



Child and Family Assessment/Notification Form (CFAN)

Ideally this form should be completed electronically, not handwritten.

1. Assessor/Referrer Details

Assessor/referrer name:	Organisation:
Role:	Address:
Email:	Telephone:

Date Completed:

Is this for information only?	Yes	No
Is this a Social Care Safeguarding Referral?	Yes	No
Are the family aware of this referral?	Yes	No
Is this assessment a request for Early Intervention Services ?	Yes	No
Has consent been given? <i>(Consent is essential for any non-compulsory Early Intervention Service)</i>	Yes	No
Is this child/young person in a Private Fostering Arrangement?	Yes	No
Is this child/young person a Young Carer?	Yes	No

2. Family Composition and Details

Main Parent/Carer

Name:	Date of Birth:
Address:	Relationship to child/ren:
Postcode:	Parental Responsibility:
Email:	Gender:
Home Tel:	Ethnicity:
Mobile no:	

Parent/Carer 2

Name:	Date of Birth:
Address:	Relationship to child/ren:
Postcode:	Parental Responsibility:
Email:	Gender:
Home Tel:	Ethnicity:
Mobile no:	

Children and other household residents

Please indicate in the Highlighted box the child/ren this form refers to ✓

Name	✓	DoB/EDD	Gender	Ethnicity	School/Setting	Year

3. Communication

Is English the family's first language
If no, please state the first language
Is interpreter required
Any other communication difficulties/issues
Please give details of any disability or special needs within the family:

4. GP Details

Is Family registered with a GP;	NHS No:
Practice/Health centre:	
Address:	
Telephone:	

5. Previous Support Service or Other Known Agency Involvement

Family member	Professional/Agency and Contact details	Reasons for involvement	Current? Yes/No

6. Reason for Contact

Please summarise the issues leading to this Assessment/Notification

Who are you concerned about in this household and why?

If this request is for EIS education service please state member of EIS staff consulted (or MPPM) and date:

7. Family Assessment Information

Please provide known information on all family members including strengths as well as needs

Health - Details of any physical and emotional or mental health needs

Education/Learning issues

Observations on the quality of family relationships and home environment

Housing, work and finances

What are the current strengths and supports in place?

What support do you feel is required and what outcomes would you like to see achieved?

What are the risks if no support/intervention is put in place?

Assessors Signature

Signed:	Name:	Date:
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8. Consent to Share Information

Consent statement for information storage and information sharing

"We need to collect the information contained within this document so that we can understand what help you may need. We may need to share some of this information with, or request relevant information from, other organisations so that they can help us to provide the services you need."

"We will treat your information as confidential and we will not share it unless we are required by law to share it or unless we feel you or your child will come to some harm if we do not share it. In any case we will only ever share the minimum information we need to share."

I have had the reasons for information sharing and information storage explained to me. I understand those reasons and consent to information being shared.	Yes	No
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 myself and the children or young people for whom I am parent or carer.	Yes	No
I wish to receive services provided or co-ordinated by London Borough of Hounslow Early Intervention Service	Yes	No

Exceptional circumstances:

Concerns about significant harm to infant, child or young person

If at any time during the course of this assessment you are concerned that an infant, child or young person has been harmed or abused or is at risk of being harmed or abused, you must follow your Local Safeguarding Children Board (LSCB) safeguarding children procedures. The practice guidance 'What to do if you're worried a child is being abused' (HM Government, 2015) sets out the processes to be followed by all practitioners.

These referral processes will be included in your local safeguarding children procedures and are set out in Chapter 5 of Working Together to Safeguard Children (2015).

(<http://www.education.gov.uk/aboutdfe/statutory/g00213160/working-together-to-safeguard-children>).

You should seek the agreement of the child and family before making such a referral unless you believe that to do so would place the child at increased risk of significant harm.

If possible please obtain

Parent/Carer/Young Person Signatures

Signed:	Name:	Date:
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Signed:	Name:	Date:
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Signed:	Name:	Date:
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Other adult family/household members or significant others

Signed:	Name:	Date:
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Signed:	Name:	Date:
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