

# Family Common Assessment Framework

## Assessment Form



**Date assessment started:**

**Date assessment completed:**

N.B.

Universal services to complete assessment within 35 working days

Other services to complete assessment within own service area specified length (less than 35 working days)

**Ensure signed consent has been obtained**

### Information Sharing and Consent

#### For the assessor(s)

We need to make sure that family members are clear what will be done with their information. Please make sure that they are comfortable with what is said about them in this form. Where we need to share personal information to deliver services to individuals and families, please make sure that their consent (where given and necessary) is recorded below.

#### For the family

As the person helping you to complete this form has explained, we want to be able to provide services to you and your family. In order to do this your needs will be assessed. To do this efficiently, we will need to share some of the personal information you have supplied with services already working with you or that you may benefit from. The person helping you with this form will explain which information needs to go where. Please agree to this by signing below.

We are obliged to share information if there are clear reasons for doing so which are in the best interests of a child or for the purposes of reducing and / or preventing anti-social behaviour, crime and disorder.

I agree to the sharing of information between the relevant agencies and all family members including young people as appropriate. I understand that the information gathered regarding my family is recorded and will be securely stored and used for the purpose of providing services to my family and may also be used for monitoring and auditing.

Name	Signature	Date

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<b>Is there any individual or agency you do not wish information to be shared with?</b>	<b>Yes / No</b> (If yes please say provide details)
<b>If appropriate, I agree to sending a copy of the Family CAF to my GP:</b>	<b>Yes / No</b> (If yes please provide GP contact details)

## Family Details

<b>Family address</b> (including postcode):	<b>Telephone numbers:</b>
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### Details of all people living in the family home

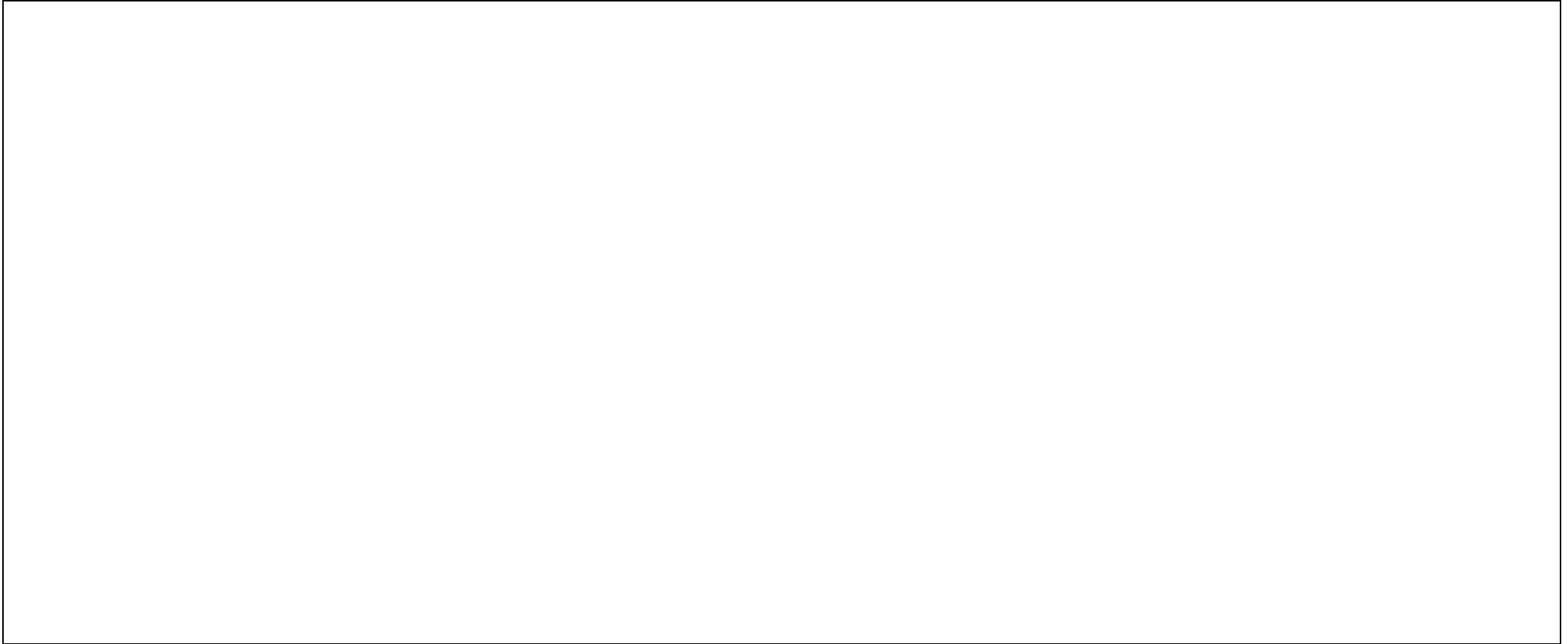
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Full name	Date Of Birth or Estimated Due Date	Gender M / F	Family member? e.g. mother of X, father of X, brother / sister of X	Ethnic origin (optional) (see list on final page)	Nursery, education or training establishment	Took part in assessment Y / N
			Start with child on this row			

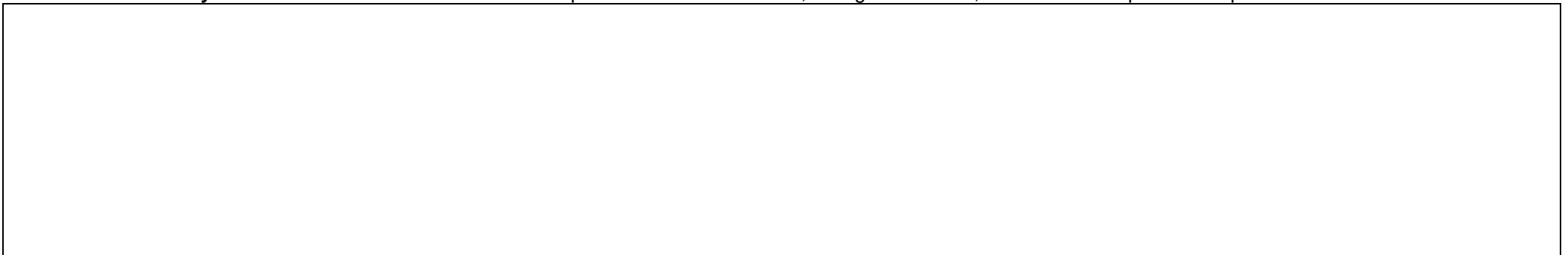
### Details of other significant family members including parents that do not live in the family home who may or may not be involved in sharing care of the children

Full name	Date Of Birth	Gender M / F	Relationship to child(ren)	Address & telephone number(s)	Took part in assessment Y / N

**Genogram** – this is optional, but may help to explain relationships between family members listed on previous page.



**Other relevant family information** – this can include for example cultural considerations, immigration status, whether an interpreter is required.



**Details of frequent visitors to the home and people who are part of your support network**

Full name	Date Of Birth	Gender M / F	Relationship to child(ren)	Address	Telephone numbers

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**Details of workers that *have been or are currently* involved with any of the family members**

Agency	Worker	Contact details	Family member being supported	Brief detail of support provided including other assessments used e.g. Pastoral Support Plan, Pre-sentence Report, Alcohol Screening	Consulted as part of this assessment Y / N

## Family and Environment

**Describe a typical day for your family** – include how family members get on with one another

**Support offered by extended family, friends & neighbours**

**Type of accommodation family lives in**

<b>Housing Association</b>	
<b>Council tenant</b>	
<b>Private rented</b>	
<b>Owner occupied</b>	
<b>Other (please specify)</b>	

**Name of Landlord & Landlord contact details (if applicable)**

**Housing** – include length of time at this address; whether Housing Benefit pays rent; any rent / mortgage arrears – if yes how much?; if family is at risk of homelessness; if family has ever served notice to vacate current / past accommodation; if family has ever received a warning letter regarding behaviour at current / previous accommodation; there is any overcrowding; there are any hygiene issues; there are any safety concerns.

**Finance** – include wages; types of benefits; debts; loans; financial problems; doorstep lenders and loan sharks; management of finance; enough money for rent/mortgage, food, heat/light and clothing.

**Local Area** – services / activities used by family in local area; consider culture and religion, perceptions of local area e.g. availability of community resources, crime, anti-social behaviour (ASB), access to transport and leisure e.g. Children's Centres and youth centres.

**Child: strengths and difficulties** (Before completing, please copy and paste blank section for each child as needed)

<b>Full name of child</b> (Please provide legal name)			
<b>Name of person(s) with parental responsibility for this child</b>			
<b>Registered with GP</b> (If yes provide details)	Yes / No	<b>Registered with dentist</b> (If yes provide details)	Yes / No
<b>Registered at Children's Centre</b>	Yes / No	<b>Name of childcare provider / school / college attending</b>	
<b>Child has a disability</b>	Yes / No	<b>5 – 16 years and missing education</b>	Yes / No
<b>Child has a Special Educational Needs Statement</b>	Yes / No	<b>Post 16 and Not in Education, Employment or Training (NEET)</b>	Yes / No
<b>Child's religion</b>		<b>Attendance at nursery / education / training establishment</b>	Attendance at (insert name) over the last (insert time period) has been (insert statement)
<b>Child's first language</b>		<b>Attendance certificate attached</b>	Yes / No

**Health** – includes a) general health conditions, impairments and disabilities; immunisations; developmental checks; hospital admissions; accidents b) physical development - nutrition; activity; vision & hearing; motor skills c) speech; language; communication and development; expression; questioning; listening; responding; understanding.

Strengths:
Difficulties:

**Emotional** – includes mental health; feeling special; attachment; risking/actual self-harm; phobias; psychological difficulties; coping with stress; motivation; positive attitudes; confidence; relationships with peers; interpersonal skills; feeling isolated and solitary; fears; often unhappy.

Strengths:
Difficulties:

**Family and Social Relationships** – includes building stable relationships with family, peers and wider community; helping others; friendships; levels of association for negative relationships.

Strengths:
Difficulties:

**Behavioural** – includes what they are good at; what they like to do; general lifestyle and self-control; anti-social behaviour and any sanctions i.e. offending; behaviour at school or at home; school exclusion or risk of exclusion; behaviour with peers; sexual behaviour; violence and aggression; restless and overactive; easily distracted; attention span/concentration; drug / alcohol use.

Strengths:

Difficulties:

**Identity** - includes self-esteem; perceptions of self; sense of belonging; knowledge of family history; experiences of discrimination due to race, religion, age, gender, sexuality and disability.

Strengths:

Difficulties:

**Self-Care Skills and Independence** – includes becoming independent; boundaries; rules; asking for help; decision-making; changes to body; washing, dressing, feeding; positive separation from family.

Strengths:

Difficulties:

**Learning and Aspirations** – includes pre-school/school/college experience; extra curricula activities; home learning environment and level of adult interest; attainment; achievement; reasoning and problem solving; employment; training and goals for the future.

Strengths:

Difficulties:

**Significant Events and Impact** – includes bereavement; divorce; new baby; witnessing acts of violence or abuse, parent/family member in prison.

**Caring Responsibilities** – includes caring for any adult / child family members or extended family.

**Adult: strengths and difficulties** (Before completing, please copy and paste blank section for each adult as needed)

<b>Full name of adult</b> (Please provide legal name)			
<b>Has parental responsibility for child(ren) in the household</b>		Yes / No	
<b>Registered with GP</b> (If yes provide details)	Yes / No	<b>Registered with dentist</b> (If yes provide details)	Yes / No
<b>Employed / In Training</b>	Yes / No	<b>Registered disabled</b> (If yes provide details)	Yes / No
<b>Religion</b>		<b>First language</b>	

**Health** – includes general physical health; nutrition and lifestyle; any learning or physical disability impacting on the family.

Strengths:
Difficulties:

**Social Behaviour** – includes involvement in local area; activities regularly engage in; offending or anti-social behaviour; attitudes; any sanctions in use i.e. tenancy action.

Strengths:
Difficulties:

**Learning and Aspirations** – includes qualifications, training, employment e.g. frequency and whether temporary or permanent / part time or full time; aspirations e.g. want to work / work more and life skills.

Strengths:
Difficulties:

**Mental Health and Emotional Well-being** – include details of impact on family environment and functioning / parenting.

Strengths:
Difficulties:

**Drug / Alcohol Use** – include details of substance use and misuse including alcohol (details from any alcohol screens undertaken); history; past and current treatment; impact on family life and functioning / parenting.

Strengths:
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Difficulties:

**Domestic Violence / Abuse** – include past and present; nature and extent; police involvement; hospital admissions; specialist services involved. If situation ongoing (even post separation), and is a possibility of serious harm, consider doing a Domestic Abuse risk assessment – see guidance for more detail.

Strengths:
Difficulties:

**Parenting** – includes capacity to parent; basic care e.g. provision of food, drink, warmth, shelter, appropriate clothing; ensuring safety e.g. personal and dental hygiene; engagement with services; safe and healthy environment; emotional warmth; guidance; boundaries e.g. encouraging self-control; sleeping arrangements; modelling positive behaviour; effective and appropriate discipline; avoiding over protection; support for positive activities and stimulation.

Strengths:
Difficulties:

**Significant Events and Impact** – include any details of a new baby; bereavement; separation/divorce; redundancy; experience of abuse; victim of crime; offending and parent / family member in prison.

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**Other Caring Responsibilities** – include other vulnerable adults and extended family members.

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**As a family is there anything else you would like to add to this assessment that has not been covered or that you would like to comment on?**

Adult voice:
Child voice:

### Summary of Assessment

**Summary of Strengths and Difficulties** – put an X in the box for those that apply

Strengths		Difficulties	
Attending nursery / school / college		Not attending nursery / school / college	
Employed		Unemployment	
Living with non substance using parents		Substance using parents	
Reduced / stabilised substance misuse		Substance using children	
Non offending		Offending behaviour	
Positive activities / engaged in community		Social isolation	
Attends appointments		Not involved with other services	
Good communication skills		Anti-social behaviour	
Motivation to change		Capacity to change	
Awareness of family issues		Relationship conflict / breakdown	
No violence in the home		History of family violence	
Good physical health		Physical health needs	
Accessing primary healthcare		Not accessing primary health care	
Stable housing		Transient, Housing issues	
Stable finances		Financial instability	
Coping and resilience		Mental health issues	
Educational progress		Lack of skills / qualifications / underachieving	
Positive child behaviour		Child behavioural issues	
No known risk of sexual exploitation		At risk of sexual exploitation	
Parenting capacity		Support to increase parenting capacity	

**Priorities** – in partnership with the family outline and prioritise overall strengths and difficulties for this family to inform the Family Action Plan. Focus on areas of greatest resilience and on priorities that have the greatest impact on family needs and circumstances.

Strengths:

Difficulties:

**Goals / Support Needs** – include what each child / young person want to change, what each parent / carer want to change and what you the assessor want to see to be confident about a child and family's well-being.

Child(ren) / Young Person(s):

Parent(s) / Carer(s):

Assessor(s):

**What Happens Next?** – This can include: A Team Around the Family (TAF) meeting; No further action – if no further action is needed please give a reason; Single agency support – please state the support that would be provided, by which service and reason for this recommendation; Advice / support requested from other services – please state the support required if known and which service might provide the support – then send FCAF to relevant service or area screening team.

**Risk Assessment** – Any information provided as part of a risk assessment is likely to be subject to third party confidentiality. This section should state whether there are any concerns regarding visits to the family home, whether visits can be conducted alone or with workers from other agencies.

**I/we agree this assessment is an accurate summary of my / our family's situation**

<b>Parent/Carer/Young Person (over 12 yrs)</b>	<b>Name:</b>	<b>Date</b>
<b>Signature:</b>		
<b>Assessor's Signature</b>	<b>Name:</b>	<b>Date</b>

### Who has been involved in the assessment?

#### Details of person(s) undertaking the assessment

<b>Name</b>	<b>Role</b>
<b>Team</b>	<b>Tel. No.</b>
<b>Email</b>	
<b>Address</b>	

<b>Name</b>	<b>Role</b>
<b>Team</b>	<b>Tel. No.</b>
<b>Email</b>	
<b>Address</b>	

### Ethnic Origin List

This will help us to check how well we are serving our community. It will not affect the delivery of any services to you if you decide not to provide this information.

<b>White:</b> British Irish Traveller of Irish Heritage Gypsy/Roma Other	<b>Asian or Asian British:</b> Indian Pakistani Bangladeshi Any other Asian background	<b>Chinese or Other Ethnic:</b> Chinese Vietnamese
<b>Mixed:</b> White & Black Caribbean White & Black African White & Asian Any other mixed background	<b>Black or Black British:</b> Caribbean African Any other Black background	Any other Ethnic Group Declined to provide