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| **Guidance notesFamily Health Needs Assessment****Single Assessment framework early help(SAFeh)** | SGCLogoSwoosh (2) |

**SAFeh single assessment number: *Please submit with FHNA to Access and Response Team***

**If SAFeh completed previously this will be SAFeh number 2 or 3 etc**

**Child/ren details *Action plans & reviews also to be sent to ART***

**It is important that a family assessment should be considered where more than one child / YP resides in the home unless there is a good reason that it should be on only one child. Please include details of all children the SAF should cover.**

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| **Family name:**  | **Child 1**  | **Child 2** | **Child 3** |
| **Given names:** |  |  |  |

**Reason for Single Assessment for Early Help (FHNA becoming Multi Agency)**

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| **What triggered the need for a holistic assessment?** |

**Family structure**

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| **You may wish to draw a genogram (as taught in SAFeh training) where the family structure can be seen clearly. Or you can list family members, highlighting the relationships and which household they live in, ensuring you know about all members of families.****Important people may be absent parents, step parents, new partners, half siblings** |

**List of any significant events in family historyALL significant events and changes in appropriate date order.**

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| **E.g. family break ups, reconstituted families, bereavements, transitions, house moves, school changes, etc.****Remember to record significant events; we do not need a full chronology of every small thing that has happened to the family.** |

**Family views of current situation and help required**

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| **Views of Parents/Carers are: What do ALL parents / carers think their situation is?** **What do they want to change?** **If views not gathered why not?****Parent comments: Comments about this assessment and the SAF process** |

**Information - who led this assessment? Who will take on the Lead Professional roIe?** The SAFeh author or another practitioner chosen by the family?

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| **Assessor name:** | **Lead Professional name:** |
| **Role:**  | **Role:** |
| **Office address:** | **Office address:** |
| **Contact telephone no:** | **Contact telephone no:** |
| **Email address:** | **Email address:** |