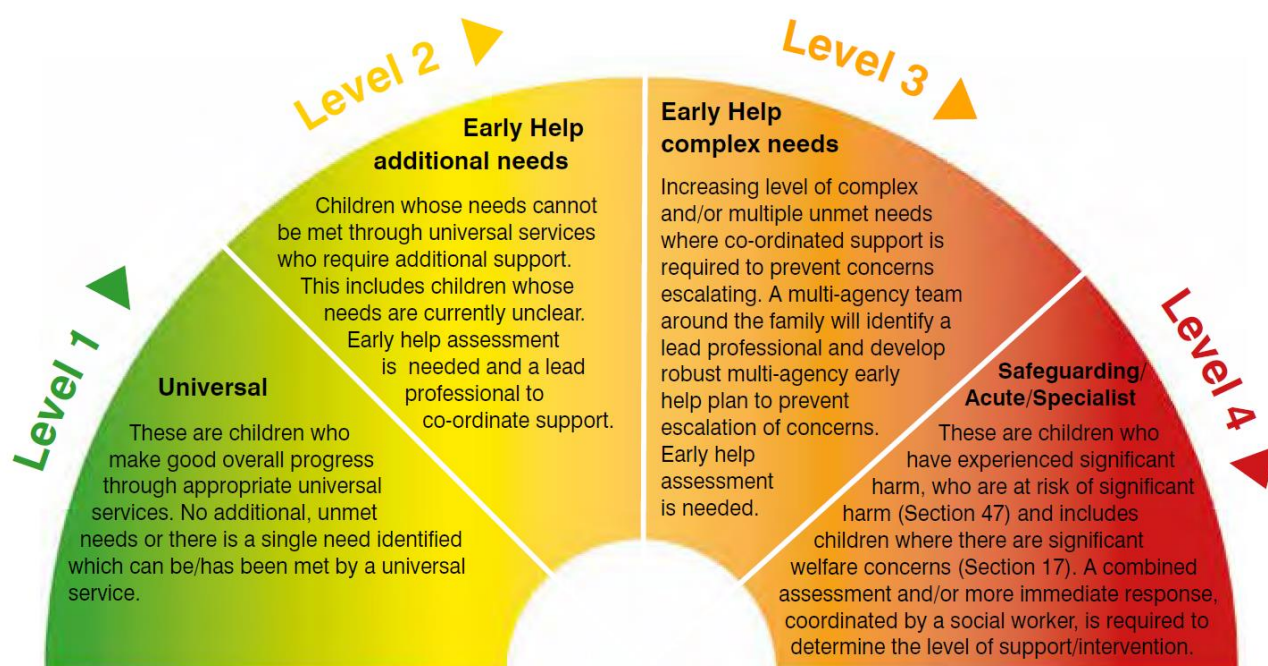
	Presenting Needs	Impact on whole family
<input type="checkbox"/>	Anti-Social Behaviour/Crime	
<input type="checkbox"/>	Behaviour Issues	
<input type="checkbox"/>	Child Sexual Exploitation/ Missing from Home	
<input type="checkbox"/>	Communication/Sensory Needs	
<input type="checkbox"/>	Debt	

Referring to the Levels of Need Framework (see below diagram) from Warrington's Threshold of Need and Response Guidance 2017, please record the current level of need for the child/young person/family by placing a tick in the relevant tick box.

### Current Level of Need for child/young person/family

(Please refer to Levels of Need Framework from Warrington's Threshold of Need and Response Guidance 2017)

Level 1	Level 2	Level 3	Level 4 REFER TO SOCIAL CARE
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## 7. Summary of Assessment (page 8 of document)

Having completed the assessment, please clearly say how the infant/child/young person/family is going to be supported and the steps to be taken.

Things to consider could include:

- emphasising strengths and positives;
- use strengths to find solutions for needs;
- any difference of opinion;
- evidence informed by fact and opinion, including non-judgemental facts;
- child/young person involved throughout;
- use enough detail, but not too much;
- issues weighted appropriately in order of importance;
- risks/concerns identified and how these will be dealt with.

### Summary of Assessment

Now that you have completed the assessment, please say how the child/young person/family is to be supported and what needs to happen next. You should consider any risks and/or concerns.

Practitioner Comments

Child's/Young Person's View

Parent's/Carer's View

Remember to also include the child's/young person's/parent's/carer's opinion about the assessment – it is their assessment and they have to agree with the information it contains.

## 8. Action Plan (page 9 of document)

The plan needs to be developed with the individual/family and they should have a say on who they want to involve in the process. The plan should result in actions that are about their life, not just referrals to services, and reflect what is possible, not just what is available.

In order of priority, please say for who are the actions/support,

the actions to be taken/support to be provided,

the desired effect of the actions/support on that individual,

the date by when the actions need to be done/support provided, and

details of the person responsible for carrying out the action/providing support.

Ensure you use measureable targets (**SMART: Specific Measurable Achievable Realistic Timely**).

### Action Plan

Goal	Name of Child/Young Person/ Family Member	Actions to be taken/ support to be provided	Desired effect of actions/support	By when	Name and role of person carrying out action/ providing support
1.					
2.					

## 9. How we will work together (page 10 of document)

Please remember to go through each bullet point on this page, explaining the types of information you may be gathering and why.

If the individual/family prefers not to share their information with a service, please ensure this is recorded. You can include the reason(s) why.

❖ Please do not share my/my family's information with the following service(s):

Please remember to explain to the individual/family how any safeguarding concerns will be handled.

Please remember to explain to the individual/family that they have the right to stop the process at any time and they must tell you this is their wish and why. Remember to record their reason(s).

Please remember to explain how the individual's/family's information will be stored and where and explain that they can ask to see their information at any time.

When you have obtained consent from the individual/family on all points listed, please remember to ask them to place a tick in **each** tick box in the **Consent** section.

### Consent

- ☐ I agree to the assessment and to sharing my/my family's information between services which may include, but is not limited to, Children's and Adult Services, Health Care, Education, Social Care, Police, Department of Work and Pensions, Children's Centre staff, Housing and Voluntary services. This also includes sharing with the government to conduct research on the impact and outcomes of services paid for by public money.
- ☐ I have told you about any services with which I do not want my/my family's information to be shared.
- ☐ I understand that I can stop this process at any time.

It is okay to type in a name in the signature column, but please remember to tell us where the original signature is kept, e.g. "Joe Blogs, original signature on paper copy of assessment on file in locked cabinet in main office".

Name		Family Member/ Relationship		Signature		Date	
Name		Family Member/ Relationship		Signature		Date	
Name		Family Member/ Relationship		Signature		Date	

Please remember to include a date.

Please remember to let us know that you have fully explained all the bullet points to the individual/family by signing and dating to this effect. It is okay to type in a name in the signature column, but please remember to tell us where the original signature is kept, e.g. "Joe Blogs, original signature on paper copy of assessment on file in locked cabinet in main office".

**As the assessing practitioner(s), I confirm that I have fully explained the above to the child/young person/family.**

Name		Team/Service		Signature		Date	
Name		Team/Service		Signature		Date	

Please remember to include a date.

## 8. What you need to do next (page 11 of document)

### (a) Outcome of Early Help Assessment

Please say what you are going to do next to provide support for the individual/family by placing a tick in the relevant tick box.

## What you need to do next

### Outcome of Early Help Assessment (Please tick as appropriate)

Please note, if at any time you feel that a child or young person has been harmed or abused or is at risk of harm or abuse, you must follow your local safeguarding children board (LSCB) procedures immediately.

<b>Family can be supported through universal services or single agency targeted response.</b>	<input type="checkbox"/>
<b>Request a Case Discussion.</b> Please ensure this request is included in your Action Plan. When submitting your completed assessment to the Early Help Support Team (see below for team details), please ask for a Case Discussion in your covering email otherwise one will <u>not</u> be automatically arranged for you.	<input type="checkbox"/>
<b>Level 2 needs identified.</b> Single agency response. <b>OR</b> Arrange a Team Around the Family (TAF) Meeting.	<input type="checkbox"/> <input type="checkbox"/>
<b>Level 3 complex and multiple needs identified.</b> Arrange a Team Around the Family (TAF) Meeting. <b>OR</b> Complete a MARS form <u>or</u> contact the Early Help Front Door Team for further advice. <b>Tel: 01925 442309</b> <b>Email: <a href="mailto:earlyhelpfrontdoor@warrington.gcsx.gov.uk">earlyhelpfrontdoor@warrington.gcsx.gov.uk</a></b>	<input type="checkbox"/> <input type="checkbox"/>
<b>Safeguarding concerns have been identified/raised.</b> Contact to be made with Multi-Agency Safeguarding Hub (MASH) Team. <b>Tel: 01925 443400</b> <b>Email: <a href="mailto:childreferral@warrington.gcsx.gov.uk">childreferral@warrington.gcsx.gov.uk</a></b>	<input type="checkbox"/>

If the family can be supported by universal services or single agency targeted response, please select the first option by clicking into the tick box. \_\_\_\_\_

In cases where an Early Help Assessment has been completed and further advice is needed with regard to the level and type of support to be provided for an individual/family, a request can be made to discuss the case/assessment with a practitioner from the Early Help Team based in New Town House (click into option 2 tick box). This request **must** form part of the initial Action Plan (see (8) on page 13 of this document): \_\_\_\_\_

## Action Plan

Action agreed and for which family member	Name and role of person who will carry out agreed action	Date by when agreed action has to be done	Effect of agreed action for this family member (e.g. behavioural change, parenting capacity)
Joe Blogs	A N Other Safeguarding Lead	31.07.2017	Request for case discussion.



Your completed Early Help Assessment must then be emailed to the Early Help Support Team (see page 17 of this document).

A case discussion will **not** be arranged automatically for you – please request this in your covering email when submitting your completed Early Help Assessment.

Your request will be acknowledged by one of the Early Help Support Officers and a copy of their email response will be sent to Margaret Rowland, who will arrange for the case discussion to take place.

The advice provided during the case discussion will be logged on our case management system (IYSS) and confirmed via email to the requestor.

## What you need to do next

### Outcome of Early Help Assessment (Please tick as appropriate)

**Please note, if at any time you feel that a child or young person has been harmed or abused or is at risk of harm or abuse, you must follow your local safeguarding children board (LSCB) procedures immediately.**

<b>Family can be supported through universal services or single agency targeted response.</b>	<input type="checkbox"/>
<b>Request a Case Discussion.</b> Please ensure this request is included in your Action Plan. When submitting your completed assessment to the Early Help Support Team (see below for team details), please ask for a Case Discussion in your covering email otherwise one will <b>not</b> be automatically arranged for you.	<input type="checkbox"/>
<b>Level 2 needs identified.</b> Single agency response. <b>OR</b> Arrange a Team Around the Family (TAF) Meeting.	<input type="checkbox"/> <input type="checkbox"/>
<b>Level 3 complex and multiple needs identified.</b> Arrange a Team Around the Family (TAF) Meeting. <b>OR</b> Complete a MARS form <b>or</b> contact the Early Help Front Door Team for further advice. <b>Tel: 01925 442309</b> <b>Email: <a href="mailto:earlyhelpfrontdoor@warrington.gcsx.gov.uk">earlyhelpfrontdoor@warrington.gcsx.gov.uk</a></b>	<input type="checkbox"/> <input type="checkbox"/>
<b>Safeguarding concerns have been identified/raised.</b> Contact to be made with Multi-Agency Safeguarding Hub (MASH) Team. <b>Tel: 01925 443400</b> <b>Email: <a href="mailto:childreferral@warrington.gcsx.gov.uk">childreferral@warrington.gcsx.gov.uk</a></b>	<input type="checkbox"/>

Where Level 2 needs have been identified, you can either provide support through a single agency (click into the **first** tick box in this section) \_\_\_\_\_

**OR**

you will need to arrange a Team Around the Family (TAF) meeting (click into **second** tick box in this section). \_\_\_\_\_



## What you need to do next

### Outcome of Early Help Assessment (Please tick as appropriate)

Please note, if at any time you feel that a child or young person has been harmed or abused or is at risk of harm or abuse, you must follow your local safeguarding children board (LSCB) procedures immediately.

<b>Family can be supported through universal services or single agency targeted response.</b>	<input type="checkbox"/>
<b>Request a Case Discussion.</b> Please ensure this request is included in your Action Plan. When submitting your completed assessment to the Early Help Support Team (see below for team details), please ask for a Case Discussion in your covering email otherwise one will <b>not</b> be automatically arranged for you.	<input type="checkbox"/>
<b>Level 2 needs identified.</b> Single agency response. <b>OR</b> Arrange a Team Around the Family (TAF) Meeting.	<input type="checkbox"/> <input type="checkbox"/>
<b>Level 3 complex and multiple needs identified.</b> Arrange a Team Around the Family (TAF) Meeting. <b>OR</b> Complete a MARS form <b>or</b> contact the Early Help Front Door Team for further advice. <b>Tel: 01925 442309</b> <b>Email: <a href="mailto:earlyhelpfrontdoor@warrington.gcsx.gov.uk">earlyhelpfrontdoor@warrington.gcsx.gov.uk</a></b>	<input type="checkbox"/> <input type="checkbox"/>
<b>Safeguarding concerns have been identified/raised.</b> Contact to be made with Multi-Agency Safeguarding Hub (MASH) Team. <b>Tel: 01925 443400</b> <b>Email: <a href="mailto:childreferral@warrington.gcsx.gov.uk">childreferral@warrington.gcsx.gov.uk</a></b>	<input type="checkbox"/>

Where Level 3 complex and multiple needs have been identified, you can either arrange a Team Around the Family (TAF) meeting (click into the **first** tick box in this section)

**OR**

you can complete a MARS (Multi-Agency Request for Services) form or contact the Early Help Front Door Team for further advice (click into the **second** tick box in this section).

If any safeguarding concerns have been identified/raised, you must contact the MASH Team – click into option 5 tick box.

### (b) Submitting the completed assessment

Please email your completed assessment to the Early Help Support Team to one of the addresses given in this section of the document.

### Submitting your completed assessment

Please email your completed assessment to the Early Help Support Team at:

[earlyhelpsupport@warrington.gcsx.gov.uk](mailto:earlyhelpsupport@warrington.gcsx.gov.uk) or [caf.team@nhs.net](mailto:caf.team@nhs.net)

**Please remember to type your assessment.**

### (c) Reviewing the assessment

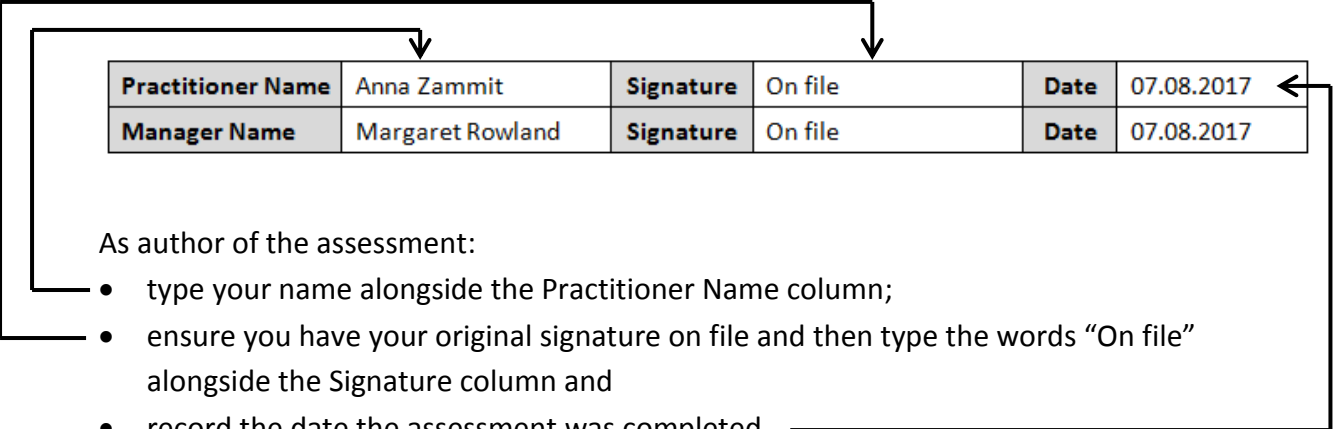
Please remember to agree a date with the individual/family when this assessment is to be reviewed, following the timescales recommended in this section of the document.

## Reviewing this assessment

- This assessment should be reviewed every 4 to 8 weeks using the Early Help Review/Closure Plan. The Early Help Support Team will track progress and contact you at appropriate intervals.
- Completed plans should be emailed to the Early Help Support Team (as detailed above).

### (d) Signing the assessment

Please remember to sign and date your completed assessment **BEFORE** emailing it to the Early Help Support Team (see (b), page 17).



<b>Practitioner Name</b>	Anna Zammit	<b>Signature</b>	On file	<b>Date</b>	07.08.2017
<b>Manager Name</b>	Margaret Rowland	<b>Signature</b>	On file	<b>Date</b>	07.08.2017

As author of the assessment:

- type your name alongside the Practitioner Name column;
- ensure you have your original signature on file and then type the words "On file" alongside the Signature column and
- record the date the assessment was completed.

Where assessments require manager approval prior to submission, please record Manager name, Signature and Date as for the author (above). **Please note that the manager approval date can vary, i.e. it can be a later date than when the assessment was completed.**

**If you require any further help in completing this assessment, please speak with your immediate line manager and/or contact the Early Help Support Team on**

**01925 443136**

**or at**

**[earlyhelpsupport@warrington.gov.uk](mailto:earlyhelpsupport@warrington.gov.uk)**