

Assessment

Section 1: Consent Statement(s)

Consent Statement

For the assessor(s)

We need to make sure that family members are clear what will be done with their information. Please make sure that they are comfortable with what has been recorded in this assessment.

As the person completing this form with you has explained, we want to be able to provide services to you and your family. In order to do this efficiently, we will need to share the assessment with organisations or services already working with your family along with new services identified in the assessment. The person completing the assessment with you will explain how the information is shared.

We are obliged to share information if there are any concerns about the safety and or wellbeing of a child, young person and/or adult and there are clear reasons for doing so which are in the best interests of a child, young person and or adult.

I agree to the sharing of information between the relevant organisations, services as appropriate. I understand that the information gathered regarding my family is recorded and will be securely stored and used for the purpose of providing services to my family and may also be used for monitoring and auditing the quality of service offered to myself, children and family.

Family Members

Name(s)	

Consent statement for information storage

Consent Date	
Consent Granted By	
Signed	Yes / No
Privacy Notice	Yes / No

Services / practitioners to be invited to the TAF

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National Service List Consent Options

Additional Services	
Early Years: Children & Family Centres	
Early Years: Settings	
Education: Adult & Community Education	
Education: Further Education and Sixth Form Colleges	
Education: Schools	
Education: Special Educational Needs / Support for Learning	
Health: Primary and Community Health	
Health: Secondary and Tertiary Health	
Housing	
Leisure, Sports and Culture	
Police	
Probation & Prison	
Social Care	
Youth Services	

Comments

	Name	Signature	Date
Signed			

Section 2: Family

Details of current family and home situation

Please provide in the box below, through illustration and/or narrative, details of the family structure including parents/carers, child or other significant adults who live or do not live in the family home.

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Details of practitioner undertaking assessment

User Details

Title:	
Surname:	
First Name(s):	
Known as:	
Previous surname(s):	
Email:	

National Service Category

Job Title:	
National Service:	
Local Service:	

Contact Details

Contact Number:	
Description:	
Type:	

Children/Young People

Child/Young People Details:

Title:		Gender:	
First name:		Family Name:	
Known as:		Date of Birth (or Estimated Delivery Date):	
Previous surname(s):			

Address Details

Line 1	
Line 2	
Line 3	
Line 4	
Line 5	
Postcode	

Further Address Information

No Fixed Address:	Yes / No
Unknown Address:	Yes / No

Contact Details

Contact Number	
Email Address	
Comments	
Type	
Preferred	Yes / No

Reference Number

Unique Pupil Number	
CED (Central Education Database) Number	
CCM (Children's Centre Manager) Number	
Frameworki Number	

TFX Number	
NHS Number	
National Insurance	
Other:	

Ethnicity

Ethnicity:	
Religion:	

Further Information

Immigration Status:	
First Language:	
Disability:	Yes / No
Disability Type:	
Additional Information:	
Details of Special Requirements:	

Child/Young People Details:

Title:		Gender:	
First name:		Family Name:	
Known as:		Date of Birth (or Estimated Delivery Date):	
Previous surname(s):			

Address Details

Line 1	
Line 2	
Line 3	
Line 4	
Line 5	
Postcode	

Further Address Information

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Unknown Address:	Yes / No

Contact Details

Contact Number	
Email Address	
Comments	
Type	
Preferred	Yes / No

Reference Number

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Frameworkki Number	
TFX Number	
NHS Number	
National Insurance	
Other:	

Ethnicity

Ethnicity:	
Religion:	

Further Information

Immigration Status:	
First Language:	
Disability:	Yes / No
Disability Type:	
Additional Information:	
Details of Special Requirements:	

Parent/Carers

Adults Details:

Title:		Gender:	
First name:		Family Name:	
Known as:		Date of Birth:	
Previous surname(s):			

Parental Responsibility

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Address Details

Line 1	
Line 2	
Line 3	
Line 4	
Line 5	
Postcode	

Further Address Information

No Fixed Address:	Yes / No
Unknown Address:	Yes / No

Contact Details

Contact Number	
Email Address	
Comments	
Type	
Preferred	Yes / No

Reference Number

Unique Pupil Number	
CED (Central Education Database) Number	

CCM (Children's Centre Manager) Number	
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TFX Number	
NHS Number	
National Insurance	
Other:	

Ethnicity

Ethnicity:	
Religion:	

Further Information

Immigration Status:	
First Language:	
Disability:	Yes / No
Disability Type:	
Additional Information:	
Details of Special Requirements:	

Adults Details:

Title:		Gender:	
First name:		Family Name:	
Known as:		Date of Birth:	
Previous surname(s):			

Parental Responsibility

Address Details

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Email Address	
Comments	
Type	
Preferred	Yes / No

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TFX Number	
NHS Number	
National Insurance	
Other:	

Ethnicity

Ethnicity:	
Religion:	

Further Information

Immigration Status:	
First Language:	
Disability:	Yes / No
Disability Type:	
Additional Information:	
Details of Special Requirements:	

Significant Others

Details:

Title:		Gender:	
First name:		Family Name:	
Known as:		Date of Birth:	
Previous surname(s):			

Address Details

Line 1	
Line 2	
Line 3	
Line 4	
Line 5	
Postcode	

Further Address Information

No Fixed Address:	
Unknown Address:	

Contact Details

Contact Number	
Email Address	
Comments	
Type	
Preferred	

Reference Number

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TFX Number	
NHS Number	
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Other:	

Ethnicity

Ethnicity:	
Religion:	

Further Information

Immigration Status:	
First Language:	
Disability:	Yes / No
Disability Type:	
Additional Information:	
Details of Special Requirements:	

Section 3: TAF Members

This page lists all of the people who are or have been involved with supporting family members within this case.

Family Members

Name	Type

Practitioners

Name	Role	Start Date	End Date

Services

Services involved with the family

Family Member(s)	Ongoing?	Service	Practitioner

Comments

Section 4: Identification of Needs

This section should be used to identify the needs/worries that led to the Early Help Plan being initiated and to identify families that fit the Think Family criteria.

Indicator 1 – Crime/ASB

This family includes ...

A child who has had a previous offence (including out of court sanctions) in the last 12 months.	
A family member with an ASB intervention.	
A family member in prison who has 12 months or less left on their sentence who has parenting responsibilities.	
An adult already subject to licence conditions that have parenting responsibilities.	
An adult offender who has parenting responsibilities.	
A family member where there is a professional concern of further offending.	

Indicator 2 – Education

This family includes ...

A child who has 15% or more absence for 3 consecutive terms.	
A child who has 3 or more fixed term exclusions.	
A child who has been permanently excluded.	
A child who has alternative provision for behavioural problems.	
A child neither registered with a school nor being home educated.	
A child that education professionals are concerned is not receiving a full-time education.	

Indicator 3 – Children who need help

This family includes ...

A child identified as needing Early Help.	
A child assessed as needing Early Help.	
A child with a CIN Section 47 plan.	
A child referred from professionals with equivalent concerns.	

Indicator 4 – Work & Finances

This family ...

Receives out-of-work benefits (pre Universal Credit).	
Receives Universal Credit – subject to work related condition.	
Includes a family member with low educational attainment (risk of becoming NEET).	
Includes a family member who has left school and is NEET.	
Is at significant risk of financial exclusion.	

Indicator 5 – Domestic Abuse

This family ...

Has a history, is experiencing, or is at risk of, Domestic Violence or Abuse.	
Has a history of perpetrating Domestic Violence or Abuse.	
Has a history of Domestic Violence or Abuse police call-outs.	

Indicator 6 – Health & Wellbeing

This family includes ...

A family member with mental health problems.	
A child with a conduct disorder.	
A family member with drug & alcohol issues with parenting responsibilities.	
A new mother referred from professionals with concerns about mental or physical health.	

Section 5: Simple Assessment

Assessment Information

Meeting Date	
Lead Worker	

What's going well?

Enter details of what is currently going well.

What are we worried about?

Enter any worries.

Complicating Factors

Enter any complicating factors

Desired outcomes

Enter the desired outcomes.

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Actions

These are immediate next steps to support the family and in preparation for the first Team Around the Family (TAF) meeting.

Family Member(s)	Outcome	Action	Who	Last Modified	Modified By	When

Working Safely

Concern(s)	Date Recorded

Is a wider assessment needed? Yes / No

Section 6: Wider Assessment Part 1

Family & Community Life and Relationships

How do family members get on with one another?

What support is offered from extended family, friends and neighbours?

How do individual family member's needs affect other family members?

Family Health

Family Home: Describe housing situation (is it adequate for the family's need, any concerns over overcrowding, hygiene, safety, risk of homelessness)

Family neighbourhood: Describe positive support and strengths from the community as well as any anti- social issues, racial hatred, gangs, other complicating factors.

Local services: What do the family use that helps them or is hard to access?

Significant events that have impacted on family life.

Section 7: Wider Assessment Part 2

Family Member Profiles

For Child:

Provide a pen picture of this child or young person. What are their particular strengths and needs? (Consider their education, emotional wellbeing, personal development, basic care and affection, family relationship, social skills and peer relationships etc.) How is the child impacted by their family situation? Ensure the voice of the child is present in their own profile.

For Adult:

Provide a Pen Picture of the strengths and needs of the adult/ parent/ carer. Think about disability, employment mental and physical health, substance misuse, DV and other factors that are considered important in their life and relationships

How is the adult impacted by wider family and environmental factors

Consider the parents strengths and needs in their ability to meet their childrens needs and achieve change

Ensure the voice of the parent is evident in their assessment.

Case Analysis

From the information you have gathered describe the main strengths and worries about the children's wellbeing and how the family functions.

What are the key complicating factors that impact the journey towards positive change?

Please highlight any concerns about danger/ harm.

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