

Assessment Request to Family Futures

Please complete all sections of this form and return to: Sara@familyfutures.co.uk

Details of all family members, including parents and all children living inside and outside of the family home.				
Full name	Legal Status <small>(Foster / Placed for Adoption/ Adopted/ Special Guardianship / Birth / Inter-County Adoption / Step)</small>	Date of birth	Gender	Placing Authority
Parent 1				
Parent 2				
Other significant adults				
Child 2				
Child 3				
Other children				
Other children				
Other children				

What are the main presenting issues that you wish to be considered?

Please write a clear account of the concerns regarding this family, including a summary of historical concerns and on-going issues for all members of the family.

What has triggered the referral?

Please provide a chronology of the child/ren’s history, providing as much information as possible about their experience in the birth family and current contact arrangements.

Are the family or any family members currently in receipt of any assessments and interventions elsewhere? If so, please provide details, including dates, type of assessment/intervention and provider name.

Have the family or any family members had any assessments or interventions in the past. If so, please provide details, including dates, type of assessment/intervention and provider.

Has any family member received any diagnosis as a consequence of any of the above assessment or interventions? If so please state.

Please provide reports pertaining to all of the above.

Have there been any safeguarding referrals or section 47 investigations and are there any other identified risks?

Please state any serious disabilities and/or health concerns, including mental health, for any member(s) of the family.

Please state if any family member(s) is in receipt of medication. If so, please provide details.



Any other comments?

Please provide details for the parents/carers below:					
	Full name	Postal Address	Email Address	Home telephone number	Mobile telephone number
Parent 1					
Parent 2					

Please provide the details of all professionals involved with the family, including the details of the placing social worker/authority as well as the current social worker. <i>Please state which of the below professionals will be attending the consultation with the parents/carers.</i>						
	Full Name	Position	Organisation (incl. address)	Email Address	Telephone number	Mobile number
Placing social worker/authority						
Current social worker						
Current social worker's manager						
School						

GP						
Other professional						
Other professional						
Other professional						
Other professional						
Other professional						
Other professional						

Please note:

This referral will not be accepted unless all sections of this form have been completed, and all reports as requested above have been provided, in addition to the required documentation listed below. Please note, if the current local authority is not the placing local authority, the placing authority will need to be contacted by the referrer to obtain the information.

Required documentation

- A copy of the Form E (CPR)
- A copy of the Form F (PAR) – does not apply if fostered
- Any previous assessments
- Chronology and early background history from file material or court submissions
- Any Risk Assessment or Safeguarding Issues relating to this family (It is part of our Best Practice and Safeguarding Procedures to request that any Risk Assessment or Safeguarding issues relating to this case are forwarded to us).
- Minutes of any disruption meetings



- Extended birth family information
- BAAF medical records for adopted children or LAC medical records for fostered children.
- Assessment reports
- Final intervention reports

Please note, if this family does not come in for an intake process then all information pertaining to the family will be confidentially destroyed.