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| **Early Help Strengthening Families 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 the Front Door For Families email address: [FrontDoorForFamilies@brighton-hove.gcsx.gov.uk](mailto:FrontDoorForFamilies@brighton-hove.gcsx.gov.uk) You should then email the completed assessment within 35 working days.

1. **Details of person undertaking the assessment**

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

1. **Early Help Family Assessment ID**

|  |  |
| --- | --- |
| Early Help ID (CareFirst) 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 Members**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Name | Date of Birth | Nursery / School / College | Family member, eg mother, son | NHS No. | Gender |
| Adult 1 |  |  |  |  |  |  |
| Adult 2 |  |  |  |  |  |  |
| Adult 3 |  |  |  |  |  |  |
| Child 1 |  |  |  |  |  |  |
| Child 2 |  |  |  |  |  |  |
| Child 3 |  |  |  |  |  |  |

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1. **Reason for Assessment?**

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|  |  |
| --- | --- |
| **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 don’t we know?** | |
| **Goals and recommendations:** | |
| **Child’s Views** |  |
| **Family/Carers’ Views** |  |

1. **Risk Criteria:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Crime/ASB** | **Education** | **Children in Need of Help** | **Finance and Housing** | **DV / DA** | **Health** |
|  |  |  |  |  |  |

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

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

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1. **Consent**

**Fair Processing Notice**

**The Purpose**

The information you provide on this form will be used for the purposes of assessing the support needs of your family and provision of that support.  The Information will be stored on Brighton and Hove City Council’s Families, Children & Learning database, which is hosted on Council premises and protected by nationally compliant information security measures.

In order to provide services to yourself of your family, information may be shared with other organisations such as your child(ren)’s school, housing provider, health professionals etc. However you will always be asked for your consent prior to such sharing taking place.

**Additional Purposes**

On rare occasions, when it is considered necessary to prevent or detect serious crime, information may be shared with police forces.  Such sharing will be done under Section 29 of the Data Protection Act 1998 and your consent will not be sought to do this.

Additionally, it may be necessary to share information with other agencies such as Social Work, Probation or the emergency services where doing so would prevent harm or protect vital interests of an individual.  Where necessary to do this, sharing is subject to Schedules 2 and 3 of the Data Protection Act. If possible, your consent will be obtained for these acts of sharing, but if it is not possible or reasonable to obtain your consent, the information may be shared in any case.

Information you supply on this form may be shared for the purpose of contributing to a national evaluation of the Troubled Families Programme commissioned by the Department for Communities and Local Government.  When shared for this purpose, the information will be protected by encryption.  Any published results from the evaluation will be anonymised in accordance with national standards in order to prevent disclosure of your identity or that of family members.

**Your Rights**

You are entitled to withdraw consent to use or share the information provided on this form at any time.  Should you wish to do so, contact the lead professional undertaking the assessment or contact The Front Door for Families via email [FrontDoorForFamilies@brighton-hove.gcsx.gov.uk](mailto:FrontDoorForFamilies@brighton-hove.gcsx.gov.uk) or call 01273 290400. Please note that if you withdraw your consent from this service, we will no longer be able to offer assistance.

If you wish to obtain a copy of the information held about you, believe the information to have been misused or believe it to be inaccurate, you can contact the Council’s Data Protection Team on 01273 295959 or [data.protection@brighton-hove.gov.uk](mailto:data.protection@brighton-hove.gov.uk)  who will advise you on how to exercise your rights.

**I give my consent for information about me / my child to be shared with any appropriate agency for the purposes of assessing the support needs of your family and provision of that support.  I understand my rights under Data Protection or Human Rights law.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Family name** | **Family role (mother, father, child etc)** | **Signature** | **Date** |
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**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** |
|  |  |  |
|  |  |  |

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

**Some people wait until the first TAF meeting to do this. The Goals and Recommendations 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** |
|  |  |  |
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| TAF Notes/Views/Comments: |