**Family Early Help Assessment**

|  |
| --- |
| Please read the **Guide to Completing an Early Help Assessment** which can help you with the completion of this tool.  |

|  |  |
| --- | --- |
| **Assessment start date:** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Details of worker completing assessment:** | Name: |  | Role: |  |
| Agency: |  | Contact details: |  |

|  |
| --- |
| **1: Your household** |
| **Family address:** |  |

|  |
| --- |
| Details of all **children** in the household: |
| First name(s) | Surname | Date of Birth/ Estimated Due Date | Ethnicity | Gender | SEN, disability or communication need | School/ education provider |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

|  |
| --- |
| Details of **adult household members**: |
| First name(s) | Surname | Date of birth | Ethnicity | Gender | SEN, disability or communication need | Relationship to children | Contact number |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

|  |
| --- |
| **2: Your support network** |

|  |
| --- |
| Details of **family and connected people** who are important to you and your family**:** |
| Full name | Date of birth | Help and support they provide: | Relationship to family | Contact details |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |
| --- |
| **Other agencies and practitioners** currently involved with your family. Eg. school, health services. |
| Name and job role | Agency | Contact number/ email address | Details of any active support being provided eg. Visiting home, weekly meetings, group work, counselling |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |
| --- |
| **3: Reason for assessment –** *Why is an early help assessment being completed?* |
|  |

|  |
| --- |
| **4: Family Wellbeing Tool - Consider the whole family and all views when completing this section.** |
|  | **What could be better? What are you/workers worried about?** | **What is going well? What support is currently in place?** | **What would you and/or workers like to see happen to make things better?** |
| Education, including SEN, attendance and behaviour |  |  |  |
| Child / young person’s development |  |  |  |
| Emotional and physical health  |  |  |  |
| Family relationships and parenting |  |  |  |
| Substance misuse |  |  |  |
| Worries and risks (eg. abuse, exploitation, missing from home)  |  |  |  |
| Crime (involvement or affected by crime)  |  |  |  |
| Housing and community |  |  |  |
| Finances and employment |  |  |  |

|  |
| --- |
| **Family Wellbeing Scale -** Overall, how would the family score their circumstances and their wellbeing?Things are: **Very difficult Not Ok OK Good Great**  Difficult   |
|  | **0** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** |  |
| **Why has this score been given?**  |

|  |
| --- |
| **5: Family plan**Where you have noted things you are worried about or things that could be better, use this plan with your worker to set goals for you and your family. |
| **What are our goals?** | **How will we do this?** | **Who will do this?** | **By when?** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |
| --- |
| **6: Additional views and comments**Please note any additional views or comments that the family would like recording |
|  |

|  |
| --- |
| **7: Next steps/outcome** |
|[ ]  Team Around the Child and Family will be arranged | **Lead practitioner:** | **Date of TACF if scheduled:** |
|[ ]  Single agency support will be provided, Team Around the Child and Family not needed | **Name of agency:** |
|[ ]  Family needs met by universal services, Team Around the Child and Family not needed |
|[ ]  Referral to be made for Targeted Early Help - *Send this Early Help Assessment document and any Team Around the Child and Family reviews to* *mash@york.gov.uk* *alongside clear details (in section 9 of this form) of what extra support is required that cannot be achieved by the current involved services and agencies.* ***If section 9 is not completed, the referral will not be accepted.*** *If you are unsure, please contact* *supportingfamilies@york.gov.uk* *for advice and guidance.* |
|[ ]  Other, please specify: |

|  |
| --- |
| **8: Agreement**  |
| You can view our full privacy notice online at: [**https://www.york.gov.uk/privacy/EarlyHelp**](https://www.york.gov.uk/privacy/EarlyHelp)**.**It explains what we will do with your and your family’s information when you receive early help support.

|  |
| --- |
|[ ]  Please tick the box to confirm you have read and understood the privacy notice  |
|[ ]  Please tick the box to indicate if the privacy notice has been explained to you |
|[ ]  Please tick the box if you consent to be contacted to provide feedback on the service you and your family have received |
|[ ]  Please tick the box to confirm you agree for a referral to be made for support from the Targeted Intervention Service |
| Parent/carer name | Signature  | Date  |
|  |  |  |
|  |  |  |
|  |  |  |  |

 |

|  |
| --- |
| **9: For Targeted Intervention Service referrals – *if this section is not completed, the referral will not be accepted*** |
| **Why does this family require support from the Targeted Intervention Service?** |  |
| **What specific support is being requested?** |  |
| **Why do existing agencies and services feel unable to support the family’s current needs?** |  |
| **What are you worried about, for this family/child/young person, if additional support is not put in place?** |  |

**Please send completed early help assessments to** **supportingfamilies@york.gov.uk**

**If you are also using this form to refer for targeted intervention, please send to** **mash@york.gov.uk**