

Carmarthenshire

Joint Assessment Family Framework

Part 2



TAF number (if appropriate):

Part 2

Joint Assessment Family Framework (JAFF)

To be completed by Practitioner/Professional

Name of Practitioner/ Professional completing assessment		Contact phone no:	
		Email address:	
Job title/role		Agency:	

Will you be the Key Worker?		Key Worker (if known)	
JAFF completion date			

Name of child or Young Person (under 25yrs) Date of Birth:	
Name of main carer (if under 18)	
Care First number:	

For Practitioners/Professionals

I confirm that I have jointly completed this assessment with the child, young person and/or family

Yes ☐ No ☐

I have assessed the young person as competent to give his or her own consent, without parent's consent

Yes ☐ No ☐

This form is being submitted electronically and I confirm my agency holds the original signed copies

Yes ☐ No ☐

Practitioner/Professional's signature	Please print name below	Date

Consent

Personal information processed by Carmarthenshire County Council is done so in accordance with Data Protection legislation. Your information will be kept secure at all times and only used with your full knowledge and consent. In certain circumstances Carmarthenshire County Council may be required to share your information without your consent, for example where legally required to do so to protect an individuals' safety, or to prevent fraud etc.

Carmarthenshire County Council will use the information contained within this form for the purpose of delivering the Team Around the Family service to you. This may involve sharing your information with partner organisations to do so.

If you would like further information about how the TAF service is delivered or have any specific queries in relation to how your information is processed, please contact the team on:

Telephone: 01267 246555

Text: Please start your message with 'Children' and send to 07786 202747

Email: TAF@carmarthenshire.gov.uk

Web: www.fis.carmarthenshire.gov.uk/taf

I confirm that I have read and understood the information contained within this form and consent to Carmarthenshire County Council processing my information for the purpose of delivering the Team Around the Family service to me/my family.

Signed (Parent/Carer)	Print Name	Date
Signed (Young Person if applicable)	Print Name	Date

Your attendance at the TAF Panel is not required. However if you wish to be present, the necessary arrangements can be made. Please tick this box if you would like to attend the TAF Panel. ☐

(Only this form will be accepted from 25/05/18)

Family Assessment of Strength and Need

NB: This is a FAMILY assessment. Please ensure ALL members of the family are considered. If this request concerns more than one child or young person, indicate which strength or need relates to which child.

Where possible, base your comments on evidence, not opinion.

Highlight and source the information you use to support your evidence. If there are any major differences of view, for example between the carer, young person or practitioner(s), these should be recorded too.

Family Profile	
Please consider the following: Housing (1) <i>(is the property safe, clean, warm, of adequate size, who shares rooms);</i> Income, employment and finance (2) <i>(are family members employed; aspirations; debts; benefits; working patterns);</i> Family history, relationships and wellbeing (3) <i>(family work well together; extended family members; are there any caring roles; domestic violence; offending behaviour);</i> Social and community links/support (4) <i>(transport links; local area; clubs and groups; neighbours)</i>	
Strengths	Needs

Child/Children and Young Person Profile – Health and Independence

Please consider the following: General Health (5) *(are they registered with dentist/GP; medication; impact on day to day functioning)*; **Physical development (6)** *(nourishment; activity; vision and hearing; fine motor skills; gross motor skills; meeting developmental milestones)*; **Speech, language and communication (7)** *(preferred communication; use of language, expression, questioning, listening, responding and understanding; share thoughts and feelings; able to complete forms)*; **Behaviour (9)** *(lifestyle; self-control; reckless or impulsive; inappropriate peers; antisocial or offending behaviour; sexual, abusive or aggressive behaviour; restless or overactive; easily distracted)*; **Self-care skills and independence (12)** *(routines; boundaries; willingness to have a go; decision making; basic care (washing; dressing; feeding); positive attachments)*; **Drug or alcohol use (13)** *(access to appropriate information; engaged with support services legal/illegal drugs use; alcohol consumption; lack of self-care; risk taking behaviour)*

Strengths**Needs**

Child/Children and Young Person Profile – Emotional wellbeing

Please consider the following: **Emotional and social development (8)** (*motivation; positive attitude; confident; relationship with peers; happy; early attachment; risk/actual self-harm; coping with stress*); **Identity, self-esteem, self-image and social presentation (10)** (*perception of self; sense of belonging; discrimination; bullying; self-esteem; peers*); **Family and social relationships (11)** (*stable relationships with family, peers and wider community; what are the child's/YPs views; how do the family communicate; how are decisions made; who makes the decisions; how are conflicts resolved; what are the parents own experiences of parenting; caring responsibilities (how much time a week; impact on child/family (school; emotional; physical)*); **Mental health (14)** (*resilience; positivity; self-aware; are they able to acknowledge problems/difficulties; receiving support from other services; bullied; excluded; isolated; self-harm; suicidal thoughts/attempts; domestic violence; care leaver; aggressive or hostile*)

Strengths

Needs

Child/Children and Young Person Profile – Learning

Please consider the following: Understanding, reasoning and problem solving (15) (*organisation skills; imaginative play and interaction; creative; explorative; experimental; able to resolve problems/disputes; disability*); **Attendance and participation in learning, education or work (16)** (*participation; confidence in abilities; positive attitude to learning; does the child have a statement of educational needs/IDP; access to education; receiving right support/provision; attendance (reasons for any non-attendance)*); **Progress and achievement (17)** (*basic and key skills development; school reports, qualifications; available opportunities; works well with others*); **Aspirations (18)** (*future plans; ambitions; confidence; motivation; family aspirations; career guidance*)

Strengths

Needs






Parent and Carer Profile

Please consider the following: **Basic care, ensuring safety and protection (19)** *(is the environment safe and warm; adequate clothing; food; hygiene; caring role for family/non family member);* **Setting routines and boundaries (20)** *(are there consistent boundaries and rules; appropriate modelling of behaviour; safe encouragement of independence and self-confidence; gives praise for achievements; appropriate discipline);* **Emotional warmth and stability (21)** *(parents ability to provide warmth (cuddles, praise, encouragement); parent/child attachment; family breakdowns; house moves);* **Physical health (22)** *(physical disability that impacts of child/YP or ability to parent; support network; coping strategies; appropriate equipment and home adaptations);* **Mental health and emotional well-being (23)** *(positive relationships; is the parent/carers able to acknowledge difficulties; any learning difficulties; level of family/friends support; is the home safe; child well-being);* **Drug or alcohol use (24)** *(is alcohol consumed in appropriate settings and times; appropriate childcare arrangements are made; seeking/receiving support; is the home safe; impact on child);* **Learning, aspirations, training, volunteering (25)** *(motivation and participation; supports education and learning; receiving/seeking support; literacy/numeracy difficulties; preferred language; sufficient support to access opportunities; health conditions that may limit access)*

Strengths

Needs

JAFF: Child, Young Person & Family Common Assessment & Distance Travelled Tool

		To enable us to work together to identify the most appropriate support for you, please tick the box that most applies, where 0 means no concerns at all and 4 means that you have significant concerns . If not applicable please tick the 'N/A' box for a 0 score.	0  No issues	1  Minor issues	2  Moderate issues	3  Significant issues	4  Critical issues
A. Family Profile	1.	I/We live in an appropriate, secure home					
	2.	I/We manage our income and have few debts					
	3.	My family generally get on well together					
	4.	I/We have supportive friends and/or neighbours					
		Health & Well-being					
B. Child and Young Person Profile	5.	My/child's general health is good					
	6.	My/child's physical health is good					
	7.	I/My child can understand and communicate with others					
	8.	I am/My child is happy and have/has a positive attitude					
	9.	My/child's behaviour is generally good					
	10.	I am/My child is secure and confident in who they are					
	11.	I/My child generally get on/gets on well with other family members					
	12.	I/My child have/has independence skills appropriate to my/their age					
	13.	I/My child do/does not use alcohol or substances (drugs)					
	14.	I/My child am/is happy and do/does not get unduly worried or anxious					
		Learning					
	15.	I am/My child is able to understand, be reasoned with and can problem solve appropriate to my/their age					
	16.	I/My child am/is regularly attending and participating in learning, education or work					
	17.	I/My child am/is making good progress					
18.	i/My child have/has hopes and plans for the future						
C. Parent/Carer Profile	19.	I/We are able to provide warmth, food and shelter and ensure my child's safety and protection					
	20.	I/We are providing routines and boundaries for my child					
	21.	I/We are able to ensure my child feels loved and secure					
	22.	I/We are in good physical health					
	23.	I/We are mentally and emotionally well					
	24.	I/We do not drink alcohol to excess or misuse substances (drugs)					
	25.	I/We are employed/in training/learning					
		TOTALS					

These are the strengths in your family that you have identified (consider: what's working well, strengths, skills, capacity of the family; what is important to them and what we like and admire about them):

These are the areas you have identified as the biggest concern for you:

For Practitioner/Profession

Does the child/young person agree with what is written in this form?

Yes ☐ No ☐ N/A ☐

Does the parent/carer agree with what is written in this assessment?

Yes ☐ No ☐ N/A ☐

Does the child/young person and/or family have a copy of this assessment?

Yes ☐ No ☐ N/A ☐

If no please state why.....

Support Plan/Review

TAF Ref No (if applicable):

Family reference No (if applicable):

Date plan completed:

Who would like support?	What support would you like? How would things be different?	Who will support you to do this?	How is it going?	Ongoing Y/N

Please use the box below to add any information you feel may be useful following the review

Signature (Parent/Carer or Young Person as applicable):

Agreed review date (maximum 3 months):

Completed by:

If multi-agency please send copy to TAF@carmarthenshire.gov.

Fields marked with * are MANDATORY.

Continue with Single Agency Support	complete as appropriate	Yes / No
Continue with TAF Support		Yes / No
If 'NO' Please indicate as relevant: *		
Step down to single agency support		
Step up to Statutory Services		
Step up to multi-agency		

If support is no longer required, please complete Closure Form.

Date of next review (no longer than 3 months)	
Continue with current Key Worker *	Yes / No
If 'No', name of new Key Worker *	
New Key Worker organisation *	
Key Worker contact details	Tel: Email:

Please ensure handover to new Key Worker BEFORE returning form to
TAF@carmarthenshire.gov.uk