**Thurrock Common Assessment Framework**

**How we will use your information**

We will use your information to provide the service requested. We may share your personal data between our services and with partner organisations, such as government bodies and the police. We will do so when it is of benefit to you, or required by law, or to prevent or detect fraud. To find out more, go to [thurrock.gov.uk/privacy](https://www.thurrock.gov.uk/privacy). Get free internet access at libraries and community hubs.

**This form should be used:**

* **As a CAF to assess children and young people’s additional needs and support from the Prevention And Support Service**
* **As a referral form to refer to MASH where welfare concerns have been identified in respect of a child or young person.**

**Consent must be obtained for CAF to proceed except in the following circumstances**

1. Where there are clear child protection concerns i.e. child has an injury and or has made allegations against the parent/ carer
2. When the referrer suspects that by attempting to get consent from the parents that this could potentially place the child/ren/ young person and or the adult victim at potential risk of harm
3. When the referrer has sought consent but the parent/ carer has refused permission. In this instance the referrer believes that by not sending the CAF to the MASH team then the identified concern (s) are likely to escalate and may place the child/ ren/ young person at further risk of potential harm.

**This form is to be sent securely to MASH in ALL circumstances via AVCO or by email thurrockmash@thurrock.gov.uk**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Your Details** | | | | | | | | | | | | |
| Your Name: |  | | | | Your Job title: | | | |  | | | |
| Your Agency: |  | | | | Contact No. | | | |  | | | |
| Your Email: |  | | | | | | | | | | | |
| **Name Of Lead Professional (if different from above)** | | | | | | | | | | | | |
| Your Name: |  | | | | Your Job Title: | | | |  | | | |
| Your Agency: |  | | | | Contact No. | | | |  | | | |
| Your Email: |  | | | | | | | | | | | |
| Refer to Social Care? | | | | Yes/No | | | | | | | | |
| Refer to PASS?  (Prevention and support service) | | | | Yes/No | | | | | | | | |
| **Consent obtained** | | | | | | | | | | | | |
| Written | | |  | Verbal | | | |  | No Consent obtained | | |  |
| https://www.thurrocklscp.org.uk/lscp/professionals/the-role-of-the-lead-professional   |  |  | | --- | --- | | **What are you worried about** | | | If you have previously consulted with a member of the MASH department please provide details of who you spoke to and what was agreed. |  | | | | | | | | | | | | | |
| **Child’s Details** | | | | | | | | | | | | |
| Family Address: | |  | | | | | Post Code: | | | |  | |
| Child’s Name: (any aliases?) | |  | | | | | | | | | | |
| DOB or EDD | |  | | | Ethnicity | | | | | |  | |
| Gender | |  | | | Does the child have a disability / SEN? | | | | | |  | |
| **Child 2** | | | | | | | | | | | | |
| Family Address: | |  | | | | | Post Code: | | | |  | |
| Child’s Name: (any aliases?) | |  | | | | | | | | | | |
| DOB or EDD | |  | | | Ethnicity | | | | | |  | |
| Gender | |  | | | Does the child have a disability / SEN? | | | | | |  | |
| **Child 3** | | | | | | | | | | | | |
| Family Address: | |  | | | Postcode | | | | |  | | |  | Post Code: |  |
| Child’s Name: (any aliases?) | |  | | | | | | | | | | |
| DOB or EDD | |  | | | | Ethnicity | | | |  | | |  |  |
| Gender | |  | | | Does the child have a disability / SEN? | | | | | |  | |

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| --- | --- | --- | --- | --- | --- |
| **Parent/Guardian Details** | | | | | |
| Parent/ Carers name: |  | | DOB: | |  |
| Address: |  | | Relationship: | |  |
| Contact No. |  | | Mobile No. | |  |
| Parent/ Carers name: |  | | DOB | |  |
| Address: |  | | Relationship: | |  |
| **Other Household Members (Any other Siblings or significant others)** | | | | | |
| Name: | |  | | DOB: |  |
| Relationship to child: | |  | |  |  |
| Name: | |  | | DOB: |  |
| Relationship to child: | |  | |  |  |
| Name: | |  | | DOB: |  |
| Relationship to child: | |  | |  |  |
| Name: | |  | | DOB: |  |
| Relationship to child: | |  | |  |  |
| **General Health** | | **What is working Well** | | | |
| Record information on general health/ wellbeing.  Consider hygiene, vision, speech, hearing, hospital visits, diet, general fitness, recent ailments, disability, drug use, sexual health, pregnancy and dental health. Include any details on SEN and Disabilities | |  | | | |
| **What are you worried about** | | | |
|  | | | |
| **Complicating Factors** | | | |
|  | | | |
| **Personal Development** | | **What is Working Well** | | | |
| Relationships with adults and peers, general wellbeing, confidence, motivation, behaviour, positive image of own race, culture, gender, sense of belonging. Growing independence and ability to deal with decision-making challenge, disappointment and conflict. | |  | | | |
| **What are you worried about** | | | |
|  | | | |
| **Complicating Factors** | | | |
|  | | | |
| **Enjoying and achieving** | | **What is working well** | | | |
| Ability opportunity to learn new skills, make progress with basic skills, build on skills and interests, be self-confident, motivated and overcome barriers, attend school, continue to work at difficulties, problem solve, and opportunity to play/ relax | |  | | | |
| **What are you worried about** | | | |
|  | | | |
| **Complicating Factors** | | | |
|  | | | |
| **Parenting consider…** | | **What is working well** | | | |
| Basic care, safety, security, stability, guidance, clear boundaries, encouragement and praise, role models for discipline, self-control, positive behaviour, dealing with conflict, disagreements, disappointments or challenge. | |  | | | |
| **What are you worried about** | | | |
|  | | | |
| **Complicating Factors** | | | |
|  | | | |
| **Family and environment** | | **What is working well** | | | |
| Family health, size, make up, bereavement, relationship breakdown, democratic or community violence, housing conditions e.g. overcrowding, employment, income.  Access to facilities such as nursery. | |  | | | |
| **What are you worried about** | | | |
|  | | | |
| **Complicating Factors** | | | |
|  | | | |
| **Do you know of relevant needs within the family** | |  | | | |
| Please identify clearly which family member individual needs to apply to. | |

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| --- | --- |
| Child / Young person’s wishes and feelings |  |
| Parents Views |  |
| Work together to name **WHAT** changes people may want to see |  |
| Record ideas on **HOW** to make this happen.  Include major differences in opinion if there are any. |  |
| **LONG TERM GOAL**  Provide a statement of how things will look when progress is good enough to close this case |  |
| **IMMEDIATE ACTIONS**  Identify if there are any actions that are needed immediately  Who is going to do what and by when? |  |

**Threshold Statement:**

*I, the referrer have reviewed the Thurrock threshold document for intervention of need and in my opinion I consider the child/ young person / family to fall into the following category based on what I have assessed*

Tier 1  Tier 2  Tier 3  Tier 4 

Threshold document can be found at: - <https://www.thurrocklscp.org.uk/lscp/professionals/threshold-document>

Threshold document can be found at <https://www.thurrocklscb.org.uk/procedures/threshold-document/>

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| --- | --- | --- | --- |
| **Agencies currently working with the family** | | | |
| **Practitioner Name** | **Job Title** | **Agency** | **Phone Number** |
|  |  | *GP* |  |
|  |  | *Dentist* |  |
|  |  | *School* |  |

**Additional Information:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Please select all options to each child/ren. If an individual sibling has a specific need please indicate as appropriate. Where needs of the adults have an impact on the child please be clear what consequent needs the child has e.g. parental alcohol misuse impacts on child school attendance. If you select the option “Abuse or Neglect”, you must have considered making contact with Children’s Social work services. | | | | | |
| **Identified Needs from CAF** | | | | | |
| **Child** | | | | | |
| Abuse or Neglect |  | Domestic Abuse |  | Homeless Housing Needs |  |
| Alcohol Misuse |  | Drug Misuse |  | Missing Education |  |
| Attendance and Exclusions |  | Gangs |  | Not in Education, Employment or Training |  |
| Child Sexual Exploitation/ trafficking/ Criminal exploitation |  | Develop Social Skills and Enjoy Recreation |  | Learning disability |  |
| Emotional Wellbeing/ Mental Health |  | Physical Health Needs |  | Problematic/ Harmful Sexual Behaviour |  |
| Self-Harm/ Risk of suicide |  | Socially unacceptable behaviour |  | Teenage Pregnancy |  |
| Young Carer |  | Youth offending |  | Female Genital Mutilation |  |
| Missing from home |  | Private fostering |  | EHCP/ SEN support |  |
|  |  |  |  | Consent to share EHCP information |  |

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| **Identified Needs from CAF** | | | | | | | | | | | | |
| **Parent/ Carer** | | | | | | | | | | | | |
| Alcohol Misuse |  | Benefits/ Financial Issues | | | | |  | Criminal Activity | | | |  |
| Domestic Abuse |  | Drug Misuse | | | | |  | Housing Need | | | |  |
| Learning Disability |  | Emotional Wellbeing/ Mental Health | | | | |  | Non-Engagement with health services | | | |  |
| Female Genital Mutilation |  | Modern Day Slavery | | | | |  | Honour based abuse/ forced marriage | | | |  |
| Parenting Support |  | Physical Disability or health needs | | | | |  | Socially unacceptable behaviour | | | |  |
| **Other family/ household member** | | | | | | | | | | | | |
| Alcohol Misuse |  | Benefits/ Financial Issues | | | | |  | Criminal Activity | | | |  |
| Domestic Abuse |  | Drug Misuse | | | | |  | Housing Need | | | |  |
| Learning Disability |  | Emotional Wellbeing/ Mental Health | | | | |  | Non-Engagement with health services | | | |  |
| Parenting Support |  | Physical Disability or health needs | | | | |  | Socially unacceptable behaviour | | | |  |
| Has consent been obtained | Yes | | | | | |  | No | | | |  |
| Was this verbal consent | Yes | |  | No |  | Was this written | | | Yes |  | No |  | |

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| **Consent:** | | |
| **Name- Relationship to the child/Young Person** | **Signature** | **Date:** |
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| In accordance with Data Protection Legislation, we must inform you that by signing this form you are giving your consent to process the information we collect from you whilst we have involvement with you and your family, for the purposes of providing support.  This information may be shared, on a need to know basis only, with other relevant professionals and organisations, such as the NHS, Thurrock Council, and the Troubled Families programme. Sharing with the Troubled Families programme may allow us to access additional family support and/ or funding for you. We may also request for your information from third party agencies in order to provide you and your family with the support you need.  Each agency is duty bound to follow data protection and child protection policies and guidelines and will ensure the safe transfer and storage of any information they record.  I agree to the information about my family being shared and sought from the agencies listed below to help ensure that we receive the support we need.  Health Services  Thurrock Council  Ministry of Housing, Communities and Local Government ( anonymously for the Troubled Families Programme)  Police  Education Department  Youth Offending Service  Probation Services  The council may have to share some of the information we collect from you to relevant government departments, such as the Department for Education or anonymously with the Ministry for Housing, Communities and Local Government ( MHCLG) for research purposes and with the aim of making the services of Thurrock Council better. Any sharing will be done only where it is necessary or where we are legally obliged to do so and is strictly is accordance with the data protection act. Your information may be collated or monitored, where possible in an anonymized format, to ensure you receive the correct support and services.  Should you choose not to provide your consent, then please note that we may still be required under law to process  and share the information in this form without your agreement, for example when we believe a child or adult victim is at significant risk of harm.  You have a right under Data Protection legislation to withdraw your consent at any time. Please note that withdrawal of consent may affect the services we are able to provide to you and your family. To withdraw consent, please contact Thurrock Council’s Information Management Team at [information.matters@thurrock.gov.uk](mailto:information.matters@thurrock.gov.uk) who will respond to this request.  If there are changes in my family circumstances or our family no longer want support from any of the services provided, I understand that it will be my responsibility as the parent/carer to inform the requesting agency or worker. | | |