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| **Assessment start date:** | **Assessment completion date:**  | **Review/TACF date:** |
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| **Name, role and contact details of Person completing assessment(person who will co-ordinate single agency response or arrange 1st Team Around the Child Meeting)** **Lead practitioner to be decided at the first TACF.**  |
| **Name:** |  |
| **Role:** |  |
| **Contact Details:** |  |

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| **Family address:** |  |

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| **People who are important to your child** **– consider using Genogram tool**  |
| **Details of all children in the household aged under 18**  |
| **First name(s)** | **Surname** | **Date of birth** | **Ethnicity** | **Gender** | **SEN, disability or communication need** | **School/Education provider** |
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| **Details of Parents/Carers**  |
| **First name(s)** | **Surname** | **Date of birth** | **Ethnicity** | **Gender** | **SEN, disability or communication need** | **Relationship to children** | **Contact number** | **Address if different to child**  |
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| **Details of extended family and connected people (the people important to my child)** |
| **First name(s)** | **Surname** | **Date of birth** | **Ethnicity** | **Gender** | **SEN, disability or communication need** | **Relationship to children** | **Contact number** | **Address if different to child**  |
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| **Who makes up your support networks?****Key Agencies and Practitioners** **currently involved/working with me:** |
| **Name and job role** | **Agency** | **Contact number/email address** | **Consent of Parent/Carer to contact? Yes/No** | **Approx. date of last contact with the child(ren)/family** | **Details of any active support being provided i.e. visiting home/ weekly meetings / group work / counselling** |
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| **Who makes up your support networks?****Anyone else in the family or connected people who could help and support? Are they able to be part of a team around the child and family or provide support? Able to be contacted about a family meeting or family group conference.**  |
| **Name of family member or connected person**  | **Help and support being provided**  | **Contact number/email address** | **Consent Parent/Carer to contact? Yes/No** |
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| **How can we work together to look at support in your local community? What are we worried about? What needs to change? What support would make a difference and how?’****You can use this tool to help explain how you are feeling. So that we can look at priorities.**  |
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| **My Child and Family Early Help Assessment and Support Plan.****Do I need support from the person completing this assessment? Do I need a Team of people to help? (In York this is called a Team around the Child and Family who can meet together with you)** **For each of the below sections Think Child’s voice and Think Family** |
| **What could be better and why?****This is where we record your worries and our worries.**  | **What’s working well?****This is where you record the positives and the strengths. Think about your successes.**  | **Score****1 - 5** | **What needs to happen? The Plan.****What are your goals? Actions and needs to be set to help you and your family achieve them.** |
| **Home/environment/facilities** Do you feel that you have safe, secure and suitable housing for the whole family?  | **Home/environment/facilities**  |  | **Home/environment/facilities**  |
| **Work/income/finances/provision for basics including food clothing toys, books etc.** Do you have any worries about finances/ employment/ household outgoings? Do you need any support with this? | **Work/income/finances/provision for basics including food clothing toys, books etc.**  |  | **Work/income/finances/provision for basics including food clothing toys, books etc.**  |

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| **School/College/Learning** Do you have any concerns about education – attendance/ learning support/ SEND?For under 5’s – do you have any concerns around your child’s development?Are there any 16/17 year olds in your family not accessing education, training or employment – do they need further support? | **School/College/Learning**  |  | **School/College/Learning**  |
| **Family /Social /Community**Are there any concerns around crime or anti-social behaviour?Does anyone have caring responsibilities and need help?Is conflict/ arguments an issue at home?Do you have access to any community activities? | **Family /Social /Community** |  | **Family /Social /Community** |
| **Health and Wellbeing including emotional wellbeing, behaviour and mental health** Is anyone in the family experiencing difficulties with their mental health/ emotional wellbeing. Is any additional support needed? | **Health and Wellbeing including emotional wellbeing, behaviour and mental health**  |  | **Health and Wellbeing including emotional wellbeing, behaviour and mental health**  |
| **Support and help for, Domestic abuse, the impact of alcohol and substance misuse or other vulnerabilities.** Does anyone within the family need support with any of these issues? Are you worried about domestic abuse? | **Support and help for, Domestic abuse, the impact of alcohol and substance misuse or other vulnerabilities.**  |  | **Support and help for, Domestic abuse, the impact of alcohol and substance misuse or other vulnerabilities.**  |

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| **For use only in the event that this assessment becomes a referral to the Targeted Intervention Service and requires submission to the Multi-Agency Safeguarding Hub (MASH). Completed assessments are to be submitted to earlyhelp@york.gov.uk**If using this assessment to refer to the Targeted Intervention Service, all information contained in the assessment must be up to date (reviewed in the last 2 weeks with the child and their family). **For all Early Help Assessment referrals, consent should always be sought from an adult with parental responsibility for the child** (or from the child themselves if they are competent) before submitting to MASH.   |
| **Why does this family require intervention from Children & Families Service?** |  |
| **How has consent been obtained?** | [ ]  Verbal | Date consent obtained:       |
| [ ]  Written |
| **Have you informed the parent/carer about the reason for this referral?** | [ ]  Yes [ ]  No | If yes, what is their view of the referral:       |
| **Who has consent been obtained from?** | [ ]  Parent | [ ]  Person with parental responsibility | [ ]  Child themselves |

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| **Date and time of the next meeting or the first Team Around the Child/Family meeting** |  | To be held at: |  |

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| **Consider any vulnerabilities. The vulnerabilities may include Special Educational Needs and Disability (SEND), mental health concerns Child Exploitation (Use screening tool if any concerns:** [**https://www.saferchildrenyork.org.uk/tools.htm**](https://www.saferchildrenyork.org.uk/tools.htm)**), going missing from home, substance/alcohol misuse. Is the child privately fostered (**[**https://www.saferchildrenyork.org.uk/private-fostering-3.htm**](https://www.saferchildrenyork.org.uk/private-fostering-3.htm)**)?**  |
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**Once you have completed this assessment to ensure there is only ever one assessment in place it is important that you share this with the Supporting Families Team by emailing:** **supportingfamilies@york.gov.uk**

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| You can view the full privacy notice online at: [**https://www.york.gov.uk/privacy/EarlyHelp**](https://www.york.gov.uk/privacy/EarlyHelp)The Privacy Notice explains:* When we collect your information;
* How we will use the information about you and your family;
* When we will share your information, with who and why we do this.

**Why is information being collected?**Your information is collected when you consent to you and your family receiving early help support from agencies. By agencies, we mean schools, childcare, health services, police, and voluntary/charity organisations, and the City of York Council. The support you receive will include assessment of early help need, targeted support based on the need within your family and signposting to other relevant support that may help you.[ ]  Please tick this box to give your consent to your information being used as explained in the privacy noticeWhen your support from the City of York Council and/or partner agencies comes to an end, you will be asked for feedback about the service.[ ]  Please tick this box to give your consent to being contacted for your feedback about the early help support you and your family will have received.  |