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| **Single Assessment Framework early help (SAFeh)** | SGCLogoSwoosh (2) |

**Single assessment version number: Have you obtained consent? Y/N**

**Date of assessment**

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| **Date assessment started**:  | **Date assessment finished:** |
| ***Date received*:** *(office use only)* |  |
| **Has consent been obtained to seek/share information? Y/N*****Please use information sharing leaflet and consent form*** | **Location of signed consent?** |

**Child/ren and Young People details**

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|  | **Child 1** | **Child 2** | **Child 3** | **Child 4** | **Child 5** |
| **Family Name** |  |  |  |  |  |
| **Given Name** |  |  |  |  |  |
| **Gender** |  |  |  |  |  |
| **DOB / EDD** |  |  |  |  |  |
| **Faith/Religion** |  |  |  |  |  |
| **First Language** |  |  |  |  |  |
| **Other forms of Communication** |  |  |  |  |  |
| **Ethnicity** |  |  |  |  |  |
| **Disability** |  |  |  |  |  |
| **Special Educational Need** |  |  |  |  |  |
| **Address & Tel No.** |  |  |  |  |  |

**Reason for Assessment**

**What are we worried about?**

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**Parents and carers details:**

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| **Name of Mother/Carer:** **Address:****Tel No:****Email:****Parental responsibility?** Y/N | **Name of Father/Carer:** **Address:** **Tel No:****Email:****Parental responsibility?** Y/N |

**Other Children and Adults who live in the house**(e.g. lodgers)

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| **Name:** **Date of Birth:** | **Relationship to Child/Young Person:** |
| **Name:** **Date of Birth:**  | **Relationship to Child/Young Person:** |
| **Name:** **Date of Birth:** | **Relationship to Child/Young Person:** |

**Significant others not living in the home** (e.g. partners of parents, other family members)

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| **Name and Address:** **Relationship to Child/Young Person:**  | **Date of Birth:****Notes:** |
| **Name and Address:** **Relationship to Child/Young Person:**  | **Date of Birth:****Notes:** |
| **Name and Address:** **Relationship to Child/Young Person:**  | **Date of Birth:****Notes:** |

**Agencies currently and previously involved with Children/Family** - services provided/provision of specialist assessment. Please refer to any assessments, actions and outcomes achieved.

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| **Name of Practitioner** | **Role** | **Actions** | **Involvement Dates & Outcomes** | **Contribution to SAF Yes/No** |
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**Family structure**

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**List of significant events in family history**

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**Children / Young Persons development**

**What the children/young people say and do -** Describe the children’s/young people’s day to day experiences. You should consider all relevant factors – *see guidance notes*.

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| **Assessment information:** |  |
| **Child’s strengths:**  |  |
| **Child’s needs:** |  |

**Parenting strengths and challenges**

**What parents say and do -** Describe parenting approach, routines, and boundaries within the family.

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| **Assessment information:** |  |
| **Parent’s strengths:** |  |
| **Parental challenges:** |  |

**Family and community**

**Describe relevant family history, current circumstances and available support.**

Consider relevant factors e.g. housing, employment, finances, community resources and social support important to the family.

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| **Assessment information:** |  |
| **Strengths:** |  |
| **Challenges:** |  |

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

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| **Children/Young People views are:****If views not gathered why not?****Children/Young People comments:**  |

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| **Views of Parents/Carers are:****If views not gathered why not?****Parent Comments:** |

**Analysis of strengths and challenges**

Please use the above assessment to evidence and analyse the strengths, challenges and risks for the family. It should result in a clear understanding each of the Children’s / Young People's needs.

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| **Strengths/Protective factors - What is working well?** |
| **Difficulties, needs and risks – What are the needs and risks that we are worried about?** |
| **Assessment conclusions and outcomes required for the child.** |

**Recommendations and/or next steps agreed by all parties**

E.g. Team Around the Child / Family meeting, action plan development, request to another service etc. Please record any differences as well as agreements.

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**NOTE – please ensure that an action plan is now developed, and shared with all partners; i.e. all other agencies involved and the family. Then ensure it is reviewed at a later date.**

**Assessor Information**

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| **Name:** | **Role:** |
| **Organisation/Team/Service:** | **Office Address and Postcode** |
| **Contact Telephone No:** | **Email Address:** |

**Assessors’ signatures**

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| --- | --- |
| **Parent’s signature:** | **Date** |
| **Young Person’s signature:** | **Date:** |
| **Assessor’s signature:**   | **Date:**  |
| **Line Manager’s signature:**  | **Date:**  |
| **Line Manager’s comments:**  |

1. **Give a copy to the family and ensure a consent form has been signed.**
2. **After completing the single assessment please send in to Access and Response Team (ART) and ensure that all action plans and reviews are also sent in.**
3. **With consent share copies with all professionals at the TAC/F meeting.**
4. **With consent share copies with professionals working with the family and not at the TAC/F meeting.**
5. **With consent we suggest that single assessments are routinely shared with GPs with a covering letter.**

**NOW submit the form to Access and Response Team (ART)**

* **To email securely contact ART on Tel: 01454 866000 and request a secure email registration to log onto and reply to.**
* **To Fax: 01454 864380 – you should ring to inform you are doing this first.**
* **To post: Department for Children, Adults and Health, First Point, PO Box 298, Civic Centre, High St, Kingswood, BS15 1DQ.**