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| **We started this assessment on:** |  | **We finished this assessment on:** |  |

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| **Professional completing the form** | **Organisation** | **Address** | **Telephone** | **Email** |
|  |  |  |  |  |

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| **Who is included in this assessment?** | **Address if different from consent form** | **Relationship** |
| **Name:** |
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| **Do any of the children named in the assessment have any disabilities or are waiting to be diagnosed?**  | **Disabilities diagnosed or waiting to be diagnosed including: Autistic Spectrum Disorder, a Learning Disability, A Physical Disability, A Sensory/Visual Impairment, Complex Health Needs, Challenging Behaviour linked to a child’s disability, other disability or requirement** *(please state below)* | **Does the child have an EHCP? Yes/No** |
| **Name:** |
|  |  | Choose an item. |
|  |  | Choose an item. |
|  |  | Choose an item. |
| \*If yes, would you like a parent/carer needs assessment which will look at your caring responsibilities in more depth? *(use the parent/carer assessment tool)* | Choose an item. |

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| **Other people who are important to our family***(Grandparents, stepparents, half-siblings, friends, social groups, professionals working with the family)* |
| **Name** | **Gender****M/F/U** | **Address** | **Language** | **Relationship to family** | **Took part in assessment****Y/N** |
|  |  |  |  |  | Choose an item. |
|  |  |  |  |  | Choose an item. |
|  |  |  |  |  | Choose an item. |
|  |  |  |  |  | Choose an item. |
|  |  |  |  |  | Choose an item. |
|  |  |  |  |  | Choose an item. |

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| **Housing and finances:** *(debt, risk of eviction, basic needs met).*  |
| **Strengths: It’s going well because:** |
| **Challenges: It’s hard because:** |
| **Analysis of information given:** *(what this means to us and what needs to change, what can we do, who can help us)* |
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| **On a scale of 0-10 where 10 means you have no worries regarding the situation and 0 where things are so challenging you would like support; where do you think you are today?** |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

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| **Challenging behaviour, anti-social behaviour and Crime:** *(challenging behaviour, anti-social behaviour and any sanctions, offending type, victim of crime or domestic violence)* |
| **Strengths: It’s going well because:** |
| **Challenges: It’s hard because:** |
| **Analysis of information given:** *(what this mean to us and what needs to change, what can we do, who can help us)* |
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| **On a scale of 0-10 where 10 means you have no worries regarding the situation and 0 where things are so challenging you would like support; where do you think you are today?** |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

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| **Family health:** *(mental health, teenage pregnancy and support, teen parents, drug and alcohol misuse, registered with GP)*  |
| **Strengths: It’s going well because:** |
| **Challenges: It’s hard because:** |
| **Analysis of information given:** *(what this mean to us and what needs to change, what can we do, who can help us)* |
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| **On a scale of 0-10 where 10 means you have no worries regarding the situation and 0 where things are so challenging you would like support; where do you think you are today?** |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

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| **Employment and Education** *(current employment, previous employment, interests and hobbies, school attendance, skills development).*  |
| **Strengths: It’s going well because:** |
| **Challenges: It’s hard because:** |
| **Analysis of information given, what this mean to us and what needs to change, what can we do, who can help us?** |
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| **On a scale of 0-10 where 10 means you have no worries regarding the situation and 0 where things are so challenging you would like support; where do you think you are today?** |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

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| **Overall Analysis of Assessment**Now the assessment is completed, record the professional and family analysis of the findings, strengths and difficulties, protective and risk factors within the family and how these impact on the child(ren)/young person(s) and parent(s)/carer(s). This information can help create a plan on support for the family |
| **Practitioner’s Comments** |
| **Signature:** |  | **Date:** |  |
| **Child’s/Young Person’s View** |
| **Signature:** |  | **Date:** |  |
| **Parent’s/Carer’s View** |
| **Signature:** |  | **Date:** |  |

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| **Next steps** *(please tick as applicable)* |
| 1. **Continue new action plan created at this meeting**
 |[ ]
| 1. **Close Early Help assessment/plan because (choose one):**

Consent withdrawn [ ]  Family moved out of city [ ] Needs can be met by universal services [ ] Family Group Conference [ ]  |
| 1. **Update assessment in light of significant new information:** *If yes, who will do this?*
 |[ ]
| 1. **Request support from statutory agency via the MASH**
 |[ ]
| 1. **Request support from appropriate Multi-Agency Team**
 |[ ]
| 1. **Has lead professional changed?** *If yes, please give details:*
 |[ ]