**FAMILIES FIRST ASSESSMENT – PART 1 ASSESSMENT**

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| **A. INITIAL CONTACT (potential here for system pre-population of fields)** |
| **Date involvement started (DD/MM/YYYY)**  |  |
| **Details of Practitioner undertaking the Assessment** |
| Name |  |
| Job title |  |
| Service |  |
| Email address |  |
| Tel. |  |

**Who is in the family?**

**Please enter the names of all adults and children relevant to the plan, even if they don’t live at the main home.**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Full name | Gender (M/F) | Date of birth | Age | Known disability conditions/ issues | Ethnicity | Language needs? | NHS number |
| Children and young people (under 19) – potentially it may be possible to pre populate some fields |  |
|  |  |  |  | Choose an item. | Choose an item. |  |  |
|  |  |  |  | Choose an item. | Choose an item. |  |  |
|  |  |  |  | Choose an item. | Choose an item. |  |  |
|  |  |  |  | Choose an item. | Choose an item. |  |  |
|  |  |  |  | Choose an item. | Choose an item. |  |  |
|  |  |  |  | Choose an item. | Choose an item. |  |  |
|  |  |  |  | Choose an item. | Choose an item. |  |  |
|  |  |  |  | Choose an item. | Choose an item. |  |  |
| Adults (19 or over): |  |
|  |  |  |  | Choose an item. | Choose an item. |  |  |
|  |  |  |  | Choose an item. | Choose an item. |  |  |
|  |  |  |  | Choose an item. | Choose an item. |  |  |
|  |  |  |  | Choose an item. | Choose an item. |  |  |
|  |  |  |  | Choose an item. | Choose an item. |  |  |

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| **DETAIL OF FAMILY RELATIONSHIPS** |
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**Family Address(es): (please enter all the addresses relevant to the plan)**

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| --- | --- | --- | --- | --- |
| Address | Post Code | Important numbers | Who lives here? / notes | Housing Tenure Type (add drop down) • Private rent• LA or HA rent• Owner occupied• No fixed abode• Temporary accommodation provided by LA• Other |
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**Services (including GP) and / or educational settings and services currently working with people in your family**

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| --- | --- | --- | --- | --- |
| **School, service or agency** | Contact name | Number | Which family member(s)? | What are they doing? |
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| **B. WHAT THE FAMILY WOULD LIKE TO CHANGE** |
| **Why has this assessment been started?**  |
| **How has the information been gathered, who has provided the information?** |
| **What are the children(s)’s views (include views of any child or young person in the family)? – SEPARATE BOX FOR EACH CHILD** |
| **What are the views of the other family members?** |

**Brief family overview.**

**Family history and story**

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**Wider family history (where relevant)**

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**How are things at the moment?**

Using the themes below, please summarise what’s happening for the family at the moment.

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| Children in need of help (including children who go missing, risk of sexual exploitation and signs of neglect |
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| Mental Health / Emotional Wellbeing |
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| Drug and / or alcohol abuse (including legal highs) |
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| Health and wellbeing (Other) |
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| Education (2-18 year olds) (including attendance, children missing education and exclusions) |
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| Employment or problems with money matters (include debt and rent arrears; also include young people not in education, employment or training) |
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| Healthy relationships (including Domestic Abuse and Family Breakdown) |
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| Community and social behaviour (young people and adults – including any recent history of being a victim or offending) |
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***Where there are signs of neglect, has a Graded Care Profile been undertaken? Yes / No / Don’t Know (delete as appropriate)***

***Are any of the adults a carer? Yes/no/don’t know: If an adult, please state here:***

 ***Do any of the children/ young people have a caring responsibility? Yes / No / Don’t Know (delete as appropriate)***

***If yes, please state which child / young person:***

**Parenting**

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| --- |
| **Basic care, including comments on stimulation, guidance & boundaries and stability (include all parents who the children spend two days or more with each week)** |
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| **Parent /carer (or other significant) / child relationships (including any absent parents and their relationship with the children)** |
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**For the lead professional / Keyworker:**

**What is your analysis of the current risk and protective factors in the family (based on your risk assessment)?**

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| **Strengths** |
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| **Protective factors** |
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| **Risk factors** |
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| --- |
| **Unknown** |
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| **The future** |
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**C. The Parent, Carer, Young Person, Child or Family Agreement**

**We / I understand that the information I give will help me plan the things I can do and the support I will need to get things going well again.**

**We / I understand that my information will be stored safely as per the Data Protection Act 1998.**

**We / I give my permission for this information to be shared with other professionals to plan what is needed. I understand that where there is immediate risk of harm the practitioner will follow Hertfordshire Safeguarding Childrens Board safeguarding reporting procedures.**

**We / I understand the information that is recorded on this form and that it will be stored and used for the purpose of providing services to:**

**0 Me**

**0 Child or young person for whom I am a parent**

**Child or young person for whom I am a carer**

**I have had the reasons for information sharing and information storage explained to me and I understand those reasons.**

|  |  |  |
| --- | --- | --- |
| **Name** | **Signature** | **Date** |
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| --- | --- | --- |
|  | **Yes** | **No** |
| **Are there any individuals, organisations, or services that you do not wish information to be shared with?** | **(please provide details)** |  |

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| --- | --- | --- |
| **Practitioner Name** | **Signature**  | **Date** |
|  |  |  |

**Opt out for national evaluation and research of local support services for families - Privacy Notice**

* **Please tick if you do not want us to share some information** (name, date of birth, gender, postcode, date and reason for support) about people in this assessment with the government’s Department for Communities & Local Government (DCLG) for research purposes.

**Your decision to opt in or out of this will not affect this assessment, any benefits or other services you get**. It will not be possible to identify individuals in the research reports we receive back from DCLG and your information will be handled with care and in line with the law. This research will help DCLG understand and improve the services your family and other families in England receive in the future.

**Date of opt out**

**Opt out informed by**