



TORFAEN FAMILY SUPPORT ASSESSMENT

WCCIS Number:	
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Please be aware that this information is supplied to you as part of the Assessment, Care and Support or Service that Torfaen Social Care provides to you and/or your family. The document may contain confidential, personal and sensitive information and may also mention other individuals. We are informing you that under Data Protection Law the information of other individuals must not be shared or published (including verbally or on social media) unless there is a legal requirement to do so or you have the explicit consent of the third parties named herein.

FAMILY DETAILS

PRACTITIONER NOTE:

Before completing the following assessment with family members, please ensure that written consent is provided as set out below.

Forename(s)	Surname	DOB	Gender	Address	Telephone

We will collect information within this assessment so that we can understand what help your family may need. If we cannot cover all of your needs we may need to share some of this information with other organisations so that they can help us to provide the services required.

We will treat your information as confidential and will not share it with any other organisation without your agreement except where our legal duties require us to share it. In all cases we only share information needed to support you as a family.

	Yes/No
I have had the reasons for information sharing and information storage explained to me and I understand those reasons:	
I agree to the sharing of relevant information with professionals working with my family and those identified in the family plan:	
I agree that historical data may also be shared with relevant agencies in support of this TAF assessment if required:	

CHILD/YOUNG PERSON SIGNATURE

Name	Signature	Date
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PARENT/CARER SIGNATURE

Name	Signature	Date



TORFAEN FAMILY SUPPORT ASSESSMENT

WCCIS Number:	<input type="text"/>
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FORM COMPLETED BY

Name	<input type="text"/>	Job Title/Role	<input type="text"/>
Contact Number	<input type="text"/>	Email Address	<input type="text"/>
Agency	<input type="text"/>	Address	<input type="text"/>
Date	<input type="text"/>	<input type="text"/>	<input type="text"/>

KEY FAMILY MEMBERS

Please include details of Parents/Carers and also other family members such as siblings, step siblings or other significant people.

Forename(s)	Surname	Relationship to Child	DOB / EDD	Parental Responsibility	Household Member	Date met individual

Have all with Parental Responsibility (PR) been contacted and advised of the referral?

If not, please state the reason:

Are all with Parental Responsibility (PR) taking part in the assessment process?

If not, please state the reason:

DISABILITY IN FAMILY UNIT

You're Disabled under the Equality Act 2010 if you have a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on your ability to do normal daily activities.

Does any member of the Family Unit have a Disability?

If yes, please state the family member with a Disability:

ASSESSMENT STRENGTHS AND NEEDS

Consider each of the elements to the extent they are appropriate in the circumstances. You do not need to comment on every element. However, please note the level of need.

- 1 = no needs
- 2 = minor needs
- 3 = moderate needs
- 4 = significant needs
- 5 = critical / complex needs

If this assessment concerns more than one Child/Young Person, indicate which strength or need relates to which Child. Where possible, base your comments on evidence, not opinion. Highlight the source of the information your use to support your evidence. If there are any major differences of the view, for example between the Carer, Young Person or Practitioner(s), these should be recorded too.

For more guidance on how to complete this assessment please visit the Torfaen Families First web pages.

FAMILY PROFILE

	Strengths	Needs	Level of Need (1-5)
HOUSING			
INCOME, EMPLOYMENT AND FINANCE			
FAMILY HISTORY, RELATIONSHIPS AND WELL-BEING			

SCHOOL AND COMMUNITY LINKS/SUPPORTS			
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CHILD OR YOUNG PERSON PROFILE

Element - HEALTH AND WELL-BEING	Strengths	Needs	Level of Need (1-5)
GENERAL HEALTH			
DRUG AND ALCOHOL USE			
PHYSICAL DEVELOPMENT			
SPEECH, LANGUAGE AND COMMUNICATION			
EMOTIONAL AND SOCIAL DEVELOPMENT			

BEHAVIOUR			
IDENTITY, SELF-ESTEEM, SELF-IMAGE AND SOCIAL PRESENTATION			
FAMILY AND SOCIAL RELATIONSHIPS			
SELF CARE SKILLS AND INDEPENDENCE			

Element - LEARNING	Strengths	Needs	Level of Need (1-5)
UNDERSTANDING, REASONING AND PROBLEM SOLVING			
ATTENDANCE AND PARTICIPATION IN LEARNING, EDUCATION OR WORK			
PROGRESS AND ACHIEVEMENT			

ASPIRATIONS			
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PARENT OR CARER PROFILE

	Strengths	Needs	Level of Need (1-5)
BASIC CARE, ENSURING SAFETY AND PROTECTION			
SETTING ROUTINES AND BOUNDARIES			
EMOTIONAL WARMTH AND STABILITY			
PHYSICAL HEALTH			
MENTAL HEALTH AND EMOTIONAL WELL-BEING			

DRUG AND ALCOHOL USE			
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KEY AGENCIES WHO ARE ALSO WORKING WITH THE CHILD, YOUNG PERSON OR THEIR FAMILY (if known)

School/ College/ Nursery	Contact Name	Telephone

GP	Contact Name	Telephone

Agency	Contact Name	Telephone

LEAD WORKER - Person Co-ordinating this Assessment

Name

Job Title/Role

Contact Number

Email Address

Address

Agency

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CHILD/YOUNG PERSON'S SIGNATURE

I have read the information recorded on this form and I have had my views listened to and recorded.

If Child/Young Person is not signing, please state reason why:

Name	Signature	Date

PARENT/CARER SIGNATURE

I have read the information recorded on this form and I have had my views listened to and recorded.

Name	Signature	Date

SUMMARY



Family Profile	None - 1	Minor - 2	Moderate - 3	Significant - 4	Critical / Complex - 5
Housing					
Income, Employment and Finance					
Family History, Relationships and Well-being					
School and Community Links / Supports					

Child or Young Person Profile - Health and Well-being	None - 1	Minor - 2	Moderate - 3	Significant - 4	Critical / Complex - 5
General Health					
Drug and Alcohol Use					

Physical Development					
Speech, Language and Communication					
Emotional and Social Development					
Behaviour					
Identity, Self Esteem, Self Image and Social Presentation					
Family and Social Relationships					
Self Care Skills and Independence					

Child or Young Person Profile - Learning	None - 1	Minor - 2	Moderate - 3	Significant - 4	Critical / Complex - 5
Understanding, Reasoning and Problem Solving					
Attendance and Participation in Learning, Education and Work					
Progress and Achievement					
Aspirations					

Parent or Carer Profile	None - 1	Minor - 2	Moderate - 3	Significant - 4	Critical / Complex - 5
Basic Care, Ensuring Safety and Protection					
Setting Routines and Boundaries					
Emotional Warmth and Stability					
Physical Health					
Mental Health and Emotional Well-being					
Drug and Alcohol Use					