

Hampshire Family Assessment and Plan : Early Help and Supporting Families

This paperwork is for use in assessing and planning early help services with families. This includes Supporting Families. This Family Assessment and Plan should be completed by any professional who has concerns regarding children or a family with children. The gathering of information to inform an assessment should be carried out by a suitably experienced or qualified practitioner, and information should be sought from a suitably qualified colleague. It is not an administrative process and the practitioner should be able to consider and analyse the quality of information bringing professional experience to the process.

This paperwork will be used to determine the appropriate next steps for the children and / or families detailed within.

If you have any queries about the early help process, ring your local Early Help Hub.

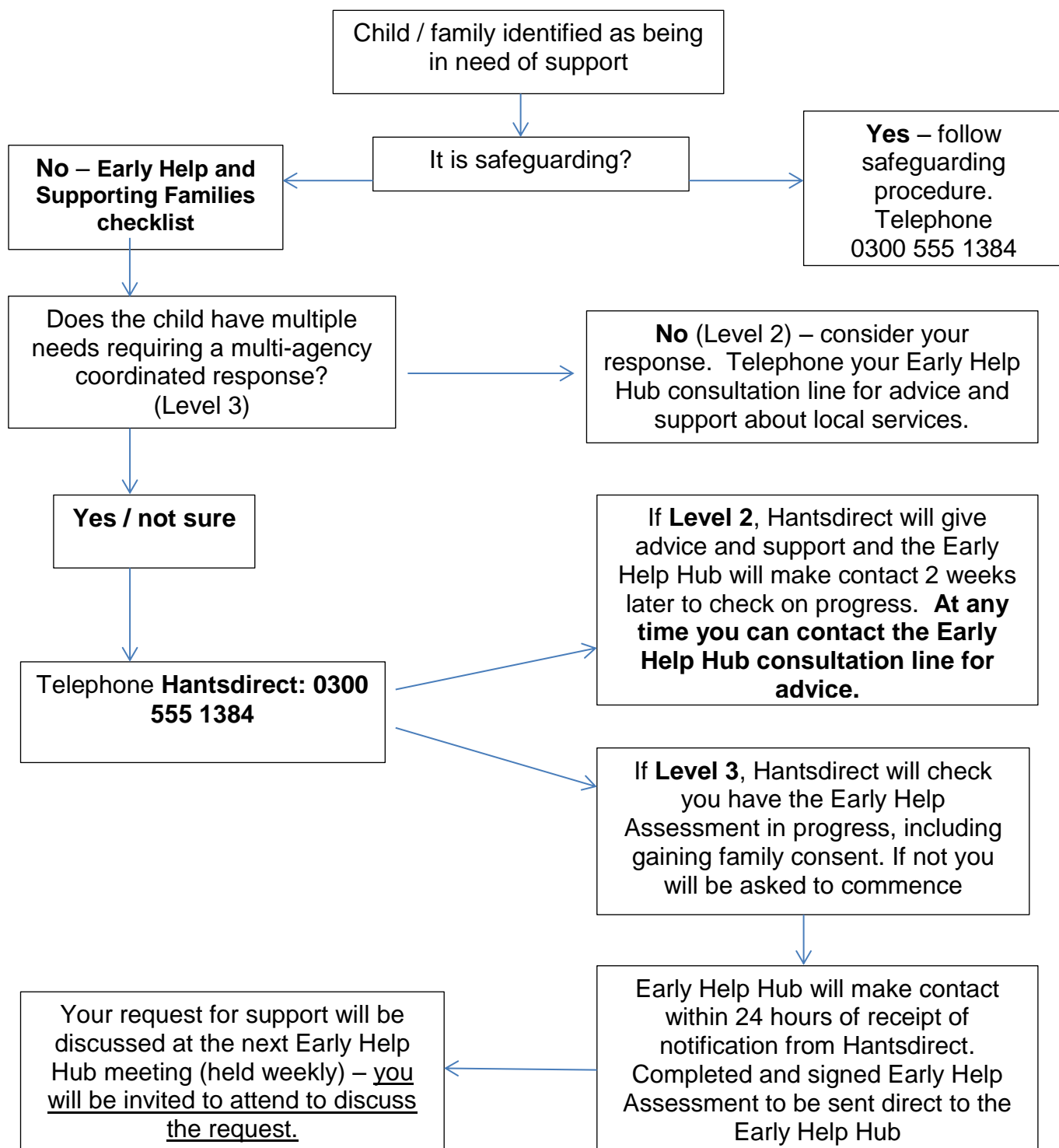
By completing this form for a family deemed to be meeting Level 3 threshold of need you will;

- Have telephoned Hantsdirect to ensure the family is triaged as being level 3
- Have the Family Assessment and Plan in progress including getting family consent
- Be contacted by the Early Help Hub within 24 hours of receipt of notification from the professionals line (working days)
- Send the completed and signed Family Assessment and Plan to the Early Help Hub after the professionals line have triaged the family as level 3
- Be invited to attend the next available Early Help Hub meeting to discuss your request for support and inform the next steps within this process

PLEASE REMEMBER THAT ALL SAFEGUARDING CONCERNS AND REQUESTS FOR SUPPORT SHOULD GO THROUGH Hantsdirect: 0300 555 1384 (Out of Hours – 0300 5551373)

This front sheet should be removed from the Family Assessment and Plan paperwork as this information is for practitioners only.

Early Help Flowchart – for practitioner use only



| | | | |
|--|--|--------------|----------------------------|
| FAMILY NAMES: | | | |
| MAIN FAMILY ADDRESS: | | | |
| TELEPHONE NUMBER: | | | |
| NOMINATING AGENCY: | | | |
| Name: | | Role: | |
| Team: | | Contact Tel: | |
| Email: | | | |
| Details of person collating information: | | | Date Information collated: |

| | |
|---|---|
| Early Help and Supporting Families checklist: | |
| (1)EDUCATION: Households where a child: | Who in the household does this apply to? |
| <input type="checkbox"/> Has less than 90% school attendance for an average across the last 12 months. Please state % attendance and include attendance sheet if appropriate. | |
| <input type="checkbox"/> Has received at least 3 fixed term exclusions in the last 3 consecutive school terms; | |
| <input type="checkbox"/> At primary school has had at least 5 school days of fixed term exclusion in the last 12 months; | |
| <input type="checkbox"/> Of any age who has had at least 10 days of fixed term exclusion in the last 12 months; | |
| <input type="checkbox"/> Has been permanently excluded from school within the last 3 school terms; | |
| <input type="checkbox"/> Is in alternative educational provision for children with behavioural problems. | |
| Comments: | |
| (2)ASB/CRIME: Households including: | Who in the household does this apply to? |
| <input type="checkbox"/> An adult or child with a recorded anti-social behaviour (ASB) incident in the last 12 months. | |
| <input type="checkbox"/> A child who is known to YOT and has committed a proven offence in the previous 12 months. | |
| <input type="checkbox"/> An adult prisoner who is less than 12 weeks from release date and will have parenting responsibilities on release. | |
| <input type="checkbox"/> An adult who is currently subject to licence or supervision in the community, following release from prison, and has parenting responsibilities. | |
| <input type="checkbox"/> An adult currently serving a community order or suspended sentence, who has parenting responsibilities | |
| Comments: | |
| (3)CHILDREN WHO NEED HELP: Households where a child: | Who in the household does this apply to? |
| <input type="checkbox"/> Has been identified and assessed by Early Help Hubs as needing early help. | |

Hampshire Family Assessment and Plan : Early Help and Supporting Families, version Feb 2017

| | |
|--|---|
| <input type="checkbox"/> Is not taking up the free Early Years Education offer | |
| <input type="checkbox"/> Has developmental delays identified at the 2 year old health check | |
| <input type="checkbox"/> YrR Early Years Foundation Stage Profile (EYFSP) score is of concern. | |
| <input type="checkbox"/> Has been reported missing from home | |
| Comments: | |
| (4)EMPLOYMENT AND RISK OF FINANCIAL EXCLUSION: Households where: | Who in the household does this apply to? |
| <input type="checkbox"/> An adult is in receipt of out of work benefits. | |
| <input type="checkbox"/> A young person who is about to leave school, has no/ few qualifications and no planned education, training or employment. | |
| <input type="checkbox"/> A young person is not in education, training or employment | |
| <input type="checkbox"/> The family received a warning letter for breach of tenancy | |
| <input type="checkbox"/> The family member received a notice of Seeking Possession (NOSP) | |
| <input type="checkbox"/> The family member received an eviction order | |
| <input type="checkbox"/> The family is in rent arrears and/or has unmanaged debts (for example credit card loans, school meals) | |
| Comments: | |
| (5)DOMESTIC VIOLENCE AND ABUSE: A household where: | Who in the household does this apply to? |
| <input type="checkbox"/> A young person or adult known to local services as having experienced domestic violence or abuse in the last 12 months | |
| <input type="checkbox"/> A young person or adult known to the police as having perpetrated an incident of domestic violence or abuse in the last 12 months | |
| <input type="checkbox"/> The household has been subject to a police call out for a domestic incident in the last 12 months | |
| Comments: | |
| (6)FAMILIES WITH HEATHLH PROBLEMS: Households where: | Who in the household does this apply to? |
| <input type="checkbox"/> An adult with mental health problems who has parenting responsibilities or a child with mental health problems | |
| <input type="checkbox"/> An adult with parenting responsibilities or a child with a drug or alcohol problem. | |
| <input type="checkbox"/> A child or an adult is affected by excess weight (overweight, obesity) | |

| | |
|--|--|
| <input type="checkbox"/> A child or an adult is affected by malnutrition | |
| Comments: | |

Family composition and details - include all those living in the family home

| Full name | D.O.B. EDD | Sex | Ethnicity | Family member? e.g. Mother father, child. | If adult do they have parental responsibility? | SEN Y/N |
|-------------------------------|---------------|-----|-----------|---|--|------------|
| Main child for EH Completion: | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

N.B Parental responsibility. A mother automatically has parental responsibility for her child from birth. A father usually has parental responsibility if he is-

- *Married to the child's mother*
- *Listed on the birth certificate (after a certain date depending on which part of the UK the child was born in)*

Remember step parents or other adults can apply for parental responsibility.

Details of any other significant family members e.g. Grandparents/ aunts/ uncles/ step-parents with a caring role (include DOB, relationship, and address if different):

Are any of the children Young Carers? – i.e. are any of the children caring for someone in the family with a long-term illness or disability? Yes/No

What is their understanding of the illness or disability?

What caring are they doing?

What are the impacts caring is having on the child/young person?

What support do they need?

Details of professionals currently involved with any of the family members:

| Worker Name/ Role/ Team/ Agency | Supporting which family member | Actions taken to date | Contact details | Consulted during assessment |
|------------------------------------|-----------------------------------|-----------------------|-----------------|-----------------------------------|
| | | | | Y/N |
| | | | | Y/N |
| | | | | Y/N |
| | | | | Y/N |
| | | | | Y/N |

What is known about the child and the family (previous received support)?

| | Briefly describe the support received | When? | Who delivered support? |
|---|--|-------|------------------------|
| Learning and developing, Behaviour and Relationships | | | |
| Offending | | | |
| Mental Health | | | |
| Domestic Violence/abuse | | | |
| Housing/Financial exclusion | | | |
| Substance misuse | | | |
| Health – Physical and Emotional | | | |
| Employment | | | |
| Other - define | | | |

Further information about the family

| | | | |
|--|-----|-------------------------|-----|
| Is an interpreter or signer required? | Y/N | Has this been arranged? | Y/N |
| GP surgery | | NHS numbers | |
| Details of any family member's disability * ¹ | | | |
| Are there any known risk factors (e.g. lone working / home visiting) | | | |
| Any other relevant information <i>Refugee/asylum seeker/ service family</i> | | | |
| Details of family members where English is not the first language | | | |

¹ Disability definition from the Equality Act 2010 – if you have a physical or mental impairment that has a ‘substantial’ and ‘long-term’ negative effect on your ability to do normal daily activities

Family Assessment

All areas of the assessment cannot always be fully completed by one worker.
The assessment information should focus on improving outcomes for the child.
Focus on both strengths and needs.

Child Developmental Needs

Summary of **EACH** child's developmental needs (*Health, Education, identity, Emotional and Behavioural development, family and social relationships, social presentation, self care skills*)

Consider general health (including nutrition, physical development, speech, language, drugs / alcohol, anti-social behaviour/crime, self care skills), Education and Learning (including % attendance at education, behaviour, progress & achievements, aspirations), emotional & social development (including mental health, family & peer relationships), Missing from school / home regularly, risky sexual behaviour, signs of grooming (e.g. unexplained high value possessions, normalisation inappropriate behaviour, inappropriate use of social media)

When seeking information from schools or other education settings, information should be sought from the appropriate designated professional

Strengths:

Issues / concerns:

What support is needed?

Parenting Capacity

Summary of Parenting Capacity (*Basic care, ensuring safety, emotional warmth, stimulation, guidance and boundaries, stability*)

Consider parenting style, basic care, ensuring safety, emotional warmth, boundaries , communication, response to identified needs
Does the parent / carer have any needs? i.e. mental or physical health, substance misuse, work related problems, parenting needs, domestic abuse.
Do they have any additional caring responsibilities? E.g. caring for a grandparent?

Strengths

Issues / concerns:

What support is needed?

Family and Environmental Factors

Summary of Family and environmental factors (*Family history and functioning, wider family, housing, employment, income, family's social integration, community resources*)

Consider family history, relationships issues, breakdowns, wider family networks, financial situation, employment, crime/anti-social behaviour, access to services in community.. Is housing adequate for the family's needs?

Are there any religious, cultural or ethnicity factors to be taken into consideration when planning services?

Strengths

Issues / concerns:

What support is needed?

Views of the family

Notes/views/comments, to include what changes the family member would like to see:

| |
|--|
| Child or young person’s views on the assessment and identified actions to be addressed. Please summarise each child’s views and detail how these views were sought |
| |
| |
| |
| |
| Parents’ views on the assessment and identified actions to be addresses. Please summarise each parent’s views and detail how these views were sought and recorded |
| |
| |

Any other comments:

Information Sharing Consent*:

I understand that information gathered regarding myself and my family will be used only for the purpose of providing, coordinating and evaluating services to my family under the [District] Supporting Families Programme and wider Early Help offer.

I agree that information about me can be shared with other professionals and organisations where this is necessary to provide coordinate and evaluate services to support the family under the supporting families programme and Early Help. I understand that this may include health organisations, police, youth offending team, criminal justice, registered social landlords, DWP, education, housing and social care services and also services that have been obtained both locally and across Hampshire to co ordinate, evaluate and provide support to families on the programme and through Early Help.

I understand and agree that information about me will be provided to the Department Communities and Local Government (DCLG) for research and evaluation of the scheme.

Hampshire Family Assessment and Plan : Early Help and Supporting Families, version Feb 2017

I understand that information about me will only be shared without my consent if the information suggests a person is at serious risk of harm or to prevent a crime being committed. Where the information suggests significant harm to an infant, child or young person local safeguarding children board procedures (4LSCB) will be followed and this has been explained to me.

I agree to my information being stored on SafetyNet and the Hampshire County Council database where appropriate.

Further information about information sharing can be obtained at <http://www3.hants.gov.uk/families/supporting-troubled-families/about-troubled-families.htm> or from your local coordinator.

| Parent/Carer signature | Name | Date |
|-------------------------|------|------|
| | | |
| | | |
| | | |
| Young Persons signature | Name | Date |
| | | |
| | | |
| | | |
| | | |
| Professionals signature | Name | Date |
| | | |

****Please note that consent to share information should be sought for each family member, aged 12 and over***

Additional Information:

Any additional information after the plan has been considered:

| | |
|--|----------|
| Following Early Help and/or Supporting Families discussion please confirm: | |
| Date discussed | |
| Identify lead professional / EH Coordinator working with the family: | Name: |
| | Role: |
| | Contact: |
| Signed by SRO or EH Coordinator | |

Family Plan

This should reflect what has been identified through the assessment process. It should be clear on which family member each action refers to. The criteria linked with the supporting families programme has been inserted into the plan for ease but it is recognised they will not be appropriate for all family plans so please delete as appropriate and add other priority areas as needed.

| Priority area –identified need – | How has the need been identified? | Proposed next steps –Action – | By who? | What resources will be available to the family? What is additional? | How will the action impact on the individual/family and improve outcomes? |
|--|---|----------------------------------|---------|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Improving educational attendance and outcomes | | | | | |
| Reducing crime/anti- social behaviour | | | | | |

Family Plan

| | | | | | |
|--|--|--|--|--|--|
| Improving outcomes for children who need help | | | | | |
| Getting adults into work and reducing financial exclusion | | | | | |
| Reducing Domestic Abuse and Violence | | | | | |
| Improving Family Health Problems | | | | | |

| | | |
|---|-------------------------------------|------------------------------------|
| Has this Family Plan been shared/discussed with the family? <i>If answered yes please seek information sharing consent below</i> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Action Plan to be confirmed/agreed with the family by? <i>(the Action Plan should be agreed within six to eight weeks, and reviewed at least every eight weeks)</i> | Date: | |