

FAMILY HEALTH NEEDS ASSESSMENT FORM

Many areas of daily life can affect the health of you and your family. This assessment will enable our service to identify any areas where you and your family could benefit from additional help and support. Some subjects explored may be sensitive and you may not want to discuss them now. However, you can discuss them at a later time if you want to. The information given for this assessment will be kept confidentially within the service unless an identified need makes professionals concerned that either you or your children or others are not safe. The information would then be shared with other appropriate services to support you and your family.

Name of Family: : Date:

Parental Consent/Signature: Name of Practitioner:

		ABBREVIATIONS & ACRONYMS		NO	NUMBER
A	ANALYSIS			NNU	NEONATAL UNIT
AABR	AUTOMATED AUDITORY BRAINSTEM RESPONSE	FHP	FAMILY HEALTH PARTNERSHIP	NDDH	NORTH DEVON DISTRICT HOSPITAL
A&E	ACCIDENT AND EMERGENCY DEPT	FRS	FURTHER RESPONSE SERVICE	OAE	OTOACOUSTIC EMISSION
AM	MORNING	FOC	FATHER OF CHILD	OPD	OUT PATIENTS DEPARTMENT
AN	ANTENATAL	FSS	FAMILY SUPPORT SERVICE	P	PLAN
APPT	APPOINTMENT	FSW	FAMILY SUPPORT WORKER	PGM	PATERNAL GRANDMOTHER
BF	BREAST FEEDING	GMS	GRAMS	PHNHST	PLYMOUTH HOSPITAL NHS TRUST
BFI	BABY FRIENDLY INITIATIVE	GP	GENERAL PRACTITIONER	PLS	PERSONALISED LEARNING SERVICE
CAF	COMMON ASSESSMENT FRAMEWORK	HC	HEAD CIRCUMFERENCE	PM	AFTERNOON
CAMHS	CHILD & ADOLESCENT MENTAL HEALTH SERVICES	HT	HEIGHT	PAED	PAEDIATRICIAN
CHW	COMMUNITY HEALTH WORKER	HV	HEALTH VISITOR	PHN	PUBLIC HEALTH NURSE
CIC	CHILD IN CARE	ICS	INTEGRATED CHILDREN'S SERVICES	PND	POSTNATAL DEPRESSION
CIN	CHILD IN NEED	IMMS	IMMUNISATIONS	PMHW	PRIMARY MENTAL HEALTH WORKER
CM	CENTIMETRES	INFO	INFORMATION	POS	POSITIVE
CP	CHILD PROTECTION	JACAT	JOINT AGENCY CHILD ABUSE TEAM	RD&E	ROYAL DEVON AND EXETER HOSPITAL
CPN	COMMUNITY PSYCHIATRIC NURSE	KG	KILOGRAMS	SALT	SPEECH AND LANGUAGE THERAPIST
CPS	CHILD PROTECTION SUPERVISOR	LP	LEAD PROFESSIONAL	SCH	SCHOOL
CPP	CHILD PROTECTION PLAN	MARAC	MULTI AGENCY RISK ASSESSMENT COMMITTEE	SDHC	SOUTH DEVON HEALTHCARE
CSN	COMMUNITY STAFF NURSE	MASH	MULTI AGENCY SAFEGUARDING HUB	SCPHN	SPECIALIST COMMUNITY PUBLIC HEALTH NURSE
CYPS	CHILDREN AND YOUNG PEOPLE'S SERVICES	MMH	MATERNAL MENTAL HEALTH ASSESSMENT	SEND	SPECIAL EDUCATIONAL NEEDS & DISABILITY
D&V	DIARRHOEA AND VOMITING	MIU	MINOR INJURY UNIT	SHEF	SAFEGUARDING HUB ENQUIRY FORM
DNA	DID NOT ATTEND	MW	MIDWIFE	SN	SCHOOL NURSE
DOB	DATE OF BIRTH	MOC	MOTHER OF CHILD	SW	SOCIAL WORKER
DA	DOMESTIC ABUSE	NBV	NEWBIRTH VISIT	TAC	TEAM AROUND THE CHILD
EBM	EXPRESSED BREAST MILK	NCMP	NATIONAL CHILD MEASURING PROGRAMME	TB	TUBERCULOSIS
EDD	EXPECTED DATE OF DELIVERY	N/A	NOT APPLICABLE	TH	TORBAY HOSPITAL
EHWBS	EMOTIONAL HEALTH AND WELL BEING SERVICE	NAD	NOTHING ABNORMAL DETECTED	TSDHCT	TORBAY & SOUTHERN DEVON HEALTH & CARE TRUST
EPDS	EDINBURGH POSTNATAL DEPRESSION SCORE	NR	NO RESPONSE	WIC	WALK IN CENTRE
ERS	EARLY RESPONSE SERVICE	NEG	NEGATIVE	#	FRACTURE
EWO	EDUCATION WELFARE OFFICER	NHSP	NEWBORN HEARING SCREENING PROGRAMME		

YOUR FAMILY AND HOUSEHOLD MEMBERS

File Name:

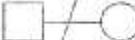
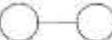
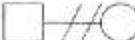
Parental Responsibility

Surname	Forename	M F	DoB	Relationship	*PR* Y/N	Next of Kin Y/N	Occupation	Disability (Y/N)	Ethnicity See codes below	Religion	Pre School / School	Address BOX NO.
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PROMPT: *Who else lives with you? Does anyone stay over regularly? Does anyone in the household have Carer responsibility?*

Applicable codes:		LANGUAGE:						INTERPRETER REQUIRED: YES / NO				
White British	WB	Black African	BA	Mixed White & Black African	WBA	Asian -Indian	AI	Mixed White & Asian	MWA	Other Ethnic Group	OG	
White Irish	WI	Black Caribbean	BC	Mixed White & Black Caribbean	WBC	Asian-Pakistani	AP	Asian - Other	AO	None Given	NO	
White Other	WO	Black Other	BO	Mixed Other	MO	Asian-Bangladeshi	AB	Chinese				

FAMILY TREE

Keep each generation on the same horizontal line. Use own key if necessary.			Please circle household		Completed by: Date:
 Male	 Dead	 Marital Separation	 Civil Partnership (f)		
 Female	 Married	 Divorced			
 Gender Unknown	 Unmarried relationship	 Civil Partnership (m)			

ADDRESS HISTORY

HOW MANY TIMES HAVE YOU MOVED HOME IN THE LAST 12 MONTHS?	
DATE:	
DATE:	
DATE:	

BOX 1	CONTACT DETAILS Name:
DATE:	Address:

BOX 2	CONTACT DETAILS Name::
DATE:	Address:

BOX 3	CONTACT DETAILS Name:
DATE:	Address:

BOX 4	CONTACT DETAILS Name:
DATE:	Address:

BOX 5	CONTACT DETAILS Name:
DATE:	Address:

ADDRESS HISTORY (contd.)

BOX 6	CONTACT DETAILS Name:
DATE:	Address:

BOX 7	CONTACT DETAILS Name:
DATE:	Address:

BOX 8	CONTACT DETAILS Name:
DATE:	Address:

BOX 9	CONTACT DETAILS Name:
DATE:	Address:

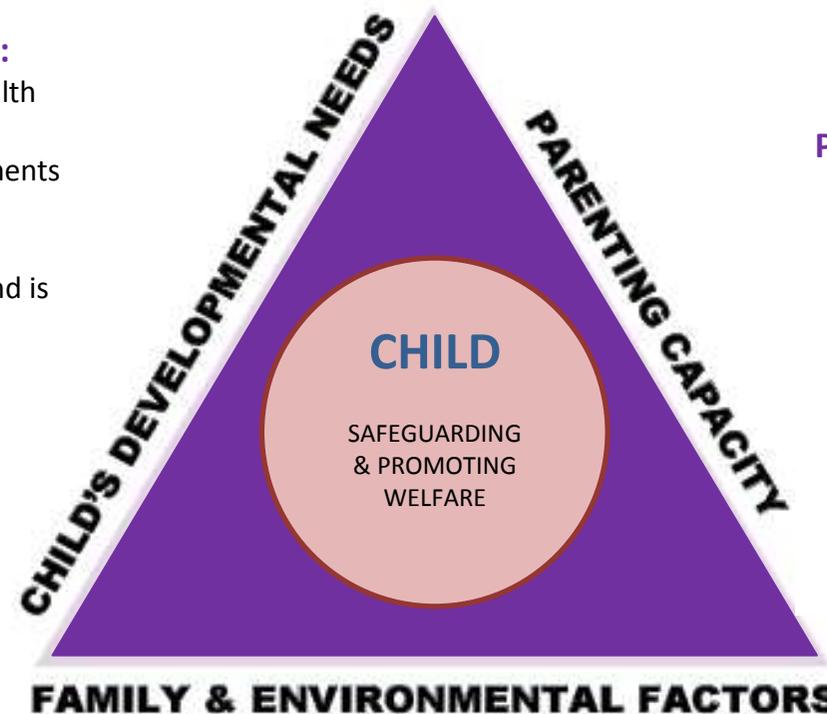
BOX 10	CONTACT DETAILS Name:
DATE:	Address:

BOX 11	CONTACT DETAILS Name:
DATE:	Address:

PROTECTIVE FACTORS TO CONSIDER WHEN WORKING WITH A FAMILY

CHILD’S DEVELOPMENTAL NEEDS:

- ▶ Able-bodied child with good health and positive development
- ▶ Calm child with positive attachments
- ▶ Good school attendance / attainment
- ▶ Child has secure relationships and is able to express self verbally
- ◆ Good communication skills
- ◆ Calm and accepting child
- ◆ Acceptance of loss processes



PARENTING CAPACITY:

- ▶ ‘Older’ mother
- ▶ Parent with good physical and mental health
- ▶ Controlled use of substances or alcohol
- ▶ Positive attitude to education
- ▶ Family support
- ▶ Good attendance at health checks and other appointments
- ▶ Shared parental responsibility
- ◆ Parent with no additional needs
- ◆ Parental acceptance of loss processes

FAMILY & ENVIRONMENTAL FACTORS:

- ▶ Stable relationships
- ▶ Positive contact with absent parent
- ▶ Stable and well managed income
- ▶ Employed
- ▶ Stable neighbourhood and community links
- ◆ Secure tenancy or owner occupier
- ◆ Positive acceptance of child
- ◆ Housing meets decent housing standards

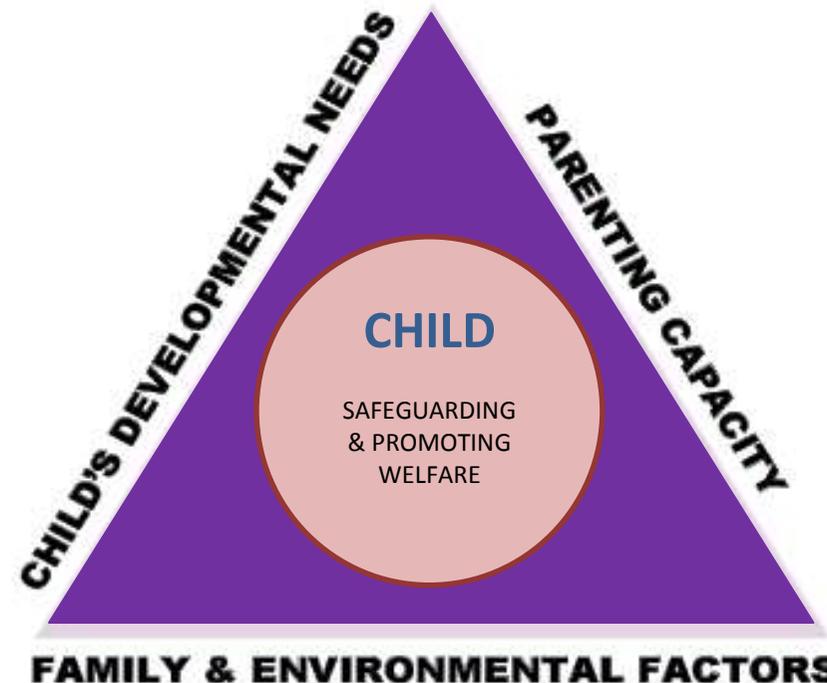
KEY:

- ▶ *High evidence*
- ◆ *Medium evidence*

RISK FACTORS TO CONSIDER WHEN WORKING WITH A FAMILY

CHILD'S DEVELOPMENTAL NEEDS:

- Irritable, sleepless child
- Child with additional needs or specific learning difficulties, including ASD, Asperger's, ADHD
- Child with communication difficulties
- Poor school attendance / attainment
- Child missing from education
- Low self-esteem or self-harming
- Defiant / angry child
- Child affected by bereavement



PARENTING CAPACITY:

- Mother under 20 years at first pregnancy
- Parent with history of poor school attendance and attainment
- Parent formerly in Care
- Parent misuses substances or alcohol
- Poor attendance at health appointments - GP, health visitor, clinics
- Domestic abuse
- Parent with learning difficulties
- Child in Care
- Child previously fostered
- Parent with physical disability
- Parent affected by bereavement

FAMILY & ENVIRONMENTAL FACTORS:

- | | |
|--|---|
| <ul style="list-style-type: none"> ➤ Single parent ➤ Serial relationships ➤ Reconstructed family (parent or children) ➤ Low income or debt ➤ Out of work ➤ Frequent moves ➤ Crime | <ul style="list-style-type: none"> ➤ Trafficking ➤ Female genital mutilation ➤ Forced marriage ➤ Honour based violence ● Homeless or insecure housing ● Poor quality housing ● Number of house/school moves ● Uncertain immigration |
|--|---|

KEY:

- High evidence risk
- Medium evidence risk

ASSESSMENT FRAMEWORK

“THE CHILD’S VOICE”

Place yourself in the child’s shoes and consider each issue from the child’s perspective, OR record child’s comments



FAMILY & ENVIRONMENTAL FACTORS

NOTE TO ASSESSOR:
COMPLETE SEPARATE ASSESSMENT FOR EACH CHILD

Child’s Name

DoB

Community Resources

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Family’s Social Integration

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Income

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Employment

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Housing

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Wider Family

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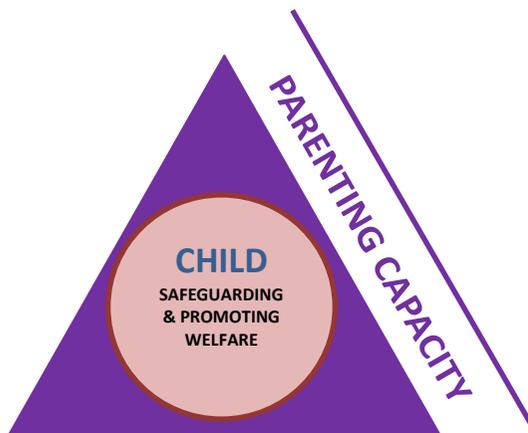
Family History and Functioning

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ASSESSMENT FRAMEWORK

“THE CHILD’S VOICE”

Place yourself in the child’s shoes and consider each issue from the child’s perspective, OR record child’s comments



NOTE TO ASSESSOR:
COMPLETE SEPARATE ASSESSMENT FOR EACH CHILD

Child’s Name

DoB

Basic Care

Ensuring Safety

Emotional Warmth

Stimulation

Guidance and Boundaries

Stability

ASSESSMENT FRAMEWORK

“THE CHILD’S VOICE”

Place yourself in the child’s shoes and consider each issue from the child’s perspective, OR record child’s comments



NOTE TO ASSESSOR:
 COMPLETE SEPARATE ASSESSMENT FOR EACH CHILD

Child’s Name

DoB

Health

Education

Emotional & Behavioural Development

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Identity

Family & Social Relationships

Social Presentation

Selfcare Skills

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Date	ACTION PLAN	
<div style="text-align: right; padding-right: 20px;"> Signature Date </div>		
UNIVERSAL (U)	UNIVERSAL PLUS (UP)	UNIVERSAL PARTNERSHIP PLUS (UPP) / Safeguarding

REVIEW SHEET

REVIEW DATE	PRACTITIONER SIGNATURE
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Action Plan:

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REVIEW DATE	PRACTITIONER SIGNATURE
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Action Plan:

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Review Sheets (contd.)

REVIEW DATE	PRACTITIONER SIGNATURE
<p>Action Plan:</p> <p>.....</p>	
REVIEW DATE	PRACTITIONER SIGNATURE
<p>Action Plan:</p> <p>.....</p>	

LONE WORKING AND HOME VISITING COMMUNITY RISK ASSESSMENT

Name of Client:	Client DoB:	
Client Address:	GP:	
	Team:	
Telephone:	Date form commenced:	
PARIS/NHS No:	Form commenced by:	
	RISK AREA	ADDITIONAL INFORMATION
House Location	YES	NO
1. Is the house/flat number or name visible from the road?	<input type="radio"/>	<input type="radio"/>
2. Are there any specific landmarks?	<input type="radio"/>	<input type="radio"/>
3. Are specific directions required?	<input type="radio"/>	<input type="radio"/>
4. Are there other houses close by?	<input type="radio"/>	<input type="radio"/>
Entry System	YES	NO
5. Is there an intercom system?	<input type="radio"/>	<input type="radio"/>
6. Does the doorbell work?	<input type="radio"/>	<input type="radio"/>
7. Is it front door entry?	<input type="radio"/>	<input type="radio"/>
8. Is it back door entry?	<input type="radio"/>	<input type="radio"/>
9. Is there a key safe/other entry system?	<input type="radio"/>	<input type="radio"/>
Parking	YES	NO
10. Can you park outside on the road?	<input type="radio"/>	<input type="radio"/>
11. Can you park close by < 5 minutes?	<input type="radio"/>	<input type="radio"/>
Lighting and Footpaths	YES	NO
12. Is the area well lit? (state if a torch is required)	<input type="radio"/>	<input type="radio"/>
13. Are there outside lights for the house?	<input type="radio"/>	<input type="radio"/>
14. Are there any environmental risks/hazards? (e.g. steps, alley way, uneven paths, debris etc.)	<input type="radio"/>	<input type="radio"/>
Family Members and Associated Persons	YES	NO
15. Are there concerns about other individuals in the household? (e.g. inappropriate behaviour/drugs/alcohol etc.)	<input type="radio"/>	<input type="radio"/>
16. Are there any concerns about the neighbours?	<input type="radio"/>	<input type="radio"/>
Premises	YES	NO
17. Does the property have mobile telephone network coverage?	<input type="radio"/>	<input type="radio"/>

18.	Does the house have a land line telephone?	<input type="radio"/>	<input type="radio"/>
19.	Are there any slip, trip, fall hazards?	<input type="radio"/>	<input type="radio"/>
20.	Are doors locked whilst staff are in the house?	<input type="radio"/>	<input type="radio"/>
21.	Are there concerns about electrical equipment you may be required to use?	<input type="radio"/>	<input type="radio"/>
22.	Are there any pets present which need to be restrained prior to the visit?	<input type="radio"/>	<input type="radio"/>
23.	Are there any alternative means of exiting the premises in the event of an emergency (e.g. fire, violence etc.)?	<input type="radio"/>	<input type="radio"/>
24.	Are there any other internal risks or hazards which cause you concern?	<input type="radio"/>	<input type="radio"/>
Individual		YES	NO
25.	Does the client/patient have any sensory impairment?	<input type="radio"/>	<input type="radio"/>
26.	Does the client/patient use drugs/alcohol and does this pose a risk to staff?	<input type="radio"/>	<input type="radio"/>
27.	Has the client/patient been diagnosed with mental health disorders/ personality disorder/learning disability, or are there any adult protection concerns?	<input type="radio"/>	<input type="radio"/>
28.	Does the client/patient have any history of violence/abuse/bullying/domestic violence?	<input type="radio"/>	<input type="radio"/>
29.	Does this client/patient require an individual risk assessment? (if so, please attach)	<input type="radio"/>	<input type="radio"/>
Drug and Alcohol Related Risks		YES	NO
30.	Does the client/patient use drugs?	<input type="radio"/>	<input type="radio"/>
31.	Does the client/patient use alcohol?	<input type="radio"/>	<input type="radio"/>
32.	Is anyone else in the household a drug or alcohol user?	<input type="radio"/>	<input type="radio"/>
33.	Are drug/alcohol users known to visit the property to use drugs or alcohol? Do they have keys to the property?	<input type="radio"/>	<input type="radio"/>
34.	Do any injecting drug users live in the home, or does anyone visit the home to inject drugs? (consider occasional and regular injecting patterns)	<input type="radio"/>	<input type="radio"/>
35.	Is there a known risk of uncapped sharps or blood spills in the home?	<input type="radio"/>	<input type="radio"/>
36.	Is there a risk of the worker being exposed to drug dealing or other offences (e.g. handling stolen goods, sex work) in the home?	<input type="radio"/>	<input type="radio"/>
37.	Does the client/patient have a known risk of violence or hostility to staff?	<input type="radio"/>	<input type="radio"/>
38.	Is the client/patient at risk of violence from others?	<input type="radio"/>	<input type="radio"/>
39.	Are there any concerns of weapons (e.g. blades or firearms) being held at the property?	<input type="radio"/>	<input type="radio"/>
40.	Does the client/patient have a diagnosed mental illness? Is there any deterioration in their condition which might pose a risk to home visiting staff?	<input type="radio"/>	<input type="radio"/>
41.	Is the home visit likely to involve the relaying of 'bad news' or difficult conversations which could provoke a hostile reaction in the client/patient? (e.g. cessation of treatment, child protection, welfare issues)	<input type="radio"/>	<input type="radio"/>
42.	Is the client/patient likely to be in a state of drug or alcohol withdrawal?	<input type="radio"/>	<input type="radio"/>
43.	Are there any other substance-specific issues that may pose a risk to a worker undertaking a home visit?	<input type="radio"/>	<input type="radio"/>
44.	Does the client/patient smoke?	<input type="radio"/>	<input type="radio"/>
45.	Is the client/patient on oxygen?	<input type="radio"/>	<input type="radio"/>

