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| **1. LEAD PRACTITIONER INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Practitioner agency/service | | |  | | Date Completed | | | | | | | | | | | | |  | | | | | | | | | |
| Practitioner name | | |  | | Practitioner telephone | | | | | | | | | | | | |  | | | | | | | | | |
| Practitioner email | | | | |  | |  | |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **2. FAMILY DETAILS** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **PARENT / CARER 1** | | | | | | | |  | **PARENT / CARER 2** | | | | | | | | | | | | | | | | | | |
| Name | | |  | | | | |  | Name | | | | | | | | |  | | | | | | | | | |
| Parental responsibility? | | | Yes  No | | | | |  | Parental responsibility? | | | | | | | | | Yes  No | | | | | | | | | |
| Telephone | | |  | | | | |  | Telephone | | | | | | | | |  | | | | | | | | | |
| Date of birth | | |  | | | | |  | Date of birth | | | | | | | | |  | | | | | | | | | |
| Ethnicity | | |  | | | | |  | Ethnicity | | | | | | | | |  | | | | | | | | | |
| Address and postcode | | |  | | | | |  | Address and Postcode | | | | | | | | |  | | | | | | | | | |
| Disabilities / Health needs | | |  | | | | |  | Disabilities / Health needs | | | | | | | | |  | | | | | | | | | |
| Special Educational Needs | | |  | | | | | Special Educational Needs | | | | | | | | |  | | | | | | | | | |
| Communication support needs | | |  | | | | | Communication support needs | | | | | | | | |  | | | | | | | | | |
| Immigration Status | | |  | | | | | Immigration Status | | | | | | | | |  | | | | | | | | | |
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| **CHILD / YOUNG PERSON** | | | | | | **Gender** | | | | | | | **Disability** | | | | | **Special Educational Needs** | | | | | **Health Need** | | | | |
| **Child / Young Person 1** | Name: | | | | | Male  Female | | | | | | | Yes  No | | | | | Yes  No | | | | | Yes  No | | | | |
| Date of Birth: | | |  | |
| Ethnicity: | | | | |
| Address | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Name of early education / school /college | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| **Child / Young Person 2** | Name: | | | | | Male  Female | | | | | | | Yes  No | | | | | Yes  No | | | | | Yes  No | | | | |
| Date of Birth: | | |  | |
| Ethnicity: | | | | |
| Address | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Name of early education / school /college | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| **Child / Young Person 3** | Name: | | | | | Male  Female | | | | | | | Yes  No | | | | | Yes  No | | | | | Yes  No | | | | |
| Date of Birth: | | |  | |
| Ethnicity: | | | | |
| Address | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Name of early education / school /college | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| **Child / Young Person 4** | Name: | | | | | Male  Female | | | | | | | Yes  No | | | | | Yes  No | | | | | Yes  No | | | | |
| Date of Birth: | | |  | |
| Ethnicity: | | | | |
| Address |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of early education / school /college | | | | |  | | | | | | | | | | | | | | | | | | | | | |

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| 1. **FAMILY NEEDS** | | | |
| **Merton’s Priority Outcomes** | **Supporting Families Outcomes** | **Presenting Needs** |  |
| Health | Improved mental and physical health | Parents/carers and children with a range of health needs | ☐ |
| Promoting recovery and reducing harm from substance misuse | Parents/carers or children with a problem with alcohol or drugs | ☐ |
| Stay Safe | Children safe from abuse and exploitation | Children experiencing or at risk of exploitation or abuse (emotional/physical/sexual/neglect) | ☐ |
| Crime prevention and tackling crime | Parents/carers or children involved in crime or antisocial behaviour | ☐ |
| Safe from domestic abuse | Families affected by domestic abuse | ☐ |
| Improve family relationships | Families affected by parent conflict or children being abusive within the home | ☐ |
| Enjoy and Achieve | Getting a good education | Children who have not been attending school regularly / children whose special educational needs are not being met | ☐ |
| Good early years development | Expectant or new parents/carers who require additional or specialist support with their babies or pre-schoolers | ☐ |
| Being Independent | Financial stability | Families experiencing or at risk of worklessness and financial difficulties | ☐ |
| Secure housing | Families experiencing or at risk of homelessness | ☐ |

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| 1. **INFORMATION SHARING** |
| I, [practitioner name] have discussed this assessment with [insert name of person/s with parental responsibility] and the child/young person [insert name of child or young person] on Click or tap to enter a date. They have agreed:   * For the assessment to be undertaken * That they understand how their personal data will be stored * That the completed assessment will be shared with the London Borough of Merton Local Authority as well as other practitioners who may be able to provide support and/or advice – as detailed |
|  |
| 1. **PERSONAL DATA** |
| I understand that receiving Early Help is voluntary and the information I give on this form may be shared with the London Borough of Merton Local Authority as well as other services where considered necessary. This may involve the sharing of my information with one or more of the following professionals / agencies so that they can help to plan and provide support for me and my family:-           Education Providers e.g. nurseries, schools and colleges;           London Borough of Merton Childrens services;           Health / Counselling services           Housing Providers;           Local Job Centres;           Victim Support;           Voluntary and Community Sector Bodies.  I understand that my information will be stored safely as per the General Data Protection Regulation.  For further details on how we use your information, please refer to our [Privacy Notice,](https://www.merton.gov.uk/legal/privacy-and-cookies/childrens-services-and-education-privacy-notice) which can be found on the London Borough of Merton’s website, or speak to your Lead practitioner. |

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| 1. **TEAM AROUND THE FAMILY (who is currently supporting the family)** | | | | | | |
| **Name / Role / Organisation** | **Contact Details** | **Family Member working with** | **Consent to share info with this person** | | **Contributed to EHA** | |
|  |  |  | Yes | No | Yes | No |
|  |  |  | Yes | No | Yes | No |
|  |  |  | Yes | No | Yes | No |

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| 1. **FAMILY INFORMATION** | | | |
| **Development of Baby/Child/Young Person**  Consider early years development/education including attendance/SEND/mental and physical health/ risk of abuse and exploitation/substance misuse/involvement in crime or anti-social behaviour | | | |
| What is currently working well? | What are we worried about? | How would you like this area of your life to look? | What needs to happen to get you there? |
|  |  |  |  |
| **Parenting Capacity**  Consider providing good early years development and education/ensuring safety/neglect/mental and physical health/substance misuse/ involvement in crime or anti-social behaviour | | | |
| What is currently working well? | What are we worried about? | How would you like this area of your life to look? | What needs to happen to get you there? |
|  |  |  |  |
| **Family and Environmental Factors**  Consider family relationships including domestic abuse/housing/financial stability | | | |
| What is currently working well? | What are we worried about? | How would you like this area of your life to look? | What needs to happen to get you there? |
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| 1. **ANALYSIS** | | | | | | | | | |
| Worry Statement: | | | | | | | | | |
|  | | | | | | | | | |
| Well-being Statement: | | | | | | | | | |
|  | | | | | | | | | |
| Wellbeing scale: 1-10 | | | | | | | | | |
| 1  Extremely Worried | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10  No worries |

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| 1. **FAMILY PLAN** | | | |
| **Family Goal** | **How will this happen** | **Who will do this** | **When will we do this** |
| *Family goals listed here should align with the Supporting Families Outcome Framework e.g. Getting a good education* | *Individual actions agreed with the family in response to the family goal. A single-family goal may be broken down into a number of smaller, specific action points.* | *Who is responsible for this action? (this can include family members)* | *Please provide a specific date. Avoid using ASAP. If ‘ongoing’ please state when the action will be reviewed* |
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| **10. PARENT / CARER VIEWS** | |
| **Do you know who your Lead Practitioner is and their role?** | Yes / No |
| **Do you feel that you have a good relationship with your Lead Practitioner and can go to them for support and guidance?** | Yes / No |
| **Have you and your family been able to share your views throughout this assessment?** | Yes / No |
| **Do you agree with the family plan and think it will improve things for your child/ren and family?** | Yes / No |
| **Use this space for the family to record their views on the situation and the support they feel they need** | |
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| **11. CHILD / YOUNG PERSON VIEWS** |
| **Use this space for the child / young person to record their views on the situation and the support they feel they need** |
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***Signing below confirms consent for the information in this assessment to be stored and shared as detailed in Section 4: Information Sharing and Section 5: Personal Details.***

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| **12. CONSENT** | | | |
| **Parent signature** |  | Date: | Click to enter a date |
| **Parent Signature** |  | Date: | Click to enter a date |
| **Child/young person** |  | Date: | Click to enter a date |
| **Child/young person** |  | Date: | Click to enter a date |