

## Harrow Family Led Needs Analysis (FLNA)

### Early Support – Access to Planned Support for Professionals/Self referrers

If you have a **safeguarding concern** this FLNA form is **not** an appropriate action, instead contact the **Golden Number/MASH on: 020 8901 2690**

**Early Support is a non-statutory service offer and operates Level 1 and 2 continuum of need, and supports in level 3 and 4 continuum of need as possible.**

#### **Hours of service/service availability:**

A menu of activity covers the hours 7.30 a.m. – 10.00 p.m.  
Core hours are 7.30 a.m. – 8.00 p.m.  
Some services operate on Saturdays.

#### **Guidance for Professionals/Supporters/Referrers to Harrow Early Support**

Research shows that prevention, early support and joint working with our partners can significantly reduce the need for statutory intervention later on in children's lives.

Early Support (ES) – is a non statutory service area that works to support children, young people and families to improve their outcomes and reach their goals and aspirations through positive engagements, sustaining their power, finding out more about the power they have, exploring with them their needs and helping them to identify the things that they would want to change in order to be the person and/ parent they want to be.

This form should be used to share information to support a family/young person to access the Early Support universal / universal plus offer which will then include a Family Led Needs Analysis (FLNA) to achieve agreed positive outcomes.

#### **How to request support (Referral)**

- 1) You may wish to have a discussion with the MASH Early Support Champion based in the MASH (020 8901 2690) to query if Early Support is appropriate for the case, e.g. there are no unresolved safeguarding issues. You can view what services Early Support provides by exploring the webpage at [www.harrow.gov.uk/earllysupport](http://www.harrow.gov.uk/earllysupport).
- 2) Only complete **Stage 1** of this form over the page. This is to provide basic family details as well as a brief summary of the main presenting issues. These can be 2 or 3 bullet points only and your assessment or opinion regarding which service might be appropriate is not required.
- 3) Please note - **Consent must be gained from the family before sending the form through to Early Support.**
- 4) Once completed, and consent sections signed, email the FLNA to [earlysupporthub@harrow.gov.uk](mailto:earlysupporthub@harrow.gov.uk)
- 5) Once picked up by the Hub, the child/family/young person will be assigned to an Early Support Practitioner who will be in contact with you within 3 - 5 days. This will be to agree next steps and plan the family's introduction to Early Support. The Early Support Practitioner will encourage that you attend an Early Support Hub with the child/family/young person as a supporter for the initial introduction and as someone they are familiar with. The Early Support Practitioner will introduce the child/family/young person to the Hub and discuss the type of programmes/services on offer.
- 6) The Early Support Practitioner would agree a further date to meet at the Hub with the family/young person where **Stage 2** of the FLNA will be used to explore expectations and the possible programmes/plan of work to be completed with them.
- 7) Early Support can provide updates if requested as to progress however consent must again be gained from the family/young person and frequency and format of the feedback should be agreed at the start of the engagement.

# Early Support

Small Steps – Lasting Change

## Stage 1 - FLNA

**Name of supporter\*:**

\*Supporter is the person completing the form and introducing the family for Early Support

**Agency:** i.e. School, Health or Self referral**Local Authority/Borough:****Relationship to individual/family:****Contact details:****Contact phone number:****Email address:****Child/ren or Young Person with presenting issues:****Name:****Age:****Date of Birth:****Parents / Carer's details:****Name/s :****Relationship to child/young person:****Address:****Main Contact phone number:****Siblings and/ or others living in the household:****Ethnic origin:****Main 1<sup>st</sup> language:****2<sup>nd</sup> language:****Other significant role models outside of the household** e.g. parent/family

# Early Support

Small Steps – Lasting Change

members/friend	
<b>Does the family need support to understand discussions e.g. Interpreting? Advocacy?*</b>  <b>If yes, and there is no social work involvement, who will they nominate to support them?</b>	<i><b>*Please note:</b> Professional Interpreting services are not provided by Early Support. If interpreting services are required, Early Support will in the first instance look to the family to identify someone within their own network/community to translate. If one is required, and a social worker is involved with the family, the social worker will be asked to provide Early Support with contact details of the interpreting services and cost code in order for an interpreter to be booked by Early Support.</i>  Yes or No
<b>What outcomes are anticipated by the family/young person?</b>	
<b>What outcomes are anticipated from the supporting individual/agency?</b>	
<b>What significant and relevant information should Early Support be aware of?</b>	
<b>Who is currently involved with the child/young person/ family?</b>	

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Small Steps – Lasting Change

<p><b>Who has previously had involvement with child/young person/family and is relevant to this engagement?</b></p>	
<p><b><i>I (the supporter, i.e. Teacher, Health Visitor, etc) have explained to the parent/carer/family/young person about Early Support and they have consented to me making this request for support.</i></b></p> <p><b><i>They have also consented to be contacted by a member of Early Support to discuss their support needs further.</i></b></p>	<p>Signed:..... Date:.....</p> <p>Print name:.....</p> <p>Role and Agency:.....</p> <p><i>(By signing this section ensures that the parent/carer/family/young person will be aware that you have shared their details with Early Support and that Early Support will be contacting them within the next 3-5 working days).</i></p>
<p><b>Stage 2</b> For completion by: - Individual/ Family and ES Practitioner/Coordinator</p>	
<p><b>Analysis of priority needs (should not exceed 3) including identified strengths:</b></p>	
<p><b>Agreed plan working from identified strengths:</b></p>	
<p><b>Agreed outcomes to evaluate against the identified priority needs:</b></p>	

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Small Steps – Lasting Change

<b>A review process is undertaken with families/individuals that engage with Early Support</b>	

*I have had explained to me that there are a number of Early Support workers in the team and in the event of the absence of the assigned worker another may continue the work or respond to any request for support from me, this means that information would need to be shared in these circumstances.*

*I agree  / do not agree  to this happening.*

**Signed :**

Service User: .....

(Print name).....

Service User: .....

(Print name).....

Early Support Worker: .....

(Print name).....