



Rochdale

Children's Social Needs and Risk - Local Assessment Protocol

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Introduction

This local assessment protocol sets out how, in Rochdale, we will assess, plan and manage cases when there are concerns about a child's needs and the ability of that child to reach its age appropriate milestones. Where it is recognised that there is a need for an assessment and intervention required to assist the child and family, social workers and other professionals working with the child and family will use this framework to assess the needs of children and families in the borough.

Assessment should be a continuous process, which has the needs of the child at the centre. The assessment completed by a social worker or any other professional will therefore build on information already known as a result of the early help that has been provided to the child and their family.

A consistent message from cases involving harm to children is the importance of identifying problems early and taking action to address them before they get worse. We also know that no single professional can have a full picture of a child's needs and circumstances. If children and families are to receive the right help, at the right time in the right place, everyone who comes into contact with them – midwives, health visitors, GPs, early years' professionals, teachers, youth workers, police, voluntary workers and social workers – has to play a role by identifying concerns, sharing information and taking prompt action individually and jointly working with other agencies.

Concerns about a child's welfare may arise in many different contexts and the nature of these concerns will vary greatly from child to child. What is important is that support is provided quickly so that a problem does not escalate and avoids statutory intervention.

Understanding families and the experiences of children within them can be complex and signs of unmet need, low level abuse and neglect may be hard to identify. All professionals working with children in either a paid or voluntary capacity – in the health, education, criminal justice, early years, youth services and the voluntary sectors – have a responsibility to identify the early signs of unmet need, abuse and neglect, to share that information and work together to provide children with the help they need.

The Purpose of Assessments

The purpose of an assessment is :

- to gather information and evidence about a child and their family and to identify whether a child has unmet needs;
- to analyse their needs and/or the nature and level of any risk and harm being suffered by the child;
- to decide whether the child is a child in need (section 17) and/or is suffering or likely to suffer significant harm (section 47); and
- to provide support to address and improve the outcomes for the child to make them safer.

Assessment should be a dynamic process, which responds to the changing nature and level of need and/or risk faced by the child. An assessment is not an end in itself but the means of informing and identifying those things that need to be addressed to improve the child's circumstances. An assessment under section 17 or section 47 of the Children Act (1989) must be carried out by a qualified social worker.

A good assessment is one which includes consideration of the following three domains:

- the child's development needs, including whether they are suffering or likely to suffer significant harm;
- parents' or carers' capacity to respond to those needs; and
- the impact and influence of wider family, community and environmental circumstances.

In the course of all assessments it is important to consider issues in relation to both children's unmet needs and the possibility that they may be at risk of harm. When undertaking risk assessments it is necessary that staff should be 'risk sensible' and recognise that no system can fully eliminate risk of harm. When making risk decisions, workers must carefully balance the benefits of taking protective action with the potential costs of such action in terms of stability and disruption of family life. It is important to remember however, that in all circumstances, the safety of the child concerned must be the paramount consideration.

Partnership Assessments

Early Help Assessment

Early Help means providing support as soon as a problem emerges, at any point in a child's life.

Where a child and family would benefit from a co-ordinated package of support on a multi-agency basis the Child and Family plan (CAF) approach should be used. The CAF assessment should identify what help the child and family require to prevent their needs escalating to a point where statutory intervention under the Children Act (1989) would be required.

A lead professional should be identified (preferably chosen by the child or family) to co-ordinate the support plan and act as a single point of contact for the family. For the CAF assessment and plan to be effective, it should be undertaken with the agreement of the child and family and practitioners should actively involve the child and family.

The lead professional should be able to discuss any welfare concerns and child protection suspicions with a social worker; this is facilitated via the First Response Team.

Where parents and/or the child do not consent to a CAF assessment and plan, the lead professional should make, and record, a judgement as to whether without the co-ordination of early help support, the needs of the child will escalate. Advice may need to be sought from First Response as to whether a referral to children's social care should be made.

Where a Single Assessment is undertaken in a case that has already had a CAF Assessment undertaken, the information within the assessment must be shared and used within the Single Assessment.

Health Assessments

Across Rochdale there are many health services available in the acute sector (hospital) and primary care (community) for which particular assessments will be carried out for children, young people and adults. These assessments will feed into the Single Assessment as appropriate.

An example of the departments these assessments will be obtained from include: health visitor/ school nursing, mental health, drug/alcohol, GP, paediatrics, audiology, speech & language, midwifery, emergency department and any other health departments that are involved with the child and family (this includes children/young people with complex health needs whereby a number of departments are involved).

Youth Justice Assessments

The current YJS tool for assessment is ASSET. This is used to determine a young person's likelihood of re-offending and address how to safeguard their vulnerability and reduce their risk of harming others.

ASSET requires and includes specialist assessments within it - thus mental health assessments, assessments to provide the young person with learning and skills, including special educational needs are all included within the ASSET.

For young people who are referred to the Youth Justice Service via the anti-social behaviour prevention route, then a "reduced ASSET" is used, following screening using a screening tool adapted and developed for BwD.

For young people who present with sexually harmful behaviour, there are a number of routes to being assessed. For all those that come via the criminal justice route they will receive an ASSET assessment prior to a specialist assessment based on the Assessment, Intervention, Move-on (AIM) principles. For young people referred through non-criminal justice agencies a consultation takes place with the referrer and children's social care and then an assessment completed based on AIM principles.

For young people who are at risk of exploitation by radical ideologues, the service is responsible to assess and provide programmes to reduce vulnerabilities in the young person.

Young Carers

The Carers (Equal Opportunities) Act 2004 places a duty on local authorities to inform carers, regardless of their age, of their rights to an assessment. Children (aged under 18) who are carers should be offered an assessment as "a child in need" under the Children Act 1989. This assessment must consider their work, education and leisure needs.

Following a referral to the Young Carers Service will undertake a Young Carers Assessment which sits within a 'whole family' assessment pro forma. The assessment is undertaken to determine whether or not the young person is taking on an inappropriate caring role which may have an adverse impact on their all-round wellbeing, and if so, how the Carer's Service can work together with other partners to reduce the inappropriate caring roles that have been identified and put support in place for the young person and family members. The assessment process includes a young person's self-assessment sheet and a wishes, needs and feelings sheet to ensure that we are able to hear 'the voice of the child' throughout the assessment process and that they have been fully included in the decision making process.

Special Educational Needs

Assessment of children and young people with high level of special educational needs is currently through the statutory assessment route (part of the 1996 Education Act) leading to a Statement of SEN. Section 312 of the Act requires children with learning difficulties to have their needs assessed for special education provision. Section 6 of the Equality Act (2010) defines a person with a disability, if they have a 'substantial and 'long term' physical or mental impairment that negatively affects their ability to undertake normal daily activities. Provisions in both Acts allow the assessment for children with special educational needs and schools will use one of the four categories below to plan interventions and services:

- Communication and Interaction
- Cognition and learning
- Emotional, social and behavioural development
- Sensory and physical development

From birth, many of the needs are identified through early health assessments. Once in educational settings and designated member of staff, the Special Needs Co-ordinator (SENCo), will have overall responsibility for identification, assessment and intervention. The assessment process in schools is supported by educational psychologists, specialist teachers and therapists.

In the very near future this will change as the Government has a strong reform agenda around children with SEN including those with disabilities (SEND) so that services consistently support the best outcomes for them. The proposals call for an integrated assessment process across health, education and social care for those children and young people with the greatest needs. This will lead to the development of Education, Health and Care Plans (EHC Plans) for this cohort. This will sit alongside a Local Offer of what is available in an area for children and young people with SEND without the need to go down the specialist assessment pathway which leads to an EHC Plan.

These reforms are included in the Children & Families Bill 2013 which is currently passing through Parliament. Implementation will be from September 2014. The Bill will extend the SEN system from birth up to age 25 and focus on placing children, young people and their parents/carers at the heart of the decision-making process, offering them greater choice and control in ensuring needs are met.

Domestic Abuse

The principle assessment used by both the statutory and voluntary sectors is the Co-ordinated Action Against Domestic Abuse's (CAADA) Domestic Abuse, Stalking and Honour Based Violence (DASH) risk assessment checklist. The CAADA-DASH risk assessment checklist contains a range of actuarial risk based questions that can be used by practitioners when abuse is disclosed voluntarily, through routine direct questioning and when attending in the provision of emergency protective services.

The checklist assists in identifying and assessing both the level of single-agency service required and in high risk cases, identifying cases requiring referral to a Multi-Agency Risk Assessment Conference (MARAC) for co-ordinated multi-agency monitoring and service provision in order to reduce the identified risks. The risk identified from the checklist may also lead to referral for specialist assessments on managing/reducing risk from perpetrators and on assessing the impact of domestic abuse on children. The Independent Domestic Violence Advocate (IDVA) will assist and link the assessment to the Single Assessment.

Role of Cafcass

Cafcass stands for **Children and Family Court Advisory and Support Service**.

Cafcass was set up on 1st April 2001 under the provisions of the Criminal Justice and Court Services Act, which brought together the family court services previously provided by the Family Court Welfare Service, the Guardian ad Litem Service and the Children's Division of the Official Solicitor's Office.

We are a non-departmental public body accountable to the Secretary of State for Education in the [Department for Education](#) (DfE). We work within the strategic objectives agreed by our sponsor department and contribute to wider government objectives relating to children. Each year Cafcass helps over 145,000 children and young people who are going through care or adoption proceedings,(public law) or whose parents have separated and are unable to agree about future arrangements for their children, (private law). Cafcass is the voice of children in the family courts and helps to ensure that children's welfare is put first during proceedings. Our practitioners provide judges with advice, information and recommendations to assist them to make a safe decision about each child's future. This includes working with children to find out their wishes and feelings, and reporting these findings back to the court.

Assessment tools to assist Cafcass practitioners deliver evidence based analysis to the courts in private law include question schedules to establish basic information such as parental concerns about their children, support networks and environmental factors and the significance of adult criminal behaviour on children. In private law Cafcass practitioners are called Children and Family Reporters. Additional tools

addressing parental capacity include CAADA DASH to establish if MARAC is required, SCODA assessment of drug using parents, Safe Contact Indicator, tool to assess whether a referral to a Domestic Violence Perpetrator Programme is indicated under a Contact Activity Order within private law proceedings (this can require a non-resident parent to address abusive behaviour as a pre requisite to court progressing an application for contact with a child). In public law Cafcass practitioners are called Children's Guardians and complete independent enquiries to enable them to evaluate the local authority case. They will limit their involvement if the local authority work is sound and on track but maintain a more active involvement where, in the Children's Guardian's view, it is not. Some of the tools already described are used by Children's Guardians or may be suggested to local authorities to include in their parenting assessments. The Welfare Checklist outlined in the Children Act 1989 and the Adoption Checklist outlined in the Adoption Act 2002 guide Children's Guardians' assessments. The use of independent expert assessments to supplement local authority evidence in the court arena can be commissioned but is happening less under the Family Justice Reforms which encourage the courts to rely on social work assessments.

Additional tools are available to explore children's wishes and feelings, assess their strengths and difficulties, impact of parental conflict, and children's resilience.

Adult Care Assessments

Adult Care undertake care Needs Assessments for adults, including parents and carers, who are vulnerable due to a physical or sensory disability, mental health issue, learning disability or other needs. Adults in need of support are offered a short term re-ablement assessment period to help them maximise their independence. If support is then still needed, the individual may be offered a personal budget and supported to use that budget to meet the outcomes that are important to them. Other support, such as assistive technology, equipment and adaptations may also be offered to meet identified need. All carers are offered support from the Carers Resource Centre

Individuals are able to self-refer for an assessment. Anyone can refer an Adult for an assessment, as long as the adult consents to the referral. If the adult is not able to consent, due to a cognitive impairment, then another person can refer on their behalf.

When undertaking an assessment which relates to a child/young person and the parent/carer has their own needs which are being met through Adult Services that information should be taken into account, and those professionals involved invited to participate in the assessment planning processes.

Statutory Assessments under the Children Act (1989)

A statutory assessment under the Children Act (1989) will inform decisions about whether a child is a child in need or is suffering, or likely to suffer, significant harm as defined in section 17 and 31 of the Act.

A child in need is defined under Section 17 of the 1989 Children Act as a child who is unlikely to reach or maintain a satisfactory level of health or development, or their health and development will be significantly impaired, without the provision of services, or children who are disabled. In these cases, assessments by a social worker are carried out under section 17 of the Act. The purpose of these assessments is to gather information about a child's developmental needs and the parents' capacity to meet these needs within the context of their wider family and community. This information must be used to inform decisions about the multi-agency help needed by the child.

If the social worker believes that the child is suffering, or likely to suffer significant harm, then the local authority under section 47 of the Act is required to make enquires to decide what action must be taken, with partners, to safeguard and promote the welfare of the child. There may be a need for immediate protection whilst the assessment is carried out.

Following an application under section 31A of the Act, where a child is the subject of a care order, the local authority, as a corporate parent, must assess the child's needs and draw up a care plan which sets out the services which will be provided to meet the child's identified needs.

Where a child is accommodated under section 20 of the Act, the local authority also has a statutory responsibility to assess the child's needs and draw up a care plan which sets out the services to be provided to meet the child's identified needs.

Where a child becomes looked after, the assessment will trigger other assessments to plan the long term care of the child, including the possibility of returning home. The single assessment will be the means by which to decide whether the necessary changes and improvements have been made to ensure the child's safety when they return home.

Whatever legislation the child is assessed under, the purpose of the assessment is always to understand the needs, nature and level of any need, risk and harm being suffered by the child and to provide help and support to address those needs and make the child safe.

Information Sharing

For all assessments, the collation of information on the child, its siblings, parents, carers and wider family members is vital to ensure the holistic needs of the child can be met and all risk factors analysed. Information will need to be collated, shared and accessed from a variety of agencies to ensure that all *current* and *past* issues are analysed to determine the immediate and future needs of the child.

Children are best protected when professionals are clear about what is required of them individually and how they need to work together with the child and its family and with other agencies. For the sharing of information to be lawful and proportionate, professionals need to have clarity about gaining consent from parents, carers and children (in particular if aged 16 or over) to enable different professionals to share information with each other. Professionals in all agencies must adhere to statutory requirements in the Human Rights Act and the Data Protection Act.

Consent to share information must be both 'informed' and 'explicit'. Informed consent means the person giving consent understands why the information is being shared, who will see the information, the use made with the information and the implications of sharing the information for the person giving consent. Obtaining explicit consent for sharing information is best practice and ideally should be gained in writing at the outset of any service provision. In the case of emergency services identifying safeguarding concerns, what information will be shared with other agencies should be explained during the process of providing the emergency service.

In sharing information, professionals must use their judgement to decide what information they hold is appropriate to share. The government guidance, *Information Sharing: Guidance for practitioners and managers* (2008) provides seven golden rules that assist professionals in making complex decisions about information sharing.

The 2008 guidance also outlines the very specific circumstances when the sharing of information without consent (including when consent is refused) can be justified under one of the seven golden rules; sharing information in the public interest. The circumstances are:

- where there is evidence or reasonable cause to believe the child is suffering, or at risk of suffering significant harm
- when there is evidence or reasonable cause to believe that an adult is suffering, or at risk of suffering significant harm
- to prevent significant harm to a child or to an adult, including through prevention, detection and prosecution of serious crime.

There will be circumstances when seeking consent to share information will not be required (if the seeking of consent places a child at risk of harm, prejudices the

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detection of a crime or lead to an unjustified delay in making enquiries about an allegation). Where information has been shared without consent, records must be clear about the decision making process for sharing the information, including permissions sought from managers. Where consent is refused and information shared, accurate recording of the refusal must be made.

Multi-Agency Screening Service (MASS)

The MASS will be established in Rochdale from January 2014. It is overseen through a partnership Steering Group and Operational Management Group.

There are five core elements of the MASS:

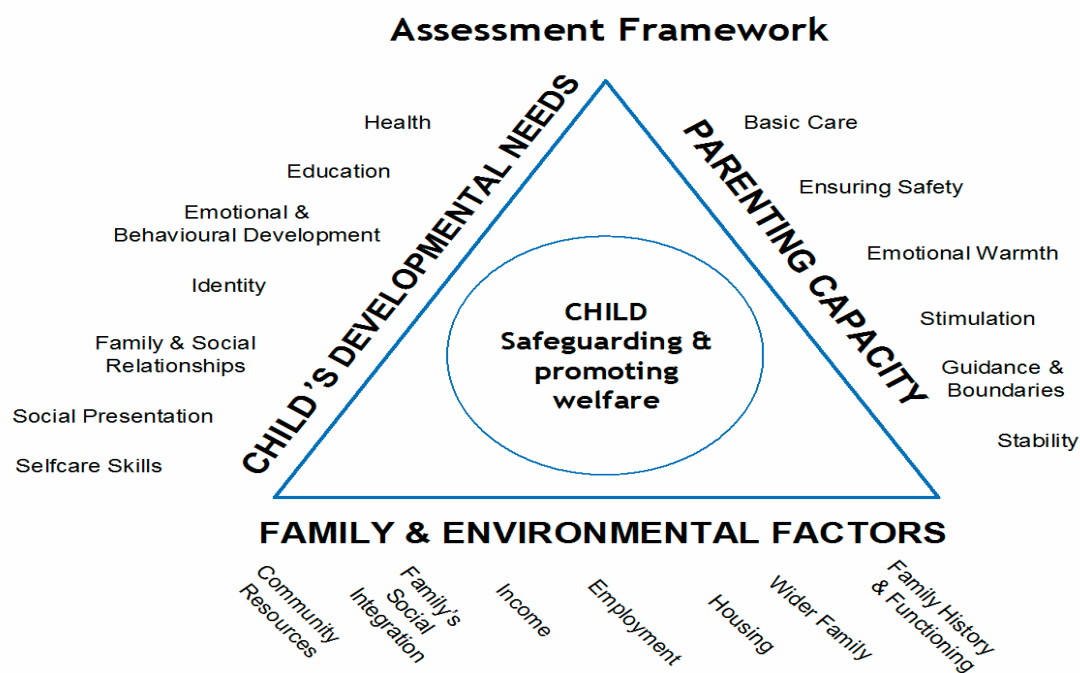
1. Providing a single front door for notifications and referrals
2. Co-location of key partners
3. Provide a safe confidential environment
4. Enables analysis of risk or need on a case by case basis
5. Enables wider victim identification within communities

The MASS will provide a forum where key personnel and managers from a range of services (police, social care, health, Early Help) can facilitate the sharing of information in respect of children, young people and their families who are in need of help and support or are potentially at risk.

Decision making will be shared, recorded and owned on a partnership bases.

It is here that decisions regarding the type of assessment (Early Help or Statutory) are made and followed up.

The local framework for all assessments



Principle & Values for all Assessments

Work and assessments with children and families should:

- be child centred – analysing the impact of what is happening to the child (where there is a conflict of interest, decisions must be made in the child's best interests);

Children have said that they need:

- **Vigilance:** to have adults notice when things are troubling them
- **Understanding and action:** to understand what is happening to them; to be heard and understood; and to have that understanding acted upon
- **Stability:** to be able to develop an on-going stable relationship of trust with those helping them
- **Respect:** to be treated with the expectation that they are competent rather than not
- **Informed, engaged and outcomes explained:** to be informed about and involved in procedures, decisions, concerns and plans; to be informed of the outcome of assessments and explanations provided about decisions and reasons when their views and wishes cannot be met
- **Support:** to be provided with support in their own right as well as a member of their family
- **Advocacy:** to be provided with advocacy to assist them in putting forward their views.

- be **rooted in child development** and informed by evidence and research;
- be **holistic in approach**, addressing the child's needs within their family and wider community using the most appropriate route to plan how the child will be safeguarded and ensuring their needs are met through a Care Plan, CIN Plan and/or a CAF Plan etc.
- be **focused on action and outcomes** for the child ensuring that the domains of the child's development / parenting capacity / family – environmental factors are fully met (as per model above);
- be **timely** in that they take no longer than 45 working days from the point of initial referral (with a preference for completion at 35 working days) **and responsive**, whilst maintaining a focus on **quality** of the assessment;
- ensure it is **proportionate** to the needs of the child;
- build on **strengths** as well as identifying difficulties;
- be **informed by other assessments** and care planning, including specialist health, education, criminal justice or universal/targeted service assessments and consider the full history of the child and family;
- assessments for some children - including young carers, children with special educational needs (SEN), unborn children where there are concerns, asylum seeking children, children in hospital, disabled children, children with specific communication needs, children considered at risk of sexual exploitation or gang activity, children who are in the youth justice system - will require particular care. Where a child has other assessments it is important that these are coordinated so that the child does not become lost between the different agencies involved and their different procedures including subject to multiple assessment processes (start again syndrome);
- be **transparent** so that the family understands what is happening, why, what **responsibilities the family** have, ensure that they given the opportunity to contribute and provided with a copy of the final assessment
- **lead to action**, including the provision and review of services;
- be **integrated and multi-agency in approach**, including integration with other assessment processes;
- be a continuing **dynamic process** with regular reviews, not an event;
- be transparent and open to professional and family challenge, including complaint procedures;
- encourage multi-agency **professional curiosity/challenge** based on information from professionals and partners who know/have known the family to avoid 'over optimism' and ensure progress is within the context of previous involvement with the family;
- **share information** between professionals and local agencies effectively to ensure the effective identification of need/risk, accurate assessments and service provision that assists the family in safeguarding their children.
- ensure **equality** of opportunity;
- be **recorded accurately**, including recording differences in professional views and views/wishes of the child and family

In addition to what children have said about professionals' involvement in their lives, all assessments and work with children must be in line with the United Nations convention on the rights of the child; the convention covers the following principles:

- the right to life, survival and development
- the right to non-discrimination
- respecting the views of children
- the requirement to give primary consideration to the child's best interests in all matters affecting them
- civil rights and freedoms including the right to have access to information, expression of thoughts and association
- the right to a family environment; living and in contact with both parents and where necessary appropriate alternative care
- the right to basic health and welfare services to support a adequate standard of living
- the right to education, leisure and cultural activities
- special protection measures covering the rights of child refugees, children affected by armed conflicts, children's involvement in the criminal justice system, deprivation of liberty and children suffering forms of exploitation.

Risk Assessment and Analysis

When there are concerns that a child may have suffered, or be likely to suffer significant harm, the Local Authority has a duty to conduct enquiries that will include a risk assessment. The purpose of the assessment is to understand the nature and level of risk to which a child is exposed so that it can be managed and the child made safer.

Risk assessment is the process of getting information about the sources of possible harm to a child and balancing these with an assessment of the child's resilience and the family's strengths.

Risk assessments are most effective when they are completed on a multi-agency basis and typically social workers will contact other professionals who have knowledge of the child and family (school, GP, Health Services, Probation and other adult services).

Following the assessment the information gathered is analysed to predict the likelihood of future harm and appropriate plans are made to mitigate (reduce) the risk to which the child is exposed. The risk assessments undertaken by social work staff will take account of any risk assessments that have been completed on the adults involved (MARAC, CAADA, OaSys etc.)

All the risk assessments are informed and guided by the Munro Risk Assessment Principles¹ which recognise that risk can never be totally prevented and that even the best assessments do not guarantee safe and positive outcomes.

Standards for all Assessments

Requirements of Practitioners undertaking assessments:

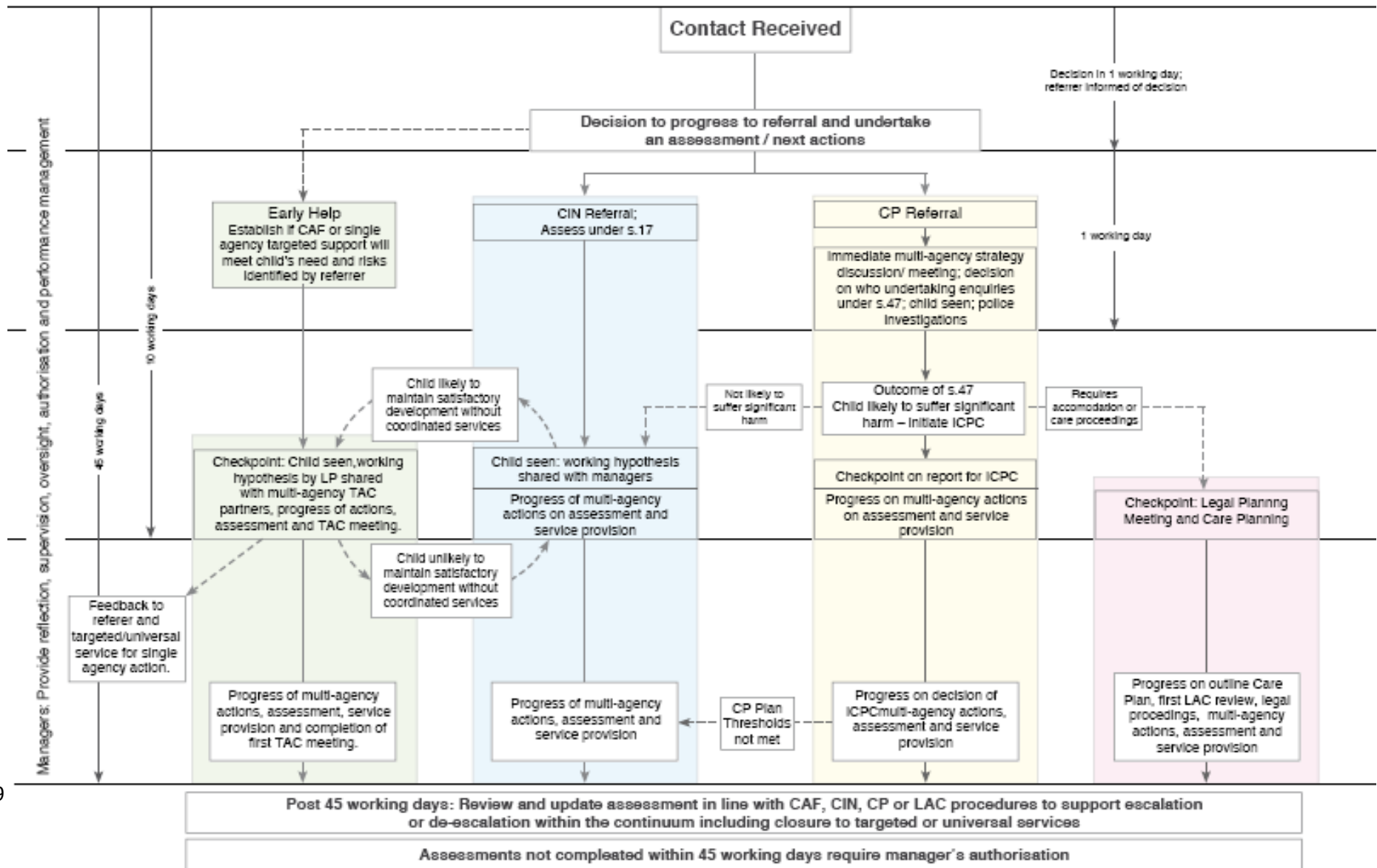
- A decision should be made by the partner agencies represented in the Multi-Agency Screening Services (MASS) within 24 hours in respect of all referrals. The referrer should receive feedback (verbal where possible) on the outcome of that referral.
- The child should be seen within a **maximum** of **5** days of a referral being made to Children's Social Care – whether the case has progressed for an Early Help or a Single Assessment. In cases where a Section 47 Child Protection enquiry commences this should be within 24 hours. Where children are under school age or if it is during a school holiday the timescale should be 3 days..
- Written contribution from agencies should be sought and provided as part of the information gathering process in completing a Single Assessment – this may be previously undertaken or existing assessments from any agency involved with the child/young person.
- Where a Single Assessment is being undertaken a Child In Need meeting should be convened within 7 working days of the child/young person and family being seen in order that services can be co-ordinated and partners can be clear about the requirements for information gathering as part of the Single Assessment. Written contribution from agencies should be sought and provided as part of the information gathering process in completing a Single Assessment – this may be previously undertaken or existing assessments.
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- The first check point is at **10** days for both Early Help and Single Assessments at which point a manager should oversee that the child/young person has been seen and spoken to (alone where possible and age appropriate) and that a working hypothesis and plan is emerging.
- Prior to the completion of the Single Assessment an analysis meeting should take place, this could be the Child In Need meeting at 7 working days if all the information required has been sought and provided.
- All Single Assessments should be completed within a **maximum** of **45** working days. The preference in Rochdale is that the Single Assessment is completed

¹ Annex A, *The Munro Review of Child Protection, Interim Report: The Child's Journey* Professor Eileen Munro, DfE (February 2011)

at **35** working days. There should be a further Management checkpoint oversight at a **maximum** of **45** working days which authorises the Single Assessment and ensures that an appropriate plan is in place.

- Any assessment in train for longer than this without being authorised by a Practice Manager will require a Management Oversight case note. These cases will be reviewed in monthly service and performance meetings within Children's Social Care in order to prevent drift for those children.
- The final Single Assessment document should be signed by both the allocated social worker and their Practice Manager and should be shared with the child/young person (age appropriately) and their family.

The Assessment Protocol Flowchart



Rochdale Common Assessment Framework

Rochdale's Early Help Assessment Tool

Notes for use:

If you are completing this form electronically, the text boxes will expand to fit your text. Where check boxes appear, please tick (✓) those that apply.

CAF asks for:

- Basic details needed for any referral (page 1)
- Information about any siblings – if you know about them (page 2)
- Who else is involved (if you know) (page 3)
- What you know about the child – what concerns you and what is going well (page 3 & 4)
- What you want out of the this and agreed actions (page 5)
- Consent (page 6)

Remember:

- Please complete all sections in this form. If any are not applicable please enter N/A
- Complete this form with the Parent/Carer or young person
- Ensure the form is signed and dated by all relevant participants

DO NOT USE THIS FOR A CHILD PROTECTION REFERRAL

Exceptional circumstances: significant harm to infant, child or young person

If at any time during the course of this assessment you feel that an unborn baby, infant, child or young person has been harmed or abused or is at risk of harm or abuse, you must follow your local safeguarding children board (LSCB) procedures. These can be found on the Rochdale Borough Safeguarding Children Board website: www.rbscb.org/.

Date CAF started:

Revision number:

1. Identifying details

Record details of the unborn baby, child or young person being assessed. If unborn, state name as 'unborn baby' and mother's name, e.g. unborn baby of Ann Smith.

Given name(s)		Pupil Number	
Family name		Address	
AKA ¹ /previous name(s)			
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown <input type="checkbox"/>	Postcode	
Date of birth or EDD ²		Email	
Age (if DOB unknown)			
Telephone no.			

1.1. Ethnicity

White	Mixed/Dual Background	Asian or Asian British	Black or Black British	Chinese & Other
White British <input type="checkbox"/>	White & Black Caribbean <input type="checkbox"/>	Indian <input type="checkbox"/>	Caribbean <input type="checkbox"/>	Chinese <input type="checkbox"/>
White Irish <input type="checkbox"/>	White & Black African <input type="checkbox"/>	Pakistani <input type="checkbox"/>	African <input type="checkbox"/>	Traveller of Irish Heritage <input type="checkbox"/>
Any other White background * <input type="checkbox"/>	White & Asian <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>	Any other Black Background * <input type="checkbox"/>	Gypsy / Roma <input type="checkbox"/>
Not given <input type="checkbox"/>	Any other mixed background * <input type="checkbox"/>	Any other Asian background * <input type="checkbox"/>		Any other ethnic group * <input type="checkbox"/>

* If other, please specify:

1.2. Needs

Child's first language	Parent's first language
Is an interpreter required?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, give details below and include any special requirements:

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- Consent (page 6)

Remember:

- Please complete all sections in this form. If any are not applicable please enter N/A
- Complete this form with the Parent/Carer or young person
- Ensure the form is signed and dated by all relevant participants

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Date CAF started:

Revision number:

2. Identifying details

Record details of the unborn baby, child or young person being assessed. If unborn, state name as 'unborn baby' and mother's name, e.g. unborn baby of Ann Smith.

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td colspan="2">Given name(s)</td></tr> <tr><td colspan="2">Family name</td></tr> <tr><td colspan="2">AKA¹/previous name(s)</td></tr> <tr> <td style="width: 10%;">Gender</td> <td>Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown <input type="checkbox"/></td> </tr> <tr><td colspan="2">Date of birth or EDD²</td></tr> <tr><td colspan="2">Age (if DOB unknown)</td></tr> <tr><td colspan="2">Telephone no.</td></tr> </table>	Given name(s)		Family name		AKA ¹ /previous name(s)		Gender	Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown <input type="checkbox"/>	Date of birth or EDD ²		Age (if DOB unknown)		Telephone no.		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Pupil Number</td></tr> <tr><td>Address</td></tr> <tr><td>Postcode</td></tr> <tr><td>Email</td></tr> </table>	Pupil Number	Address	Postcode	Email
Given name(s)																			
Family name																			
AKA ¹ /previous name(s)																			
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown <input type="checkbox"/>																		
Date of birth or EDD ²																			
Age (if DOB unknown)																			
Telephone no.																			
Pupil Number																			
Address																			
Postcode																			
Email																			

2.1. Ethnicity

White	Mixed/Dual Background	Asian or Asian British	Black or Black British	Chinese & Other
White British <input type="checkbox"/>	White & Black Caribbean <input type="checkbox"/>	Indian <input type="checkbox"/>	Caribbean <input type="checkbox"/>	Chinese <input type="checkbox"/>
White Irish <input type="checkbox"/>	White & Black African <input type="checkbox"/>	Pakistani <input type="checkbox"/>	African <input type="checkbox"/>	Traveller of Irish Heritage <input type="checkbox"/>
Any other White background * <input type="checkbox"/>	White & Asian <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>	Any other Black Background * <input type="checkbox"/>	Gypsy / Roma <input type="checkbox"/>
Not given <input type="checkbox"/>	Any other mixed background * <input type="checkbox"/>	Any other Asian background * <input type="checkbox"/>		Any other ethnic group * <input type="checkbox"/>

* If other, please specify:

2.2. Needs

Child's first language	Parent's first language
Is an interpreter required?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, give details below and include any special requirements:

Rochdale Common Assessment Framework Rochdale's Early Help Assessment Tool

Immigration status			
Does the child have a disability?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Are they on the disability register? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please give details below and include any special requirements:			
Does the child have Special Education Needs (SEN)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

1 'Also known as' 2 Expected date of delivery

3. Details of parent(s) / carer(s)

Name			Address			
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>		Postcode		
Date of birth					Telephone no.	
Ethnicity			Email			
Relationship to unborn baby, child or young person			Parental responsibility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Emergency contact?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Main carer?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
			Next of kin?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Name			Address			
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>		Postcode		
Date of birth					Telephone no.	
Ethnicity			Email			
Relationship to unborn baby, child or young person			Parental responsibility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Emergency contact?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Main carer?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
			Next of kin?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

4. Details of siblings (if known)

Sibling 1

Name			Address			
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>		Postcode		
Date of birth					School	
Ethnicity						
Does this child have a disability?	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
If yes, please give details						

Rochdale Common Assessment Framework

Rochdale's Early Help Assessment Tool

Sibling 2

Name					Address	
Gender	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>		
Date of birth					Postcode	
Ethnicity						
Does this child have a disability?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	School	
If yes, please give details						

Sibling 3

Name					Address	
Gender	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>		
Date of birth					Postcode	
Ethnicity						
Does this child have a disability?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	School	
If yes, please give details						

5. Key agencies working with this child or young person (if known)

	Type	Name	Professional's name	Address and telephone
Universal	School			
	Early Years / Further Education			
	GP			
Other services				

Rochdale Common Assessment Framework

Rochdale's Early Help Assessment Tool

6. Assessment

What has led to this unborn baby, infant, child or young person being assessed?			
Are the parent(s)/carer(s) aware of any other assessments completed for this child/young person?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If yes, please give details of the assessment:			
At what level would you place this child on the Children's Needs and Response Framework?			
People present at assessment:			

7. Needs and strengths

- Consider each of the elements to the extent they are appropriate in the circumstances, complete all elements in this section; if any are not applicable please enter N/A.
- For further guidance please refer to the document 'What the CAF elements mean'.
- Wherever possible use evidence based examples and avoid using opinions. Ensure that you value all contributions made and note any differences of opinions.
- As the CAF is being used to alert multi-agency colleagues to concerns regarding a child/young person's wellbeing, it is important to include issues that may impact on a wide range of services.

7.1. Development of unborn baby, infant, child or young person

General health	
Physical development	
Speech, language and communication	
Emotional and social development	
Behavioural development	

Rochdale Common Assessment Framework

Rochdale's Early Help Assessment Tool

Identity, self-esteem, self-image and social presentation

Family and social relationships

Self-care skills and independence

Learning

Understanding, reasoning and problem solving

Participation in learning, education and employment

Progress and achievement in learning

Aspirations

7.2. Parents and carers

Basic care, ensuring safety and protection

Emotional warmth and stability

Rochdale Common Assessment Framework

Rochdale's Early Help Assessment Tool

Guidance, boundaries and stimulation

Other significant adults etc. (who lives with the child and who doesn't live with the child)

7.3. Family and environmental

Family history, functioning and well-being

Wider family

Social and community elements and resources, including education

Housing, employment and financial considerations

What is the families housing status? Privately owned Rented Specialist / Temporary Accommodation

**If rented, please
give details**

Landlord name:

Contact details:

8. Conclusions, solutions and actions

Now the assessment is completed you need to record a summary of your concerns and any additional needs of the child / young person. Work with the child or young person and/or parent or carer, and take account of their ideas, solutions and goals.

8.1. What are your conclusions?

What are the identified strengths and resources?

Rochdale Common Assessment Framework

Rochdale's Early Help Assessment Tool

What are the identified needs? (including summary of what outcomes we want for the child/young person, what additional services might be needed)

8.2. Agreed actions

This table should be used to list the actions agreed for the people present at the assessment.

Desired Outcomes (as agreed with child, young person and/or family)	Action	Who will do this?	By when?

Rochdale Common Assessment Framework

Rochdale's Early Help Assessment Tool

Team around the child (TAC) meeting date:

9. Comments

Child or young person's comment on the assessment. (if appropriate)

Parent or carer's comment on the assessment.

10. Consent for information storage and information sharing

I have read and understand that the information recorded on the CAF form will be stored and used for the purpose of providing services to:

- Me, the child or young person
- This child or young person for whom I am a parent
- This child or young person for whom I am a carer

Are there any services or individuals you do not wish information to be shared with? If yes, please give details:

- | | | |
|--|------------------------------|-----------------------------|
| I have had the reasons for information sharing explained to me and I understand those reasons. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| I agree to the sharing of the information disclosed in the CAF form. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| I agree to the information being stored on the local eCAF system. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Has consent been declined / withdrawn from this CAF? Yes No

If yes, what was the reason for this?

Date closed:

Rochdale Common Assessment Framework

Rochdale's Early Help Assessment Tool

Young person's signature		Print Name		Date	
Parent / carer's signature		Print Name		Date	
Parent / carer's signature		Print Name		Date	
CAF author's details					
CAF author's signature		Print Name		Date	
Address		Role			
		Telephone No.			
		Email			
Postcode					

Please ensure a copy of this form is sent to the service to which you wish to refer.

The practitioner completing the assessment will send a copy of the CAF to the CAF Team at the address below or email to caf.team@rochdale.gov.uk. If you are emailing from a GCSX or nhs.net email address, please use karen.donnelly@rochdale.gcsx.gov.uk. The information provided will be stored on the Rochdale eCAF system for reporting purposes and to monitor quality.

Private & Confidential

CAF Team
 Floor 4, Number One Riverside
 Smith Street
 Rochdale, OL16 1XU

eCAF Version 1.0 - January 2014

Immigration status					
Does the child have a disability?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Are they on the disability register?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please give details below and include any special requirements:					
Does the child have Special Education Needs (SEN)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			

1 'Also known as' 2 Expected date of delivery

11. Details of parent(s) / carer(s)						
Name					Address	
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>				
Date of birth						
Ethnicity					Postcode	

Rochdale Common Assessment Framework Rochdale's Early Help Assessment Tool

Relationship to unborn baby, child or young person		Telephone no.	
		Email	
Parental responsibility?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Main carer?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Emergency contact?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Next of kin?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Name		Address	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>		
Date of birth			
Ethnicity		Postcode	
Relationship to unborn baby, child or young person		Telephone no.	
		Email	
Parental responsibility?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Main carer?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Emergency contact?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Next of kin?	Yes <input type="checkbox"/> No <input type="checkbox"/>

12. Details of siblings (if known)

Sibling 1

Name		Address	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>		
Date of birth			
Ethnicity		Postcode	
Does this child have a disability?	Yes <input type="checkbox"/> No <input type="checkbox"/>	School	
If yes, please give details			

Sibling 2

Name		Address	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>		
Date of birth			
Ethnicity		Postcode	
Does this child have a disability?	Yes <input type="checkbox"/> No <input type="checkbox"/>	School	
If yes, please give details			

Sibling 3

Name		Address	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>		
Date of birth			
Ethnicity		Postcode	
Does this child have a disability?	Yes <input type="checkbox"/> No <input type="checkbox"/>	School	

Rochdale Common Assessment Framework

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If yes, please give details

13. Key agencies working with this child or young person (if known)

	Type	Name	Professional's name	Address and telephone
Universal	School			
	Early Years / Further Education			
	GP			
Other services				

14. Assessment

What has led to this unborn baby, infant, child or young person being assessed?

Are the parent(s)/carer(s) aware of any other assessments completed for this child/young person?

Yes No

If yes, please give details of the assessment:

At what level would you place this child on the Children's Needs and Response Framework?

People present at assessment:

15. Needs and strengths

- Consider each of the elements to the extent they are appropriate in the circumstances, complete all elements in this section; if any are not applicable please enter N/A.
- For further guidance please refer to the document 'What the CAF elements mean'.
- Wherever possible use evidence based examples and avoid using opinions. Ensure that you value all contributions made and note any differences of opinions.
- As the CAF is being used to alert multi-agency colleagues to concerns regarding a child/young person's wellbeing, it is important to include issues that may impact on a wide range of services.

15.1. Development of unborn baby, infant, child or young person

Rochdale Common Assessment Framework
Rochdale's Early Help Assessment Tool

General health

Physical development

Speech, language and communication

Emotional and social development

Behavioural development

Identity, self-esteem, self-image and social presentation

Family and social relationships

Self-care skills and independence

Learning

Understanding, reasoning and problem solving

Rochdale Common Assessment Framework

Rochdale's Early Help Assessment Tool

Participation in learning, education and employment

Progress and achievement in learning

Aspirations

15.2. Parents and carers

Basic care, ensuring safety and protection

Emotional warmth and stability

Guidance, boundaries and stimulation

Other significant adults etc. (who lives with the child and who doesn't live with the child)

15.3. Family and environmental

Family history, functioning and well-being

Wider family

Rochdale Common Assessment Framework Rochdale's Early Help Assessment Tool

Social and community elements and resources, including education

Housing, employment and financial considerations

What is the families housing status? Privately owned Rented Specialist / Temporary Accommodation

If rented, please give details	Landlord name:	
	Contact details:	

16. Conclusions, solutions and actions

Now the assessment is completed you need to record a summary of your concerns and any additional needs of the child / young person. Work with the child or young person and/or parent or carer, and take account of their ideas, solutions and goals.

16.1. What are your conclusions?

What are the identified strengths and resources?

What are the identified needs? (including summary of what outcomes we want for the child/young person, what additional services might be needed)

16.2. Agreed actions

This table should be used to list the actions agreed for the people present at the assessment.

Desired Outcomes (as agreed with child, young person and/or family)	Action	Who will do this?	By when?

Rochdale Common Assessment Framework

Rochdale's Early Help Assessment Tool

Team around the child (TAC) meeting date:	
--	--

17. Comments

Child or young person's comment on the assessment. (if appropriate)

Parent or carer's comment on the assessment.

Rochdale Common Assessment Framework

Rochdale's Early Help Assessment Tool

18. Consent for information storage and information sharing

I have read and understand that the information recorded on the CAF form will be stored and used for the purpose of providing services to:

Me, the child or young person

This child or young person for whom I am a parent

This child or young person for whom I am a carer

Are there any services or individuals you do not wish information to be shared with? If yes, please give details:

I have had the reasons for information sharing explained to me and I understand those reasons. Yes No

I agree to the sharing of the information disclosed in the CAF form. Yes No

I agree to the information being stored on the local eCAF system. Yes No

Has consent been declined / withdrawn from this CAF? Yes No

If yes, what was the reason for this?

Date closed:

Young person's signature	Print Name	Date
--------------------------	------------	------

Parent/ carer's signature	Print Name	Date
---------------------------	------------	------

Parent/ carer's signature	Print Name	Date
---------------------------	------------	------

CAF author's details

CAF author's signature	Print Name	Date
------------------------	------------	------

Address	Role
	Telephone No.
	Email

Postcode

Please ensure a copy of this form is sent to the service to which you wish to refer.

The practitioner completing the assessment will send a copy of the CAF to the CAF Team at the address below or email to caf.team@rochdale.gov.uk. If you are emailing from a GCSX or nhs.net email address, please use karen.donnelly@rochdale.gcsx.gov.uk. The information provided will be stored on the Rochdale eCAF system for reporting purposes and to monitor quality.

Private & Confidential

CAF Team
Floor 4, Number One Riverside
Smith Street
Rochdale, OL16 1XU

eCAF Version 1.0 - January 2014



Root

Tel:

Fax:

C & F Assessment

Assessment

Date the referral was received 02-Oct-2013

Date the assessment was started 02-Oct-2013

Date the assessment was completed

Child & Family Information

Other Household Members

Relationship	Name	Date of Birth	Gender	Ethnicity	Language	CSSR	Referral	School
Self	Bill Assessment	06-Oct-2010	Male	African			Started 02-Oct-2013	
Brother	Bob Assessment	04-Oct-2006	Male	African			Started 02-Oct-2013	

Non-Household Significant Family Members & Other Related Persons

Relationships	Name	Date of Birth	Gender	Ethnicity	Language	Address
---------------	------	---------------	--------	-----------	----------	---------

Aunt	Frances Test	13-Jul-1984	Female	Other Asian Background		10 Norfolk Avenue Heywood, OL10 4RN
Aunt	Vanessa Test	17-Feb-1982	Female	E4 – Information not yet obtained		8 Hinton Close Rochdale, OL11 5HT
Reason for doing an assessment		test				
Has someone with parental responsibility for the child/young person given consent to; contact being made with other agencies? If consent was not sought, explain why.						
Was the Child/Young Person seen during this assessment?						
Dates the child/young person & family members were seen and spoken to		<i>List is empty</i>				
How the assessment was carried out and who was involved						
Circumstances						
Summary of child and family history, including any previous or current professional involvement						
The child/young person's health and development						
Parenting of the child / young person						
The child / young person's home and community						

Analysis

Social Worker's analysis of the current situation

Decisions & Further Actions

Is the child/young person a child in need as defined in the Children Act 1989 ?

If yes, please tick which child in need category(ies) is/are appropriate:

a) a child whose vulnerability is such they are unlikely to reach or maintain a satisfactory level of health or development without the provision of services

b) child whose health or development will be significantly impaired without the provision of services (is suffering or is likely to suffer significant harm)

c) disabled child

If the child is disabled, please record the types of impairment(s) (using the children in need categories)

If the child's name is not on the disability register, have the parents consented to it being placed there?

Recommended action

Suggested Outcomes	<input type="checkbox"/> Strategy Discussion <input type="checkbox"/> Legal Action <input type="checkbox"/> Specialist Assessment <input type="checkbox"/> Place into Accommodation <input type="checkbox"/> Child In Need - Active Child's Plan	<input type="checkbox"/> Referral to Other Agency <input type="checkbox"/> Other Actions <input type="checkbox"/> Private Fostering Agreement No Further Action (Early Exit due to Early Section 47 End) <input type="checkbox"/> No Further Action
--------------------	--	--

Is a CP Conference required?

Signatures & comments (child/young person & family)

Child / Young person's comments

Family Comments

Name of Social Worker completing assessment

Julie Pilling

Signature:

Name of Manager

The manager has not completed the assessment.

Signature:

C & F Plan

Planning

Plan Revision

1.0

Plan Effective From

02-Oct-2013

Child's Developmental Needs

Needs & Strengths	Outcomes	Service Provisions	Row for
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Parental Capacity

Needs & Strengths	Outcomes	Service Provisions	Row for
-------------------	----------	--------------------	---------

Family and Environmental Factors

Needs & Strengths	Outcomes	Service Provisions	Row for
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Attachments (0)

There are no attached documents

Recorded Feedback

The completed Initial Assessment should be discussed with the child/young person and their parents/carers.

Person		Discussed	If no, when	Given	If no, when
Bill Assessment, 3 years					
Frances Test, 29 years	Aunt				
Vanessa Test, 31 years	Aunt				
Bob Assessment, 7 years	Brother				

