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|  | Your Family’s Early Help Assessment  |



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| **ABOUT THE PROFESSIONAL COMPLETING THIS FORM** |
| Name |  | Telephone |  |
| Agency |  | Email  |  |
| Role |  | Date Assessment Completed  | Click or tap to enter a date. |

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| **Section A: Your Child/Young Persons Details** |
| URN: |  | Date Assessment Started | Click or tap to enter a date. |
| Forename: |  | Middle Name |  | Surname |  |
| Name child/young person wishes to be known as: |  |
| Address including postcode: |  |
| Date of Birth /Expected Date of Delivery  | Click or tap to enter a date. | NHS Number |  |
| Gender |  | Ethinicity  | Choose an item. | Religion  | Choose an item. |
| Which Nursery/School/College do they attend? |  | Young Carer  | Yes ☐ No ☐ |
| Please provide details of any Special Educational Needs or Disabilities |  |
| Immigration Status: |  |
| Has the family come to the UK under a refugee resettlement programme, such as the Syrian Resettlement Programme, the Gateway Protection Programme, or the Vulnerable Children Resettlement Scheme? | Yes ☐ No ☐ |
| Is anyone in the family a current or ex Armed Forces member?If yes, do you have explicit consent to share the family’s details with the Armed Forces Hub?info@armedforceshq.org.uk | Yes ☐ No ☐Yes ☐ No ☐ |
| Have you created a Genogram?If not, why not? | Yes ☐ No ☐ |
| Assessment Stage:Initial Assessment ☐ Review Assessessment ☐ | Threshold Level 2 ☐ Level 3 ☐ Level 3 Start Well ☐Is this a Step Down? Yes ☐ No ☐Is this a Step Up? Yes ☐ No ☐ |  |

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| **B: WHO ARE THE CHILDREN AND ADULTS IN YOUR HOUSEHOLD / FAMILY?** *Explore who is important to your family, who cares about you and helps you in your day to day life. Completing a genogram, family tree or circles of support together is a good way to capture this information.* ***URNs should be used for each individual child listed below. \*(YC - Young Carer, PR – Parental Responsibility, AF – Armed Forces)*** |
| \*PR | \*YC | \*AF | **Full Name** | **Relationship to Child / Young Person above** | **Child's URN** | **DOB** | **Address (if different from above)** | **Nursery/School/College** | **Ethnicity:** |
|  |  |  |  |  |  | Click or tap to enter a date. |  |  | Choose an item. |
|  |  |  |  |  |  |  |  |  | Choose an item. |
|  |  |  |  |  |  |  |  |  | Choose an item. |
|  |  |  |  |  |  |  |  |  | Choose an item. |
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|  |  |  |  |  |  |  |  |  | Choose an item. |

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| **C: SERVICES SUPPORTING YOUR FAMILY**  |
| **Full Name** | **Role/Agency**  | **Telephone** | **Email Address** | **Who in the family are they supporting?** |
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|  **D: YOUR FAMILY'S STORY***Have you, your child(ren) or family members needed support in the past? What was this for? Who did you get support from and what helped?***LISTENING TO YOUR CHILDREN***What are the child(ren) / young person's thoughts about the situation? What do they feel is going well? What are they worried about and what do they feel needs to change?* **(Professionals can use the activities available in the Enabling Children's Voice Toolkit to support this section)** |
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| **E: WHAT'S HAPPENING FOR YOU AND YOUR FAMILY?** *What has led you to request support for your child(ren) and family?* |
| **What is going well for your child and family? What Support is currently in place?****Existing strenghths and Existing Wellbeing:****Strengths** are good things that are happening for your family, child/young person**Exisiting well being** are times when your family has shown you can meet the childrens needs when the problem is happening. This can include other people who are helping. |  |
| **What are we worried about?** (Reason for EH Assessment) Please separate the information into **Worries** and **complicating factors** – what has happened in the past that worries you about your child or young person and your family. Be specific factual and give examples. **What impact** is this having or could have on your child young person and family.**Complicating factors** are anything that makes the problem harder to deal with  |  |
| **Has Domestic Abuse been identified as one of the areas of focus for this Early Help?** | Yes ☐ No ☐ |
| **Is there any conflict between parents?** Is there frequent hostile conflict between parents which is imapcting their ability to parent? | Yes ☐ No ☐If yes, consider referral to ParentingSupport@wigan.gov.uk |
| **What needs to change** or would help your child and family? What next steps are needed to start to build the plan and make sure the child is safe and well.  |  |

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| **F: ABOUT YOUR CHILDREN AND FAMILY** *Thinking about the different areas of family life; What do you think is going well for your child(ren) and family? What you are concerned about? What do you think is having an impact on your child(ren)? Where do you want to make changes? What are the views of the people supporting you?* |
| **Feeling Safe** | 1. Stuck☐ | 2. Ready for Change☐ | 3. Exploring Options☐ | 4. Taking Action☐ | 5. Achieving☐ | 6. Maintaining Change☐ |
| Comments |
| **Being Well**(Body and Mind) | 1. Stuck ☐  | 2. Ready for Change☐ | 3. Exploring Options☐ | 4. Taking Action☐ | 5. Achieving☐ | 6. Maintaining Change☐ |
| Comments |
| **Home and Money**  | 1. Stuck☐ | 2. Ready for Change☐ | 3. Exploring Options☐ | 4. Taking Action☐ | 5. Achieving☐ | 6. Maintaining Change☐ |
| Comments |
| **Friends Support and Relationships** | 1. Stuck☐ | 2. Ready for Change☐ | 3. Exploring Options☐ | 4. Taking Action☐ | 5. Achieving☐ | 6. Maintaining Change☐ |
| Comments  |
| **Work Education and Learning** **(**inclduing Early Years for 0-5) | 1. Stuck☐ | 2. Ready for Change☐ | 3. Exploring Options☐ | 4. Taking Action☐ | 5. Achieving☐ | 6. Maintaining Change☐ |
| Comments |
| **Feelings and Behaviours**(Goals and Ambitions, feelings behaviour and choices)  | 1. Stuck☐ | 2. Ready for Change☐ | 3. Exploring Options☐ | 4. Taking Action☐ | 5. Achieving☐ | 6. Maintaining Change☐ |
| Comments  |

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| **G: ANALYSIS & RECOMMENDATIONS (To be completed by the professional, see guidance for support)***How is, what is happening within the family impacting on the day to day lives of the children? What are the strengths, protective factors and levels of resilience within the family? Are the family ready to make change? What needs to happen to improve outcomes for the children & young people now and over the coming weeks? What are the concerns if no changes are made (Contingency Plan)?* |
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| **H: Does the family require an Early Help Plan?** If yes, please complete below.  | Yes ☐ No ☐ |

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| **SECTION I: YOUR PLAN***This information is taken from Your Family's Early Help Plan and will be reviewed and added to by everyone during your meeting.* |
| What are the key things you and your child(ren) need support with? | What needs to happen to change this? | Who needs to be involved? | When does this need to happen by? Please enter a **specific date** & avoid using ‘ongoing’ or ‘continued support’. | How will things be better for your child(ren) when this changes and how will we know? | What has changed for your children and family? What progress has been made so far? |
| 1 |  |  | Click or tap to enter a date. |  |  |
| 2 |  |  | Click or tap to enter a date. |  |  |
| 3 |  |  | Click or tap to enter a date. |  |  |
| 4 |  |  | Click or tap to enter a date. |  |  |
| 5 |  |  | Click or tap to enter a date. |  |  |

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| **CONSENT (PLEASE SEE GUIDANCE TO FURTHER EXPLAIN INFORMATION SHARING WITH THE FAMILY)** |
| Has the family been given a copy and agree to the content of the completed assessment? | Yes ☐ No ☐ |
| **Regular monitoring of Early Help Assessments and Plans is essential for the Early Help Partnership to ensure the information that is being captured is accurate, good quality and up to date. Where we have received an assessment or plan with missing key information, we may return this to you for this to be amended and resubmitted before we can process the documents. As your role of lead professional please ensure the assessment/plan/reviews are shared and discussed with the Team Around the Family. *These updates must be sent to business support at*** **earlyhelp.logging@wigan.gov.uk** ***within 6 weeks to update the family's record.*****Please note this is *not* a referral form to other services that support children, young people, and families but, an assessment tool for professionals to support families.**  |

**Early Help Assessment– Supporting Families**

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| **Health** |
| **1) Good Mental Health (Child/Young Person)** | Need Identified No Need Identified  |
| **1a) Good Mental Health (Parent/Carer)** | Need Identified No Need Identified  |
| **Comments** |  |
| **2) Physical Health (Child/Young Person)** | Need Identified No Need Identified  |
| **2a) Physical Health (Parent/Carer)** | Need Identified No Need Identified  |
| **Comments** |  |
| **3) Substance Use (Child/Young Person)** | Need Identified No Need Identified  |
| **3a) Substance Use (Parent/Carer)** | Need Identified No Need Identified  |
| **Comments** |  |
| **Education** |
| **4) Good Early Years Development (0-5)** |  Need Identified No Need Identified NA |
| **5) School Attendance, Behaviour and Engagement** | Need Identified No Need Identified  |
| Comments |  |
| **Employment, financial Stability & Secure Housing** |
| **6) Employment (Parent/Carer)** | Need Identified No Need Identified  |
| **6a) Financial Stability** | Need Identified No Need Identified  |
| **6b) Not in Employment, Education or Training (NEET)** | Need Identified No Need Identified NA |
| **Comments** |  |
| **7) Secure Housing** | Need Identified No Need Identified  |
| **7a) Is the Young Person aged between 16 & 17 and at risk of being excluded from the family home** | Need Identified No Need Identified NA |
| **Comments** |  |
| **Being Safe** |
| **8) Safe from Domestic Abuse (Child/Young Person)** | Need Identified No Need Identified  |
| **8a) Safe from Domestic Abuse (Parent/Carer)** | Need Identified No Need Identified  |
| **9) Safe from Abuse or Exploitation (Child/Young Person)** | Need Identified No Need Identified  |
| **Comments** |  |
| **10) Families Diverted from Crime (Child/Young Person)** | Need Identified No Need Identified  |
| **10a) Families Diverted from Crime (Parent/Carer)** | Need Identified No Need Identified  |
| **Comments** |  |
| **Family** |
| **11) Good Family Relationships** | Need Identified No Need Identified  |
| **11a) Is the Child/Young person a young carer in need of support** | N/A Need Identified No Need Identified NA |
| Comments |  |