

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 <u>ALL</u> circumstances via AVCO or by email thurrockmash@thurrock.gov.uk

Your Details								
Your Name:				Your Job title:				
Your Agency:				Contact No.				
Your Email:								
	Na	me Of Lead Pr	ofessiona	al (if different from	<u>n above)</u>			
Your Name:				Your Job Title:				
Your Agency:				Contact No.				
Your Email:								
Refer to Social C	Care?	Yes/No						
Refer to PASS?	Yes/No							
(Prevention and support service)								
	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.				

Family Address: Post Code: Child's Name: (any aliases?) Ethnicity Image: Constant of the constan	Child's Details								
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	Name:					DOB:			





Relationship to child:	
General Health	What is working Well
Record information on	
general health/ wellbeing.	
Consider hygiene, vision,	
speech, hearing, hospital	What are you worried about
visits, diet, general fitness,	
recent ailments, disability,	
drug use, sexual health,	
pregnancy and dental health.	Complicating Factors
Include any details on SEN	
and Disabilities	
Personal Development	What is Working Well
Relationships with adults and	
peers, general wellbeing,	
confidence, motivation,	
behaviour, positive image of	What are you worried about
own race, culture and gender,	
sense of belonging.	
Growing independence and	Complicating Factors
abilities to deal with decision	
making challenge,	
disappointment and conflict.	
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,	What are you worried about
motivated and overcome	
barriers, attend school, continue	
to work at difficulties, problem	Complicating Factors
solve, and opportunity to play/	
relax	
Parenting consider	What is working well
Basic care, safety, security,	
stability, guidance, clear	
boundaries, encouragement	What are you worried about
and praise, role models for	
discipline, self-control,	
positive behaviour, dealing	Complicating Factors
with conflict, disagreements,	Complicating Factors
disappointments or	
challenge.	
Family and environment	What is working well
Family health, size, make up,	
bereavement, relationship	
breakdown, democratic or	What are you worried about



community violence, housing conditions e.g. overcrowding, employment, income.	
Access to facilities such as	Complicating Factors
nursery.	
<u>Do you know of relevant</u>	
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 ea	ich chi	ld/ren. If an individual sibling has a sp	ecific	c need please indicate as appropriate	2.
		impact on the child please be clear w		•	
		child school attendance. If you select	the o	option "Abuse or Neglect", you must	:
nave considered making cont	act wi	th Children's Social work services.			
	-	Identified Needs from CAE	-		_
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	
		Develop Control Chills and Enior		Training	_
Child Sexual Exploitation/ trafficking/ Criminal		Develop Social Skills and Enjoy Recreation		Learning disability	
exploitation		Recreation			
Emotional Wellbeing/		Physical Health Needs		Problematic/ Harmful Sexual	
Mental Health		-		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	



Identified Needs from CAF									
Parent/ Carer									
Alcohol Misuse		Benefits/ Financial Issu	ues		Crimin	al Activity	1		
Domestic Abuse		Drug Misuse			Housing Need				
Learning Disability		Emotional Wellbeing/ Mental Health			Non-Engagement with health services			health	
Female Genital Mutilation		Modern Day Slavery			Honour based abuse/ forced marriage			forced	
Parenting Support		Physical Disability or h	ealth needs		Socially unacceptable behaviour				
		Other family/ ho	usehold memb	per					
Alcohol Misuse		Benefits/ Financial Issu	ues		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					1	No		
Was this verbal consent	Yes 🔲 No 🔲 Was this written Yes 🔲 No								

<u>Consent:</u>							
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 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 <u>information.matters@thurrock.gov.uk</u> 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.

