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| --- | --- | --- | --- | --- |
| Full Name (legal name)  and known as | DOB | Ethnicity | Gender | Family Relationship |
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| --- | --- |
| Household Address |  |
| Tenancy Type/housing provider |  |
| Telephone |  |
| Email |  |

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| --- |
| Communication/language needs (English as an additional language / interpreter required) |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| Assessment Lead Professional | | | |
| Full Name | Role | Organisation | Telephone/email |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Co-Author | | | |
| Full Name | Role | Organisation | Telephone/email |
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| --- | --- | --- | --- |
| Other Professionals Involved: | | | |
| Full Name | Role | Organisation | Telephone/email |
|  |  |  |  |

Tell us about the strengths in your family, where things are going well, and the areas you need some help. Tell us about both the children and the adults in your family for each section.

|  |  |
| --- | --- |
| Education and Early Years  School attendance, engagement in school, access to early years(nursery/childcare), child development, SEND, achievement, goals, and aspirations. Play and Friendships, | |
| Strengths | Needs |
|  |  |
| Desired change |
|  |

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| --- | --- |
| Social and Emotional Development  Child development (include development of the unborn), SEND, speech and language development, communication, peer relationships, social abilities, self-identity. Trauma/previous trauma, behaviour, emotional regulation | |
| Strengths | Needs |
|  |  |
| Desired change |
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| --- | --- |
| Physical Health and Mental Health  Medical conditions, GP, dentist/oral health. Physical and mental health, self-esteem, wellbeing. Developmental checks, sleep and diet, confidence, and independence/self-care | |
| Strengths | Needs |
|  |  |
| Desired change |
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| --- | --- |
| Family Relationships  Parent child relationships, parental relationships, relationships between siblings, managing conflict. Positive parenting, routines, setting boundaries. Basic care, behaviour, positive role models, extended family/friends support, faith groups/engagement in community activities. | |
| Strengths | Needs |
|  |  |
| Desired change |
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| --- | --- |
| Staying Safe  Safety online, antisocial behaviour, links to crime, safety  at home and in the community, appropriate supervision | |
| Strengths | Needs |
|  |  |
| Desired change |
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| --- | --- |
| Housing, Employment and Finances  Housing situation, arrears, home conditions. Employment and skills, aspirations,  debt, financial wellbeing | |
| Strengths | Needs |
|  |  |
| Desired change |
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| Summary from the lead professional (analysis and overview-what does the information above mean to the family and Lead Prof’) |
|  |
| Summary from the child/young person (comments on the assessment/child voice to be represented) |
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| Summary from adults in the family (comments on the assessment) |
|  |

Goal Setting

Please tick which areas of need have been identified as part of the EHA and TAF support.

|  |  |  |
| --- | --- | --- |
| Education | Physical Health | Mental Health |
| Family Relationships | Crime and ASB | Staying Safe |
| Housing | Early Years | Finances |
| Other | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Our Family Plan | | | |
| Desired Change | Action | Who | By When |
| Desired changes listed here should be those agreed with the family based on needs identified  e.g. young person’s school attendance to be above 90%. | Individual actions agreed with the family in response to the desired change.  A single desired change may be broken down into a number of smaller, specific action points. | Who is responsible for this action? (this can include family members and significant others) | Please provide a specific date.  Avoid using ASAP.  If an action is ‘ongoing’ please state when the action will be reviewed. |
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Next steps

TAF to be completed  Yes  No

If Yes Date of first TAF

Needs met no TAF required

Concerns about Significant Harm to a child or young person

If at any time during the course of this assessment you are concerned that a child or young person has suffered significant harm or is at risk of suffering significant harm, contact The Bridge Partnership on   
0161 603 4500 or completed the online referral form <https://childrensportalehm.salford.gov.uk/>

Uploading your Early Help Assessment

Please submit the completed Early Help Assessment via the Secure Upload:

[www.salford.gov.uk/eha-onlinereferral](http://www.salford.gov.uk/eha-onlinereferral) (click on ‘submit documentation’)

Please ensure you have completed all sections of this form and a copy has been shared with the family and any involved professionals.

|  |  |  |
| --- | --- | --- |
| Declaration  Having been assessed as a family that will benefit from the Early Help offer, I have been given a copy of the Privacy Notice [www.salford.gov.uk/earlyhelpprivacynotice](http://www.salford.gov.uk/earlyhelpprivacynotice) This document explains how we can legally share your information now and in the future. | | |
| To be signed by each adult or young person (dependent on competence, see Fraser Guidelines) included in this assessment.  I understand by engaging in the assessment my information may be shared with other service as appropriate to mine and my family’s needs in line with the Privacy Notice. | | |
| Name | Signature | Date |
|  |  |  |
|  |  |  |
| Assessment lead name | Signature | Date |
|  |  |  |
| Research  Basic personal information will also be shared for local and national research purposes in accordance with the safeguards listed in the Privacy Notice. This information will not be used to make personal decisions about a family and where any research results are published, this will be in anonymised form. | | |

For information and support check out our website [Early Help Assessment • Salford City Council](https://www.salford.gov.uk/children-and-families/early-help-for-families/early-help-assessment/)