**Early Help Assessment for Children, Young People & Families**

This Assessment should always be completed with the Child, Young Person and Family.

**If you become concerned that a child/young person is at risk of significant harm, the Telford & Wrekin Safeguarding Children Board (TWSCB) Multi-agency child protection procedures must be followed. They can be accessed here:**

<http://www.telfordsafeguardingboard.org.uk/lscb/info/13/i_work_with_children_young_people_and_parents/20/policies_procedures_and_guidance>

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| **SECTION 1 – About the person completing the assessment** |
| **Start Date of Assessment** |  |
| **Details of Person Completing the Assessment** |
| **Name** |  |
| **Role** |  |
| **Agency** |  |
| **Address** |  |
| **Email address** |  |
| **Telephone Numbers** |  |
| **Who is the Lead Professional?** |  |
| **Locality** |  |

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| **SECTION 2 – About the family living in the family home** |
| **Family Surname (s)** |  |
| **Family Address (including Post Code)** |  |
| **Housing Provider (Name of Landlord)** |  |
| **Telephone Number(s)** |  |
| **Religion** |   |
| **Ethnicity** |  |
| **Nationality** |  |
| **First Language** |  |
| **Details of any disability in the family** |  |
| **Do any of the children have a caring responsibility?** | Yes No  |
| **Is the child privately fostered? (if yes please provide details)** |  |

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| **2.1 Details of each family member or significant people living in the family home** |
| **First Name(s)** | **Surname** | **Religion** **Pick list**  | **Ethnicity****Pick list**  | **Previous names or aka** | **Relationship****Pick list**  | **Date of Birth or Estimated Date of Delivery (if unborn)** | **Education, Employment or Training (pick list, ‘employed’, ‘in training/education’ – if selected detail name of school/college/nursery** |
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| **2.2 Details of any significant people not living in the family home** |
| **First Name(s)** | **Surname**  | **Religion** | **Ethnicity** | **Date of Birth** | **Relationship**  | **Address** |
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| **SECTION 3 – Professional Involvement – other agencies and/or professionals currently involved with the family and whether they have contributed to the assessment.**  |
| **Agency/Professional Name** | **Address and Telephone Number** | **Who are they supporting in the family** | **Contributed to this Assessment****Yes/No** |
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| **SECTION 4 – Family Circle Scoring Matrix Scores of below 7 indicate an area of need or concern only score below 7 where needs or concerns have been identified****The family circle will be reviewed every 8 weeks in line with the Early Help support plan. Following discussion around the Family Circle,** **please enter the scores for each area in the matrix below:** |

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| **Practitioner Comments:**  |   |  |
| **Parent Comments:** |   |  |
| **Other Comments:**  |   |  |
| **Date Completed**  |   |  |  | **Other relevant information:**  |  |
| **Measure** | **Practitioner** | **Parent/Carer** | **Family Member (state name)** | **Family Member (state name)** | **Family Member (state name)** | **Supporting Evidence**  |  |
| Housing |  |  |  |  |  |  |  |
| Financial Situation |  |  |  |  |  |  |  |
| Youth Crime and ASB |  |  |  |  |  |  |  |
| Adult Crime and ASB  |   |   |   |   |   |   |  |
| Drugs and Alcohol (CYP) |   |   |   |   |   |   |  |
| Drugs and Alcohol (adults) |  |  |  |  |  |  If you score below 7 in this criteria, please state if the concern is drugs, alcohol or both. |  |
| Mental and Emotional Health (CYP) |   |   |   |   |   |   |  |
| Mental and Emotional Health (Adult) |  |  |  |  |  |   |  |
| Physical Health (Adult) |   |   |   |   |   |   |  |
| Physical Health (CYP)  |   |   |   |   |   |   |  |
| School Attendance |   |   |   |   |   | Please list attendance % for last 3 full terms for each child |  |
| Education, Employment, Training |  |  |  |  |  |   |  |
| Community and Positive Activities |   |   |   |   |   |   |  |
| Personal Relationships |   |   |   |   |   |   |  |
| Family Relationships |  |  |  |  |  |   |  |
| Relationship with Support Services |   |   |   |   |   |   |  |
| Domestic Abuse |   |   |   |   |   |   |  |
| Ensuring Safety |   |   |   |   |   |   |  |
| Parenting |   |   |   |   |   |   |  |
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| **How many hours have you spent supporting this family since the last Family Circle?**  |  |

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**Key**

**1 At crisis point, immediate support required in order to prevent crisis intervention. Not engaged with services (formal action may have started)**

**2 Immediate concerns still present but family beginning to engage with services.**

**3 Immediate concerns ongoing but family are engaging and starting to recognise the need for improvement.**

**4 Family are working well to resolve the issues, though concerns are still present.**

**5 Family have engaged with services in a meaningful way, improvements are being made.**

**6 Family have made significant improvements with ongoing support from services.**

**7 Issues may still be occurring, but family are able to recognise and resolve as they arise with reduced support from services.**

**8 Family needs are met and may need low level support.**

**9 Family are able to resolve issues on their own via signposting and accessing universal services where appropriate.**

**10 Family needs are met, there are no current concerns. Family able to identify their own issues and resolve or seek help (universal services).**

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| **SECTION 5 - Tell us what has led to this assessment.**  |
| **What are you worried about?** Harm/Worries – *Past and present harm which has occurred.* *On-going issues which are causing the different members of the family to not meet their potential.* | **Parent/Carer**  |
| **Child/Young person** |
| **Agency**  |
| **Complicating factors** *(including any previous involvements)*:*What is making this problem harder to deal with? What are the behaviours which increase the worry? What don’t we know?*  | **Parent/Carer**  |
| **Child/Young person** |
| **Agency**  |
| **How does the family manage worries and concerns?***What helps the child or family manage, overcome or avoid the worry?* | **Parent/Carer**  |
| **Child/Young person** |
| **Agency**  |
| **What is working well - Existing strengths***What are the best things about the parents and the care of the children? Who supports/help the parents and children?* | **Parent/Carer**  |
| **Child/Young person** |
| **Agency**  |
| **Community Support Network**What local facilities do you use? *I.e., schools, day nurseries, sports, play and Leisure centres, libraries etc.* | **Parent/Carer**  |
| **Child/Young person** |
| **Agency**  |

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| **SECTION 6 – Analysis of Needs and Risk – What is your analysis?** Consider all strengths, unmet and complex needs and risk associated to needs that are not being met. |
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**Early Help Assessment Support Plan**

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| **SECTION 7 – What needs to happen next** (Note: Focus on the Worry Statements and Risks that need support ie. Domestic Abuse, Neglect, Health issues, School attendance etc..) |
| **What needs to happen inthe family’s and agency’s view** | **Agreed Actions** | **Outcome** | **By whom and when** |
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**Threshold Guidance Level of Need – Please tick the appropriate box to indicate the level of need**

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| **Universal** |  | **Vulnerable**  |  | **Complex** |  | **Acute** |  |

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| **SECTION 8. – Outcome of Assessment**  |
| **What is the outcome of this assessment?**  | [ ]  Move to plan (single agency response) [ ]  Move to plan (multi-agency repose) [ ]  Closed, NFA |
| **Date Involvement Ended** |  |
| **Date of First Early Help Support Plan Meeting** |  |
| **Name of Lead Professional completing the meeting** |  |
| **Family Informed**  | Yes or no drop down  |

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**This document needs to be forwarded to:**

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