

lame:			Role	e:		
eam:			Con	tact Tel:		
mail:						
etails of professiona	I completing STFP s	ummary:			Date Info	rmation collated:
amily composition	and details - incl	ude all th	ose livir	ng in the fa	 mily home	
amily address (inclu	ding postcode):					
Family's telephone nu	ımbers:					
Full name		D.O.B. EDD	Sex	Family me e.g. Mothe child		Which criteria did the family member meet
				Ciliid		member meet
N.B Tab down to increa	ase number of rows					
N.B Tab down to increa	ase number of rows					
		nbers (inclu	de DOB,	relationship,	and address	s if different):
		nbers (inclu	de DOB,	relationship,	and address	s if different):
		nbers (inclu	de DOB,	relationship,	and address	s if different):
N.B Tab down to increa		nbers (inclu	de DOB,	relationship,	and addres	s if different):



DCLG Criteria: Please note that families must meet at least two of the six family problems(1-6) to be eligible for the programme, each family. Families only meeting one family problem will need to be discussed with the central STFP support team prior engagement.
(1) EDUCATION:  Households where a child:  has less than 90% school attendance for an average across the last 12 months.  has received at least 3 fixed term exclusions in the last 3 consecutive school terms;  at primary school has had at least 5 school days of fixed term exclusion in the last 12 months;  of any age who has had at least 10 days of fixed term exclusion in the last 12 months;  has been permanently excluded from school within the last 3 school terms;  is in alternative educational provision for children with behavioural problems.  Comments:
(2) ASB/CRIME: Households including:  ☐ An adult or child with a recorded anti-social behaviour (ASB) incident in the last 12 months.  ☐ A child who is known to YOT and has committed a proven offence in the previous 12 months.  ☐ An adult prisoner who is less than 12 weeks from release date and will have parenting responsibilities on release.  ☐ An adult who is currently subject to licence or supervision in the community, following release from prison, and has parenting responsibilities.  ☐ An adult currently serving a community order or suspended sentence, who has parenting responsibilities.
Comments:
Commonic.
(3) CHILDREN WHO NEED HELP:  Households where a child:  □ has been identified and assessed as needing early help.  □ is not taking up the free Early Years Education offer  □ has developmental delays identified at the 2 year old health check  □ does not achieve a Good Level of Development (GLD) and in particular does not achieve the expected or greater level of development in all Personal Social Emotional Development aspects  □ has been reported missing from home
Comments:
(4) EMPLOYMENT AND RISK OF FINANCIAL EXCLUSION:  Households where:  An adult is in receipt of out of work benefits.  A young person who is about to leave school, has no/ few qualifications and no planned education, training or employment.  A young person is not in education, training or employment.  The family received a warning letter for breach of tenancy  The family member received a notice of Seeking Possession (NOSP)  The family member received an eviction order  The family is in rent arrears and/or has unmanaged debts (for example credit card loans, school meals)
Comments:



(5) DOMESTIC VIOLENCE AND ABUSE:
A household were:
☐ A young person or adult known to local services as having experienced domestic violence or abuse in the last 12
months
☐ A young person or adult known to the police as having perpetrated an incident of domestic violence or abuse in the
last 12 months
☐ The household has been subject to a police call out for a domestic incident in the last 12 months
Comments:
(6) FAMILIES WITH HEATLH PROBLEMS:
Households were:
☐ An adult with mental health problems who has parenting responsibilities or a child with mental health problems
☐ An adult with parenting responsibilities or a child with a drug or alcohol problem.
☐ A child or an adult is affected by excess weight (overweight, obesity)
☐ A child or an adult is affected by malnutrition
Comments:

Details of professionals currently involved with any of the family members:

Worker Name	Supporting Who	Role/Team/Agency	Contact details	Consulted during assessment
				Y/N

Any other info



#### What is known about the child and the family (previously received support)?

	Briefly describe the support received	When?	Who delivered support?
Learning and Behaviour			
Offending			
Mental Health			
Domestic Violence/abuse			
Housing/Financial exclusion			
Substance misuse			
Health			
Employment			
Other - define			

Further information about the family

Further information about the famili	y			
Child(rens) first		Parent(s) first		
language		language		
Is an interpreter or signer required?				
	Y/N	Has this been arrang	ged?	Y/N
Family GP		Family ethnicity		
Details of any family member's disability		'		
Are there any known risk factors (e.g lone working / home visiting)				
Any other relevant information Refugee/asylum seeker				

Any other info



Known key issues and areas of support; please be clear whether the priority area/need/action is for an individual family member or the whole family.

Actions <u>must</u> include those relating to the relevant family problems.

Priority area -identified need -	How has the need been identified?	Proposed next steps -Action -	By who?	What resources will be available to the family? What is additional?	How will the action impact on the individual/family and improve outcomes?
Improving educational attendance and outcomes					
Reducing crime/anti- social behaviour					
Improving outcomes for children who need help					
Getting adults into work and reducing financial exclusion					
Reducing Domestic Abuse and Violence					
Improving Family Health Problems					



Has this Family Plan been shared/discussed with the family?  If answered yes please seek information sharing consent below	Yes □	No □	
Action Plan to be confirmed/agreed with the family by?  (the Action Plan should be agreed within six to eight weeks, and reviewed at least every eight weeks)	Date:		
Notes/views/comments:			

se indicate if these are the	comments of the child / y	es/views/comments: ase indicate if these are the comments of the child / young person, parent / carer and /or the person completing this summary)				



#### **Information Sharing Consent\*:**

I understand that information gathered regarding myself and my family will be used only for the purpose of providing, coordinating and evaluating services to my family under the Fareham Supporting Families Programme, inclusive of Mental Health Plans, Children's Services Plans, Adult Services Plans, Probation, Youth Offending Team and Community Rehabilitation orders and plans.

I agree that information about me can be shared with other professionals and organisations where this is necessary to provide coordinate and evaluate services to support the family under the supporting families programme. I understand that this may include health

I agree that information about me can be shared with other professionals and organisations where this is necessary to provide coordinate and evaluate services to support the family under the supporting families programme. I understand that this may include health organisations, police, youth offending team, criminal justice, registered social landlords, DWP, education, housing and social care services and also services that have been obtained both locally and across Hampshire to co ordinate, evaluate and provide support to families on the programme. I understand that my details, including any agency plans, will be stored on Safetynet, a multi-agency case management system. I understand that information about me will only be shared without my consent if the information suggests a person is at serious risk of harm or to prevent a crime being committed. Where the information suggests significant harm to an infant, child or young person local safeguarding children board procedures (4LSCB) will be followed and this has been explained to me.

Parent/Carer/ Signature:	Name:	Date
Young Persons/ Signature:	Name:	Date
Professional's Signature:	Name:	Date

\*Please note that consent to share information should be sought for each family member, aged 12 and over.

<u>Please return the signed plan to Narinder Bains, Fareham Borough Council, Civic Offices, Civic Way, Fareham PO16 7AZ or email a scanned copy to nbains@farham.gov.uk. If you have any queries please Tel 01329 824496</u>