**Portsmouth Early Help Assessment:**

**Understanding the changes our family is making**

|  |  |  |  |
| --- | --- | --- | --- |
| **Family surname(s):** |  | **Month:** |  |
| **Family address:** |  |
|  |
| **Lead professional:** |  |

|  |
| --- |
| **How significant an issue is/are the following problems for our family currently?** |
| Any violence/aggression exhibited by a child or children to their parent(s) or other family members? | Outcomes achieved | Making progress | Needs to improve | Area of concern |
|  |[ ] [ ] [ ] [ ]
| A lack of school-readiness? | Outcomes achieved | Making progress | Needs to improve | Area of concern |
|  |[ ] [ ] [ ] [ ]
| The need to improve parenting capacity? | Outcomes achieved | Making progress | Needs to improve | Area of concern |
|  |[ ] [ ] [ ] [ ]
| A lack of appropriate support around domestic abuse? | Outcomes achieved | Making progress | Needs to improve | Area of concern |
|  |[ ] [ ] [ ] [ ]
| Any barriers to adults making progress towards employment?For example, childcare, mental health, low literacy/numeracy, lack of IT skills or work experience etc. | Outcomes achieved | Making progress | Needs to improve | Area of concern |
|  |[ ] [ ] [ ] [ ]
| Any outstanding debt and/or rent arrears? | Outcomes achieved | Making progress | Needs to improve | Area of concern |
|  |[ ] [ ] [ ] [ ]
| Any mental health issues experienced by members of our family? | Outcomes achieved | Making progress | Needs to improve | Area of concern |
|  |[ ] [ ] [ ] [ ]
| Any difficulty managing our family's health needs?For example, missing health appointments, reliance on emergency or unplanned care (i.e. walk-in clinics) etc.? | Outcomes achieved | Making progress | Needs to improve | Area of concern |
|  |[ ] [ ] [ ] [ ]

**Once completed, this progress must be sent to Portsmouth MASH:**

**Post:** MASH, Civic Offices, Guildhall Square, Portsmouth, PO1 2AL OR

**Email:** pccraduty@portsmouthcc.gcsx.gov.uk

**Phone:** 0845 671 0271 or 023 9268 8793

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| --- |
| **How significant an issue is/are the following for individual members of our family?** |
| **Name:** |  |
| **Where applicable…** |
| How is your mental wellbeing? | Issue not present | Outcomes achieved | Making progress | Needs to improve | Area of concern |
|  |[ ] [ ] [ ] [ ] [ ]
| How significant an issue is your use of non-prescription drugs? | Issue not present | Outcomes achieved | Making progress | Needs to improve | Area of concern |
|  |[ ] [ ] [ ] [ ] [ ]
| How significant an issue is your dependence on alcohol? | Issue not present | Outcomes achieved | Making progress | Needs to improve | Area of concern |
|  |[ ] [ ] [ ] [ ] [ ]
| **Name:** |  |
| **Where applicable…** |
| How is your mental wellbeing? | Issue not present | Outcomes achieved | Making progress | Needs to improve | Area of concern |
|  |[ ] [ ] [ ] [ ] [ ]
| How significant an issue is your use of non-prescription drugs? | Issue not present | Outcomes achieved | Making progress | Needs to improve | Area of concern |
|  |[ ] [ ] [ ] [ ] [ ]
| How significant an issue is your dependence on alcohol? | Issue not present | Outcomes achieved | Making progress | Needs to improve | Area of concern |
|  |[ ] [ ] [ ] [ ] [ ]
| **Name:** |  |
| **Where applicable…** |
| How is your mental wellbeing? | Issue not present | Outcomes achieved | Making progress | Needs to improve | Area of concern |
|  |[ ] [ ] [ ] [ ] [ ]
| How significant an issue is your use of non-prescription drugs? | Issue not present | Outcomes achieved | Making progress | Needs to improve | Area of concern |
|  |[ ] [ ] [ ] [ ] [ ]
| How significant an issue is your dependence on alcohol? | Issue not present | Outcomes achieved | Making progress | Needs to improve | Area of concern |
|  |[ ] [ ] [ ] [ ] [ ]
| **Name:** |  |
| **Where applicable…** |
| How is your mental wellbeing? | Issue not present | Outcomes achieved | Making progress | Needs to improve | Area of concern |
|  |[ ] [ ] [ ] [ ] [ ]
| How significant an issue is your use of non-prescription drugs? | Issue not present | Outcomes achieved | Making progress | Needs to improve | Area of concern |
|  |[ ] [ ] [ ] [ ] [ ]
| How significant an issue is your dependence on alcohol? | Issue not present | Outcomes achieved | Making progress | Needs to improve | Area of concern |
|  |[ ] [ ] [ ] [ ] [ ]

Copy and paste if more individual progress monitoring forms are required.