



Manchester's Early Help Assessment

A signs of strength record

The Early Help Assessment

Early help is about having a good quality conversation with a child, young person or family about different aspects of life such as home, work, school/college, social/community and health and well being. The focus is on what's working well and what can be done if things need to improve. These quality conversations need to happen as early as possible. Use this form to record the detail of your conversation and to help you to start plan for the future. Once completed, please return to eha@manchester.gov.uk or eha@manchester.gcsx.gov.uk if you are using a secure email address.

The Agreement

I am happy to participate in an early help assessment. I understand that the information I give will be used to help me plan things. I understand that my information will be stored safely as per the Data Protection Act 1998. I give my permission for this information to be shared with other professionals to plan what is needed. I understand that where there is an immediate risk of harm, the practitioner will follow the MSCB safeguarding reporting procedures.

Signed:
Date:

Print Name:

As a practitioner, I agree to help you make plans to get things working well. This means I will do the following things;

- Provide you with a guide about working with us
- Help you to record what is working well and what could be better
- Provide support from my agency
- Explain and if needed organise a meeting called a 'Team Around the Family Meeting'
- Help you to use Help and Support Manchester (Manchester.gov.uk/helpandsupportmanchester)
- Request specialist support if needed
- Use the Early Help Hubs for advice
- Explain the safeguarding procedures

Signed:
Date:

Print Name:

Agency:

Contact Number:

Email:

Basic Details – Child or Young Person

Surname		First Name	
Address			
Date of Birth		Ethnicity	
Gender		Disability?	
Is the child a young carer*?			
EHC Plan in place?			
School Details			

*A Carer is somebody who provides unpaid regular and substantial support for a relative, friend or neighbour who may be ill, frail or disabled, or have mental health or substance misuse problems. Please ensure you capture details of anyone who is a carer

Basic Details – Parent/Carer/Key Adult

Surname		First Name	
Address (including postcode)			
Telephone Number			
Other people we can contact?			
Date of Birth		Ethnicity	
Gender		Relationship to the child	
Are you a Carer*?			
If yes, who for?			
In Employment &/or Training?			
GP Details			

Other People at this address – Overview of Family Household

*Use extra sheets if
required

	First Name	Surname	D.O.B.	Ethnicity	Family Overview
1					
2					
3					
4					
5					
6					
7					

Details of other parent / carer if not living at this address

Name

Address

Also include details of other significant people connected to this family who are important in providing a network of support:

Services / Professionals currently working with this family

*Use extra sheets if
required

Name of Service	Worker name / Job Title	Contact Details	Family member being supported?

Parent / Carer/ Child / Young Person Name:

NHS No











URN

What could be better and why? Think about what's important to you and your family This is where we record your worries & our worries. Everyone deserves to be happy: what could be better that would make you happy?	What's working well? This is where you record the good stuff! What makes you happy? Think about what you're good at; your successes. Who makes up your support networks?	Score 1 - 10	What needs to happen? Actions and who. What's important for the family? What are your goals? What does success look like? If you wanted to make changes, and knew you wouldn't fail, what would you start doing? How ready are you for change?
Home			
Work			
School/College			
Social/Community			
Health and Wellbeing			

Review date

Closure date

On a scale of 1-10, where ten is the best the situation could be, where do we rate each aspect? Use the key to score each area

Key	How well are things going? (1 to 10)	 1	 2	 3	 4	 5	 6	 7	 8	 9	 10
------------	---	---	---	---	---	---	---	---	---	---	--



