

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. 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

- a) Where there are clear child protection concerns i.e. child has an injury and or has made allegations against the parent/ carer
- b) 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
- c) 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

Your Details

Your Name:		Your Job title:	
Your Agency:		Contact No.	
Your Email:			
<u>Name Of Lead Professional (if different from above)</u>			
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	
Child's Name: (any aliases?)			
DOB or EDD		Ethnicity	
Gender		Does the child have a disability / SEN?	

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:			

<p>General Health</p> <p>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. <u>Include any details on SEN and Disabilities</u></p>	<p><u>What is working Well</u></p> <p><u>What are you worried about</u></p> <p><u>Complicating Factors</u></p>
<p>Personal Development</p> <p>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.</p>	<p><u>What is Working Well</u></p> <p><u>What are you worried about</u></p> <p><u>Complicating Factors</u></p>
<p>Enjoying and achieving</p> <p>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</p>	<p><u>What is working well</u></p> <p><u>What are you worried about</u></p> <p><u>Complicating Factors</u></p>
<p>Parenting consider...</p> <p>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.</p>	<p><u>What is working well</u></p> <p><u>What are you worried about</u></p> <p><u>Complicating Factors</u></p>
<p>Family and environment</p> <p>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.</p>	<p><u>What is working well</u></p> <p><u>What are you worried about</u></p> <p><u>Complicating Factors</u></p>

Do you know of relevant needs within the family	
Please identify clearly which family member individual needs to apply to.	

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>

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	<input type="checkbox"/>	Domestic Abuse	<input type="checkbox"/>	Homeless Housing Needs	<input type="checkbox"/>
Alcohol Misuse	<input type="checkbox"/>	Drug Misuse	<input type="checkbox"/>	Missing Education	<input type="checkbox"/>
Attendance and Exclusions	<input type="checkbox"/>	Gangs	<input type="checkbox"/>	Not in Education, Employment or Training	<input type="checkbox"/>
Child Sexual Exploitation/ trafficking/ Criminal exploitation	<input type="checkbox"/>	Develop Social Skills and Enjoy Recreation	<input type="checkbox"/>	Learning disability	<input type="checkbox"/>
Emotional Wellbeing/ Mental Health	<input type="checkbox"/>	Physical Health Needs	<input type="checkbox"/>	Problematic/ Harmful Sexual Behaviour	<input type="checkbox"/>
Self-Harm/ Risk of suicide	<input type="checkbox"/>	Socially unacceptable behaviour	<input type="checkbox"/>	Teenage Pregnancy	<input type="checkbox"/>
Young Carer	<input type="checkbox"/>	Youth offending	<input type="checkbox"/>	Female Genital Mutilation	<input type="checkbox"/>
Missing from home	<input type="checkbox"/>	Private fostering	<input type="checkbox"/>	EHCP/ SEN support	<input type="checkbox"/>
				Consent to share EHCP information	<input type="checkbox"/>

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

Consent:		
Name- Relationship to the child/Young Person	Signature	Date:

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 in 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 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.