

North Tyneside Early Help Assessment

Agreement of Service Form

|  |  |
| --- | --- |
| **Family Name** |  |

*Remember this form needs to be filled in as part of the assessment, as it gives you permission to contact other agencies*

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

* I have been given and understood the leaflet on Information Sharing and in 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 as required, to ensure I receive the best service and support
* I agree to North Tyneside Council sharing my household data with other Government bodies*(please cross out if you do not agree to this data sharing)*

|  |  |  |
| --- | --- | --- |
| **Name** | **Signature** | **Date** |
|  |  |  |
|  |  |  |
|  |  |  |

**North Tyneside Early Help Assessment**

This is your family’s assessment and should be completed with the **whole** family to include their views, *including all the children in the household*. The Team Around the Family (TAF) is more likely to be effective if they understand the purpose and play an active role from the beginning.

|  |  |
| --- | --- |
| **Family Name** |  |
| **Family Address** |  |
|  |
|  |
| **Post Code** |  |
| **Telephone no** |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Children/Young People Involved** (*a dependent child is defined as anyone under the age of 18*) | | | | | | | | | |
| Name | DoB | Gender  M/F | Relationship | Religion | Ethnicity | 1st Language | Disability  Y/N | School/Nursery | EHCP  Y/N |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Who is important to this family**? (***Include parents details*** and *all those individuals aged 18 or over, living in or outside the family home, include family/friends* ) | | | | | | | |
| Name | DoB | Gender  M/F | Relationship | Religion | Ethnicity | 1st Language | Disability  Y/N |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

|  |  |
| --- | --- |
| Do any of the children have a caring responsibility? |  |
| Has a Young Carer’s Needs Assessment been offered? |  |
| Is a Young Carer’s Needs Assessment in place? |  |
| Has the family got leave to remain? |  |
| **Leave to Remain: The individual/family have permission to stay in the UK for a specific period of time where activities are limited to the restrictions of their visa. Indefinite Leave to Remain (ILR) is where the individual/family have permanent lawful status in the UK as a settled person and are no longer subject to immigration control.** |  |
| *Please ensure the above needs are reflected in the plan.* | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Services involved with the family** (*please complete as fully as possible*) | | | | |
|  | Name | Role | Contact Details | Contributed to the Assessment? |
| GP |  |  |  |  |
| Nursery/School (s) |  |  |  |  |
| Midwife |  |  |  |  |
| Health Visitor |  |  |  |  |
| Public Health School Nurse |  |  |  |  |
| CAMHS |  |  |  |  |
| Housing |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Presenting Issues** | | Yes |  | **Presenting issues continued** | | Yes |
| 1.1 | Education Attendance <90% |  | 6.2 | Child going missing from home |  |
| 1.2 | Education Attendance <50% |  | 6.3 | Child Sexual Exploitation (CSE) at risk or experiencing CSE |  |
| 1.3 | Education Behaviour including exclusions |  | 6.4 | Child Criminal Exploitation at risk or experiencing |  |
| 1.4 | Child with unmet Special Educational Needs and disability (SEND) |  | 6.5 | Child experiencing harm outside of the family home |  |
| 2.1 | Expectant or New parent/carers who require support |  | 6.6 | Child Radicalisation - at risk of or affected by |  |
| 2.2 | Child (0-5) Physical health needs not met |  | 7.1 | Adult Anti-Social Behaviour (ASB)/Crime |  |
| 2.3 | Child (0-5) Developmental needs not met |  | 7.2 | Child Anti-Social Behaviour (ASB)/Crime - At risk |  |
| 3.1 | Child Mental Health needs support |  | 7.3 | Child Anti-Social Behaviour (ASB)/Crime |  |
| 3.2 | Adult Mental Health needs support |  | 8.1 | Family affected by domestic abuse (DA) |  |
| 3.3 | Adult or Child Physical Health Issues or learning disabilities needing support |  | 8.2 | Adult Perpetrator of Domestic Abuse |  |
| 4.1 | Adult Drug and/or Alcohol problem |  | 8.3 | Child affected by Domestic Abuse |  |
| 4.2 | Child Drug and/or Alcohol problem |  | 9.1 | Temporary accommodation |  |
| 5.1 | Parents/carers require parenting support |  | 9.2 | Housing Issues including eviction/at risk of |  |
| 5.2 | Parental conflict |  | 9.3 | 16/17-year-old at risk of or excluded from home |  |
| 5.3 | Child to parent/sibling violence and abuse (children & young people aged 10 & over) |  | 10.1 | Any adult in the family is workless |  |
| 5.4 | Young Carers needing support |  | 10.2 | Family need support with finances/have unmanageable Debt |  |
| 6.1 | Emotional, physical, sexual abuse, neglect (historic or current) |  | 10.3 | Young person is not in employment education or training (NEET) |  |

**3 Columns - Please record in detail, not bullet points. Use additional sheets if required.**

|  |  |  |  |
| --- | --- | --- | --- |
| **What are we worried about?** | **What is working Well?** | | **What needs to happen?** |
|  |  | |  |
| **Danger Statement** | | **Safety Goal** | |
|  | |  | |
|  | | | |
| **How have you included the voice of the children?** *(Use additional children’s tools if required which can then be attached eg 3 Houses}* | | | |
|  | | | |

|  |  |  |
| --- | --- | --- |
| **Scaling Question** | | |
| **On a scale of 0 – 10, where 10 means we are not worried at all about this situation and 0 means we are very worried, I currently rate the situation at:** | | |
| **Name of person scaling:** | **Number scaled at:** | **Reason for that number:** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

*NB: Please remember everyone in the TAF should complete.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Action Plan** | | | |
| **Which presenting issue does this link to?** | **What needs to happen?** | **Who will do this?** | **When will this happen by?** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

*(Include the specific actions required to meet the needs identified in the 3 columns, including details of actions relating to individual family members and who will carry them out)*

|  |  |
| --- | --- |
| **Next TAF Review Date** |  |

|  |  |
| --- | --- |
| **Who has completed this form?** | |
| **Author Name & Role** |  |
| **Author Address** |  |
| **Author Telephone Number** |  |
| **Author Email Address** |  |
| **Date Form Completed** |  |

Once you have completed this form, if you have secure email, please send to: **earlyhelpassessments@northtyneside.gov.uk**

Alternatively, please send a copy via post or courier to:

**Early Help Assessment Team, North Tyneside Council, Quadrant East, Silverlink North, Cobalt Business Park, North Tyneside, NE27 0BY.**

**Courier code: D1**

**If you would like advice, guidance or help troubleshooting when completing this EHA, help identifying what services may be available, or help with the Early Help process please call the Early Help Coordination Team on 0191 643 8178**

***Please remember to continue to follow the EHA process. This is not a referral form.***