# 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
А	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	Р	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
СР	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	ТВ	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

Fil	ا م	Name:	

							esponsibility*							
Surname	•	Forename	M	DoB	Relationship	*PR* Y/N	Next of Kin Y/N	Occup	oation	Disability (Y/N)	Ethnicity See codes below	Religion	Pre School / School	Addres BOX NO
OMPT: Who	else live	es with you? Does	anyone	e stay over re	egularly? Does o	anyone i	n the hous	ehold ho	ave C	arer responsik	bility?			
									ī					
pplicable codes:	1	LANGUAGE:	1_					1		INTERPRETER			YES / NO	T = :
/hite British /hite Irish	WB WI	Black African Black Caribbean	BA BC	Mixed White &	Black African  Black Caribbean	WBA WBC	Asian -Indian Asian-Pakista		AI AP	Mixed White & A Asian - Other	sian M		ner Ethnic Group ne Given	OG NO
/hite Other	WO	Black Other	ВО	Mixed Other	DIACK CALIDDEAL	MO	Asian-Pakista Asian-Banglad		AB	Chinese	A	O INO	ne diven	INU

FILE NAME	Page	3
-----------	------	---

Surnam	e	Forename	N	M F	DoB	Relationship	*PR* Y/N	Next of Kin Y/N	Occ	cupatio	n	Disability (Y/N)	Ethnici See cod below	les	Religion	Pre School / School	Address BOX NO.
Applicable codes:		LANGUAGE:	I		1	<u> </u>			<u> </u>		INTE	RPRETER	REQUIR	RED:		YES / NO	1
White British	WB	Black African	BA	М	lixed White & E	Black African	WBA	Asian -Indian		Al		d White & A		MW/		r Ethnic Group	OG
White Irish	WI	Black Caribbean	ВС	_		Black Caribbean	WBC	Asian-Pakista		AP		n - Other		AO		e Given	NO
White Other	WO	Black Other	ВО	М	lixed Other		МО	Asian-Bangla	deshi	AB	Chine	ese					

# **FAMILY TREE**

Ke	ep each	n generatior	n on the same	e horizontal	line. Use own	key if necessary.	Please circle household	Completed by:
		f/Aale	$\boxtimes$	Dead		Marital Separation	Civil Partnership (f)	
1	0	Female	$\Box$ $-0$	Married	D-#0	Divorced		Date:
	1	Gender	D0	Unmarried	$\Pi$ — $\Pi$	Civil Partnership (m)		
		Onenowa		гојавонапір				

FILE NAME ...... Page 5

# **ADDRESS HISTORY**

HOW MAN	Y TIMES HAVE YOU MOVED HOME IN THE LAST 12 MONTHS?		BOX 1	CONTACT DETAILS Name:
DATE:			DATE:	Address:
DATE:				
DATE:				
BOX 2	CONTACT DETAILS		BOX 3	CONTACT DETAILS
20%2	Name::			Name:
DATE:	Address:		DATE:	Address:
5011		_	500.5	
BOX 4			BOX 5	CONTACT DETAILS
	Name:			Name:
DATE:	Address:		DATE:	Address:

# ADDRESS HISTORY (contd.)

BOX 6	CONTACT DETAILS Name:		BOX 7	CONTACT DETAILS Name:
DATE:	Address:		DATE:	Address:
BOX 8	CONTACT DETAILS	Ī	R∩Y (	CONTACT DETAILS
DOX 6	Name:		DOX 3	Name:
DATE:	Address:		DATE:	Address:
				<del>,</del>
BOX 10	CONTACT DETAILS Name:		BOX 11	CONTACT DETAILS Name:
DATE:	Address:		DATE:	Address:

# PROFESSIONALS / AGENCIES / VOLUNTEERS INVOLVED WITH FAMILY

Professionals Involved - Name	Agency	Address	Telephone / email	Date

	Dago	Q
FILE NAIVIE	 Page	С

# **SCPHN TEAM SIGNATORY SHEET**

NAME (print)	PROFESSION	USUAL SIGNATURE	INITIALS

### 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



#### **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

#### **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

#### 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

# CHILD SAFEGUARDING & PROMOTING WELFARE

# **FAMILY & ENVIRONMENTAL FACTORS**

#### **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:**

- Single parent
- Serial relationships
- Reconstructed family (parent or children)
- Low income or debt
- Out of work
- Frequent moves
- Crime

- 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

FILE NAME ...... Page 11

# **ASSESSMENT FRAMEWORK**

# "THE CHILD'S VOICE"

OR record child's comments

Place yourself in the child's shoes and consider each issue from the child's perspective,

SAFEGUARDING & PROMOTING WELFARE

**CHILD** 

NOTE TO ASSESSOR:
COMPLETE SEPARATE ASSESSMENT FOR EACH CHILD

Child's Name

# **FAMILY & ENVIRONMENTAL FACTORS**

Community Resources	Fam	nily's Social Integration	Income	Employment
Housing		Wider	Family	Family History and Functioning

#### Record of Assessment: date, time, persons present, contact codes **FAMILY & ENVIRONMENTAL FACTORS** • Do you or your partner have any family history of health problems? Previous depression / mental health issues? • Any recent major changes in your family's situation e.g. bereavement, separation, moving house / job, accident, burglary? Employment / return to work Diet, weight, exercise, healthy lifestyle (alcohol, smoking, drug use), daily routine, socialisation / social networking Do you like where you live – housing / neighbourhood? Who lives there? Are you currently in temporary accommodation, Local Authority, Housing Association, Bed & Breakfast? Are you currently on a short term lease in private sector only? Small rental debt? Eviction imminent and/or homeless and/or large rental debt / Bed & Breakfast? Advice and support with childcare / Benefits entitlement (smoke detector), Healthy Start leaflet Access to transport, how do you get about? Do you or your family members have support from any other professionals? Do you or the father of the child have any medical or health concerns that may affect the child, e.g. epilepsy, asthma, eczema, diabetes, hearing or sight loss? • What are your daily family routines /does your family have routines e.g. meals, sleep, work? When working directly with a school aged child / young person, points to consider: How is school – attendance, bullying (mobile phone / internet), breakfast, packed lunches? Are there any recent changes in your family? Contact WHERE: H = HOME VISIT C = CLINIC S = SCHOOLT = TELEPHONE codes TYPE OF CONTACT: AN = ANTENATAL NBV = NEW BIRTH VISIT PN = POSTNATAL PERIOD 2-6 WEEKS 1YR = 1YEAR REVIEW 2.5YR = 2 ½ YEAR REVIEW SE = SCHOOL ENTRY TI = TRANSFER IN

FILE NAME ...... Page 13

# **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

CHILD
SAFEGUARDING
& PROMOTING
WELFARE

NOTE TO ASSESSOR:
COMPLETE SEPARATE ASSESSMENT FOR EACH CHILD
Child's Name
DoB

Basic Care	Ensuring Safety	Emotional Warmth
Stimulation	Guidance and Boundaries	Stability

PARENTING CAPACITY / Parents and Carers	Record of Assessment : date, time, persons present, contact codes
<ul><li>How do you feel about your pregnancy / parenthood?</li><li>Have you had experience of babies / young</li></ul>	
<ul><li>children?</li><li>What was your childhood experience like? / Would you make any changes when parenting</li></ul>	
your own children?  • Are you and your partner still in close contact with your parents / extended family? Do they	
<ul><li>live nearby?</li><li>How is your partner adapting to parenthood?</li><li>Does anyone in your family consider themselves to be a carer?</li></ul>	
<ul> <li>Has anyone in your household needed and/or received extra support in school?</li> <li>Have you ever had support from Children and</li> </ul>	
Young People's Services?  • If you feel it is safe to do so, explain and make	
<ul> <li>a routine enquiry about domestic abuse: DIRECT QUESTION: Are you in a relationship with someone who hurts or threatens you 'or if evident' did someone cause these injuries to you?'</li> <li>When working directly with a school aged child / young person, points to consider:</li> </ul>	
<ul> <li>Who do you talk to if you have any concerns?</li> <li>Have you ever had support from Children and Young People's Services?</li> </ul>	
	Date

# **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			Emotional & Behavioural Development
1.1	Fourth O. Contal Delegation of the	Contal Decomposition	Selferen Stille
Identity	Family & Social Relationships	Social Presentation	Selfcare Skills
·			Selfcare Skills

<ul><li>CHILD'S DEVELOPMENTAL NEEDS</li><li>TB risk</li></ul>	Record of Assessment : date, time, persons present, contact codes
<ul> <li>Exposure to drugs, alcohol, smoking</li> </ul>	
<ul> <li>Known or family history of asthma / eczema /</li> </ul>	
hay fever / allergies	
<ul> <li>Consider parental mental health and well-being</li> </ul>	
(Whooley questions)	
Whooley Questions:	
(i) During the past month, have you often been bothered by feeling down, depressed or hopeless?	
(ii) During the past month, have you often been bothered by	
having little interest or pleasure in doing things? Consider a Third Question:	
Is this something you feel you need or want help with?	
<ul> <li>Family history of childhood deafness/fits/eye</li> </ul>	
problems/reading and spelling difficulties/other	
<ul> <li>When working directly with a school aged child /</li> </ul>	
young person points to consider:	
Do you have any worries about your health:	
hearing problems; dentist; orthodontist;	
optician; sleep habits; smoking / alcohol / illegal	
substances; identity / self-esteem? Do you feel	
good about who you are?	
Do you know where to get advice / help about sexual health?	
If specific needs identified commence individualised care	
plan / or early support information required - commence	
BLUE FAMILY FILE	
Please follow SOP No 4 : The Perinatal Infant Mental	
Health Contact by SCPHN HV	Date
Contact WHERE: H = HOME VISIT C = CLINIC codes TYPE OF CONTACT: AN = ANTENATAL NBV = NEV	S = SCHOOL T = TELEPHONE V BIRTH VISIT PN = POSTNATAL PERIOD 2-6 WEEKS 1YR = 1YEAR REVIEW 2.5YR = 2 ½ YEAR REVIEW SE = SCHOOL ENTRY TI = TRANSFER IN

# **SUMMARY SHEET**

ANALYSIS & NEEDS IDENTIFIED	
Signature	Date

Date		ACTIO	ON PLAN
			Date
		Spature	
UI	NIVERSAL (U)	UNIVERSAL PLUS (UP)	UNIVERSAL PARTNERSHIP PLUS (UPP) / Safeguarding

# **REVIEW SHEET**

REVIEW DATE	PRACTITIONER SIGNATURE
Action Plan:	
REVIEW DATE	PRACTITIONER SIGNATURE
	PRACTITIONER SIGNATURE
Action Plan:	PRACTITIONER SIGNATURE
	PRACTITIONER SIGNATURE

# Review Sheets (contd.)

REVIEW DATE	PRACTITIONER SIGNATURE
Action Plan:	
REVIEW DATE	PRACTITIONER SIGNATURE
REVIEW DATE  Action Plan:	PRACTITIONER SIGNATURE
	PRACTITIONER SIGNATURE

LONE WORKING AND HOME VISITING COMMUNI	TY RISK	ASSESS	MENT		
Name of Client:	Client	DoB:			
Client Address:	GP:				
	To	eam:			
Telephone: Date f	Date form commenced:				
Forr	Form commenced by:				
RISK AREA			ADDITIONAL INFORMATION		
House Location	YES	NO			
1. Is the house/flat number or name visible from the road?	0	0			
2. Are there any specific landmarks?	0	0			
3. Are specific directions required?	0	0			
4. Are there other houses close by?	0	0			
Entry System	YES	NO			
5. Is there an intercom system?	0	0			
6. Does the doorbell work?	0	0			
7. Is it front door entry?	0	0			
8. Is it back door entry?	0	0			
9. Is there a key safe/other entry system?	0	0			
Parking	YES	NO			
10. Can you park outside on the road?	0	0			
11. Can you park close by < 5 minutes?	0	0			
Lighting and Footpaths	YES	NO			
12. Is the area well lit? (state if a torch is required)	0	0			
13. Are there outside lights for the house?	0	0			
14. Are there any environmental risks/hazards?	0	0			
(e.g. steps, alley way, uneven paths, debris etc.)	O	O			
Family Members and Associated Persons	YES	NO			
15. Are there concerns about other individuals in the household? (e.g. inappropriate behaviour/drugs/alcohol etc.)	0	0			
16. Are there any concerns about the neighbours?	0	0			
Premises	YES	NO			
17. Does the property have mobile telephone network coverage?	0	0			
		FILE NAME	Page <b>22</b>		

18.	Does the house have a land line telephone?	0	0	
19.	Are there any slip, trip, fall hazards?	0	0	
20.	Are doors locked whilst staff are in the house?	0	0	
21.	Are there concerns about electrical equipment you may be required to use?	0	0	
22.	Are there any pets present which need to be restrained prior to the visit?	0	0	
23.	Are there any alternative means of exiting the premises in the event of an emergency (e.g. fire, violence etc.)?	0	0	
24.	Are there any other internal risks or hazards which cause you concern?	0	0	
Indiv	idual	YES	NO	
25.	Does the client/patient have any sensory impairment?	0	0	
26.	Does the client/patient use drugs/alcohol and does this pose a risk to staff?	0	0	
27.	Has the client/patient been diagnosed with mental health disorders/ personality disorder/learning disability, or are there any adult protection concerns?	0	0	
28.	Does the client/patient have any history of violence/abuse/bullying/domestic violence?	0	0	
29.	Does this client/patient require an individual risk assessment? (if so, please attach)	0	0	
Drug	and Alcohol Related Risks	YES	NO	
30.	Does the client/patient use drugs?	0	0	
31.	Does the client/patient use alcohol?	0	0	
32.	Is anyone else in the household a drug or alcohol user?	0	0	
	Is anyone else in the household a drug or alcohol user?  Are drug/alcohol users known to visit the property to use drugs or alcohol? Do they have keys to the property?	0	0	
33.				
33. 34.	Are drug/alcohol users known to visit the property to use drugs or alcohol? Do they have keys to the property?  Do any injecting drug users live in the home, or does anyone visit the home to inject drugs? (consider occasional	0	0	
33. 34. 35.	Are drug/alcohol users known to visit the property to use drugs or alcohol? Do they have keys to the property?  Do any injecting drug users live in the home, or does anyone visit the home to inject drugs? (consider occasional and regular injecting patterns)	0	0	
33. 34. 35. 36.	Are drug/alcohol users known to visit the property to use drugs or alcohol? Do they have keys to the property?  Do any injecting drug users live in the home, or does anyone visit the home to inject drugs? (consider occasional and regular injecting patterns)  Is there a known risk of uncapped sharps or blood spills in the home?  Is there a risk of the worker being exposed to drug dealing or other offences (e.g. handling stolen goods, sex work) in	0 0	0 0	
33. 34. 35. 36.	Are drug/alcohol users known to visit the property to use drugs or alcohol? Do they have keys to the property?  Do any injecting drug users live in the home, or does anyone visit the home to inject drugs? (consider occasional and regular injecting patterns)  Is there a known risk of uncapped sharps or blood spills in the home?  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?	0 0 0	0 0 0	
33. 34. 35. 36. 37. 38.	Are drug/alcohol users known to visit the property to use drugs or alcohol? Do they have keys to the property?  Do any injecting drug users live in the home, or does anyone visit the home to inject drugs? (consider occasional and regular injecting patterns)  Is there a known risk of uncapped sharps or blood spills in the home?  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?  Does the client/patient have a known risk of violence or hostility to staff?	0 0 0 0	0 0 0 0	
33. 34. 35. 36. 37. 38. 39.	Are drug/alcohol users known to visit the property to use drugs or alcohol? Do they have keys to the property?  Do any injecting drug users live in the home, or does anyone visit the home to inject drugs? (consider occasional and regular injecting patterns)  Is there a known risk of uncapped sharps or blood spills in the home?  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?  Does the client/patient have a known risk of violence or hostility to staff?  Is the client/patient at risk of violence from others?	0 0 0 0	0 0 0 0	
33. 34. 35. 36. 37. 38. 39.	Are drug/alcohol users known to visit the property to use drugs or alcohol? Do they have keys to the property?  Do any injecting drug users live in the home, or does anyone visit the home to inject drugs? (consider occasional and regular injecting patterns)  Is there a known risk of uncapped sharps or blood spills in the home?  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?  Does the client/patient have a known risk of violence or hostility to staff?  Is the client/patient at risk of violence from others?  Are there any concerns of weapons (e.g. blades or firearms) being held at the property?	0 0 0 0 0	0 0 0 0 0	
33. 34. 35. 36. 37. 38. 39. 40.	Are drug/alcohol users known to visit the property to use drugs or alcohol? Do they have keys to the property?  Do any injecting drug users live in the home, or does anyone visit the home to inject drugs? (consider occasional and regular injecting patterns)  Is there a known risk of uncapped sharps or blood spills in the home?  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?  Does the client/patient have a known risk of violence or hostility to staff?  Is the client/patient at risk of violence from others?  Are there any concerns of weapons (e.g. blades or firearms) being held at the property?  Does the client/patient have a diagnosed mental illness?	0 0 0 0 0	0 0 0 0 0	
33. 34. 35. 36. 37. 38. 39. 40.	Are drug/alcohol users known to visit the property to use drugs or alcohol? Do they have keys to the property?  Do any injecting drug users live in the home, or does anyone visit the home to inject drugs? (consider occasional and regular injecting patterns)  Is there a known risk of uncapped sharps or blood spills in the home?  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?  Does the client/patient have a known risk of violence or hostility to staff?  Is the client/patient at risk of violence from others?  Are there any concerns of weapons (e.g. blades or firearms) being held at the property?  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?  Is the home visit likely to involve the relaying of 'bad news' or difficult conversations which could provoke a hostile	0 0 0 0 0 0	0 0 0 0 0	
33. 34. 35. 36. 37. 38. 39. 40.	Are drug/alcohol users known to visit the property to use drugs or alcohol? Do they have keys to the property?  Do any injecting drug users live in the home, or does anyone visit the home to inject drugs? (consider occasional and regular injecting patterns)  Is there a known risk of uncapped sharps or blood spills in the home?  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?  Does the client/patient have a known risk of violence or hostility to staff?  Is the client/patient at risk of violence from others?  Are there any concerns of weapons (e.g. blades or firearms) being held at the property?  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?  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)	0 0 0 0 0 0 0	0 0 0 0 0 0 0	
33. 34. 35. 36. 37. 38. 39. 40. 41.	Are drug/alcohol users known to visit the property to use drugs or alcohol? Do they have keys to the property?  Do any injecting drug users live in the home, or does anyone visit the home to inject drugs? (consider occasional and regular injecting patterns)  Is there a known risk of uncapped sharps or blood spills in the home?  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?  Does the client/patient have a known risk of violence or hostility to staff?  Is the client/patient at risk of violence from others?  Are there any concerns of weapons (e.g. blades or firearms) being held at the property?  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?  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)  Is the client/patient likely to be in a state of drug or alcohol withdrawal?	0 0 0 0 0 0 0	0 0 0 0 0 0 0	
33. 34. 35. 36. 37. 38. 39. 40. 41.	Are drug/alcohol users known to visit the property to use drugs or alcohol? Do they have keys to the property?  Do any injecting drug users live in the home, or does anyone visit the home to inject drugs? (consider occasional and regular injecting patterns)  Is there a known risk of uncapped sharps or blood spills in the home?  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?  Does the client/patient have a known risk of violence or hostility to staff?  Is the client/patient at risk of violence from others?  Are there any concerns of weapons (e.g. blades or firearms) being held at the property?  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?  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)  Is the client/patient likely to be in a state of drug or alcohol withdrawal?  Are there any other substance-specific issues that may pose a risk to a worker undertaking a home visit?	0 0 0 0 0 0 0	0 0 0 0 0 0 0	

Additional Notes

FILE NAME ...... Page **24** of **24**