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| Home Environment Assessment Tool **Analysis** | | | | | |
| **Summary and Analysis of Home Environment Assessment** | | | | | |
| **So what does this mean for the child? If the child could speak what would he/she say? What is the risk to child/ren? If so define the risk** | | | | | |
|  | | | | | |
| **Action Plan** | | | | | |
| **What is the outcome you/family want to achieve?**  (be specific) | **What needs to happen?**  (What actions do you need to take?) | **Who needs to be involved?**  (identify person if known and service area) | **Who will be responsible?**  (Identify person and service) | **Timescales**  (Identify realistic timescales) | **Additional comments** |
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| **Where a Family Plan is in place this information can be included to ensure a holistic package of support is reviewed by TAF.** | | | | | |
| **Does this assessment require a review? Yes  No  Date to be reviewed:** | | | | | |
| **Person responsible (Name, Title, Service and Contact details):** | | | | |  |
| **Has this assessment triggered a referral to Durham's First Contact Service? Yes  No** | | | | |  |
| **If yes, please attach a copy of this assessment to the referral.** | | | | |  |