**Whole Family Assessment**

If you are not registered for the Early Help Module(EHM) of Liquid Logic please contact Strengthening Families 01743 253921 or ShropshireStrengtheningFamilies@shropshire.gov.uk

If you are not registered for EHM and intend to submit this form by e-mail to Shropshire Strengthening Families, please ensure the form is typed and not handwritten. The assessment should be sent with a recent consent form signed by all adults in the household and any young people 13 and above. Please do not PDF these forms.

The assessment should be as detailed as possible. For guidance on completing a whole family assessment please see <https://shropshire.gov.uk/media/24631/whole-family-assessment-guidance.pdf>

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| Family surname/s |  |
| Family Address |  |
| Contact landline/mobile number – please state who this number belongs to |  |
| People present at the assessment |  |
| Assessment date completed |  |
| **Details of person undertaking the assessment** |  |
| * Name
 |  |
| * Contact number
 |  |
| * Role
 |  |
| * Organisation
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| Whole Family Assessment |
| Please record the views of children/young people, parents/carers and professionals in the appropriate boxes. If information has not been gathered from individuals, name them and say why. An assessment is a live document, you may capture their information in the future when you can review the assessment and add the information.**Please leave the box blank if the criteria does not apply and you do not need to complete the score for criteria that are not an issue.** |
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| **1. Getting a Good Education** |

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| Any child of school age with more than 10% unauthorised absenceAny child of school age not able to participate and engage with education e.g. due to motivation, behaviour, exclusions, off-roll, risk of NEETChild’s special educational needs not being met. |

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| **Are you worried about children in the family getting a good education?** | **Yes** |[ ]
| **What is going well? (What is our family good at? What strengths can we build on?)** |
| Child/ren/young person/people(Please name individual children who contribute to this assessment) |  |
| Parent(s)/Carer(s)(Please name individuals who contribute to this assessment) |  |
| Professionals(Please name any professionals who contribute to this assessment specifying their role) |  |
| **What are we worried about? (What has happened in the past and what are we concerned about now?)** |
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| **What support is currently in place? What support have you had? Do you have a support network?** |
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| **What needs to happen? (What needs to happen for our worries to be resolved? What is important for the family? What does success look like?)** |
| Child/ren/young person/people(Please name individual children who contribute to this assessment) |  |
| Parent(s)/Carer(s)(Please name individuals who contribute to this assessment) |  |
| Professionals(Please name any professionals who contribute to this assessment specifying their role) |  |
|  | Score 1-10 | 5 |

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| **2. Good Early Years Development** |

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| Please record the views of children/young people, parents/carers and professionals in the appropriate boxes |

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| Expectant or new parent/carer who require additional or specialist support.Childs (0-5 yrs) physical health needs not met. (e.g. immunisations not up to date, dental hygiene)Child’s (0-5 yrs) developmental needs not being met (e.g. speech and language, school readiness, personal social and emotional development) |

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| **Are you worried about the development of young children 0-5 in the family?** | **Yes** |[ ]
| **What is going well? (What is our family good at? What strengths can we build on?)** |
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| Professionals(Please name any professionals who contribute to this assessment specifying their role) |  |
|  | Score 1-10 |  |

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| **3. Improved Mental and Physical Health** |

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| **Baby/child/young person in the family needs support with their mental health.An adult in the family needs support with their mental health.Child and/or parent/carer require support with learning disabilities, neurodiverse conditions and/or physical health needs that affect the family.** |

 |
| **Are there mental or physical health issues in the family that worry you or have an impact on other members of the family?** | **Yes** |[ ]
| **What is going well? (What is our family good at? What strengths can we build on?)** |
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| Professionals(Please name any professionals who contribute to this assessment specifying their role) |  |
|  | **Score 1-10** |  |

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| **4. Promoting Recovery and Reducing Harm from Substance Use** |

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| **An adult in the family has a drug and/or alcohol problem.A child or young person in the family has a drug and/or alcohol problem.** |

 |
| **Does anyone in the family have a drug or alcohol problem?** | **Yes** |[ ]
| **What is going well? (What is our family good at? What strengths can we build on?)** |
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| Professionals(Please name any professionals who contribute to this assessment specifying their role) |  |
|  | **Score 1 -10** |  |

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| **5. Improved Family Relationships** |

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| **Parent/carers require parenting support.The family are experiencing harmful levels of parental conflict.A child/young person in the family are violent or abusive in the home to parents/carers or siblings.A child/children are and unsupported young carer.** |

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| **Does a parent/carer need parental support?** **Are there harmful levels of conflict in the family?** **Are any of the children unsupported young carers?** | **Yes** |[ ]
| **What is going well? (What is our family good at? What strengths can we build on?)** |
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| Professionals(Please name any professionals who contribute to this assessment specifying their role) |  |
|  | **Score 1 -10** |  |

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| 6. Children safe from Abuse and Exploitation |

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| **A child/children or young person experience historic or current emotional, physical, sexual abuse or neglect within the household.A child/young person in the household is:*** **going missing from home.**
* **identified as at risk of/or experiencing sexual exploitation.**
* **identified as at risk of/or experiencing criminal exploitation.**
* **identified as at risk of, or being affected by, radicalisation.**
* **experiencing harm outside of the family (e.g. peer to peer abuse, bullying online, harassment including sexual harassment.)**
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| Are any of the children in the family at risk of abuse or exploitation? | Yes |[ ]
| **What is going well? (What is our family good at? What strengths can we build on?)** |
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| 7. Crime Prevention and Tackling Crime |

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| **An adult in the household has been involved in crime and/or Anti-social behaviour (ASB) in the last 12 months.A child/young person is at risk of crime – including gangs, serious violence, weapons carrying or involved in harmful risk taking behaviour.A child/young person in the household is involved in crime and/or ASB in the last 12 months** |

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| Has anyone in the family been involved with crime or Anti-social Behaviour in the last 12 months? Are any of the Children/Young People at risk of crime? | Yes |[ ]
| **What is going well? (What is our family good at? What strengths can we build on?)** |
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|  | Score 1 -10 |  |

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| 8. Families affected by Domestic Abuse |

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| **The family are affected by domestic abuse, historic, recent, current or at risk. (victim).Adult in the household is a perpetrator of domestic abuse.Child/young person is currently or historically affected by domestic abuse.** |

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| **Has anyone in the household experienced domestic abuse?** | **Yes** |[ ]
| **What is going well? (What is our family good at? What strengths can we build on?)** |
| Child/ren/young person/people(Please name individual children who contribute to this assessment) |  |
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|  | Score 1 - 10 |  |

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| 9. Secure Housing |

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| **Family are in local authority temporary accommodation and are at risk of losing this.The family are not in suitable housing and/or threatened with eviction/at risk of homelessness.Young people aged 16/17 at risk of, or have been, excluded from family home.** |

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| **Are the family living in temporary or unsuitable housing?** **Is anyone in the family at risk of homelessness?** | **Yes** |[ ]
| **What is going well? (What is our family good at? What strengths can we build on?)** |
| Child/ren/young person/people(Please name individual children who contribute to this assessment) |  |
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|  | Score 1 - 10 |  |

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| 10. Financial Stability |

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| **An adult in the household is worklessThe family require support with their finances and/or have unmanageable debt.A young person in the household is NEET.** |

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| **Is anyone in the household workless or NEET?** **Do the family require support with their finances?** | **Yes** |[ ]
| **What is going well? (What is our family good at? What strengths can we build on?)** |
| Child/ren/young person/people(Please name individual children who contribute to this assessment) |  |
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|  | **Score 1 - 10** |  |
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| **Not for printing to share with Family** |
| **Safeguarding risks** |
| **Have any safeguarding risks been identified?** | **Yes** |[ ]
| **If a safeguarding risk is identified what is the likelihood/seriousness?** **How can risks be reduced or managed?** |
| **Please answer the above questions if you have answered yes to safeguarding risks.** |

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| **Factors Identified at the end of Assessment** |
| **Please click in the box for the factors that apply to this family which were identified in the assessment. If the criteria does not apply please leave the box blank.** |
| 1. **Getting a Good Education**
 |
| 1a. Have any of the children in the family who are of statutory school age had more than 10% unauthorised absence for 2 consecutive terms? | **Yes** |[ ]
| 1b. Have any of the children in the family who are of statutory school age had and average of 50% attendance unauthorised and authorised for 2 consecutive terms? | **Yes** |[ ]
| 1c. Are any of the children in the family unable to participate/engage with education? Due to e.g. motivation, emotional regulation and behaviour, exclusions, child is off-roll, risk of NEET etc. | **Yes** |[ ]
| 1d. Are there any children in the family whose special educational needs are not being met? | **Yes** |[ ]
| 1. **Good Early Years Development**
 |
| 2a. Is there an expectant or new parent who require additional or specialist support? | **Yes** |[ ]
| 2b. Is there a child (0-5) whose health needs are not being met? E.g. immunisations not up to date, poor dental hygiene etc. | **Yes** |[ ]
| 2c. Is there a child/children (0-5) whose developmental needs are not being met? E.g. speech and language, problem solving, school readiness, personal social and emotional development. | **Yes** |[ ]
| 2d. Is there a 2 year old child in the family who is eligible for free early years provision, but is not registered for 24U? | **Yes** |[ ]
| **Link to 24U application** [24U funding | Shropshire Council](https://shropshire.gov.uk/early-years-and-childcare/parents-and-carers/childcare-funding/24u-funding/) |
| 2e. Are there any 3 or 4 year olds in the family not attending early years provision? | **Yes** |[ ]
| **Link to Childcare Choices webpage** [Childcare Choices | 30 Hours Free Childcare, Tax-Free Childcare and More | Help with Costs | GOV.UK](https://www.childcarechoices.gov.uk/) |
| 2f. If the family meet the criteria for Healthy Start Vouchers do they need to register to receive them? | **Yes** |[ ]
| **Link to Healthy Start page and registration form -** [Get help to buy food and milk (Healthy Start) - NHSBSA](https://services.nhsbsa.nhs.uk/apply-for-healthy-start/) |  |  |
| 1. **Improved Mental and Physical Health**
 |  |  |
| 3a. Is there a baby/child/young person that needs support with their mental health? | **Yes** |[ ]
| 3b. Is there an adult/s who need support with their mental health? | **Yes** |[ ]
| 3c. Is there a child/ren who requires support with learning disabilities, neurodiverse conditions (e.g. ADHD, Dyslexia, Autism) and/or physical health needs that affect the family? | **Yes** |[ ]
| 3d. Is there parents/carers who require support with learning disabilities, neurodiverse conditions (e.g. ADHD, Dyslexia, Autism) and/or physical health needs that affect the family? | **Yes** |[ ]
| 1. **Promoting Recovery and Reducing Harm from Substance Use**
 |
| 4a. Are there any adults in the household that have a drug and/or alcohol problems? | **Yes** |[ ]
| 4b. Are there any children/young people in the household that have a drug and/or alcohol problem? | **Yes** |[ ]
| 1. **Improved Family Relationships**
 |
| 5a. Do any of the parent/carers in the household require parenting support? | **Yes** |[ ]
| 5b. Is there harmful levels of parental conflict?[Reducing parental conflict | Shropshire Council](https://www.shropshire.gov.uk/early-help/parentscarers/reducing-parental-conflict/) | **Yes** |[ ]
| 5c. Is a child/young person violent or abusive in the home (to parents/carers or siblings)? | **Yes** |[ ]
| 5d. Is there an unsupported young carer in the household?[Shropshire Young Carers Service | Shropshire Council](https://shropshire.gov.uk/the-send-local-offer/early-help/shropshire-young-carers-service/) | **Yes** |[ ]
| 1. **Children safe from Abuse, Neglect and Exploitation**
 |
| **Link to Threshold Document** [Childrens Threshold Document - FINAL May 21.pdf (procedures.org.uk)](https://westmidlands.procedures.org.uk/assets/clients/6/Shropshire%20Downloads/Childrens%20Threshold%20Document%20-%20FINAL%20May%2021.pdf) |  |  |
| 6a. Is there emotional, physical, sexual or abuse, historic or current, within the household? | **Yes** |[ ]
| 6b. Is there evidence of neglect in the household? | **Yes** |[ ]
| 6c. Are any of the children/young people going missing from home? | **Yes** |[ ]
| 6d. Are any as at risk of, or experiencing, sexual exploitation? | **Yes** |[ ]
| 6e. Are any of the children/young people identified as at risk of, or experiencing, criminal or pre-criminal, exploitation? | **Yes** |[ ]
| 6f. Are any of the children/young people identified as at risk of, or being affected by radicalisation? | **Yes** |[ ]
| 6g. Are any of the children/young people experiencing harm outside of the family? (e.g. peer to peer abuse, bullying, online harassment, sexual harassment/offences) | **Yes** |[ ]
| 1. **Crime Prevention and Tackling Crime**
 |
| 7a. Have any of the adults in the household been involved in crime and/or Anti-Social Behaviour(ASB) in the last 12 months? | **Yes** |[ ]
| 7b. Are any of the young people in the household at risk of crime? This includes: gangs, serious violence, weapon carrying or involved in harmful risk taking behaviour. | **Yes** |[ ]
| 7c. Have any of the young people in the household been involved in crime and/or ASB in the last 12 months? | **Yes** |[ ]
| 1. **Families Affected by Domestic Abuse**
 |
| 8a. Is the family affected by domestic abuse or inter-personal violence and abuse? (Historic, recent, current or at risk) | **Yes** |[ ]
| 8b. Is an adult in the family a perpetrator of domestic abuse? | **Yes** |[ ]
| 8c. Is a child/young person in the family currently or historically affected by domestic abuse? | **Yes** |[ ]
| 1. **Secure Housing**
 |
| 9a. Is the family living in local authority temporary accommodation and are at risk of losing this? | **Yes** |[ ]
| 9b. Is the family living in unsuitable, sustainable housing and/or threatened with eviction/at risk of homelessness? | **Yes** |[ ]
| 9c. Are there any young people aged 16/17 at risk of, or who have been, excluded from the family home? | **Yes** |[ ]
| 1. **Financial Stability**
 |
| 10a. Are there any adults in the household who are workless? | **Yes** |[ ]
| 10b. Do the family require support with their finances and/or have unmanageable debt? | **Yes** |[ ]
| 10c. Is there a young person in the household who is NEET? | **Yes** |[ ]
| **Shropshire Fire and Rescue** |
| Are the family happy for a Fire Service Safety check referral to be made? | **Yes** |[ ]
| **Vulnerability Levels** |
| **Please consider the vulnerability level after the Whole Family Assessment with reference to the Shropshire Threshold document.** [Childrens Threshold Document - FINAL May 21.pdf (procedures.org.uk)](https://westmidlands.procedures.org.uk/assets/clients/6/Shropshire%20Downloads/Childrens%20Threshold%20Document%20-%20FINAL%20May%2021.pdf) |
| [ ]  **Level 1 - Universal** | Signposting to Universal Services[Shropshire Family Information Service (0-19 years)](https://shropshire.gov.uk/early-years-and-childcare/parents-and-carers/shropshire-family-information-service-0-19-years/) [Local Offer for parent carers of children and young people with SEND](https://www.shropshire.gov.uk/the-send-local-offer/)[Shropshire Community Directory](http://search3.openobjects.com/kb5/shropshire/cd/home.page)  |
| [ ]  **Level 2 – Early Help** | Whole Family Assessment completed by Early Help Partner. Please complete a Whole Family Plan.  For support/advice please contact ShropshireStrengtheningFamilies@shropshire.gov.uk  01743 253921 |
| [ ]  **Level 3 – Targeted Early Help** | Whole Family Assessment completed by partner please complete Targeted Early Help Request for Intervention form.[Early help forms | Shropshire Council](https://www.shropshire.gov.uk/early-help/practitioners/early-help-forms/) |
| [ ]  **Level 4 – Targeted**  | Whole Family Assessment completed by Early Help Partner identifies significant concerns. These are children whose needs and care at the present time are likely to be significantly compromised and or they are suffering or likely to suffer significant harm and so who require intervention from Shropshire Council Children’s Social Care. An immediate referral to Compass should be made for assessment under Section 17 or Section 47 of the Children Act 1989.[Safeguarding | Shropshire Council](https://shropshire.gov.uk/the-send-local-offer/social-care/childrens-social-care/safeguarding/)[Multi-agency Referral: Reporting concerns (MARF)](https://westmidlands.procedures.org.uk/local-content/zgjN/multi-agency-referral-reporting-concerns-marf/?b=Shropshire)  |