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**BRADFORD’S FAMILY ASSESSMENT TOOL**

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| **CONSENT:** Bradford Children & Families Trust (BCFT or the Trust) is committed to offering Early Help for children and families as problems begin to emerge and to stop them from getting worse.  The assessment helps us to gather your thoughts, wishes and concerns and work together to create a plan that will help you and your family.  We will ensure that any information sharing that takes place is proportionate, managed securely and in accordance with the law.  Your information **will only be shared for the purpose of ensuring that relevant support is offered to you and your family**, and to ensure that services are better coordinated and focused on your family’s needs.  BCFT will process your information within its own case management systems and internal processes and, where necessary, share with other relevant organisations.  For further information, visit  [Privacy notice | Bradford Children and Families Trust (bradfordcft.org.uk)](https://www.bradfordcft.org.uk/privacy/) By completing this section you confirm your consent to this assessment and support plan.  **Signed:**                                                                                      **Date:**  **Print name:** |
| By completing this section and inserting a cross in the ‘yes’ box you, the practitioner, confirm that you have received consent on the original copy of the Early Help Assessment and Support Plan document and that the family, child or young person understand and agree that you will share the information with other agencies to maximise the support available to them**.** **Yes** |

**Person undertaking the assessment:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Role/Position** | **Agency/Service include telephone number** | **Date** |
|  |  |  |  |

**Family details- who is part of the family:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Relationship** | **Ethnicity** | **DOB** | **School and year group (if applicable)** |
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|  |  |  |  |  |
| **Address (including postcode)** | | | **Contact number of Parent/Carers** | |
|  | | |  | |

**Other important family members/friends:**

|  |  |
| --- | --- |
| **Name** | **Relationship** |
|  |  |
|  |  |
|  |  |

**Agencies/ services supporting your family- what have they done/doing to help?**

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| --- | --- | --- | --- |
| **Service** | **Contact Name** | **Contact Number** | **What support has been/is being offered?** |
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| **What is going well with your family?** |
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| **What do the children (or child) say about their family, school and social life?** |
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We can help with any problems/worries you might have- tell us some areas that you need some support with. There may also be some things that school are worried about- tick or circle them below:

FINANCES/BUDGETTING

GENERAL HEALTH

SCHOOL ATTENDANCE/LATENESS

CRIME/ANTI-SOCIAL BEHAVIOUR

HOUSING OR HOME CONDITIONS

CHILD’s BEHAVIOUR/ROUTINE

EMOTIONALWELLBEING/ MENTAL HEALTH

DRUG OR ALCOHOL MISUSE

CONFLICT IN RELATIONSHIPS

HELP WITH BABY/ UNDER 5-YEAR-OLD

LOOKING FOR WORK OR A TRAINING COURSE

SPECIAL EDUCATIONAL NEEDS AND DISABILITIES (SEND)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **What is happening that you want/need help with?** | **What are we going to do?** | **Who will do it?** | **How long will it take to do it?** | **What could happen if it isn’t done?** |
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**Voice of the worker**

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| **What this assessment tells us about life for the children/family** |
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