|  |
| --- |
| **Early Help Strengthening Family Assessment** |

**Important: you must gain consent for this assessment (see overleaf)**

When you start the assessment please register it by emailing the first page to (FDFF in –box e-mail to go here) You should then email the completed assessment within 35 working days

1. **Details of person undertaking the Early Help Family Assessment**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name |  | Role |  | Agency |  |
| Tel no |  | Email |  | | |

1. **Early Help Family Assessment ID**

|  |  |
| --- | --- |
| Early Help ID number: (to be generated by the Front Door For Families) | Date Assessment started: |
| Date Assessment completed: |

1. **Family Contact Details**

|  |  |
| --- | --- |
| Home Address  (including postcode) |  |
| Telephone numbers |  |

1. **Family Member**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Name | Live in household (Yes/No) | Nursery / School / College | Family member, eg mother, son | Date of birth | Gender |
| Adult 1 |  |  |  |  |  |  |
| Adult 2 |  |  |  |  |  |  |
| Adult 3 |  |  |  |  |  |  |
| Child 1 |  |  |  |  |  |  |
| Child 2 |  |  |  |  |  |  |
| Child 3 |  |  |  |  |  |  |

(Tab down to increase rows)

1. **Reason for Assessment?**

|  |
| --- |
|  |

|  |
| --- |
| **Child/ren’s Needs and Experience:** |
| **Parents/Carer Experience and ability to meet Child/ren’s Needs:** |
| **Are there Family and Environmental factors impacting upon the family?** |
| **What is working well?** |
| **What are we worried about?** |
| **What do you think needs to happen next?** |
| **Have you discussed this assessment with your agencies Safeguarding Lead – what is there view?** |

|  |  |
| --- | --- |
| Parent/carer comment |  |
| Child / young person comment |  |
|  |  |

1. **Risk Criteria:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| http://carefirst-live.brighton-hove.gov.uk/cfi/application_store/skins/style/sixten/images/blank.gif | **Crime / Anti-social behaviour** | **Education** | **Children in Need of Help** | **Financial Exclusion** | **Domestic violence or abuse** | **Health** | **None Applicable** |
| **Areas of Need** | | | | | | | |
| http://carefirst-live.brighton-hove.gov.uk/cfi/application_store/skins/style/sixten/images/blank.gif |  |  |  |  |  |  |  |

1. **Are there any other professionals involved?**

|  |  |  |
| --- | --- | --- |
| Name | Role | Contact details |
|  |  |  |
|  |  |  |

(Tab down to increase rows)

1. **Consent**

Ensure consent is obtained from the family for this assessment and for sensitive information to be shared with the Front Door For Families. Please note anybody over 13 years, who is deemed competent, can give their own consent. This may be with or without parental consent.

I agree to this information being used as a referral and to my information being shared with the Front Door For Families.

|  |  |  |
| --- | --- | --- |
| **Signed young person, parent/carer signature** | **Name** | **Date** |
|  |  |  |
|  |  |  |

**Consent withheld**

Any individual or service the family would **not** wish information to be shared with

|  |  |  |
| --- | --- | --- |
| **Name** | **Service / Relationship** | **Detail of information not to be shared** |
|  |  |  |
|  |  |  |

**Detailing where consent not required**

Consent is not required in the following circumstances:

* Alleged or proven criminal activity
* Child protection or safeguarding of children and vulnerable adults, in which case this would become an immediate Multi-Agency Safeguarding Hub (MASH) referral

If you have not gained consent, please detail below what of the two circumstances above applies to this referral and tell us why you have not made a referral to the (MASH).

|  |
| --- |
|  |

1. **Monitoring Information**

To be filled in by or with the child / young person / parent / carer

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Child 1** | **Child 2** | **Child 3** | **Child 4** | **Child 5** | **Child 6** | **Adult 1** | **Adult 2** | **Adult 3** |
| Ethnicity (please specify) |  |  |  |  |  |  |  |  |  |
| First language (please specify) |  |  |  |  |  |  |  |  |  |
| Religion or belief (if any) (please specify) |  |  |  |  |  |  |  |  |  |
| Disability (please specify) |  |  |  |  |  |  |  |  |  |
| Immigration Status (please specify) |  |  |  |  |  |  |  |  |  |
| Sexual orientation (please specify) |  |  |  |  |  |  |  |  |  |
| Gender identity (please specify) |  |  |  |  |  |  |  |  |  |
| Pregnancy / maternity (Yes/No) |  |  |  |  |  |  |  |  |  |
| Married / civil partnership (Yes/No) |  |  |  |  |  |  |  |  |  |
| Armed services (Yes/No) |  |  |  |  |  |  |  |  |  |

**Now please complete the Early Help Plan.**

**Some people wait until the first TAF meeting to do this. The KEY PRIORITIES identified on the assessment will inform the actions to discuss and agree.**

**Members of the TAF (Team Around the Family)**

A TAF meeting must include key family member(s). If they cannot attend it should be recorded as a professionals meeting and a subsequent TAF meeting should be arranged with the relevant family member(s).

|  |  |  |
| --- | --- | --- |
| **Name** | **Family member / Agency** | **Contact details** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

(Tab down to increase rows)

|  |
| --- |
| Notes/Views/Comments: |

**Early Help Plan & Review**

|  |  |
| --- | --- |
| Early Help ID: (generated by FDFF) | Date of Plan: |
| Date of Review: |
| Date of next Review meeting: |

|  |
| --- |
| Family Surname |

|  |  |  |
| --- | --- | --- |
| Lead Professional Name | Role and Agency | Contact details |
|  |  |  |

NB: All other family members involved should be listed in the members of the TAF section below

**Main actions**

What has the assessment identified as the key difficulties to be addressed within the initial Early Help Plan? Please consider strengths within the assessment to inform proposed actions. List in order of priority and timetable in a review.

|  |  |  |
| --- | --- | --- |
| **Difficulty – What are we worried about?**  Please refer to information from the Assessment/Referral form | **Action(s) – What needs to happen, by when and by who?** | **Desired outcome or end result for the child and the family?**  (include the time by which you feel change should be evident) |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |

(Tab down to increase rows)