**Early Help Assessment**

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| **This early help assessment is a voluntary process and should always be completed with the child, young person and family. Ensure signed consent has been obtained.** | | **Information sharing discussed with family (see page 3)** | **Yes** |
|  | | | |
| **We started this assessment on:** |  | **We completed this assessment on:** |  |

**Who's in our family?**

Please record details of **who's in our family, who's living with us and who plays a part in our lives.**  If unborn, state name as unborn baby and mother’s name, e.g. unborn baby of Ann Smith and record expected date of delivery.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name** | **Surname** | **Gender**  **M/F/U** | **DOB/EDD** | **Relationship** | **Parental responsibility**  **Y/N** | **Living at the family address provided below**  **Y/N** | **Language** | **Ethnicity** | **Religion** | **Disability** | **Interpreter required Y/N** |
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**Family contact details**

|  |  |
| --- | --- |
| **House Name/No** |  |
| **Street** |  |
| **City** |  |
| **Postcode** |  |
| **Telephone No.** |  |
| **Mobile No** |  |
| **Email** |  |

**Who is undertaking this assessment with our family?**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name & surname** | **Organisation** | **Phone** | **Email** |
|  |  |  |  |

**Who else is working with our family?** Please consider all universal services and any additional services working with adults or children

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| --- | --- | --- |
| **Organisation** | **Services** | **Name & Contact details** |
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**Useful information to know when working with our family?**

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**Your family's consent and privacy**

We would like to contact other agencies so we can gather information for the purposes of completing the Early Help Assessment. This information will include contact with agencies, immunisations, disability, any drug or alcohol misuse, any mental health issues.

We will be asking those agencies for information about the adults and children in your family.

Please tell us below whether you are happy for us to contact these agencies. You can withdraw your consent at time by informing your social worker.

**Consent**

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| **I Consent to the Early Help Assessment (PLEASE TICK)**  I consent to the Torbay Early Help Assessment being undertaken and confirm I have parental responsibility for the child or children in this assessment.I understand that I may withdraw from this process at any time. I /we agree to information being shared about me/us and my/our family with the Council's partner organisations in order to provide me/us and my/our family with Early Help Services and Support. |

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| --- | --- | --- |
| **Name of parent/carer** | **Signature** | **Date** |
|  |  |  |
|  |  |  |
| **Name of family member** (Including children and Young People) | **Signature** | **Date** |
|  |  |  |
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|  |  |  |
| **Name of professional** | **Signature** | **Date** |
|  |  |  |

Is there anyone else who has parental responsibility for this child/ren and needs to be informed of this assessment process?

Yes  No

If yes, please give details:

Name:

Address:

Phone/Email:

**Family Genogram**

Please draw the family genogram below including all children, parents and any unborn children:

**My family and important people to me**

Unborn

Key:

Male

|  |
| --- |
| **Our family story** - what has happened in the past and what is happening now? |
|  |



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| --- | --- | --- | --- |
| **What are you worried about and why?** | | | |
|  | | | |
| **What is going well for your family?** | | | |
| I feel happy when….  I am proud of…because…  What support would help to address my worries and concerns?  On the scale below, how concerned are you about your current difficulties:   |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |  |  |  |  |  |  |  |  |  |  |   What will be the hardest thing for me in making changes? | | | |
| **Observations/behaviours of child/young person (particularly if aged between 0-5 years):**  **Voice and views of the child/young person (include the views of all children in the family)**: | | | |
| These people are important to me…  Me and my family need to make the following changes to make things right: | | | |
| **School and Early Years achievements** | | | | |
| Current School Name (provided on contact) | | |  | |
| All Educational Establishments | |  | | |
| **Child's school attendance** | | | | |
| School attendance last year | | |  | |
| School Attendance this year | | |  | |
| **Educational achievement** | | | | |
| **Date of Assessments (EHCP etc):**  **24 months ago**  **12 months ago**  **Now** | | | | |
| Is there evidence of child exploitation? | | |  |  |
| Any relevant supporting documentation received and where this can be found. | | |  |  |

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| Recommended Outcome of assessment (next steps): |
| 1. Single Agency Referral 2. Early Help Plan and TAF 3. Present to Early Help Panel 4. No further role for Early help |

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| Name of Practitioner completing assessment |  |
| Signature: |  |
| Name of Practitioner’s Manager |  |
| Signature: |  |

**Once completed, this assessment must be sent to**

The Duty Assistant team Manager

The Early Help Service,

Torbay Children’s Services

MASH Referrals (Torbay.Safeguarding@torbay.gov.uk)