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| **NAMED WORKER:** | **CONTACT DETAILS:**  (telephone number, email, address) |

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| **Family Name** |  |

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| **Parent/Carer with PR** |  |
| **Signature** |  |

**By signing this form, I am agreeing to receiving the service and that my personal information, and that of the children I have parental responsibility for, can be shared with other agencies, to ensure I receive the best service and support.**

**I agree to Redcar and Cleveland Council sharing my household data with other Government bodies.**

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| **CHILDREN AND FAMILY DETAILS (all who live in the Household)** | | | | | | | |
| NAME | **DOB:** | **RELATIONSHIP:** | **ETHNICITY:** | **LANGUAGE:** | **SEN/Disability (DESCRIBE)** | **School Attending** | **ADDRESS/PHONE NO:** |
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Do you consider any of the children to have caring responsibilities (Young Carer)? NO ❑ YES ❑ *Please consider as part of your assessment*

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| **Who is important to this family? (include anyone else over 18 living in the family home, as well as any family/friends outside of the home)** | | | | | | |
| NAME | **DOB:** | **RELATIONSHIP:** | **ETHNICITY:** | **LANGUAGE:** | **SEN/Disability (DESCRIBE)** | **ADDRESS/PHONE NO:** |
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| **Services involved with the family** (please complete as fully as possible) | | | | |
|  | Name | Role | Contact Details | Contributed to the Assessment? |
| GP |  |  |  |  |
| Nursery/School |  |  |  |  |
| Midwife |  |  |  |  |
| Health Visitor |  |  |  |  |
| CAMHS |  |  |  |  |
| Housing |  |  |  |  |
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In completing the three columns below please consider the FAMILY AND ENVIRONMENT (relationships, housing, finance, employment); CHILD DEVELOPMENT (health, physical, social, emotional, education); PARENTING (guidance, boundaries) and PARENT’S HEALTH (illness, mental /physical wellbeing, drugs/substance misuse)

Please record in detail, not bullet points. Use additional sheets if required.

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| **What are we worried about?** | **What’s working well?** | | **What needs to happen?** |
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| **Worry Statement(s)…..** **Outline who is worried, what has happened to make them worried and what could happen if things don’t change** | | **Wellbeing Goal(s)….** **Outline what you would like the day in the life of the young person and family to look like for us not to be worried** | |
|  | |  | |
| **Wellbeing Scale:** *(Locate different people’s judgements on the arrow)*  (Insert question here relating to worries)……………………………………………………………………………………………………  ……………………………………………………………………………………………………………………………………………………………………  **0 10** | | | |

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| **How have you included the voice of the children? (use additional children’s tools if required, which can then be attached, e.g. 3 Houses)** |
|  |

**Completed Early Help Assessment (inc Appendix) to be emailed to:**

[EarlyHelp@redcar-cleveland.gov.uk](mailto:EarlyHelp@redcar-cleveland.gov.uk)

It will be stored on the RCBC Early Help Module database and a case note recorded stating which agency has completed the EHA. **This is not a referral form** but an assessment to help you coordinate services for a child/family.

**Team around the Family (TAF) Action Plan for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (Enter Family Name)

**Date: \_\_\_\_\_\_\_\_\_\_ Lead Practitioner Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Lead Practitioner Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Include the immediate actions required to meet the family‘s needs, including details of actions relating to individual family members and who will carry them out. The person with overall responsibility (Lead Practitioner) is also responsible for letting any other organisations involved know about the plan and progress.

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| **Action Plan – set actions to achieve wellbeing goals** | | | | |
| **What do you want to change?**  *Consider behaviours that have been harmful, when did it start? When did it last happen and how has this impacted on child?* | **How will we do it?**  *What can we do to address the worries?* | **Who will do this?**  *Consider members of the wider family support network, as well as the family and professionals.* | **By when?** | **How will we know things are better?**  *What do we need to see to know things are getting better?* |
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When will this EHA and plan next be reviewed? (Provide a date as a minimum every 3 months; but as often as required). Please explain if this is going to be delayed and give a reason for the delay. **Date set for review: …………………**

**TAF Review Meeting Template**

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| **What did you want to change?**  (from the previous plan)  *Consider behaviours that have been harmful, when did it start? When did it last happen and how has this impacted on child?* | **What has worked well? What are we still worried about?**  *Actions taken by the family/professionals/support network*  *What have we been doing to address the worries?* | **Where would you scale things today in relation to this worry?** |
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**Now consider any outstanding worries and agree a revised team around the family action plan, using the TAF action plan template again.**

**Date set for next review: ………………… OR If wellbeing goals are achieved and case is to be closed, please notify us:** [EarlyHelp@redcar-cleveland.gov.uk](mailto:EarlyHelp@redcar-cleveland.gov.uk)