

FAMILIES ACHIEVING CHANGE TOGETHER

# FACT

## Decision Support Tool



**YES**

Refer to  
Social  
Services

**YES**

Obtain  
consent from  
family

Complete  
referral  
form

Is the child or young  
person at risk or are  
there clear child  
protection concerns

**NO**

Use FACT decision  
support tool to  
determine need for  
a FACT assessment

Need a FACT  
assessment?

**NO**

Individual  
Agency  
Support



Tel: 01446 729640

[www.valeofglamorgan.gov.uk/familiesfirst](http://www.valeofglamorgan.gov.uk/familiesfirst)

## 1. Decision Support Tool

What is your main concern in relation to the child or young person?

(please highlight only one box)

Child physical health issues	Child self harm	Anti social behaviour	Child is a carer
Family physical health issues	Child learning disability	Offending behaviour (history)	Teenage/ parent pregnant
Child speech /language delay	Family learning disability	Offending behaviour (risk of)	Child at risk of becoming homeless
Child sexual health concerns	Child physical disability	Child substance misuse	Child is homeless
Child sexuality issues	Family physical disability	Family substance misuse	Family housing issues
Child mental health and emotional wellbeing issues	Child poor/ non school attendance	Family violence	Significant family financial hardship or debt
Family mental health issues	Child school exclusion	Parenting concerns	Child or family social isolation
Child low self esteem and confidence	Child behaviour issues	Family relationship difficulties	
Other, please specify			

## 2. Decision Support Tool

What are your other concerns

(please highlight all that apply)

Child physical health issues	Child self harm	Anti social behaviour	Child is a carer
Family physical health issues	Child learning disability	Offending behaviour (history)	Teenage/ parent pregnant
Child speech /language delay	Family learning disability	Offending behaviour (risk of)	Child at risk of becoming homeless
Child sexual health concerns	Child physical disability	Child substance misuse	Child is homeless
Child sexuality issues	Family physical disability	Family substance misuse	Family housing issues
Child mental health and emotional wellbeing issues	Child poor/ non school attendance	Family violence	Significant family financial hardship or debt
Family mental health issues	Child school exclusion	Parenting concerns	Child or family social isolation
Child low self esteem and confidence	Child behaviour issues	Family relationship difficulties	
Other, please specify			

## Please note this tool is not a referral form

The aim of this tool is to help you decide what to do about a child or young person whom you are concerned.

This easy to complete checklist will help you to identify your main concerns in more detail.

## 3. What next?

A referral to FACT is likely to be appropriate when:

- There is concern about a child or young person's progress or wellbeing
- The needs are unclear or are broader than one service can address
- An assessment would help identify the needs and/or draw in other services to help meet them

