**Early Help Assessment**

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| **Forename:** |  | **Surname:** |  | **Sex:** |  |
| **Date of Birth:** |  | **Address:** |  |
| **Person completing assessment:** |  | **Agency:** |  | **Date:** |  |

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|  | **Topic** | **Initial Score** | **Review Score** | **Issue** | **Action to Address Issue** | **Action Owner** |
|  | **In Control** |  |  |  |  |  |
| **Wellbeing** | **Mental Wellbeing**How are you feeling? |  |  |  |  |  |
| **Physical Health and Activity** How does your physical health impact on your physical activity?  |  |  |  |  |  |
| **Diet**Do you feel your diet is healthy? Could it be improved?  |  |  |  |  |  |
| **Smoking** Is smoking affecting your health? |  |  |  |  |  |
| **Drug Use / Substance Use** If you use recreational drugs or substances, are they negatively affecting your life and routines? |  |  |  |  |  |
| **Alcohol use** Is your alcohol consumption negatively affecting your life and routines? |  |  |  |  |  |

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| **Education, Employment and Skills** | **Work and Skills**Do you need support in gaining skills or employment?  |  |  |  |  |  |
| **School Attendance** Are there any issues around school attendance? |  |  |  |  |  |
| **School Behaviour** Is behaviour in school leading to risk of exclusion? |  |  |  |  |  |
| **Family and Social** | **Relationships**Are relationship issues negatively affecting you or your family? |  |  |  |  |  |
| **Managing Behaviour and Routines**Do you have difficulties managing the behaviour and routines of you and your family?  |  |  |  |  |  |
| **Crime and ASB**Are crime and/or anti-social behaviour issues affecting your family?  |  |  |  |  |  |
| **Child Sexual Exploitation (CSE)**Are any family members vulnerable to exploitation?  |  |  |  |  |  |
| **Housing** Are there any issues relating to your housing or threat of eviction?  |  |  |  |  |  |
| **Managing Finances** Do you require help with managing budgets/debts or benefits?  |  |  |  |  |  |