
User Requirements Specification

For

Family Health Assessment

Version v.10

Prepared by BSO

December 2010

Table of Contents

Table of Contents	ii
Revision History	iii
1. Introduction.....	4
1.1 Purpose	4
1.2 Intended Audience and Document Structure.....	4
1.3 Project Scope.....	4
2. Overall Description.....	5
2.1 Product Perspective	5
2.2 Product Features.....	5
2.3 User Classes and Characteristics.....	6
2.4 Operating Environment	6
2.5 User Documentation.....	6
3. User Requirements.....	6
3.1 Requirements Section 1 – General Requirements.....	6
3.2 User Access / Security.....	7
3.3 Information Analysis & Reporting.....	7
3.4 Enter Contact Information, Significant Event or Chronology of Significant Events.....	7
3.5 Requirements Section 2 –Registration and Referral	7
3.5.1 Search for a Client	7
3.5.2 Registration	8
3.5.3 Referral.....	8
3.6 Requirements Section 3 – Additional Look Up tables.....	8
3.7 Requirement Section 4 – Assessment Requirements	8
3.7.1 Copy an existing assessment to new assessment.....	9
3.8 Requirement Section 5 - Family Health Assessment specific sections:.....	9
3.8.1 Section 1a: Child or Young Person’s Details:	9
3.8.2 Section 1b: Child or Young Person’s Primary Carer’s Details:	9
3.8.3 Section 2a: Other Household Members (incl. non-family members):	10
3.8.4 Section 2c: Agencies Currently Working with Child(ren) or Young Person(s):	10
3.8.5 Section 3a: Reason for Undertaking Preliminary Assessment and / or Referral:	10
3.8.6 Section 3b: Summary of Previous Contacts.....	10
3.8.7 Section 3c: Immediate Actions	10
3.8.8 Section 3d: Referral Consent	10
3.8.9 Section 3e: Referrer’s Details	10
3.8.10 Section 4a: Agencies Currently Working with Child or Young Person	10
3.8.11 Section 5a: Assessment Consent:.....	10
3.8.12 Section 5b: Child’s Involvement:.....	11
3.8.13 Section 5c: Child or Young Person’s Needs:.....	11
3.8.14 Section 5d: Parent’s to Carer’s Capacity to meet the Child(ren) or Young Person(s) Needs: 11	
3.8.15 Section 5e: Family and Environmental Factors which impact on the Child(ren) or Young Person(s) and the Parents’ or Carers’ Capacity to Meet Their Needs:	11
3.8.16 Section 6a: Analysis / Summary:	11
3.8.17 Section 6b: Conclusions:.....	12
3.8.18 Section 7a: Child or Young Person’s Consent to Sharing Assessment	12
3.8.19 Section 7b: Parent / Carer’s Consent to Sharing Assessment.....	12
3.8.20 Section 8: Sharing of UNOCINI:.....	12
3.8.21 Section 9: Complaints and Representations:.....	12
3.8.22 Section10 (a, b &c) Actions Taken by Receiving Agency:	12
3.9 Requirement Section 6 – New sections to facilitate FHA:.....	13
4. Appendix 1 – Family Health Assessment.....	16

Revision History

Name	Date	Reason For Changes	Version

1. Introduction

It has been agreed that the Family Health Assessment (FHA) will be accommodated within the SOSKARE/UNOCINI Framework structure and will mirror much of the current UNOCINI requirement where practical. The following subsections of this section should provide an overview of the entire URS including additional service-specific screens required for FHA.

1.1 Purpose

The purpose of this document is to provide all of the requirements for the Family Health Assessment (FHA) project.

The requirements will be provided in a number of phases:

- Phase 1 - Registration, Referral & Assessment (as part of current UNOCINI Requirement)
- Phase 2 - Health Plan, interfaces to NIMATS / CHS (outside of UNOCINI Requirement and will require separate Business Case to be approved)

1.2 Intended Audience and Document Structure

The document is intended for: developers, project managers, development team, quality assurance team, testers and documentation writers.

The requirements for this project are defined in section 3.

Requirement details for Registration and Referral mirror existing UNOCINI Registration and Referral requirements.

1.3 Project Scope

The project will allow for the recording of the FHA on the existing SOSKARE system. It will provide functionality to support client registration, referral and assessment (including care planning when appropriate) and will use existing UNOCINI architecture with some additional screens to facilitate capturing FHA specific data. The system will also provide reporting facilities as required. The existing SOSKARE green screen interface will be used where amendments to current SOSKARE functionality are required and new functionality will be developed with the web interface.

It is not intended that this requirement will facilitate the end-to-end business processes for Health Visitors / School Nurses.

2. Overall Description

2.1 Product Perspective

Family Health Assessment (FHA) is a holistic assessment of the health and well-being of all family members. In addition to the children and parent/carer's health and well-being it looks at parenting capacity and family and environmental factors. It is a vehicle used by Health Visitors / School Nurses to promote Health and Well-being and is key to identifying children with high risk and low protective factors and to ensure that these families receive a personalised service.

The ultimate purpose of the FHA is to use a holistic approach to identify the health of individuals, families and communities in order to provide a client centered service. The FHA will focus on encouraging families to acknowledge their health needs and plan appropriate interventions jointly to address identified needs. Public Health information collated will inform the commissioning, planning and delivery of future services to children and families.

The FHA reflects and interfaces with the UNOCINI (Understanding the Needs of Children in Northern Ireland, DHSSPS 2008) assessment framework. UNOCINI has three areas and 12 domains and the FHA reflects these areas and domains in a way that retains the family and public health focus essential to Health Visiting and School Nursing practice.

FHA will be developed within the current UNOCINI project; a gap analysis was carried out to identify any missing data items currently within UNOCINI that are an essential requirement for Health Visitors and these will be added to the new assessment format to accommodate the information requirements for Family Health Assessments.

In essence this will do away with the need to complete a FHA and then a separate UNOCINI if needed. Health Visitors will then have the option of printing this out in a user-friendly format

2.2 Product Features

The existing SOS CARE green screen interface will be used where amendments to current SOS CARE functionality are required e.g. client registration details and existing UNOCINI screens will be used to capture data items common to both UNOCINI and Family Health Assessment. New functionality will be developed with a web interface to capture FHA-specific requirements.

During analysis it was pointed out that Health Visitors/School Nurses do not fill in all aspects of the UNOCINI as some sections are specific to Social Services, therefore, it was agreed that, for the purposes of the FHA, those sections specific to Social Services will be excluded from the FHA.

With the exception of service-specific data items, the current UNOCINI data fields will be used to capture FHA data, and new screens, as specified below, will need to be developed to capture the FHA service specific data requirements, some section headings will be changed to reflect the requirements for FHA as appropriate.

User requirements Specification for Family Health Assessment

All other requirements i.e. Registration, Referral and Assessment etc will follow current UNOCINI requirements.

2.3 User Classes and Characteristics

Initially the FHA system will be used by Health Visitors but the intention is that the user base will be expanded over time to include School Nurses and other professionals. In the longer term access from outside organisations may also be a requirement.

2.4 Operating Environment

The software will operate in the current SOSKARE environment.

2.5 User Documentation

- A user manual will be provided with the software
- On-line help will be provided with the software. ('Help' document to be finalised)

3. User Requirements

3.1 Requirements Section 1 – General Requirements

It has been agreed that FHA should mirror where appropriate the current UNOCINI and for the purposes of assimilating both, FHA can be viewed as a sub-set of UNOCINI and, unless specified otherwise, will follow the same rules and functionality as UNOCINI.

This requirement will therefore use the new generic assessment concept for SOSKARE i.e. with a common header section, service specific sections and a common footer section.

This includes the, enter, amend, display, terminate and deletion routines to be accommodated. Printing of the forms from screen and reporting capabilities. The HV/SN episode will be closed if the last assessment has an end date and the HV/SN referral has an action of 'Closed' entered. An open assessment must be end dated before the 'Close' action is permitted on the referral.

The copying of referrals and assessments – individually and family based from within the function and the standalone versions is required.

The new web-based standards set via the UNOCINI development must be adhered to.

The 'Actions' Grid on referral will allow the transfer of cases between Health Visitors / School Nurses (including any open assessments) but will not invoke the standard SOSKARE SW software.

The 'Actions' Grid, 'Accept & Allocate Action' for FHA will allow for the entry of a FHA only but no access to 'Social Work Involvement' and services and groups specific to the FHA.

The only functionality that HV / SN should have is access to 'Referral' and 'Assessment'. However, entry, display, delete, close and transfer are still requirements.

3.2 User Access / Security

This will follow the requirement as detailed in Section 3.2 of the UNOCINI 'Registration and Referral User Requirements' specification.

In summary, the allocated person(s) and their team(s) may see all the assessment details. If a team has been added to the new security table then they may also see the details if not allocated. Otherwise only the header details will be viewable.

3.3 Information Analysis & Reporting

Functionality is required to ensure that:

- Flexible reporting facilities, with the ability for the underlying database to be interrogated using industry standard tools are provided for.
- Every data item in the system, both entered and derived, will be available for inclusion into any defined report. The data will be capable of being aggregated in any way, according to purpose.
- The Supplier will supply a core set of reports as defined by the Family Health Assessment Team.

3.4 Enter Contact Information, Significant Event or Chronology of Significant Events

Much of the functionality already specified within the UNOCINI URS Phase 1 Part 1 i.e. 'REF 8.1 : 3.8.6 Enter Contact Information, Significant Event or Chronology of Significant Events' will also be required for FHA to allow Health Visitors / School Nurses to be able to record contact information and significant events as additional information as necessary.

Appropriate security will be in place to clearly differentiate between the Contact / Significant Event records etc unique to Health Visitors / School Nurses and the Contact / Significant Event records that are unique to Social Workers.

Functionality is required to ensure that only those granted the appropriate security access rights can input, update and view these records and that the Contact and Significant Event information belonging to the Health Visitors / School Nurses can be retrieved /viewed by the Health Visitor / School Nurses as appropriate.

3.5 Requirements Section 2 –Registration and Referral

3.5.1 Search for a Client

Allow the user to select a client as per standard SOSKARE functionality with new search criteria.

3.5.2 Registration

The current SOSKARE registration functionality will apply to Health Visitors/School Nurses. The mother and child / young person will be on the central CLIENT file with associated family members identified. No additional functionality is required.

3.5.3 Referral

A new 'Type of Referral' needs to be created for Health Visitors/School Nurses.

A new referral format is also required with the following sections:

- Standard web-based referral header (as specified within the UNOCINI requirement)
- A free-text section named 'Additional Information to Support Referral'
- Standard web-based referral footer

A new 'Reason for Referral' description of 'Family Health Assessment' is to be added to the current SOSKARE table 5.

The current 'Action' list on referrals meets the FHA needs.

Functionality is required to allow the mother to be recorded as a client on the SOSKARE system. The reason for referral will be 'pregnancy' (already available on the reason for referral table). The referral will be allocated and a Family Health Assessment commenced for the mother.

When the child is born, the child will be registered as a client on the system. Reason for referral is 'Family Health Assessment' (new code). The current copy assessment functionality for a family member developed as part of the UNOCINI functionality will be used to copy the mother's assessment to the child's. Both referral and assessments will be updated independently.

A copy of the FHA may become a UNOCINI referral when an Action of 'Onward referral' is added within the Assessment Actions grid. The user should have the choice of entering a new blank referral or where the user selects referral type 'SW' and sub-type of referral 'UNOCINI' the data will auto populate from the FHA to the UNOCINI referral. Amendment of the referral is then allowed until it is allocated as standard functionality. The 'Onward Referral' functionality is a generic bit of code for the Action grid. (We will need to discuss how this operates in the design meetings).

Functionality is required to allow notification to be sent to the receiving Gateway staff member / team that they have received a referral generated from a FHA. This is necessary to ensure that any potentially urgent referrals are not missed.

3.6 Requirements Section 3 – Additional Look Up tables

The current UNOCINI look-up tables will be used as appropriate with some additional items added specific to FHA. Some additional FHA tables will be needed, these are still to be finalised.

3.7 Requirement Section 4 – Assessment Requirements

This requirement uses the new generic assessment concept for SOSKARE. The format is similar to that described in the UNOCINI user requirement specification Phase 1 Part 1 for referrals and initial assessment.

User requirements Specification for Family Health Assessment

The assessment design framework must be adhered to – the header and footer on the ‘common’ assessment file and the service specific details on a separate file.

Standard SOSKARE functionality to allow entry of an assessment, displaying an assessment, amending an assessment, terminating an assessment and deleting an assessment are required.

No service specific section headers should appear on the left hand display pane until the ‘Type of Assessment’ has been entered. The pane should then display the sections appropriate to the type of assessment.

Standard SOSKARE web headers should be on each web screen. As the assessment module is a completely new set of functionality then once the user selects any assessment menu option they are taken straight to the new web search screen.

A new ‘Type of Assessment’ is required: text description – ‘Family Health Assessment’, coded – FHA.

The assessment will contain:

- Standard assessment web-based header
- Family Health Assessment specific sections (see below)
- Standard assessment web-based footer

The new assessment header will be displayed and on entry of ‘Type of Assessment’ the appropriate assessment form will be presented.

3.7.1 Copy an existing assessment to new assessment.

Once a client has an assessment recorded against them the next time the user goes to create a new assessment they should have the capability to carry out the following:

- Copy a previous assessment which has been completed into a new assessment for the selected client.
- Copy the assessment to another family member singly or in multiples at one time
- Create a new blank version of any type of assessment.

3.8 Requirement Section 5 - Family Health Assessment specific sections:

For the purposes of facilitating a FHA some sections of the UNOCINI which are specific to Social Services and which are not completed by Health Visitors have been omitted from the final FHA and some Section Headers have been changed to reflect that the client can also be an adult e.g. mother / main carer as outlined below (see also FHA draft document Appendix 1). The Menu headers for the FHA will have to reflect the flow of the FHA to allow for easy navigation around the screens and this may require amending the current right-hand-side menu as appropriate.

3.8.1 Section 1a: Child or Young Person’s Details:

This section has been retained however the Header has been changed to “*Section 1a: Person’s Details*” and the data item “*Does the **Child** have a Disability*” has been changed to “*Does the **Person** have a Disability*”

3.8.2 Section 1b: Child or Young Person’s Primary Carer’s Details:

User requirements Specification for Family Health Assessment

This section has been retained without changes.

3.8.3 Section 2a: Other Household Members (incl. non-family members):

This section has been retained without changes.

Section 2b: Significant Others (incl. family members who are not members of the child(ren) or young person(s) household):

This section has been retained without changes.

3.8.4 Section 2c: Agencies Currently Working with Child(ren) or Young Person(s):

This section has been retained without changes.

3.8.5 Section 3a: Reason for Undertaking Preliminary Assessment and / or Referral:

This section has been removed from FHA version.

3.8.6 Section 3b: Summary of Previous Contacts

This section has been removed from FHA version.

3.8.7 Section 3c: Immediate Actions

This section has been removed from FHA version.

3.8.8 Section 3d: Referral Consent

This section has been removed from FHA version.

3.8.9 Section 3e: Referrer's Details

This section has been removed from FHA version.

3.8.10 Section 4a: Agencies Currently Working with Child or Young Person

This section has been removed from FHA version.

3.8.11 Section 5a: Assessment Consent:

This section has been retained however for FHA print version it has been moved and is now "*Section 1c: Assessment Consent*"

3.8.12 Section 5b: Child’s Involvement:

This section has been retained however the question has been amended to read “*Was the Child / Young Person spoken to / engaged with for the purpose of completing the Family Health Assessment?*” and heading has been changed to ‘*Child’s / Young Person’s Involvement*’.

3.8.13 Section 5c: Child or Young Person’s Needs:

This section has been retained however for FHA version the heading has changed to “*Section 3a: Child / Young Person’s Needs*”

3.8.14 Section 5d: Parent’s to Carer’s Capacity to meet the Child(ren) or Young Person(s) Needs:

This section has been retained however for FHA version the heading has changed to “*Section 3c: Parent’s or Carer’s Capacity to meet the Child(ren) or Young Person(s) Needs*”

3.8.15 Section 5e: Family and Environmental Factors which impact on the Child(ren) or Young Person(s) and the Parents’ or Carers’ Capacity to Meet Their Needs:

This section has been retained however for FHA version the heading has changed to “*Section 3d: Family and Environmental Factors which impact on the Child(ren) or Young Person(s) and the Parents’ or Carers’ Capacity to Meet Their Needs*”

3.8.16 Section 6a: Analysis / Summary:

This section has been retained with the following changes:

- Header has been changed to “*Section 4a: Summary of Child / Family Health Assessment*”
- The questions “*Names and Dates Child / Young Person seen*” and “*Names and Dates Family / Carers seen*” have been removed
- A new question (outlined below) “*Please select when this summary was completed*” has been added:-

The assessment can begin at the mother’s Antenatal review and can take up to 16 weeks postnatal to complete, however, the assessment/threshold decision can also be made at each contact within the core programme. Functionality is required to allow the information contained within the new section to be collected at all the Universal Core contact reviews.

Data Items	Notes
Section 4a: Summary of Child / Young Person’s Family Health Assessment	
Please select when this summary was completed	Coded grid with the data items in the following 3 rows
Type of Contact Review	Coded lookup table with the following data items: <ul style="list-style-type: none"> ▪ Antenatal Review ▪ New Baby Review ▪ 6-8 wk Health Review ▪ 14-16 wk Health Review ▪ 6-9 Month Contact ▪ 1 year Health Review

User requirements Specification for Family Health Assessment

	<ul style="list-style-type: none"> ▪ 2-2¹/₂ year Health Review ▪ 4-4¹/₂ year Record Review ▪ other (please specify)
Other (please specify)	(Dynamic free-text box that will open when ‘Other’ selected)
Date carried out.	Standard date format

3.8.17 Section 6b: Conclusions:

This section has been retained with the following changes:

- Section header has been changed to “*Section 4b: Conclusions*”
- A new question - “*Threshold of Need (circle)*” has been inserted into this section (see below).

Data Items	Notes
Section 4b : Conclusions	
Threshold of Need	Coded lookup table with the following values: <ul style="list-style-type: none"> • 1 • 2 • 3 - Low / Medium / High • 4 - Low / Medium / High

3.8.18 Section 7a: Child or Young Person’s Consent to Sharing Assessment

This section has been retained, however the header has been changed to “*Section 5c: Child or Young Person’s Consent to Sharing Assessment*”.

3.8.19 Section 7b: Parent / Carer’s Consent to Sharing Assessment

This section has been retained, however the header has been changed to “*Section 5a: Parent / Carer’s Consent to Sharing Assessment*”.

3.8.20 Section 8: Sharing of UNOCINI:

This section has been removed from FHA version.

3.8.21 Section 9: Complaints and Representations:

This section has been removed from FHA version.

3.8.22 Section10 (a, b &c) Actions Taken by Receiving Agency:

This section has been removed from FHA version.

3.9 Requirement Section 6 – New sections to facilitate FHA:

The following additional sections with the detailed data items will be required to be added to the current UNOCINI format to facilitate the capture of service specific Health Visitor/School Nurse information.

Data Items	Notes
Section 3b : Health Promotion Topics	
Weaning Initiation	Coded lookup table with the following values: <ul style="list-style-type: none"> • < 6 months • >/= 6 months
Height	Free-text
Weight	Free-text
Record BMI Score	Free-text
Record BMI Centile	Free-text
Dentist Registration	Yes / No (please give reason) tick boxes
Please give reason	Dynamic field that opens a coded input field with the following items when 'No' above is selected: <ul style="list-style-type: none"> ▪ Parent Declined ▪ Child / Young Person Declined ▪ Dentist declined registration ▪ No availability of NHS Dentist ▪ Other (please specify)
Please specify	Dynamic field that opens a free text box when 'Other' above is selected
Attended Dentist	Yes / No (please give reason) tick boxes
Please give reason	Dynamic field that opens a coded input field with the following items when 'No' above is selected : <ul style="list-style-type: none"> ▪ Parent Declined ▪ Child / Young Person Declined ▪ Dentist declined registration ▪ No availability of NHS Dentist ▪ Other (please specify)
Other (please specify)	Dynamic field that opens a free text box when 'Other' above is selected
SUDI – please indicate when and with whom this was discussed.	Grid with the data items in the following 3 rows:
Discussed	Yes / No tick box
Date	Standard date format
With whom	Free text

Data Items	Notes
Section 6: Maternal/Main Carer's Health	
Antenatal Contact	Yes / No tick boxes
Please specify time, date & venue	Dynamic field that opens a grid with the data items in the following 3 rows when 'Yes' above is selected:
Time	standard time format
Date	standard date
Venue	Free text
Indicate reason	Dynamic field that opens a coded input field with the following items when 'No' above is selected : <ul style="list-style-type: none"> ▪ Unknown antenatal ▪ Offered but declined ▪ Pre-term delivery ▪ Other (please specify)

User requirements Specification for Family Health Assessment

Please specify	Dynamic field that opens a free text box when ‘Other’ above is selected
EDD	Free text
Routine Enquiry Domestic Abuse.	Coded lookup table with the following data items: <ul style="list-style-type: none"> • First Enquiry • Second Enquiry • Selective Enquiry
Did Enquiry Take Place?	Yes / No tick boxes
Please specify	Dynamic field that opens a grid with the data items in the following 3 rows when ‘Yes’ above is selected:
Time	standard time format
Date	standard date
Venue	Free text
Indicate reason	Dynamic field that opens a coded lookup table with the following data items when ‘No’ above is selected: <ul style="list-style-type: none"> • Partner Present • Current Active Case • Unsuitable Environment • Other (please specify)
Other (please specify)	Dynamic field that opens a free text box when ‘Other’ is selected.
Was there disclosure?	Yes / No tick boxes
Please specify	Dynamic field that opens a grid with the data items in the following rows when ‘Yes’ is selected.
With whom	(free-text box)
Relationship	Coded lookup table with the following data items: <ul style="list-style-type: none"> • Partner • Ex-partner • Family Member
Please indicate if they are	Current / Past – tick box
Action	Coded list with the data items in the following 4 rows (allow for multiples):
Universal Information	Select as appropriate
Additional Advice & Support	Select as appropriate
Targeted Intervention, continued monitoring & signpost	Select as appropriate
Referral to specialist services (please specify)	Dynamic field that opens a free text box when selected
Perinatal Mental Health Assessment	Coded lookup table with the following data items: <ul style="list-style-type: none"> • First Assessment • Second Assessment • Selective Assessment
Prediction	Yes / No
Detection	Yes / No
Action	Coded list with the data items in the following 4 rows (allow for multiples):
Universal Information	Select as appropriate
Additional Advice & Support	Select as appropriate
Targeted Intervention, continued monitoring & signpost	Select as appropriate
Referral to specialist services (please specify)	Dynamic field that opens a free text box when selected

User requirements Specification for Family Health Assessment

Health (Physical, Mental & Emotional)	(free-text)
Pregnancy and Birth experience(s)	(free-text)
Lifestyle Influences	
Alcohol	Yes / No – tick boxes (coded)
Drug Use/ Misuse	Yes / No – tick boxes (coded)
Smoker	Yes / No – tick boxes (coded)
Action	Coded list which opens when ‘Yes’ for any of the 3 questions above is selected, with the data items in the following 5 rows (allow for multiples):
Universal Information	Select as appropriate
Additional Advice & Support	Select as appropriate
Targeted Intervention, continued monitoring & signpost	Select as appropriate
Referral to Social Services	Select as appropriate
Referral to specialist services (please specify)	Dynamic field that opens a free text box when selected

Data Items	Reports
Section 7: Father/Partner’s Health	
Health (Physical, Mental & Emotional)	Free text
Lifestyle Influences	
Alcohol	Yes / No – tick boxes (coded)
Drug Use/ Misuse	Yes / No – tick boxes (coded)
Smoker	Yes / No – tick boxes (coded)
Action	Coded list which opens when ‘Yes’ for any of the 3 questions above is selected, with the data items in the following 5 rows (allow for multiples):
Universal Information	Select as appropriate
Additional Advice & Support	Select as appropriate
Targeted Intervention, continued monitoring & signpost	Select as appropriate
Referral to Social Services	Select as appropriate
Referral to specialist services (please specify)	Dynamic field that opens a free text box when selected

4. Appendix 1 – Family Health Assessment

Date Assessment initiated:

SOSCARE No:

Section 1a : Person's Details				
Surname:		Type of ID		ID No.
Forename :				
Known As :		H&C No.		
Address:		Previous Address :		
Postcode:		Postcode :		
Telephone No:				
Mobile Number:				
Date of Birth :			Gender :	
GP Name :		GP Tel. No :		
GP Address :		GP E-Mail Address :		
Postcode :				
Locality :		School :		
On CP Register:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Presenting Need (CIN)		
Does the Client have a Disability?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, What Disability: (source of diagnosis)	Other Special Needs:	
Nationality:		Ethnic Category	Religion:	
Language Spoken :		Communication Support :	Interpreter <input type="checkbox"/> Signer <input type="checkbox"/> Document Translation <input type="checkbox"/>	
Please Specify				

Section 1b : Child or Young Person's Primary Carer's Details				
	Carer 1	Carer 2	Carer 3	Carer 4
Last Name				
Alternative Last Name				
First Name				
Address				
Postcode				
Phone No. (incl' Mobile)				
Date of Birth				
Relationship to Child / YP				
Parental Responsibility	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Language Spoken				
Nationality				
Communication Support	<input type="checkbox"/> Interpreter <input type="checkbox"/> Signer <input type="checkbox"/> Doc. Trans Details	<input type="checkbox"/> Interpreter <input type="checkbox"/> Signer <input type="checkbox"/> Doc. Trans Details	<input type="checkbox"/> Interpreter <input type="checkbox"/> Signer <input type="checkbox"/> Doc. Trans Details	<input type="checkbox"/> Interpreter <input type="checkbox"/> Signer <input type="checkbox"/> Doc. Trans Details
GP				

Section 1c: Assessment Consent

Do all the Parents / Carers consent to this assessment being undertaken? Yes No

If NO, Please give reasons

Do all the Children / Young Persons consent to this assessment being undertaken? Yes No

If NO, Please give reasons

Section 2a : Other Household Members (incl. non-family members)

	Member 1	Member 2	Member 3	Member 4
Last Name				
Alternative Last Name				
First Name				
Address				
Postcode				
Phone No. (incl Mobile)				
Date of Birth				
Relationship to Child / YP				
Language Spoken				
Nationality				
Communication Support	<input type="checkbox"/> Interpreter <input type="checkbox"/> Signer <input type="checkbox"/> Doc. Trans Details	<input type="checkbox"/> Interpreter <input type="checkbox"/> Signer <input type="checkbox"/> Doc. Trans Details	<input type="checkbox"/> Interpreter <input type="checkbox"/> Signer <input type="checkbox"/> Doc. Trans Details	<input type="checkbox"/> Interpreter <input type="checkbox"/> Signer <input type="checkbox"/> Doc. Trans Details
GP				

Section 2b : Significant Others (incl. family members who are not members of the child(ren) or young person(s) household)

	Other 1	Other 2	Other 3	Other 4
Last Name				
Alternative Last Name				
First Name				
Address				
Postcode :				
Phone No. (incl Mobile)				
Date of Birth				
Relationship to Child / YP				

User requirements Specification for Family Health Assessment

Language Spoken				
Nationality				
Communication Support	<input type="checkbox"/> Interpreter <input type="checkbox"/> Signer <input type="checkbox"/> Doc. Trans Details	<input type="checkbox"/> Interpreter <input type="checkbox"/> Signer <input type="checkbox"/> Doc. Trans Details	<input type="checkbox"/> Interpreter <input type="checkbox"/> Signer <input type="checkbox"/> Doc. Trans Details	<input type="checkbox"/> Interpreter <input type="checkbox"/> Signer <input type="checkbox"/> Doc. Trans Details
GP				

Section 2c : Agencies Currently Working with Child /Young Person			
Agency	Contact Person	Contact Details	Family Member
School Address:	Name: Designation : Role :	Tel : Email:	
G.P. Address:	Name: Designation : Role :	Tel : Email:	
Health Professional Address:	Name: Designation : Role :	Tel : Email:	
Police Address:	Name: Designation : Role :	Tel : Email:	
Other - specify Address:	Name: Designation : Role :	Tel : Email:	
Other - specify Address:	Name: Designation : Role :	Tel : Email:	
Other - specify Address:	Name: Designation : Role :	Tel : Email:	
Other - specify Address:	Name: Designation : Role :	Tel : Email:	

User requirements Specification for Family Health Assessment

Overview

Please comment on strengths needs and risks (this includes any child protection concerns), providing supporting evidence throughout. It is not necessary to comment on all factors if they are not relevant, or if they fall outside your area of expertise and/or knowledge of the child / young person and family.

Complete Section 3 for each individual Child / Young Person:

Child's /Young Person's Name :

Section 3a : Child's / Young Person's Needs:	
Health and Development	
Education and Learning	
Identity, Self-Esteem and Self-Care	
Family and Social Relationships	

Section 3b : Health Promotion Topics			
Weaning Initiation	<input type="checkbox"/>	< 6 months	
	<input type="checkbox"/>	>/= 6 months	
Height		Weight	
Record BMI Score		Record BMI Centile	
Dentist Registration	<input type="checkbox"/>	Yes	
	<input type="checkbox"/>	No (please give reason)	
		(Reason)	
	<input type="checkbox"/>	Parent Declined	
	<input type="checkbox"/>	Child / Young Person Declined	
	<input type="checkbox"/>	Dentist declined registration	
	<input type="checkbox"/>	No availability of NHS Dentist	
	<input type="checkbox"/>	Other (please specify) (free-text)	

User requirements Specification for Family Health Assessment

Attended Dentist	<input type="checkbox"/> Yes <input type="checkbox"/> No (please give reason) (Reason) <input type="checkbox"/> Parent Declined <input type="checkbox"/> Child / Young Person Declined <input type="checkbox"/> Dentist declined registration <input type="checkbox"/> No availability of NHS Dentist <input type="checkbox"/> Other (please specify) (free-text)
SUDI - please indicate when and with whom this was discussed.	

Section 3c: Parents' or Carers' Capacity to Meet the Child (ren) or Young Person(s) Needs:	
Basic Care and Ensuring Safety	
Emotional Warmth	
Guidance, Boundaries and Stimulation	
Stability	

Section 3d: Family and Environmental Factors which Impact on the Child(ren) or Young Person(s) and the Parents' or Carers' Capacity to Meet Their Needs	
Family History, Functioning and Well-Being	
Extended Family and Social & Community Resources	

Housing
Employment and Income

Section 4a: Summary of Child / Young Person's Family Health Assessment	
Please select when this summary was completed	<input type="checkbox"/> Antenatal Review <input type="checkbox"/> New Baby Review <input type="checkbox"/> 6-8 wk Health Review <input type="checkbox"/> 14-16 wk Health Review <input type="checkbox"/> 6 - 9 Month Contact <input type="checkbox"/> 1 year Health Review <input type="checkbox"/> 2 – 2 ¹ / ₂ year Health Review <input type="checkbox"/> 4 - 4 ¹ / ₂ year Record Review <input type="checkbox"/> other (please specify)
What Strengths have you identified?	
What Needs have you identified?	
What existing and / or potential risks have you identified?	
What resilience or protective factors have you identified?	

Section 4b : Conclusions				
What are your conclusions?				
Threshold of Need (circle)	1			
	2			
	3	Low	Medium	High
	4	Low	Medium	High
What are your recommendations?				
Record the child(ren) or young person(s) views of your comments and recommendations				
Record the parent or carer's views of your comments and recommendations				

Section 5a : Parent / Carer's Consent to Sharing Assessment

- I agree that the information provided in this assessment may be shared with a range of professionals who contribute or may contribute to my child's care.
- I understand that this information may be used for the purpose of providing a service, or care and further assessment may be required
- I understand that I may withdraw my consent to share information or have further assessment at any time, but that this may affect ability to provide full services .
- I understand that I have the right to restrict what information may be shared, and with whom, but in doing so this may affect the ability to provide full services.

Restrictions

Please specify which information you do not wish to share	
Please specify with whom you do not wish to share information	
Consent Gained?	<input type="checkbox"/> Verbal <input type="checkbox"/> Written <input type="checkbox"/> None (please give reason)
<input type="checkbox"/> I understand that professionals may over-ride this consent, if there is a professional view that not to do so may lead to a risk of significant harm	
Assessed person's signature	
Date	
Assessor's Signature	
Date	

Section 5b : Child's / Young Person's Involvement

Was the Child / Young Person spoken to / engaged with for the purpose of completing the Family Health Assessment? Yes No

If **NO** please give reasons

Complete Section for each individual Child / Young person Child's / Young Person's Name :

Section 5c : Child or Young Person's Consent to Sharing Assessment

- I agree that the information provided in my assessment may be shared with a range of professionals who contribute or may contribute to my care.
- I understand that this information may be used for the purpose of providing a service, or care and further assessment may be required
- I understand that I may withdraw my consent to share information or have further assessment at any time, but that this may affect ability to provide full services for me.
- I understand that I have the right to restrict what information may be shared, and with whom, but in doing so this may affect the ability to provide full services for me.

Restrictions

Please specify which information you do not wish to share

Please specify with whom you do not wish to share information

Consent Gained

- Verbal
- Written
- None (please give reason)

I understand that professionals may over-ride this consent, if there is a professional view that I may be at risk of significant harm

Assessed person's signature

Date

Assessor's Signature

Date	
------	--

Section 6: Maternal/Main Carer's Health		
Name:	Sign & Date	
Antenatal Contact	Yes <input type="checkbox"/> No <input type="checkbox"/> (indicate reason by ticking box below) <input type="checkbox"/> Unknown antenatal <input type="checkbox"/> Offered but declined <input type="checkbox"/> Pre-term delivery <input type="checkbox"/> Other (please specify)	
EDD		
Routine Enquiry Domestic Abuse.	First Enquiry <input type="checkbox"/> Second Enquiry <input type="checkbox"/> Selective Enquiry <input type="checkbox"/>	
Did Enquiry Take Place?	Yes <input type="checkbox"/> No <input type="checkbox"/> (indicate reason by ticking box below) <input type="checkbox"/> Partner Present <input type="checkbox"/> Current Active Case <input type="checkbox"/> Unsuitable environment <input type="checkbox"/> Other (please specify)	
Was there disclosure?	<input type="checkbox"/> Yes (please specify whom) <input type="checkbox"/> No	
Relationship	<input type="checkbox"/> Partner <input type="checkbox"/> Current <input type="checkbox"/> <input type="checkbox"/> Past <input type="checkbox"/> Ex-partner <input type="checkbox"/> Current <input type="checkbox"/> <input type="checkbox"/> Past <input type="checkbox"/> Family Member <input type="checkbox"/> Current <input type="checkbox"/> <input type="checkbox"/> Past Action: <input type="checkbox"/> Universal Information <input type="checkbox"/> Additional Advice & Support <input type="checkbox"/> Targeted Intervention <input type="checkbox"/> Referral to Social Services <input type="checkbox"/> Referral to other specialist services (please specify)	

User requirements Specification for Family Health Assessment

<p>Perinatal Mental Health Assessment</p>	<p>First Assessment <input type="checkbox"/></p> <p>Second Assessment <input type="checkbox"/></p> <p>Selective Assessment <input type="checkbox"/></p> <p>Prediction Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Detection Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Action:</p> <p><input type="checkbox"/> Universal Information</p> <p><input type="checkbox"/> Additional Advice & Support</p> <p><input type="checkbox"/> Targeted Intervention</p> <p><input type="checkbox"/> Referral to Social Services</p> <p><input type="checkbox"/> Referral to other specialist services (please specify)</p>	
<p>Health (Physical, Mental & Emotional)</p>		
<p>Pregnancy and Birth experience(s)</p>		
<p>Lifestyle Influences</p>	<p>Alcohol Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Action:</p> <p><input type="checkbox"/> Universal Information</p> <p><input type="checkbox"/> Additional Advice & Support</p> <p><input type="checkbox"/> Targeted Intervention</p> <p><input type="checkbox"/> Referral to Social Services</p> <p><input type="checkbox"/> Referral to other specialist services (please specify)</p> <hr/> <p>Drug Use/ Misuse Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Action:</p> <p><input type="checkbox"/> Universal Information</p> <p><input type="checkbox"/> Additional Advice & Support</p> <p><input type="checkbox"/> Targeted Intervention</p> <p><input type="checkbox"/> Referral to Social Services</p> <p><input type="checkbox"/> Referral to other specialist services (please specify)</p>	

User requirements Specification for Family Health Assessment

	Smoker Yes <input type="checkbox"/> No <input type="checkbox"/> Action: <input type="checkbox"/> Universal Information <input type="checkbox"/> Additional Advice & Support <input type="checkbox"/> Targeted Intervention <input type="checkbox"/> Referral to specialist services (please specify)	
--	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--

Section 7: Father/Partner's Health		
Name:	Sign & Date	
Health (Physical, Mental & Emotional)		
Lifestyle Influences	Alcohol Yes <input type="checkbox"/> No <input type="checkbox"/> Action: <input type="checkbox"/> Universal Information <input type="checkbox"/> Additional Advice & Support <input type="checkbox"/> Targeted Intervention <input type="checkbox"/> Referral to Social Services <input type="checkbox"/> Referral to specialist services (please specify)	
	Drug Use/ Misuse Yes <input type="checkbox"/> No <input type="checkbox"/> Action: <input type="checkbox"/> Universal Information <input type="checkbox"/> Additional Advice & Support <input type="checkbox"/> Targeted Intervention <input type="checkbox"/> Referral to Social Services <input type="checkbox"/> Referral to specialist services (please specify)	
	Smoker Yes <input type="checkbox"/> No <input type="checkbox"/> Action: <input type="checkbox"/> Universal Information <input type="checkbox"/> Additional Advice & Support <input type="checkbox"/> Targeted Intervention <input type="checkbox"/> Referral to specialist services (please specify)	

Name..... D.O.B.....

Section 8: Health Visiting/School Nursing Health Plan									
Date	Issue	Planned Outcome	Intervention	By Whom	Review Period	Actual Outcome	Date	Action	Signature
	Eneurisis	Established sleep pattern	Behaviour Manag					Select	