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| 1. **PRACTITIONER INFORMATION**
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| Practitioner agency/service |  | Date Completed |  |
| Practitioner name |  | Practitioner telephone |  |
| Practitioner email  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 1. **FAMILY INFORMATION**
 |  |
| **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 |  |
|  |
| **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. **Which of the following are currently relevant to the family?**
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| **HEALTH** | *Living well, improving physical and mental health and wellbeing:* Parents and children with a range of health needs  | ☐  |
| **STAY SAFE** | *Staying safe in the community:* Parents or children involved in crime or antisocial behaviour  | ☐  |
| *Staying safe in relationships:* Families affected by domestic abuse  | ☐  |
| **ENJOY and ACHIEVE** | *Improving children’s life chances:* Children who need additional support, from the earliest years to adulthood  | ☐  |
| *Getting a good education and skills for life:* Children who have not been attending school regularly  | ☐  |
| **BEING INDEPENDENT** | *Improving living standards:* Families experiencing or at risk of worklessness, homelessness or financial difficulties  | ☐  |

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| 1. **INFORMATION SHARING**
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| 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 other practitioners who may be able to provide support and/or advice – as detailed
 |
| 1. **PERSONAL DATA**
 |
| I understand that receiving Early Help and Targeted Early Help support is voluntary and the information I give on this form may be shared with other services to identify what support may be needed and to help plan support for me and my family.  This may involve the sharing of my information with one or more of the following professionals / agencies where considered necessary 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 services         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.  If you would like more information about how your information is processed please ask your 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 TEHA** |
|  |  |  | Yes [ ]   No [ ]  | Yes [ ]   No [ ]  |
|  |  |  | Yes [ ]  No [ ]  | Yes [ ]   No [ ]  |
|  |  |  | Yes [ ]  No [ ]  | Yes [ ]   No [ ]  |

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| 1. **INFORMATION GATHERING**
 |
| **What is currently working well for the family** |
| **DEVELOPMENT OF BABY/CHILD/YOUNG PERSON** | **PARENTAL AND FAMILIAL FACTORS** | **ENVIRONMENTAL FACTORS** |
|  |  |  |
| **What are you or the family are worried about** |
| **DEVELOPMENT OF BABY/CHILD/YOUNG PERSON** | **PARENTAL AND FAMILIAL FACTORS** | **ENVIRONMENTAL FACTORS** |
|  |  |  |
| **What needs to happen?** |
| What changes need to take place to reduce the concerns for this family?What services / support would the family need to acheive these positive changes?  |
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| 1. **ANALYSIS**
 |
| Worry Statement: |
|  |
| Well-being Statement: |
|  |
| Wellbeing scale: 1-10 |   |

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| 1. **FAMILY PLAN**
 |
| **Family Goal** | **What needs to be done** | **By Whom** | **By When** | **Review / Update** |
|  |  |  |  |  |
|  |  |  |  |  |
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| **9. PARENT / CARER VIEWS**  |
| **Use this space for the family to record their views on the situation and the support they feel they need** |
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| **10. 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** |
|  |

***Signing below confirms consent for the information in this plan to be stored and shared with those working alongside the family.***

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| **11. 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 |