London Borough of Hounslow

Please return completed form to
childrensocialcare@hounslow.gov.uk (secure)
Children's Front Door
Hounslow House, 7 Bath Road, Hounslow TW3 3EB
Tel 020 8583 6600 (option 2 then option 3 for Frontdoor)

Child & Family Assessment/Notification Safeguarding Form (CFAN)

Please complete ALL sections

1. Referrer Details

Referrer name: <Sender name>	Organisation: **<Organisation Details>**
Role:	Address: <Organisation Address>
Email:	Telephone: <Organisation Details>

Date Completed:

Is this a Social Care SAFEGUARDING Referral **(Risk or Need)**	**Yes ☐ No ☐**
Are the family aware of this referral	**Yes ☐ No ☐**

OR……….

Is this assessment a request for targeted early help **(see list)**	**Yes ☐ No ☐**
parental consent given *(Consent is essential for family support)*	**Yes ☐ No ☐**

Is this child / young person in a Private Fostering Arrangement	**Yes ☐ No ☐**
Is this child/ young person a Young Carer	**Yes ☐ No ☐**

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2. Family Composition & Details
Main Parent/Carer

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

Parent/Carer 2

Email to:

Name <Relationships>	Date of Birth: <Relationships>
Address: <Relationships>	Relationship to child/ren Parental Responsibility
Email: <Relationships>	Gender: <Relationships>
Home Tel: <Relationships>	Ethnicity:

Children

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

Name	✓	DoB/EDD	Gender	Ethnicity	School/Setting	Year
<Patient Name>	☐	<Date of birth>	<Gender>	<Ethnicity>	<Patient School>	
	☐					
	☐					
	☐					

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3. Communication

Is English the family's first language:	**Yes** ☐ **No** ☐
If no, please state the first language	<Main spoken language>
Is interpreter required	**Yes** ☐ **No** ☐
Communication difficulties/issues	**Yes** ☐ **No** ☐
Please give details of any disability or special needs within the family:	

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4. GP Details

Is Family registered with a GP; **Yes** ☐ **No** ☐	NHS No: <NHS number>
Practice/Health centre: <Organisation Details> Address: <Organisation Address> Telephone: <Organisation Details> Health Visitor (if applicable)	

Email to: childrensocialcare@hounslow.gov.uk

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5. Other Relevant Agency Involvement (current or previous)

Family member	Professional/Agency & Contact details	Reasons for involvement	Current? Y/N
			Yes ☐ No ☐
			Yes ☐ No ☐
			Yes ☐ No ☐
			Yes ☐ No ☐

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6. Please summarise the issues leading to this Assessment/Notification

Who are you concerned about in this household and why?

<Event Details>

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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
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? Eg significant harm, family breakdown, or poor outcomes

Email to: childrensocialcare@hounslow.gov.uk

Date:

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8. Consent to Share Information

Please discuss this 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. If we cannot address all of your needs we may need to share some of this information with, or request additional 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 it is believed 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.	Yes	☐	No	☐
Name of Parent/ Carer:	**Date:**			

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 still notify the child and family before making such a referral **unless to do so would place the child at increased risk of significant harm.**

Reason why Consent has been dispensed with:

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