

“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 Services, Right Time

This assessment of the needs and worries of families should be in line with advice and guidance from the Birmingham Safeguarding Children’s Board, [Right Service, Right Time Framework](#). 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 from the **Early Help Support Team**

The **My Care in Birmingham** 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. Click [here](#) to visit the **My Care in Birmingham** website

Three key principles for consent and information sharing

1. In every case we are committed to gaining the informed consent of children and/or parents when we wish to share confidential/ personal information
2. We will respect the wishes of those who do not give consent, except where safety may be at risk or when it is inappropriate to seek their agreement

Have you gained consent from the family to share information and request this support

Choose an item.

If you have not gained consent, please tell us why

[Click here to enter text.](#)

3. In each case of information sharing, we will record: the necessity, proportionality, relevance, adequacy, accuracy, timeliness and security of the information shared. We will take reasonable steps to obtain consent, and if it is not given, we will record why we believe safety may be at risk, or why it was inappropriate to seek their agreement

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.
Other children or Young People you are aware of in the household									

1	School Life - Education - Training	UPN		Att %	
What is going well					
What is our family good at, what strengths can we build on					
Child / Young Person					
Parent / Carer					
Professional					
What are we worried about					No known concerns in this area <input type="checkbox"/>
What has happened or are we concerned about					
Child / Young Person					
Parent / Carer					
Professional					
What needs to happen					
What needs to happen for our worries to be resolved					
Child / Young Person					
Parent / Carer					
Professional					

2	Health and Emotional Wellbeing				
What is going well					
What is our family good at, what strengths can we build on					
Child / Young Person					
Parent / Carer					
Professional					
What are we worried about					No known concerns in this area <input type="checkbox"/>
What has happened or are we concerned about					
Child / Young Person					
Parent / Carer					
Professional					
What needs to happen					
What needs to happen for our worries to be resolved					
Child / Young Person					
Parent / Carer					
Professional					

3	Home Life and Relationships				
What is going well					
What is our family good at, what strengths can we build on					
Child / Young Person					
Parent / Carer					
Professional					
What are we worried about					No known concerns in this area <input type="checkbox"/>
What has happened or are we concerned about					
Child / Young Person					
Parent / Carer					
Professional					
What needs to happen					
What needs to happen for our worries to be resolved					
Child / Young Person					
Parent / Carer					
Professional					

4		Work Life - Financial - Housing	
What is going well			
What is our family good at, what strengths can we build on			
Child / Young Person			
Parent / Carer			
Professional			
What are we worried about			No known concerns in this area <input type="checkbox"/>
What has happened or are we concerned about			
Child / Young Person			
Parent / Carer			
Professional			
What needs to happen			
What needs to happen for our worries to be resolved			
Child / Young Person			
Parent / Carer			
Professional			

5		Affected by Crime or Anti-Social Behaviour	
What is going well			
What is our family good at, what strengths can we build on			
Child / Young Person			
Parent / Carer			
Professional			
What are we worried about			No known concerns in this area <input type="checkbox"/>
What has happened or are we concerned about			
Child / Young Person			
Parent / Carer			
Professional			
What needs to happen			
What needs to happen for our worries to be resolved			
Child / Young Person			
Parent / Carer			
Professional			

6		Domestic Violence and Abuse	
What is going well			
What is our family good at, what strengths can we build on			
Child / Young Person			
Parent / Carer			
Professional			
What are we worried about			No known concerns in this area <input type="checkbox"/>
What has happened or are we concerned about			
Child / Young Person			
Parent / Carer			
Professional			
What needs to happen			
What needs to happen for our worries to be resolved			
Child / Young Person			
Parent / Carer			
Professional			

ANALYSIS and REFLECTIONS

What does this assessment tell you	
What needs to change, improve or strengthen	
Child / Young Person	
Parent / Carer	
Professional	
What difference would this make - How will this help us	
Child / Young Person	
Parent / Carer	
Professional	

NEXT STEPS

What is recommended following this assessment (Right Service, Right Time Guidance / help with effective support)	
Single Agency Referral (provide details of required intervention)	
Initiate "Our Family Plan" (Who has been identified that will undertake a Family Plan)	
Early Help Panel Attendance (if recommended, please state why)	
Level of need requires a request for support (ie for Think Family or statutory intervention)	

I have read and agree with this assessment (family signatures)		
Name	Signature	Date

Professional / Family Worker completing this assessment		
Name	Signature	Date

Manager's Oversight		
Managers Comments		
Name	Signature	Date

When complete please send this to Early Help Support Team - ehst@birmingham.gov.uk
 If you have access to a secure email account, please use - secure.ehst@birmingham.gcsx.gov.uk

Domestic Violence and Abuse	
How are we doing 0-10	
Child / Children	
Parent / Carer	
Professional	

Health and Emotional Wellbeing	
How are we doing 0-10	
Child / Children	
Parent / Carer	
Professional	

Work life, Financial and Housing	
How are we doing 0-10	
Child / Children	
Parent / Carer	
Professional	

Home and Life Relationships	
How are we doing 0-10	
Child / Children	
Parent / Carer	
Professional	

School Life, Education, Training	
How are we doing 0-10	
Child / Children	
Parent / Carer	
Professional	

Affected by Crime or ASB	
How are we doing 0-10	
Child / Children	
Parent / Carer	
Professional	

