

Early support assessment

Section 1: The child

Surname

First name

Due date or
actual DOB

Gender

Ethnicity

Primary
language

Primary
address

Contact
number

Email

Section 2: Parent or carers details

Surname

First name

Actual DOB

Gender

Ethnicity

Primary
language

Primary
address

Contact
number

Email

Parental
responsibility?

Yes

No

Surname

First name

Actual DOB

Gender

Ethnicity

Primary
language

Primary
address

Contact
number

Email

Parental
responsibility?

Yes

No

Has somebody with parental responsibility
for the child/young person given consent
to contact being made with other agencies?

Yes

No

Section 3: Family information

Current familial relationships

	Full name (first and surname)	Age	Relationship
Other household members (Including siblings) living in the home.			

	Full name (first and surname)	Age	Relationship
Those living elsewhere who are involved with the child/ children.			

Section 4: Referrer details

Current familial relationships

Name		Are there any other existing assessments currently in place?	<input type="checkbox"/> My Support Plan <input type="checkbox"/> EHCP <input type="checkbox"/> SEN Pupil <input type="checkbox"/> Looked after child <input type="checkbox"/> Young Carers <input type="checkbox"/> Behavior Support <input type="checkbox"/> Education Welfare Officer <input type="checkbox"/> Pupil Premium <input type="checkbox"/> Other
Position		Is this a step down from social care?	
Telephone			
Organisation			
Email			

Section 5: Early Support Assessment

Data assessment started

Has there been any previous support in place?

Episode date	End date	Lead professional

Other information

Reason for assessment:

Is anyone in the household considered a carer and eligible for a carer's assessment?		Are they a military family? If yes, please provide further details if known.	
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Section 6: Assessment - child/young person/family

Take time to reflect before you complete this assessment

Prepare yourself to be in the best position to complete this assessment. Take time to consider:

- Are you emotionally available?
- Are you present and able to listen fully?
- Are you able to remain calm in the situation?
- Is your body language positive and non-judgmental?

If not, this may not be the best time to complete the assessment

Working in this way supports building trust, helps family to be able to talk about their experience and will help you and the family you're working with to have the most effective conversation.

Consider key contextual factors that may affect the child and family situation when completing this assessment. (these can include strengths as well as vulnerabilities)

Health and Wellbeing

Emotional and mental health
Long term health condition
Complex health needs

Wider social factors
Domestic abuse

Food poverty
Housing conditions
Social isolation
Substance misuse
Neglect
Relationships – family / peer

Learning

Education
Child development
Contextual safeguarding / exploitations

Why is support needed now? And what will be the impact on the family or child if the support is not provided at this time?

What are the family/young person's strengths and protective factors?

Are there any risk factors or vulnerabilities identified within the family, the children's circumstances, or the environment? If yes, please give details.

Are there any perceived barriers to working with the family/young person or safety risks?

Section 7: Summary

Child/Young Person's Wishes and Feelings

**Parent/Careers
wishes and feelings**

**Overall Analysis:
Conclusion and
recommendation**

Section 8: Outcomes

Outcomes

- ESA to be registered
 - TAC/F to be convened. Agreed date of first TAF _____
 - Lead professional: _____
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IMPORTANT Consent for the Early Support Assessment for:

Name of Child/Young person:

DOB:

We need consent to be able to work with other professionals to offer the best help possible. Please read this page and sign below if you are happy for us to share the information in this ESA with other professionals in order to coordinate support.

Data Protection

Wiltshire Council is a data controller under the Data Protection Act 1998 and will comply with the requirements of the Act at all times. We will ensure that your information is treated in confidence and used only for the purpose of supporting you and your family through the Early Support Assessment (ESA) process.

Consent statement

I have read the contents of this Early Support form (which includes the TAC Delivery Plan and ESA Review Form [if completed]) and understand information may be shared between different professionals working with my family in connection with this early help process. Such professionals may include, amongst others, teachers, nurses, therapists, psychologists, youth workers, social workers, education support services, integrated youth services, community health services, early years services, voluntary sector, police, army welfare, bordering local authorities and lead professionals in other counties as appropriate (you can note any exceptions below).

Giving your consent

I have read and understood the consent statement above.

I am aware of and understand the reasons for this Early Support Assessment.

I/we have given consent to this Early Support Assessment and also give consent for it to be registered & shared (including with lead professionals in other local authority areas as appropriate).

Parent/carer:

Signature:

Date:

Parent/carer:

Signature:

Date:

Child or young person:

Signature:

Date:

Exceptions

Please state any services or agencies you do not wish to share information with and give supporting reasons.

Child or young person:

Parent/carer:

For the professional completing and registering this form:

I confirm the original copy of this Early Support Assessment form has been given to the child young person and/or

I confirm the original copy of this Early Support Assessment form has been given to the parent(s)/carer(s).

Name:

Signature:

Date: