

The use of whole family assessment to identify the needs of families with multiple problems

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This research report was commissioned before the new UK Government took office on 11 May 2010. As a result the content may not reflect current Government policy and may make reference to the Department for Children, Schools and Families (DCSF) which has now been replaced by the Department for Education (DFE).

The views expressed in this report are the authors' and do not necessarily reflect those of the Department for Education.

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EXECUTIVE SUMMARY

1. The paper provides an overview of the approaches to assessment taken by the Local Authorities (LAs) involved, along with a more detailed exploration of the whole family assessment processes developed by individual areas. It also explores some of the positive outcomes linked to taking a family focused approach.

Background and Context

2. A total of 15 local authorities received funding to test family focused models of working, with six of these areas and an additional 12 LAs extending their work to include systems and support to address the needs of families with young carers.
3. Each local authority has developed their own approach to reforming support for families at risk. A key aim of this work was to bring together tailored services and systems reform to ensure that families with complex needs receive coordinated, family focused packages of support. A key component of the work is bringing together adult and children's services to work more effectively together.

Methodology

4. This paper is based on:
 - consultations with 21 projects (across 15 LAs). Consultations were undertaken with local authority staff and key delivery partners, across adult and children's services;
 - consultations with 48 families;
 - a review of local authority documentation relating to whole family assessment.

Key Findings:

Approaches to Assessment

5. The assessment processes developed by local authorities testing family focused models of working both reflect the needs of the families they are working with and the models of practice they have developed. There was no prescription as to which models of family assessment should be used and local authorities were free to pilot their own ideas. Most (17/21) based their family assessment processes on the Common Assessment Framework (CAF)¹ or existing social care/service level assessments of family need.
6. A key distinguishing factor of such family assessment is that it looks at the interrelationships between family members and how these impact on individuals within the family. Whole family assessment uses the common assessment principles of: identification; assessment; support and review.

The Whole Family Assessment Process

7. Identification: local authorities are working with families with complex needs, frequently at risk of statutory intervention, but who may fall below existing service thresholds. Many families also have a history of non-engagement with services.
8. Assessment: local authorities have taken one of three approaches to whole family assessment:
 - the **Hybrid Model** and the **CAF+ Model** based on the CAF form;
 - the **Service-led Assessment Model** using existing assessment tools developed or used by their services;
 - the **Information Model** using existing family data and information to make an assessment of family need but not developing a new family assessment tool.

¹ The CAF is a standardised approach to conducting assessments of children's additional needs and deciding how these should be met. Further information available at: <http://www.dcsf.gov.uk/everychildmatters/strategy/deliveringservices1/caf/cafframework/>

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9. Support and review: most authorities (17/21) operate a Team Around the Family (TAF) approach, where professionals and families meet to set targets/goals, identify additional support, and monitor and review progress. The TAF builds on the Team Around the Child (TAC) approach used in the CAF. Where the approach is delivered most effectively, the TAF is multidisciplinary in nature, drawing on support from a range of professionals.
10. Support for families is usually identified via the development of a family action/support or care plan, which has a multi-agency and family focus, with clear review timescales. The plans are managed through regular TAF meetings, led by appropriately supervised lead professionals who provide challenge and ensure progress is made. They also provide, in one place, an overview of needs, actions and support, as well as clearly outlining the consequences of non-compliance.

Outcomes

11. A range of positive outcomes have been identified linked to the intensive, family focused approaches to assessment and delivery of support. The most significant are:
 - a reduction in family risk levels, which has stopped child protection concerns escalating;
 - earlier/swifter identification of child protection concerns.

Strengths and Challenges

12. Key strengths of the whole family assessment models include:
 - strong levels of family engagement in the process, which means that family members and practitioners have a greater awareness of each other's needs and support requirements;
 - the identification of additional needs, which may have previously stopped the family engaging with support or making progress, or the identification of gaps in the provision of existing support; and
 - the intensity of the assessment process means that practitioners are able to develop relationships with family members, facilitating engagement and trust, and ensuring a more accurate assessment of need.

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13. Key challenges of the whole family assessment models include:
- ensuring strategic and operational buy-in can be challenging. Local authorities have experienced reluctance on the part of some agencies to engage with the process and/or prioritise their engagement;
 - identifying staff who will take responsibility for whole family approaches: there is a danger that staff modelling these approaches take too much 'ownership' of the process and that other practitioners 'step back'; and
 - the process is time and resource intensive.

1 THE POLICY CONTEXT

- 1.1 The Cabinet Office's *Families at Risk* review estimated that around 2% of families in England experience multiple and complex difficulties. These difficulties are often intergenerational in nature and are likely to impact significantly on the life chances and outcomes for children. For example, children within these families are ten times more likely to be in trouble with the police and eight times more likely to be excluded from school.
- 1.2 The evidence from the review showed that existing support for many of these families failed to result in improved outcomes. This was due to a lack of coordination of services and services not accounting for the wider problems faced by family members. In response, the Family Pathfinder Programme was set up to test and develop family focused models of working to improve outcomes for families at risk. 'Families at risk' is a shorthand term for families who face multiple and complex problems.
- 1.3 A total of 15 local authorities (LAs) received funding to test family focused models of working, with six areas extending their work to include systems and support to address the needs of families with young carers². The aim of this work was to bring together tailored services and systems reform to ensure that families at risk receive coordinated, family focused packages of support. A key component of the work is bringing together adult and children's services to work more effectively together. These approaches build on the successes of existing whole family approaches, such as the Family Intervention Projects.
- 1.4 There is now a growing body of evidence (from both the Family Intervention Project evaluation³ and early findings from the Family Pathfinder evaluation⁴), which shows that family focused support can be effective in improving outcomes for families with multiple problems, particularly for those who have experienced difficulties in engaging with services previously. Evidence from the Family Intervention Project evaluation shows a range of positive outcomes, including a reduction in anti-social behaviour and housing enforcement actions, and for children a reduction in truancy,

² An additional 12 new, two-year Young Carer Pathfinders started in November 2009

³ White, C.; Warrener, M.; Reeves A. And La Valle, I. (2008). Family Intervention Projects An Evaluation of their Design, Set-up and Early Outcomes. Research Report No. DCSF-RW047. London: DCSF.

⁴ York Consulting, forthcoming. *Redesigning Provision for Families with Multiple Problems - an Assessment of Early Impact of Different Local Approaches*

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exclusion and poor behaviour at school and a decline in child protection concerns. Early indications also suggest these positive outcomes are sustained for families, post-intervention.

- 1.5 There are also powerful economic arguments for targeting intensive and co-ordinated support towards families with complex problems. The estimated cost of a family who is being evicted from their home for anti-social behaviour with three to four children requiring custodial, residential or foster care, is estimated at between £250,000 and £350,000 per annum⁵. Conversely, savings associated with providing family intervention generates, on average, savings of between £64,000 and £77,000 a year⁶.
- 1.6 Taking a whole family focused approach to supporting families with multiple problems is also likely to help adult, children's and other services in meeting their local priorities and objectives. Such an approach can also reduce the demands on services from these families (for example the criminal justice system, the care system and health services).
- 1.7 This paper has been produced in response to local authorities' requests to find out more about how local areas are developing new and innovative ways of supporting families with multiple problems and their approaches to whole family assessment in particular. There was an expectation placed on areas testing family focused models of working that they would put in place or expand family services in a number of ways, one being a whole family assessment, which looks at the needs, strengths and interrelation of problems for the whole family. The rest of this paper explores these approaches in further detail.

⁵ Nixon, J., Hunter, C., Parr, S. (Sheffield Hallam University), Myers, S. (University of Salford), Whittle, S. (Sheffield Hallam University), and Sanderson, D. (Mill Mount Consulting), *Interim Evaluation of Rehabilitation Projects for Families at Risk of Losing their Homes*, for the Office of the Deputy Prime Minister, 2006.

⁶ These figures were calculated using the DfE Family Savings Calculator based on 40 costed family histories from families in receipt of family intervention support. The tool compares the cost of negative outcomes, e.g. a child going into care, which is expected to occur in the near future to one or more family member, with the reduction in family risk which occurs as a result of the intervention, minus the cost of the additional services provided. The results can be represented in terms of the type of the problem facing the family or the service which would otherwise have to meet these costs.

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1.8 This research brief has been prepared by York Consulting as an interim output to the Evaluation of Family Pathfinders, which they are currently undertaking on behalf of the Department for Education. A final Pathfinder report is due to be published in May 2011. York Consulting is a private economic development consultancy which specialises in the evaluation of public sector programmes and initiatives.

1.9 The areas of focus are:

- **Section 2: Assessment Processes:** provides an overview of approaches to the assessment process;
- **Section 3: The Whole Family Assessment Process:** provides a more detailed discussion of the whole family assessment processes developed by local authorities testing family focused models of working;
- **Section 4: Outcomes:** explores some of the positive outcomes linked to taking a family focused approach;
- **Section 5: Strengths and Challenges:** a discussion of the strengths and challenges of the approaches to whole family assessment adopted by local authorities;
- **Section 6: Contact Details:** provides contact details for the local authorities taking family focused approaches.

2 ASSESSMENT PROCESSES

- 2.1 The assessment processes developed by the local authorities testing family focused models of working both reflect the needs of the families they are working with and the models of practice they have developed.
- 2.2 When the Pathfinders became operational there was no prescription from the then Department for Children, Schools and Families (DCSF) as to what models of family assessment should be used and local authorities were free to pilot their own ideas. There was recognition within the DCSF that it was better to build on current practice, rather than impose a new model of family assessment.
- 2.3 Most local authorities have based their family assessments on the Common Assessment Framework (CAF) or existing social care/service level assessments of family need.

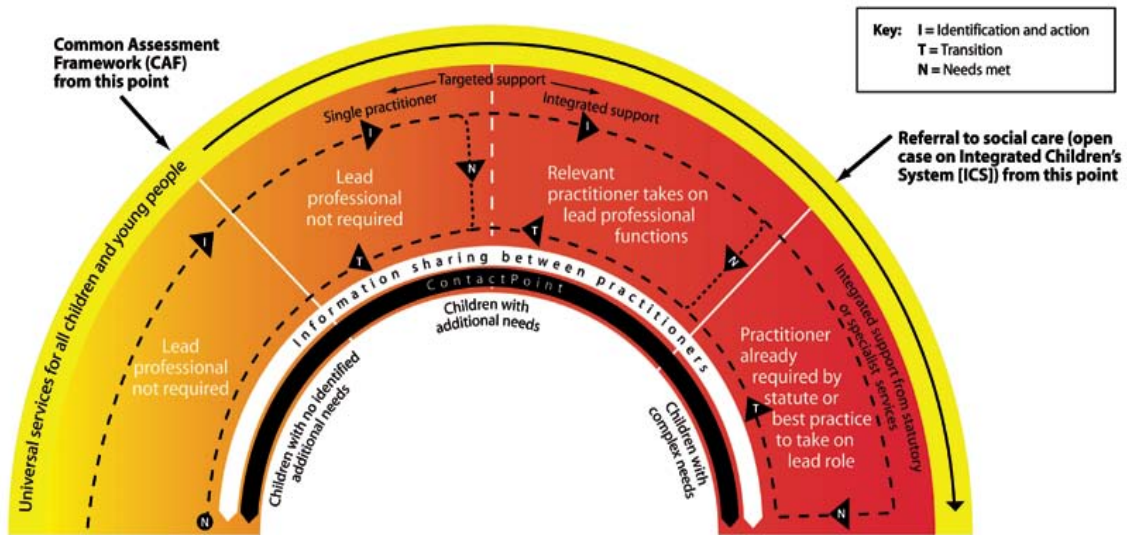
Links to the Common Assessment Framework

- 2.4 In most instances the Common Assessment Framework (CAF) provided a starting point for local authorities to develop their approach to assessing families with complex needs.
- 2.5 The CAF is a standardised approach to conducting assessments of children's additional needs and deciding how these should be met. It aims to provide a simple process for a holistic assessment of children's needs and strengths; taking account of the roles of parents, carers and environmental factors on their development. It aims to help the early identification of children and young people's additional needs and improve integrated working by promoting co-ordinated service provision to meet those needs.
- 2.6 **Figure 2.1** provides an overview of the Common Assessment Framework Continuum of Need from universal services (children with no additional needs) at one end, to children and young people with significant protection needs at the other end. The middle segment (targeted support) is generally where CAF operates, providing support for children and young people who have additional needs. Dependent on the child/young person's needs, targeted support can be delivered by a single agency/practitioner, or may

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require a multi-agency response with a relevant practitioner taking on the lead professional role⁷.

Figure 2.1 Common Assessment Framework Continuum of Need



2.7 CAF can also be used with children and young people requiring more specialist support from statutory or specialist services, if a practitioner believes it to be useful. For example the CAF can be used to build on Asset⁸/Onset⁹ when a young offender or a young person at risk of offending may have needs outside the scope of the Youth Offending Team (YOT) or Youth Inclusion and Support Panel (YISP). The only exception to this is where the practitioner has a concern that the child/young person is suffering, or at risk of suffering, harm where there would need to be a direct referral to children's social care services.

⁷ Lead Professional Guidance (<http://www.dcsf.gov.uk/everychildmatters/resources-and-practice/IG00064/>) outlines for which children and young people the lead professional is defined in statute e.g. 'the social worker is the lead professional during the Children In Need assessment phase'.

⁸ Asset is a structured assessment tool used by YOTs in England and Wales on all young offenders who come into contact with the criminal justice system. Further information available at: <http://www.yjb.gov.uk/en-gb/practitioners/assessment/asset.htm>

⁹ Onset is a referral and assessment tool used by all Youth Justice Board prevention programmes to help identify risk factors to be reduced and protective factors to be enhanced. Further information available at: <http://www.yjb.gov.uk/en-gb/practitioners/Assessment/Onset.htm>

- 2.8 Where a child or young person has needs that require support from more than one service, the delivery and review steps of the CAF will require a Team Around the Child (TAC) to be formed and a lead professional identified. The TAC brings together practitioners from different services who work together to co-ordinate and deliver an integrated package of solution-focused support, to meet the needs identified during the common assessment process. The lead professional is responsible for coordinating and monitoring the delivery of that support.
- 2.9 All local authorities were expected to implement the CAF, along with the lead professional role, between April 2006 and March 2008.
- 2.10 Most areas testing family focused models of working used the common assessment process as a starting point from which to develop their whole family assessment processes. In a number of instances, areas have expanded the existing CAF form to develop their own family assessment forms, which focus on the individual needs of all family members (both adults and children) and reflect the particular issues faced by the families they are working with, such as adult mental health issues.

Links to Other Assessments

- 2.11 Specialist assessments continue to be undertaken. As with the common assessment process, the whole family assessment process is likely to identify the need for additional specialist assessments (for both adults and children) to be undertaken. These might be in relation to adults' or children/young people's mental health needs, family therapy, domestic violence, physical health, substance misuse, or special educational needs.
- 2.12 In the most effective areas there are clear links to social care assessments and clear referral and assessment processes/timeframes for families who are involved with statutory services.
- 2.13 In some instances, existing specialist assessments have been adapted to incorporate a more family focused approach. This includes:
- adding genograms to existing specialist assessment forms to provide an overview of family relationships and dynamics;
 - adult mental health and substance misuse assessment forms including sections on service users' views on parenting and ability to provide for their children and the impact of their drug use on others.

2.14 The local authorities working with young carers undertake their own specialist assessments focused on the needs of young carers and their families. A number of these areas are using Joseph's *et al.*¹⁰ tools to measure the extent of caring activities that children and young people are involved in, as well as the positive and negative outcomes associated with caring. The tools also include additional resources to inform individual assessments of need and evaluations of the support provided for young carers. These tools can be accessed at <http://static.carers.org/files/2248-yc-outcomes-manual-sb-4047.pdf>

Why is there a need for Whole Family Assessment?

2.15 Local authorities have developed a family focused approach to assessment because of perceived gaps in existing individualised assessments where issues were not successfully addressed because of problems in the wider family. Whole family assessments provide the opportunity to bring together individual assessments to provide an overview of family strengths, risks, relationships and needs.

2.16 Taking a whole family approach means that underlying issues can be addressed:

"When I worked in the Youth Offending Team I was working with children and young people in isolation, not with their parents. My work was effective whilst I was working with the children and young people but once they went back into their families their behaviour deteriorated. The Pathfinder is a great opportunity to work in an environment that is useful to families by working with the entire family" (Pathfinder practitioner)

¹⁰ Joseph, S., Becker, F. and Becker, S. (2009). *Manual for Measures of Caring Activities and Outcomes for Children and Young People*. London: The Princess Royal Trust for Carers.

2.17 This approach reflects a view that existing assessment tools did not always assess the needs of the whole family (generally being focused on the individual) and crucially, did not always examine in detail the complex inter-relationships between family members. Local areas have taken one of two approaches:

- developing a whole family assessment to help understand the issues families face and why existing support has been unsuccessful. The most comprehensive of the whole family assessments gather detailed information on a wide range of issues for all family members, for example: physical and mental health issues; alcohol and substance misuse; employment; housing; debt; parenting; relationships between family members etc;
- not developing a new assessment tool but using existing assessments and information sources to develop an overview of the whole family's circumstances and needs, and from this developing a single action/delivery support plan.

2.18 At the family level, a whole family assessment means that an understanding of the complexity and interrelated nature of the issues faced by families can be developed. At the delivery level it ensures the right services are involved, that they have an accurate picture of the family's needs and that the same questions are not asked more than once. At the delivery level it also provides a coherent and holistic response to families' needs.

At the Family Level

2.19 As already identified, local authorities are working with families at risk with a wide range of complex needs. These are likely to include issues related to: poverty, domestic violence, poor mental health, physical health issues, housing and debt issues, worklessness and substance misuse; all resulting in poor outcomes for families and children and young people.

2.20 Families with complex needs often face interrelated issues which cannot be addressed by one service in isolation. In some families, the acute needs of individual family members may have been prioritised at the expense of other family members whose needs are less severe.

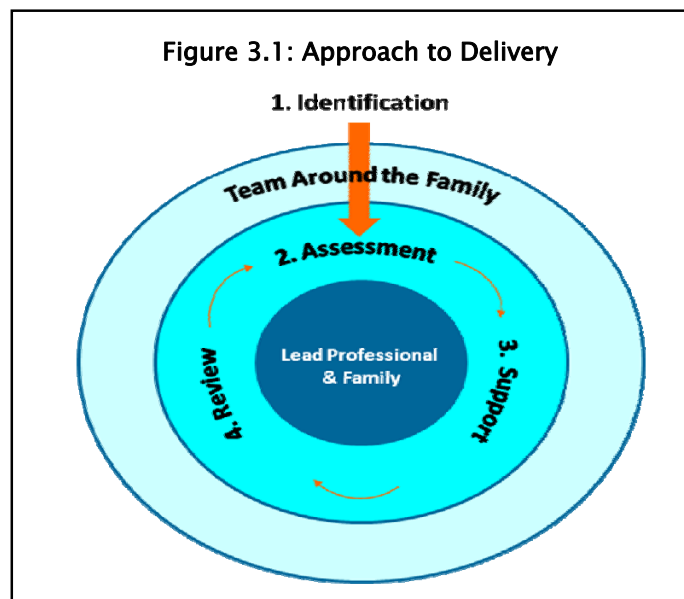
At the Delivery Level

- 2.21 Many of the families have previously experienced multiple assessments, often focused on individual needs. In some circumstances these multiple assessments have failed to address interrelated problems or account for families with multiple or less intense needs. There was recognition that existing assessments, focused on individual needs, may have fallen short in the past because they did not take a family focused approach. This resulted in family level needs not being addressed and gaps in the support provided.
- 2.22 A whole family assessment process reflects the local areas' delivery models, which are family focused. Local authorities are aiming to provide a coherent and holistic approach to supporting families. In order to do this they need to ensure that they have an accurate assessment of need for all family members (both adults and children).
- 2.23 Practitioners highlighted that they are considering needs they would not have considered previously and value the input of their colleagues in partner agencies: "*Liaising with adult services makes me realise the risks parents pose to their children and that I need that professional's [e.g. adult mental health worker's] input to assess risk*" (Children's social worker). They also identified that there was less duplication of work.

3 THE WHOLE FAMILY ASSESSMENT PROCESS

What is Whole Family Assessment?

- 3.1 A whole family assessment looks at the needs of individual family members, as well as the family as a whole. A key distinguishing factor of family assessment is that it looks at the interrelationships between family members and how these relationships impact on individuals within the family.
- 3.2 Whole family assessment uses the common assessment principles (see **Figure 3.1**) of:
- identification;
 - assessment;
 - support;
 - review.



Identification and Referral

Which Families are Local Authorities working with?

- 3.3 As already identified, local authorities testing family focused models of delivery are working with families with complex needs, frequently at risk of statutory intervention, but who may fall below existing service thresholds. Many families also have a history of non-engagement with services and a key criteria for referral is that existing support mechanisms have failed to result in an improvement in outcomes.

Referral Criteria

- 3.4 Local areas have not established strict referral criteria, so that they can work with families who fall below existing thresholds for intervention. Senior gatekeepers (e.g. managers) decide the suitability of families for support. These decisions are often made at weekly allocation meetings. In some cases senior gatekeepers will decide the suitability of a range of family focused interventions. If it is decided that a family are not suitable for support, they will be signposted to other services or back to the referring agency.

Source of Referrals

- 3.5 Referrals from children's services (social care) still dominate, but increasingly adult and community services, such as adult mental health and substance misuse, are making referrals. Families have also self-referred, which is encouraging given that these are families who may not have engaged with services previously. A number of authorities also use existing specialist assessment panels as a source of referrals including:
- Multi Agency Risk Assessment Conference (MARAC) supporting high risk victims of domestic violence;
 - Multi-agency panels for children, young people and families in receipt of multiple targeted and/or specialist services, where existing support has been unable to effect change;
 - Panels for children and young people at risk of being looked after; and
 - Anti-Social Behaviour Action Group (ASBAG).

- 3.6 Staff noted that awareness-raising had led to an increase in referrals from adult services, whilst other areas have successfully increased referrals from underrepresented groups by targeting their awareness raising (see **Figure 3.2**).

Figure 3.2: Targeting Adult Mental Health Referrals in Islington

National figures show that the African Caribbean population is overrepresented in terms of mental health and compulsory sections, but not so well represented in community services. Therefore, Pathfinder staff were not surprised to see that their first 18 referrals had no Black and Minority Ethnic (BME) groups, they were all White UK. As a result staff undertook some awareness raising work with agencies working with BME mental health groups. Staff were already focusing on raising awareness amongst BME groups more generally as a result of an Equality of Impact Assessment carried out by the project manager. *“You know the groups supporting those people so you make sure you go and visit them and attend their team meetings”*. As a result of this work the Pathfinder saw an increase in referrals from BME groups (via referrals from groups working with BME clients with mental health needs and an increase in referrals generally from BME clients).

- 3.7 Local areas have also broadened their referral criteria to reflect the needs of the families they are working with (see **Figure 3.3**).

Figure 3.3: Broadening Referral Criteria to Reflect Families’ Needs

‘Compromised’ Parenting

The Durham Pathfinder initially identified four referral criteria:

1. Parental mental health;
2. Substance misuse;
3. Learning difficulty/disability;
4. Domestic violence.

As a result of working with families, the Pathfinder has identified an additional criterion of 'compromised parenting' where practitioners know that if support is not provided it is likely that the family will be referred to social services.

Referral Process

- 3.8 Local areas are using the CAF or the pre-CAF form as a referral mechanism and to help embed CAF usage across the LA. However, some areas have had to revise their approaches to encourage referrals from adult services (see **Figure 3.4**).

Figure 3.4: Using CAF and the Pre-CAF Form as a Referral Mechanism

In **Durham**, the Common Assessment Framework has been identified as the key referral mechanism to the Pathfinder, given that the trigger for involvement is that the issues parents are facing are impacting on their children and their development. However, the Pathfinder has adapted its approach to encourage more referrals from adult services. They will now accept referrals from adult teams via a copy of their own assessment, plus the completion of a CAF pre-assessment checklist.

Southampton also ask all agencies (both adult and children's services) referring families to the Pathfinder to complete a CAF pre-assessment checklist (adapted so that it is suitable for adults). Once the family and Pathfinder agree to work with one another a whole family assessment is completed. (This model is discussed in further detail in **Section 3.21**).

- 3.9 There has been a shift away from using referral forms, as there is a view that they can further serve to exclude families who require support. All projects will request information to ensure families meet their referral criteria, but in the main they are not asking referees to complete detailed referral forms.

Family Engagement

- 3.10 Levels of family engagement and the fact that local areas are working with families not previously engaged in support are two of the major strengths of their approach. All are using a consent based approach to working with families.
- 3.11 Initial visits are often undertaken jointly with referring agencies. Families engage with the support for a variety of reasons: for some they know it may be the 'last chance' to resolve issues prior to a referral to statutory services. **Figure 3.5** provides some examples of how staff have engaged with families.

Figure 3.5: Engaging Families

Providing support for the whole family

This family's issues related to the father's domestic violence and drugs misuse but previous support had mainly focused on the mother and children. Asking the father what help he needed was the key to him engaging with the support:

"I quickly learnt that a lot of my work needed to be focused with [name of father] ... I focused on him and what his needs were ... 'What do you want out of this support?' No-one had really asked him that before ... That's why there'd been so much resistance to support in the past - because he's seen as the problem"(Lead Professional).

"I started to accept their help. It's because she asked me what I wanted to get out of it ... After a while it was [name of lead professional] who got me accepting help ... She said 'Let's go out for a coffee'. We did and we talked and explored it all"(Father).

As a result of working with the Pathfinder, the father's IDAP (integrated domestic abuse programme) rating regarding his level of engagement with the programme moved from 1 (attending sessions but not engaging), to 5 (fully engaged).

Linking in with existing services

The Pathfinder in Southampton is working with families with drug and alcohol issues. One strategy Pathfinder staff have used for engaging with families is by linking into other appointments that families are likely to keep e.g. 'script appointments' (methadone prescription renewal appointments). Pathfinder staff will find out which appointments individuals are likely to keep and then attend those meetings and engage agencies and the families through regular contact at those meetings.

3.12 What has proved effective in engaging families is that:

- families can see that the whole family will be supported and that they will be actively engaged in the process from the start, for example in identifying actions and priorities;
- staff are able to highlight the practical support they can provide to address family issues and are then able to deliver that support quickly (see Figure 3.6);
- because staff are not viewed as social workers they are seen as less threatening and therefore families are more ready to engage with them.

Figure 3.6: Examples of Practical Support and ‘Quick Wins’

Example 1

Practitioners identified the effectiveness of being able to provide practical support quickly for families, which also helped facilitate family engagement:

“It’s about identifying ‘quick wins’ e.g. buying doors, creating a sense of privacy, bunk beds so kids have their own beds, somewhere to sleep undisturbed.”

Example 2

A practitioner provided the example of a parent whose child had been taken into care. The child was unable to return to the family home because of the poor condition of the property. The first priority for the practitioner was to work with the mother to make the house habitable, so that her child could return home:

“By providing that support she didn’t feel threatened and she felt that we were helping her, rather than telling her what to do. When you are helping with practical stuff – cleaning, painting etc., you are also developing a relationship. The child’s back home now and mum will now work with me and doesn’t have a problem with working with me [she had previously failed to engage with social services]”.

Assessment of Need

3.13 The local authorities involved in testing family focused models of working have adopted different ways of assessing families with complex needs: some are using existing assessment tools, such as the CAF, as the starting point; and some have developed new whole family assessments. In both cases individuals are assessed separately, taking the family context into account.

Who Undertakes the Assessment?

- 3.14 Generally, the lead professional/key worker from the team/service will undertake the initial family assessment, using information gathered as part of the referral process. On average, it takes between 20 and 36 days to gather the information required from relevant agencies. **Annex 1** provides an overview of the referral and assessment process in Blackpool and Durham.
- 3.15 What is new is that, due to the multidisciplinary nature of many of the teams, lead professionals will be identified from both adult and children's services. Furthermore, practice in Westminster is to appoint two lead professionals for each family, one from both adult and children's services, to reflect the integrated nature of the support provided.
- 3.16 Some areas are looking to promote the use of their whole family assessment by all agencies (across the local authority) that work with families with complex needs.

Who is Assessed?

- 3.17 The whole family will be assessed, which will include significant others (identified by the family), for example aunts, uncles, and grandparents.
- “Early feedback from professionals regarding the whole family assessment has been positive as they recognise the value of the holistic assessment, which includes all significant adults”*
(Pathfinder Manager)
- 3.18 Teams have sought to engage non-resident fathers in the support process, including those living outside the local authority. Assessments are also undertaken individually which ensures that issues, such as domestic violence, can be identified safely. Initial assessments are usually undertaken at home.

Assessment Tools Used

- 3.19 Authorities have taken one of three approaches to whole family assessment:
- the **Hybrid Model** and the **CAF+ Model** based on the CAF form;
 - the **Service-led Assessment Model** using existing assessment tools developed or used by their services;

- the **Information Model** using existing family data and information to make an assessment of family need but not developing a new family assessment tool.

3.20 Most commonly authorities have developed new whole family assessment tools based on the CAF form, either the Hybrid Model or the CAF+ Model.

The Hybrid Model of Family Assessment

3.21 The most frequent approach has been to use (and adapt) a whole family assessment tool developed by Blackpool prior to the roll out of the Family Pathfinder programme. As a result of Blackpool sharing their tools at national events, a number of other LAs¹¹ also adopted and adapted the Blackpool model.

3.22 Initially Blackpool wanted to develop a whole family assessment tool because they were aware of families who were receiving multiple agency support which was felt to be ineffective because it was not provided in a coordinated or coherent way. The local authority identified a need to provide more integrated and coordinated support, which addressed the needs of all family members.

3.23 In order to facilitate this way of working Blackpool decided it needed to develop a family focused assessment tool. **This tool builds on the CAF domains to provide a detailed assessment of family need.** The assessment includes detailed information on both adults and children within the family, such as family daily routines, specific family events, specific health issues (adults as well as children), offending, adults' aspirations, employment, caring responsibilities etc. It focuses on strengths, as well as needs (the tool can be found in **Annex 2**).

3.24 The assessment tools used in Blackpool have a number of distinguishing features, which include:

- **Family cue cards** are used by practitioners to explore the domains in the family assessment with both adults and children over 8 years old. These cue cards are user friendly prompts based on the main domains in the assessment form, such as parenting, housing and financial issues, for example: "*Start from when you wake up. What routine do you have with your children, including time etc?*";

¹¹ These LAs are Durham, Warrington, Southend and Southampton

- **Puppets** are used with the under 8s to explore the assessment domains in a child friendly way;
- **Scoring:** adults within the family are asked to score each domain on the family assessment form between zero (negative) and ten (positive), to identify strengths and/or needs. Children and young people are asked to give a 'Red, Amber, or Green' (RAG) rating. This provides a baseline assessment and allows families to prioritise needs. The scoring is then used to review progress and identify outcomes.

The CAF+ Model of Family Assessment

3.25 Two areas have developed their whole family assessment tools by **adding additional questions to the CAF**. These additional questions focus on providing further information on adults' needs within the family and specific family issues, such as adult mental health needs (Islington's tool can be found in **Annex 3**).

3.26 Distinguishing features of the assessment tools include:

- adding questions on the needs of adults within the family and giving the adult profile more prominence, for example by moving the adult profile from the back of the CAF form to the front and creating an expanded 'Section 3' focusing on parents;
- adding questions on the adult as an individual, not just as a parent, for example in relation to their aspirations (for them and their children), their employment etc;
- adding questions on adult mental health and the impact it has on family members: "*How do you know when an adult is unwell? Who do you call?*";
- removing the 'needs, actions and outcomes section' from the CAF form so that they are addressed at the Team Around the Family (TAF) meeting, which all practitioners and the family attend, and where the family action plan is drawn up.

Service-led Assessment Model

- 3.27 Those areas that have not based their whole family assessment tools on the CAF form are using existing assessment forms developed or used by their services, for example ‘person centred planning’; a ‘day in the life’; and family chronologies. These are less formal but are still used to prompt a dialogue between the family and staff to assess their needs and identify support to address those needs. This then forms the basis for the development of a family action plan.
- 3.28 As already identified a number of the teams/services focused on working with young carers and their families are using existing assessments specifically designed to assess the needs of young carers. These tools include those developed by Joseph *et al.* (available online at: <http://static.carers.org/files/2248-yc-outcomes-manual-sb-4047.pdf>), as well as tools that the services have developed themselves. Staff in Islington use the game of Jenga to facilitate their initial assessments to discuss young carers’ lives, their responsibilities, and hopes and expectations.
- 3.29 This helps to develop a relationship with the children and young people and explore some of the issues they are facing in an informal and non-threatening way. **Figure 3.7** provides an overview of the questions asked on the Jenga bricks.

Figure 3.7: An Initial Assessment Tool for Young Carers: The Jenga Game		
Do you know what a young carer is?	Do you find it easy to talk about your caring role? Who do you talk to about it?	What type of support do you offer and how do you feel about this?
What is your favourite thing about being a young carer?	What is your least favourite thing about being a young carer?	What is the most helpful thing you do in your caring role?
What is your favourite and least favourite thing about school?	How do you think your teacher sees you in school?	Who can you talk to if you are being bullied? Have you spoken to them before about bullying?
Are you involved in any teams/clubs? (For example, church, football)	What is your favourite meal? What healthy foods do you enjoy & do you enjoy cooking?	Do you have any health problems? (For example asthma, eczema)
How do you know when your parent is not well?	Who looks after you when you are feeling poorly?	What did you do last weekend?

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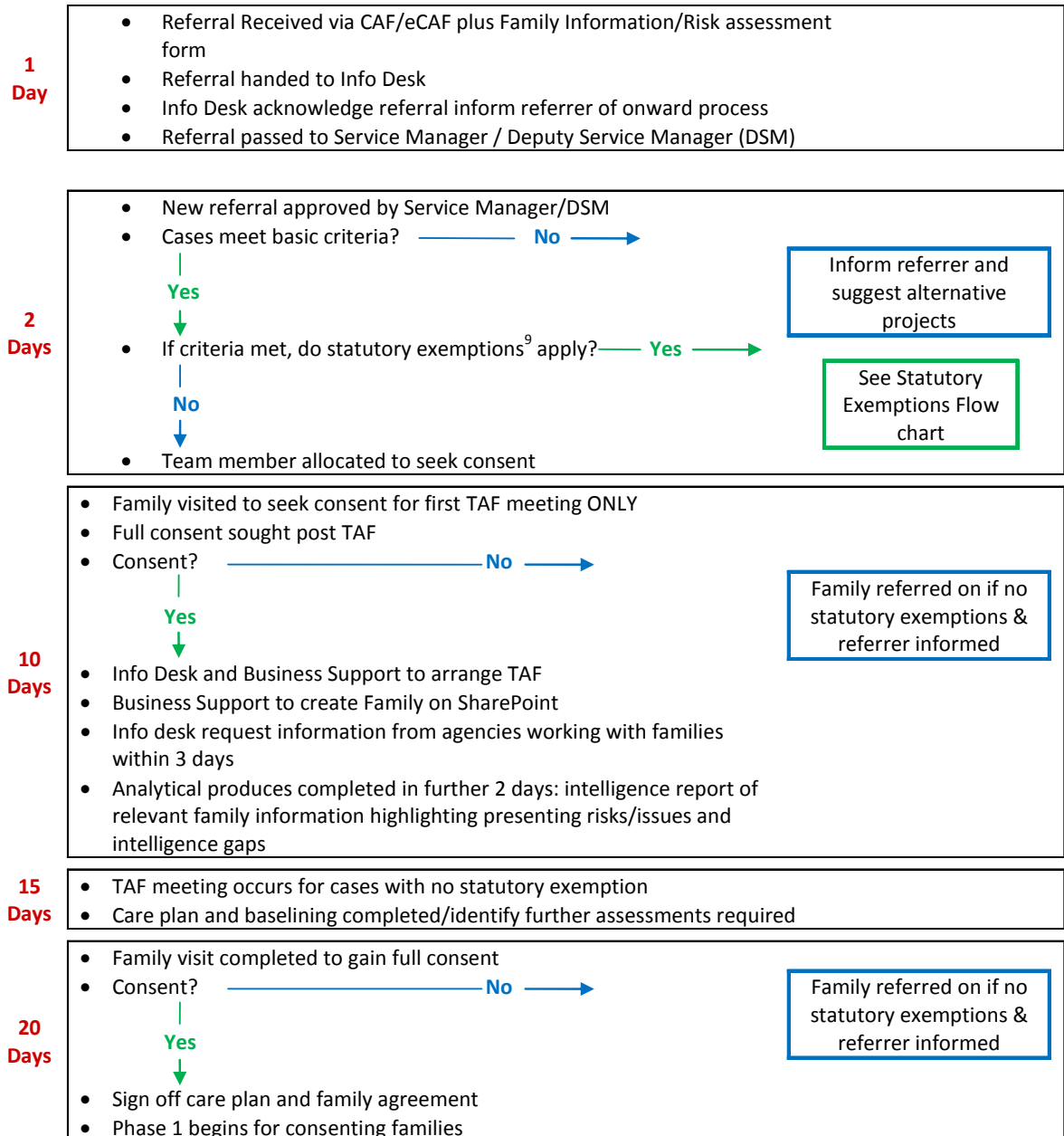
Figure 3.7: An Initial Assessment Tool for Young Carers: The Jenga Game		
How easy is it if you want to see your friends outside of school?	List five people you can talk to in a hard or bad situation NOT including family members.	How do you get on with your family? (Cousins, brothers, aunts etc.)
Do you like where you live?	What do you want to be when you grow up?	Do you find it hard to follow rules?
Do you know what I do, my role?	If you could make ONE wish what would it be?	What do you think would help your family at the moment?
Are there any things that you'd like to do, but feel you can't because your mum/dad isn't well?	How would you feel about someone coming to visit your family at home once a week to help out with things?	The best part of the day for me is.....?
I am good at.....?	I am afraid of.....?	If I ruled this country I would.....?

The Information Model

- 3.30 Westminster is distinct in that it is not using a whole family assessment form but is basing its initial assessment on existing assessments and information from services currently working with the family to develop an intelligence report. This is then used to assess families' needs and identify actions, including additional specialist assessments, which may be required.
- 3.31 Westminster took this approach because it was felt that there were already sufficient family assessments, but that these were not being used effectively. The approach is focused on bringing existing information together and identifying gaps, i.e. '*what don't we know and is it important*', rather than undertaking additional assessments.
- 3.32 **Figure 3.8** provides an overview of Westminster's Family Recovery referral and assessment process. The Information Desk draws data (written reports, figures, assessments) from a number of sources (e.g. Police, Housing, Immigration, Children's Services) through either direct access to databases or from contacts within partner agencies, providing a rounded view of the family unique to the Family Recovery Project.

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Figure 3.8: The Information Model: Westminster’s Family Recovery Process Map



⁹ i.e. child protection

3.33 The Information Desk provides an accurate and up to date summary (the Family Intelligence Report) of all relevant family information, highlighting presenting issues or risks and flagging any intelligence gaps. It provides accurate information on:

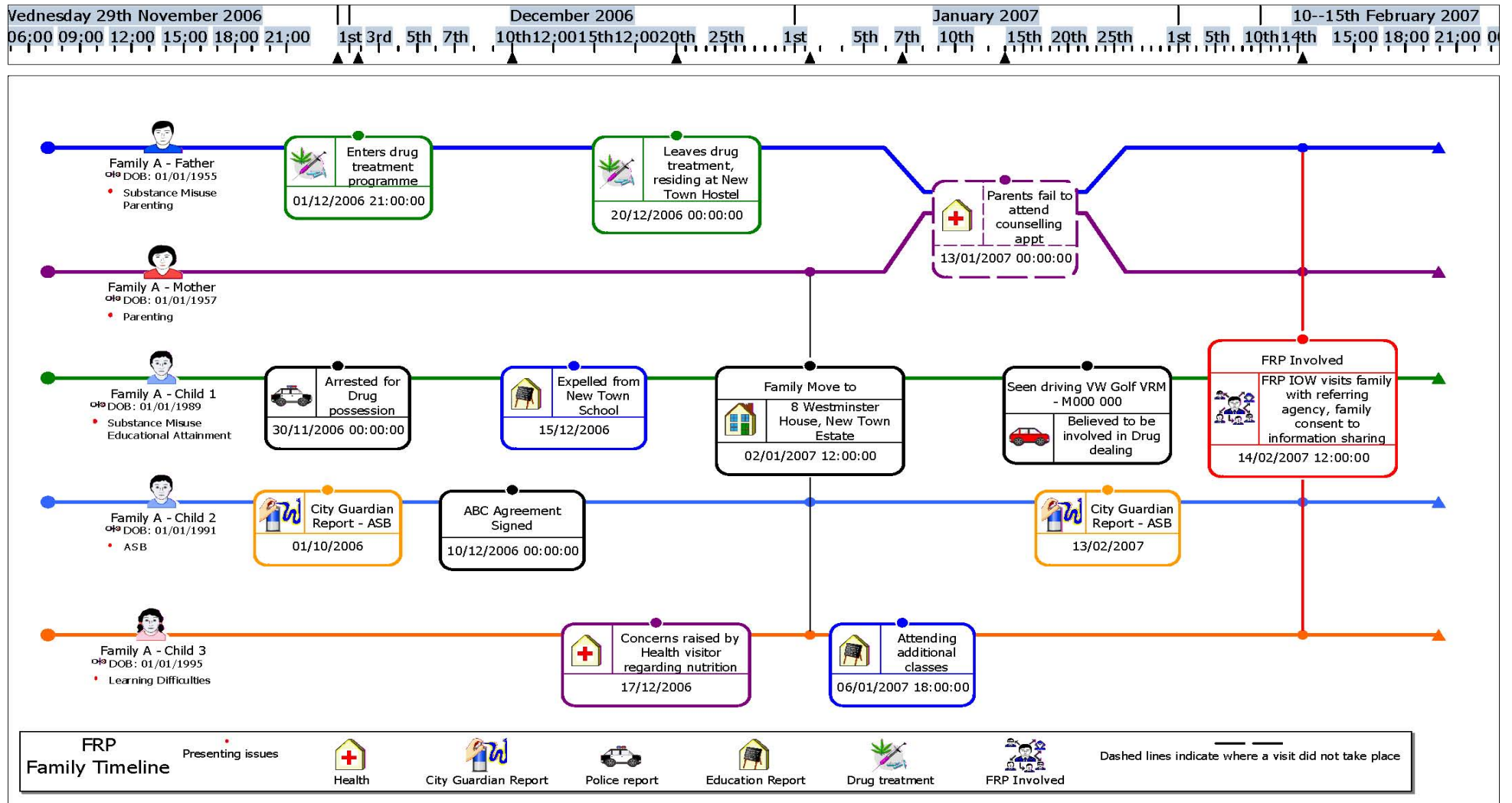
- who the family are, where they live, the family composition, a detailed breakdown of all immediate and significant family members/friends, and specifically highlighting any risks to workers;
- what are the presenting issues/risks;
- what are the information gaps, what do we not know about this family that is either a presenting issue, a risk or a potential barrier to change;
- who is already working with the family;
- what interventions have the family received in the past, what has worked and, more importantly, what has not (to avoid duplication of resources).

3.34 The Information Desk Family Intelligence Report is initially used to inform the TAF meeting and Care Plan (a multi-agency action plan for the family agreed with the consent of the family). The report comprises a written summary and also a Family Network Chart and, where required, a Family Timeline (see **Figure 3.9** for an example) using the '12 (Analysts Notebook)' software to provide a visual chronology of the family story.

3.35 Following the initial TAF meeting the Information Desk provides a proactive, real time, intelligence function to the team, ensuring that the TAF are aware of any developments in relation to family members and specifically any risks to workers.

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Figure 3.9: Family Timeline Example



What Information is Collected?

3.36 The amount of information collected during the assessment process varies according to the nature of the assessment tool used, for example the hybrid model collects a great deal of detailed information which is a relatively lengthy and time consuming process, whereas some of the service-led assessments are much shorter. Commonly whole family assessments will collect information on:

- education, including attendance, special educational needs, peer relationships, and exclusion from school;
- child protection issues;
- employment status;
- benefits;
- housing information, for example rent arrears, security of tenure, overcrowding etc;
- anti-social behaviour;
- mental and physical health;
- alcohol and substance misuse;
- domestic violence;
- relationships within the family/community;
- offending.

3.37 Much of this information will be collected by existing assessments but the main difference is that the whole family assessments tend to be more detailed. They provide information on all family members rather than individual assessments (so linkages are made) and all the information is gathered together so that links can be made across issues/family members.

3.38 Local authorities have developed information sharing protocols and relationships with a wide range of agencies to facilitate the collection of the above information and will send out requests or will contact relevant agencies to share information for the initial TAF meeting. Where relevant, projects will also use information from existing generic assessments, such as CAF forms, as well as specialist assessments.

Team Around the Family

- 3.39 The majority of local areas are operating a Team Around the Family (TAF) approach, which means that professionals and families are coming together regularly to set targets and goals, identify additional support required, and monitor and review progress. The TAF builds on the Team Around the Child (TAC) approach used in the CAF.
- 3.40 In the most effective areas the TAF approach includes (where appropriate) staff from adult and children's services (including health and the voluntary sector) and these staff play an active role in family support and regularly attend TAF meetings.
- 3.41 TAF meetings are used to:
- provide information and updates;
 - identify needs and actions;
 - address blockages in support;
 - identify gaps in support;
 - address other issues, such as lack of family engagement. For example, there might be a need to refocus or re-phase the existing support so the family is able to engage.
- 3.42 If not already identified, the TAF meeting is likely to be the forum where the need for additional specialist assessments, such as adult mental health or substance misuse, is identified. The number and type of practitioners involved in the meetings is likely to change over time, as families' needs change. The family's lead professional or a senior member of the Pathfinder team is responsible for ensuring TAF meetings happen, identifying practitioners/services that need to attend and ensuring all participants fulfil their roles and responsibilities.
- 3.43 In the most effective areas, the TAF is a multidisciplinary approach, drawing in support from a range of professionals (from the project team/service and beyond). TAF meetings bring together all relevant staff and agencies currently working with the family, as well as seeking to identify those additional practitioners/services who might need to work with the family.

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3.44 The TAF approach seeks to share responsibility across practitioners to improve outcomes for families: *'you are not solely responsible for sorting out everything for this family'* (Pathfinder Manager). Furthermore, when all relevant agencies are represented, the TAF approach can address existing blockages to providing support for family members.

3.45 Effective TAF approaches:

- clearly outline the roles, responsibilities and expectations of all TAF members, including families. All TAF members should commit to deliver relevant aspects of support, comply with the support plan developed and be able to identify their contribution to improving family outcomes, as well as the benefits for their agency/service of such improvements (see **Figure 3.10** for an overview of TAF roles and responsibilities outlined at the initial TAF meeting in Westminster);
- have a clear expectation that families will attend TAF meetings and are supported to attend and participate in those meetings to ensure they are actively involved in decision making;
- have a lead professional who is responsible for coordinating and phasing the support provided and addressing issues of non-delivery;
- use TAF meetings to provide (and update) detailed information on families from a wide range of services, which might include the police, anti-social behaviour, housing, health, benefits, immigration, social care, education etc. This information is presented in a variety of formats, including genograms and merged family chronologies;
- have web based systems in place for securely sharing information between TAF members, for example using SharePoint;
- ensure senior members of staff are responsible for regularly monitoring and reviewing TAF meetings, or take responsibility for chairing TAF meetings, to ensure progress is made. Attendance at TAF meetings will also be monitored and absences followed up. TAF meetings chaired by a senior manager ensures that the meetings are given the status they require;
- hold TAF meetings in a variety of locations, including local authority offices, schools, and community centres, in order to facilitate the engagement of families and other agencies, especially schools.

Figure 3.10: Initial TAF Meeting Westminster – Roles and Responsibilities

Agenda for an initial TAF meeting

1. Introductions
2. Outline of purpose of meeting
3. Presentation of information
4. Questions on information. Identify any gaps in information
5. Plan formation: Phases 1 and 2 including agreeing outcomes and any consequences
6. Agree Team around the Family
7. Identification of lead professional for adult(s) and children
8. Conclusions and setting date for review 4–6 weeks

Family Updates

To be most effective it is imperative that the project is aware of any latest developments/events with the family e.g. arrests, neighbourhood complaints, change in home situation etc. Please could all practitioners involved in the family ensure that these updates are added in a timely fashion to the appropriate family blog on SharePoint. If you do not have access to SharePoint, please speak to [name of data manager] who will give you access.

Initial TAF Meeting: Introduction, Boundaries & Purpose

This is a meeting of the Family Recovery Project (FRP) and those agencies involved with the ***** Family. FRP is a new approach to working with families with complex problems who are at risk of losing their homes, liberty or children. All invitees were emailed a brief summary describing the FRP approach – any questions?

The purpose of this meeting is to:-

- i. Share existing information about the family,
- ii. Identify gaps in information,
- iii. Identify family & individual needs,
- iv. Identify what Family Intervention Project/FRP will support the family to achieve,
- v. Identify the negative consequences/sanctions the family face should presenting issues not be addressed,
- vi. Identify Team Around the Family members,
- vii. Identify Lead Professional for the adult(s) and child(ren),
- viii. Produce a draft FRP care plan with phased interventions to address identified needs.

Can I remind you about our information sharing arrangements? The family have consented to our sharing information today at this meeting in order to identify an appropriate care plan for them. Please only share what is relevant to the family's current functioning or risk of harm to children, adults or offending.

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The Intelligence Briefing will aim to reflect that all individuals who are discussed at these meetings should be treated fairly, with respect and without improper discrimination. All work undertaken at the meetings will be informed by a commitment to equal opportunities and effective practice issues in relation to race, gender, sexuality and disability.

Those persons present are reminded that this meeting is strictly confidential. Discussions should not be shared outside of the meeting. Similarly, we ask you to leave copies of the intelligence briefing in the room at the end of this meeting.

- 3.46 Support for families is identified via the development of a **family action/support or care plan** (Bolton’s Family Plan and Guidance can be found in **Annex 4**). The plan is usually developed in the initial TAF meeting, based on the initial assessment of the family’s needs. All key stakeholders (including family members) will usually be asked to sign the family support plan. Effective family support plans will have a multi-agency and family focus, with clear review timescales (usually three to six-weekly). They will be managed through regular TAF meetings, led by a robust and appropriately supervised lead professional.
- 3.47 Family support plans provide an overview of needs, actions and support in one place. This is beneficial for both families and practitioners, for example so they can see how the support provided is complementing the needs of the whole family. This also helps to ensure that support is provided in a coherent way and does not conflict with other work undertaken.
- 3.48 Family support plans clearly outline what the consequences are if family members are unable to change their behaviour or work with practitioners to address the issues identified. For example, the plan might state what the support is trying to avoid, e.g. the children being taken into care, the family being evicted, the family living in a home where there is the risk of domestic violence, or where the emotional needs of family members are not being met etc.

“The consequences are there for families, whether they work with us or not. So one of the ways the team, because it’s separate [from social care/statutory services] can work is we can say ‘how can we work with you to make sure it doesn’t happen?’ Apart from avoiding these consequences, ‘what in your life isn’t working for you?’” (Pathfinder Manager)

3.49 Effective family support plans:

- provide the opportunity for the family to prioritise their needs, which means that the family has a say over what support is delivered, to whom, and when;
- clarify for all stakeholders aims and objectives, and roles and responsibilities;
- provide the opportunity to identify both short term and longer-term needs and outcomes, including opportunities for ‘quick wins’, which may facilitate family engagement. Offering practical support can help engage families in the first instance;
- have a phased approach to support, for example the initial phases are likely to focus on providing practical support, such as addressing housing needs, whereas later phases might focus on more therapeutic support (although this is not always the case);
- provide personalised support for individual family members;
- have clear mechanisms for measuring progress i.e. by listing actions/goals, stating who is responsible for which activity, providing timescales and stating when the plan will be reviewed;
- ask family members to assess their progress at support plan review meetings, for example using rating scales or ‘RAG’ ratings, or general perceptions;
- ensure that all key stakeholders (practitioners and family members) sign the support plan;
- are solution and outcome focused.

3.50 A key feature is the intensity of the support provided, reflected in lead professionals’ relatively small caseloads (between six and seven families).

“Often all services can do is say you need to go to your GP. Whereas, we can go with them and make sure they do go and ring and check every day how they are feeling, have you taken your medication?” (Pathfinder Manager).

3.51 **Figure 3.11** provides an overview of the typical types of support provided for families.

Figure 3.11: Types of Family Support

- 1. Parenting Support**
 - boundary setting;
 - managing children's behaviour and giving parents strategies to manage their children's behaviour e.g. how to respond when they are fighting; praising children; providing children with one to one attention and activities; ignoring negative behaviour; star charts etc.;
 - establishing routines (mealtimes, bedtime, getting up in the morning, attending school) and responsibilities within the home.
- 2. Intensive One-to-one Support**
 - providing an opportunity for all family members to talk about their feelings;
 - exploring how the behaviour of other family members impacts on individuals within the family.
- 3. Family Therapy/Family Group Conferencing /Anger Management**
- 4. Practical Support**
 - housing e.g. addressing rent arrears, applying and bidding for a new tenancy etc;
 - decorating the house/clearing the garden;
 - addressing issues of overcrowding e.g. sorting out storage /providing beds/providing doors for privacy etc;
 - benefits: ensuring families are claiming the benefits to which they are entitled;
 - debt issues e.g. arranging payment plans;
 - helping parents set up meetings and accompanying parents to meetings e.g. with schools, housing offices, family therapy centre etc.
- 5. Domestic Violence Support** (victims and perpetrators) and facilitating links to domestic violence support/groups.
- 6. Engagement in Positive Activities** outside the home e.g. sports activities.
- 7. Education**
 - one-to-one tuition;
 - access to pre-school opportunities and support to ensure children and parents engage with those opportunities;
 - support to access college placements/taster or 'bridge' courses providing routes back into education;
 - supporting access to after school and holiday activities.
- 8. Health**
 - addressing family health issues, e.g. children's obesity – food shopping with parents and cooking healthy meals together;
 - health visitor support and advice to ensure children are meeting their

- developmental milestones and address issues;
 - support managing chronic health conditions, such as diabetes and asthma;
 - mental health support.
- 9. Liaison with Other Services and Agencies** such as schools and housing, to alert them to family issues and address families' needs.

Review

3.52 Regular review is critical to ensuring that the support provided is working and meeting the needs of all family members. As already identified, most teams will aim to review family needs/progress every four to six weeks (dependent on families' needs) via their TAF meetings. The family action plans form the basis for the review and provide the opportunity for families and practitioners to discuss the progress made, what needs to be prioritised etc.

3.53 The review also provides the opportunity to:

- identify whether families' needs have changed and whether additional issues might have arisen;
- make an assessment of whether the support provided is working;
- help maintain the engagement of families and professionals involved in the TAF;
- identify blockages to progress and/or access to support and how these might be resolved and by whom;
- measure progress against agreed outcomes and goals.

3.54 The review process also provides the opportunity to address the 'where to next?' questions, plan for families' exit from the support, and ensure that appropriate support is provided on exit. Staff are, on average, working with families for between six and 12 months, although they will be working with some families much longer. Islington is also training volunteers to work with families once support from the team ceases.

4 OUTCOMES

- 4.1 A range of positive outcomes have been identified linked to the family focused approaches adopted by local authorities. A particularly significant outcome is that they have been able to work with families to reduce risk levels so that children have not been taken into care. Both staff from the services testing family focused models of working and those from wider agencies and services supporting families noted that the family focused approach to assessment and support had helped identify and address concerns, which meant that children were not taken into care (see **Figure 4.1**).

Figure 4.1: Preventing Children Being Taken into Care

Example 1

“I have worked with a mother for almost two years on a mental health issue. I had no idea there were parenting neglect issues. I was unaware of the wider issues. The Pathfinder team was brought in when the family were referred to statutory services. We are now working on a joint care plan. The Pathfinder has made significant progress and ultimately stopped the family from entering statutory services” (Practitioner from partner agency).

Example 2

In this example the mother was bipolar and had been working with mental health services for ten years. Every time she was unwell she was hospitalised for between three and six months. The mother stopped her medication to get pregnant and referred herself to the Pathfinder when her baby was six weeks old as she was becoming increasingly unwell. The Pathfinder manager noted that *“we put a huge amount of support in and this was the first time that she wasn’t hospitalised as a result of becoming unwell and she also had a baby on top of that”*. It was felt that the Pathfinder pulled in a *“very reluctant children’s services who didn’t want to allocate or get involved ... we were presented with ‘either the family support her or we start care proceedings’.*”

By engaging children’s services the Pathfinder was able to access family support, which meant that someone was going into the family every day. Initially, the children’s social worker from the Pathfinder team was also visiting the mother every day and also supported her to access a Children’s Centre three times a week. The mother’s adult mental health worker highlighted the difference this support made: *“[Name of Pathfinder team member] was really instrumental in the child being able to remain within the family”*. The Pathfinder also facilitated a family group conference, which identified family members who could support the mother when she became unwell. Eventually the child was old enough for the mother to stop breastfeeding and restart her medication. *“We really held her ... we did so much advocacy on behalf of that family, so care proceedings didn’t start.”* (Pathfinder Manager).

- 4.2 Conversely, the intensive, family focused approach to assessment and delivery has meant that staff have been able to swiftly identify child protection concerns (see **Figure 4.2**). Their approach has also helped to ensure a smooth transition into care for those children and young people where this has been deemed appropriate.

Figure 4.2: Identifying Child Protection Issues

Example 1

“It has been possible on a number of occasions to quickly refer families to safeguarding services following the assessment process and the intensive nature of the work which has helped to identify that neglect is such a chronic issue that it should be considered in the context of the Child Protection Plan” (Pathfinder Manager).

Example 2

This family (the father and three children) had been working with social care for seven years. All the children were classed as Children in Need. The father’s drug use (initially thought to be amphetamines) was significantly impacting on the children, resulting in issues of neglect and poor school attendance. The social care team referred the family to the Pathfinder because although the family were not deemed to be in crisis their difficulties were entrenched. The whole family were assessed over a period of time to enable staff to build up relationships with family members. Pathfinder staff were able to visit the family on a regular basis at critical points in the day (early mornings and evenings), as well as undertaking unannounced and out of hours visits, e.g. at the weekend, to provide practical support and develop an understanding of family functioning.

The intensity of the support provided, the frequency of contact and the trusting relationships developed meant that Pathfinder staff were able to gather information which the social care team were unaware of (because the latter were only able to undertake pre-arranged monthly visits) i.e. that the father was scared of parenting and was addicted to heroin: *“The way we got to know dad, he could say things he hadn’t told other practitioners, like ‘I can’t do it’” (Practitioner).*

“The eldest daughter never told anyone her concerns before – all the children were really wary of social work support and knew the right things to say. But she told us that she was fed up and that was down to how much they saw us and trusted us” (Practitioner).

“We had someone to talk to that we could be honest with. This helped us understand it all better” (Eldest daughter).

Initially the intensive support package appeared to be working and things were improving. However, once the Pathfinder team reduced the intensity of their support, issues began to emerge again and the team became increasingly concerned about the father’s ability to parent the children and that there were child

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protection issues. This culminated in an unannounced visit at the weekend where the father was found in a drug induced coma and an adult identified as dangerous to the children and not allowed in the house was present with one of the children. The team were able to act on this quickly due to the close working relationship between the family support workers and social workers in the team and because the social workers on the team have reduced caseloads. The following action was taken:

- A family group meeting (conference) was arranged and undertaken with wider family members (aunts, mother, uncles, grandparents etc.), which made them realise the extent of the problems and that they needed to provide additional support for the family;
- The father was referred to the Drugs Community Team (and was accompanied by Pathfinder staff to all appointments);
- The Family were accommodated in a Family Intervention Project residential core unit¹². Accommodation in the unit, with 24 hour support and supervision, highlighted the extent of the father's difficulties, which led to the decision to take the children into care.

Practitioners felt that the case had drifted up to this point because the social care team were unable to undertake visits frequently enough to build up a clear picture of what was going on: *"Outside the Pathfinder Team it would have drifted ... whereas we were able to build up a clear picture. It bottomed it, which enabled us to make the decision ... I'm sure there's lots of cases out there ... where thorough assessments using Think Family models would bring much more clarity of understanding and bring out what is really going on in families' homes and lives"* (Social worker).

The family reiterated this view: "[Before] *they* [social workers] *just came in and left, but they weren't able to see the rest*" (father). *"They* [social workers before] *just came in and put family charts up, which didn't happen*" (child). The eldest daughter went into kinship foster care, whilst the younger two went into local authority care. It was felt the eldest child would not have gone into kinship care without the Pathfinder, which facilitated the family group conference where this was presented as an option. It was noted that the family group conference would not have happened prior to the Pathfinder being in existence.

Whilst a difficult outcome, the children are now much happier, not at risk of neglect and attending school. The children's school attendance has improved to almost 100%, this is significant considering that the eldest daughter was not attending school and the other two children's attendance was below 50%. The intensity of the support provided by Pathfinder staff ensured the transition into care was a smooth one. The eldest daughter is now engaged in school and plans to attend college: *"She*

¹² 24 hour support in a residential core unit where the family live with project staff. For further information on Family Intervention Projects see White, C.; Warrener, M.; Reeves A. And La Valle, I. (2008). Family Intervention Projects An Evaluation of their Design, Set-up and Early Outcomes. Research Report No. DCSF-RW047. London: DCSF.

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is now thinking and planning for the future which she never did before” (practitioner). The daughter highlighted the changes herself: “We can go out with our mates now. I feel more relaxed. My attitude is better and I’m happier.” There are still some behavioural issues but these have reduced as she has responded positively to guidance and boundaries put in place by her foster parents: “There has been a clear change observed by all professionals related to [name of young person’s] behaviour which is now much more sociable” (Social worker).

5 STRENGTHS AND CHALLENGES

5.1 We now discuss some of the main strengths and challenges of the approaches to whole family assessment adopted by these local authorities.

Strengths

5.2 Key strengths of the whole family assessment models adopted focus on:

- levels of family engagement;
- the identification of additional needs;
- the intensity of the assessment process;
- providing a more comprehensive family support/action plan;
- supports whole family processes and approaches;
- providing transparency for all those involved;
- avoids duplication of assessment;
- encourages different agencies to become part of a Team Around the Family.

Family Engagement

5.3 Strong levels of family engagement in the whole assessment process, for example in terms of prioritising needs, rating levels of need, identifying strengths and hopes, as well as areas of concern, means that family members and practitioners are more aware of each other's needs and support requirements. This means that both practitioners and family members are able to see how actions are interrelated, for example identifying the complexities of family life, and how different members of the family are affected by others' actions and problems; but also how they can support one another in meeting their desired outcomes and goals. It also helps to reinforce the family as a unit – they see the support as being for the whole family, not just individually.

“Each family member can know of each other's problems and support each other. The brother will be more aware of his sister's problems at school, so rather than coming home and winding her up, he'll be more sensitive.” (Practitioner)

"It's the whole family moving on together, rather than as an individual." (Practitioner)

Identification of Additional Needs

- 5.4 The whole family assessment process provides the opportunity to identify additional needs, which previous individualised approaches to assessment may not have been able to pick up. This means that practitioners are able to identify issues which may have stopped the family engaging in the past, or making progress, or gaps in support: *"Professionals who engage with the process understand that CAF+ is a much safer and more supportive way of working"*.

The Intensity of the Assessment Process

- 5.5 The intensive nature and length of the assessment process means that practitioners are able to develop relationships with family members, which helps facilitate engagement and trust, and ensures a much more accurate assessment of need. The intensive nature of the assessment process and subsequent (integrated) support delivered also means that local authorities have been able to swiftly identify child protection issues and take appropriate action. These issues have been identified because, for example, staff undertook unannounced visits to the family over the weekend.
- 5.6 Furthermore the intensity and integrated nature of the support provided means that other agencies are better informed about families' needs.

"... as soon as you start doing work they [social workers] are so glad you are working with the family because as a result of Pathfinder staff visiting two to three times a week social workers are getting the information that they wouldn't be able to get because they can only visit once every three weeks. Which means they are on top of the case and are appreciating how useful the [Pathfinder staff] input is." (Practitioner)

"If we plan changes in review meetings [Pathfinder staff] can respond to that immediately and can be gathering evidence because they are in so frequently: they can respond quickly to what the social worker needs." (Practitioner)

Provides a More Comprehensive Support/Action Plan

- 5.7 The depth of information provided results in the development of a more comprehensive support/action plan, which should be more focused on meeting the needs of all family members. The process of regular review means that the action plans developed are living documents, which are constantly updated and revised, to reflect the changing needs of family members.
- 5.8 It is often difficult for practitioners to understand fully the complexities of family life, and how different members of the family are affected by other members' actions and problems. The whole family assessment and subsequent Family Action Plan places all the families' strengths and concerns in one place, enabling practitioners to understand how different family members are affected by different actions. This enables both practitioners and families to plan appropriate support.

Supports Whole Family Processes and Approaches

- 5.9 The whole family assessment reinforces the family focused approach to delivery and supports processes such as the Team Around the Family and the production of a Family Action/Support Plan. It provides a good starting point for the whole family approach because practitioners are not just concentrating on the needs of the children or the adults. It allows practitioners to "*really consider the impact of the parent on the child and what you can do about it*" (Pathfinder Manager).

Provides Transparency for all those Involved

- 5.10 Often family support can be complex, and the family and other practitioners involved can be confused over who is being supported, what the aims and objectives of that support is, and which agency is responsible for delivering the support. The Family Action Plan provides all key stakeholders with a simple overview of all the support being provided:

"It brings all the support together in one document. It stops it being unwieldy for the family." (Social Worker)

"Multi-agency care plans clarify for the family, as well as professionals involved, roles and responsibilities, as well as identifying clear aims and outcomes to be achieved." (Manager)

Avoids Duplication of Assessment

5.11 Using existing assessments as a starting point the whole family assessment avoids duplication of work and for the family having to provide information that they will have provided to services previously:

“Not to tell everyone the same information twice. They just tell us [the Family Pathfinder team] once and we disseminate amongst practitioners.” (Practitioner)

Encourages Different Agencies to Become Part of a Team Around the Family

5.12 It helps share responsibility for improving family outcomes across a range of services so that each service does not feel that they are responsible for resolving all the families’ issues:

“The fear for social workers is that they have to do it all, as at the end of the day it is their responsibility. So it is about building trust with social workers that they can rely on you to get things done ...” (Pathfinder Manager)

Challenges

5.13 Key challenges of the whole family assessment models adopted focus on:

- ensuring strategic and operational buy-in;
- identifying staff who will take responsibility for whole family approaches;
- the seniority and experience of key staff; and
- time and resource intensive.

Ensuring Strategic and Operational Buy-in

5.14 Securing strategic and operational buy-in to whole family models of working can be challenging. There has been reluctance on the part of some agencies to engage with the process and/or prioritise their engagement: *‘In some cases, we find the professionals more problematic than the families’*. Local areas have addressed this issue by showing other agencies and services how the approach can help meet their own priorities and objectives. However, the effectiveness of the processes are heavily reliant on the skills and expertise of staff working in a family focused way to convince other professionals of the value of the approach.

5.15 Lack of awareness of the team/service makes engaging practitioners in Team Around the Family meetings more challenging. There are also challenges with ‘substitute’ practitioners attending the meetings who are not able to bring the necessary resource and/or expertise to the table. Staff noted that they did not have any difficulty pulling in services that were already working with a family but they sometimes:

“... have difficulty convincing agencies that aren’t involved to be involved. As once the Pathfinder is involved they think you’re going to do it all, especially when they know the range of professionals in the team. We constantly have to say “we are not a standalone service. This is about modelling the joint working and people need to be able to be involved.” (Pathfinder Manager)

“Pathfinders need to be clear about why they want practitioners to attend and the outcomes for the family as a result of them engaging in the TAF meeting/Think Family approach.” (Pathfinder Manager)

Responsibility for Whole Family Approaches

5.16 This can be a challenge, particularly for those areas that have adopted a systems change approach¹³, which means that there is no team in place with key workers/lead professionals who can coordinate and model the approaches. Furthermore, in the systems change model of delivery there appears to be limited additional support for developing Team Around the Family approaches, apart from the initial training provided by the local authority.

5.17 Conversely, there is a danger that staff modelling family focused approaches take too much ‘ownership’ of the whole family approach and processes become too heavily reliant on staff undertaking them (especially in the team model of delivery). There is a danger that other practitioners who should be working with the family are ‘stepping back’ from the process.

¹³ Local authorities testing family focused working have taken the following approaches to delivery:

- Model 1: establishing new practitioner-based delivery teams;
- Model 2: extending a pre-existing and tested model of working;
- Model 3: systems change i.e. changing local systems to improve integrated governance, strategy and process, such as commissioning, assessment and information sharing.

“There is a high level of anxiety around safeguarding. This has increased the anxiety amongst certain professionals about taking on the lead professional role. Despite the fact that the Team Around the Family spreads the responsibility.”
(Pathfinder Manager)

5.18 Assessment may be limited to information provided by agencies represented within the team and some have experienced challenges in accessing information from other agencies, such as substance misuse.

Seniority and Experience of Key Staff

5.19 Lead professionals and the chairs of Team Around the Family meetings need to be sufficiently senior to ensure that progress is reviewed regularly; blockages are addressed; that the support promised is provided; and that, where appropriate, TAF members and families are challenged.

Time and Resource Intensive

5.20 The process is resource and time intensive, for example, in terms of engaging all key stakeholders; undertaking joint visits/assessments; attending TAF meetings; and reviewing information/documentation. The length of the assessment process can be challenging for practitioners, especially when working with larger families. Wider stakeholders also felt that the assessment process could be overly lengthy and perhaps duplicated previous assessments: *“the initial assessment period felt long and drawn out, especially as this family had completed a family support assessment based on the CAF prior to Family Pathfinder involvement”*.

5.21 However, practitioners also highlighted the benefits associated with a relatively lengthy period of assessment, i.e. because they had time to build up trusting relationships with families and develop an understanding of family dynamics they were able to obtain information that had not been identified previously.

6 CONTACT DETAILS

6.1 If you would like further information about local approaches in these areas, please contact the individuals below.

Local Authority	Manager Contact Details
Blackpool	Moya Foster (moya.foster@blackpool.gov.uk)
Bolton	Deborah Evans (Deborah.evans@bolton.gov.uk)
Bolton Young Carers	Joanne Duffy (joanne.duffy@blgc.co.uk)
Brighton & Hove	Rachel Howard (rachel.howard@brighton-hove.gov.uk) and Carol King (carol.king2@brighton-hove.gov.uk)
Durham	Helen Fergusson (Helen.Fergusson@durham.gov.uk)
Gateshead	Ann Day (AnnDay@gateshead.gov.uk)
Gateshead Young Carers	Lynn Readman (LynnReadman@gatesheadcrossroads.org.uk)
Islington	Emma Johnson (Emma.Johnson@islington.gov.uk)
Islington Young Carers	Emma Johnson (Emma.Johnson@islington.gov.uk)
Leeds	Munaf Patel (Munaf.Patel@leeds.gov.uk)
Salford	Julie Lord (Julie.Lord@actionforchildren.org.uk)
Somerset	Chris Frost (Cfrost@somerset.gov.uk)
Somerset Young Carers	Carole Paterson (CPaterson@somerset.gov.uk)
Southampton	Jane Frier (Jane.Frier@southampton.gov.uk)
Southend	Sue Snoxell (SueSnoxell@southend.gov.uk)
Sunderland	Carol Belk (carol.belk@barnardos.org.uk)
Sunderland Young Carers	Ailsa Martin (ailsa@sunderlandcarers.co.uk)
Walsall	Louise Instone (InstoneL@walsall.gov.uk)
Warrington	Margaret Rowland (mrowland@warrington.gov.uk)
Westminster	Natasha Bishopp (nbishopp@westminster.gov.uk)

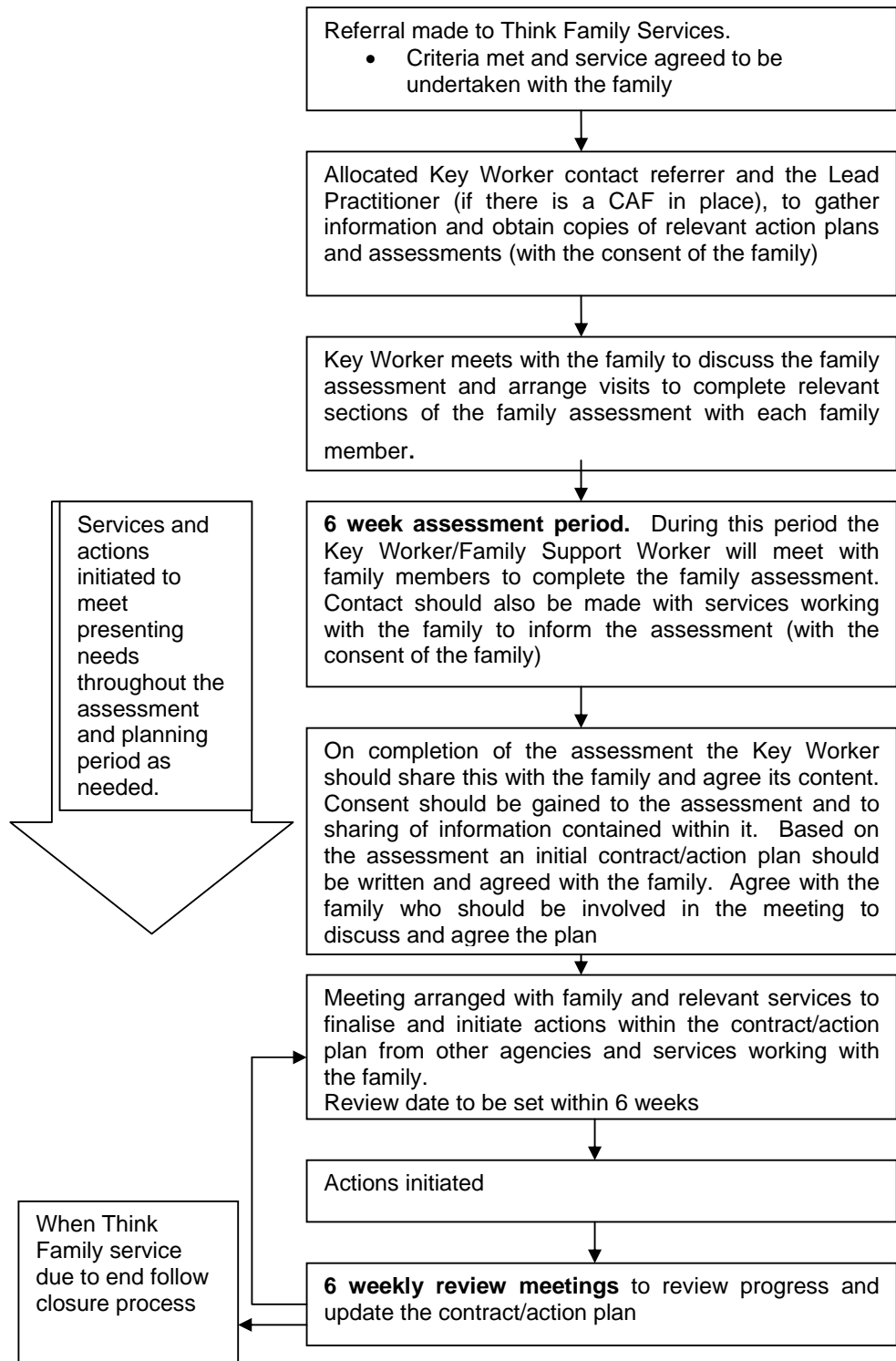
STRICTLY CONFIDENTIAL: Department for Education
The Use of Whole Family Assessment to Identify the Needs of Families with Multiple Problems

New Young Carer Areas

Local Authority	Contact Details
Blackburn with Darwen	Karen Walker (kwalker@canw.org.uk)
Cornwall	Penni Barker (pbarker@cornwall.gov.uk) and Rosemary Foster (rosemary.foster@actionforchildren.org.uk)
Hartlepool	John Robinson (john.robinson@hartlepool.gov.uk)
Hull	Beverley Moriarty (Beverley.moriarty@actionforchildren.org.uk)
Luton	Denice Houslin (denice.houslin@family-action.org.uk)
Manchester	Elaine Morrison (e.morrison@manchester.gov.uk)
Milton Keynes	Danny Conway (danny.conway@milton-keynes.gov.uk)
Norfolk	Stewart Betts (stewart.betts@norfolk.gov.uk) and Christine Comacle-Smith (christine.comacle-smith@crossroads.org.uk)
Reading	Tracey Daniel (Tracey.Daniel@reading.gov.uk)
Suffolk	Caroline Sutton (caroline.sutton@suffolk.gov.uk)
Telford & Wrekin	Emma Pyrah (emma.pyrah@telfordpct.nhs.uk)
Wigan	Jayne Acton (J.Acton@wigan.gov.uk)

ANNEX 1: REFERRAL AND ASSESSMENT: PROCESS MAPS

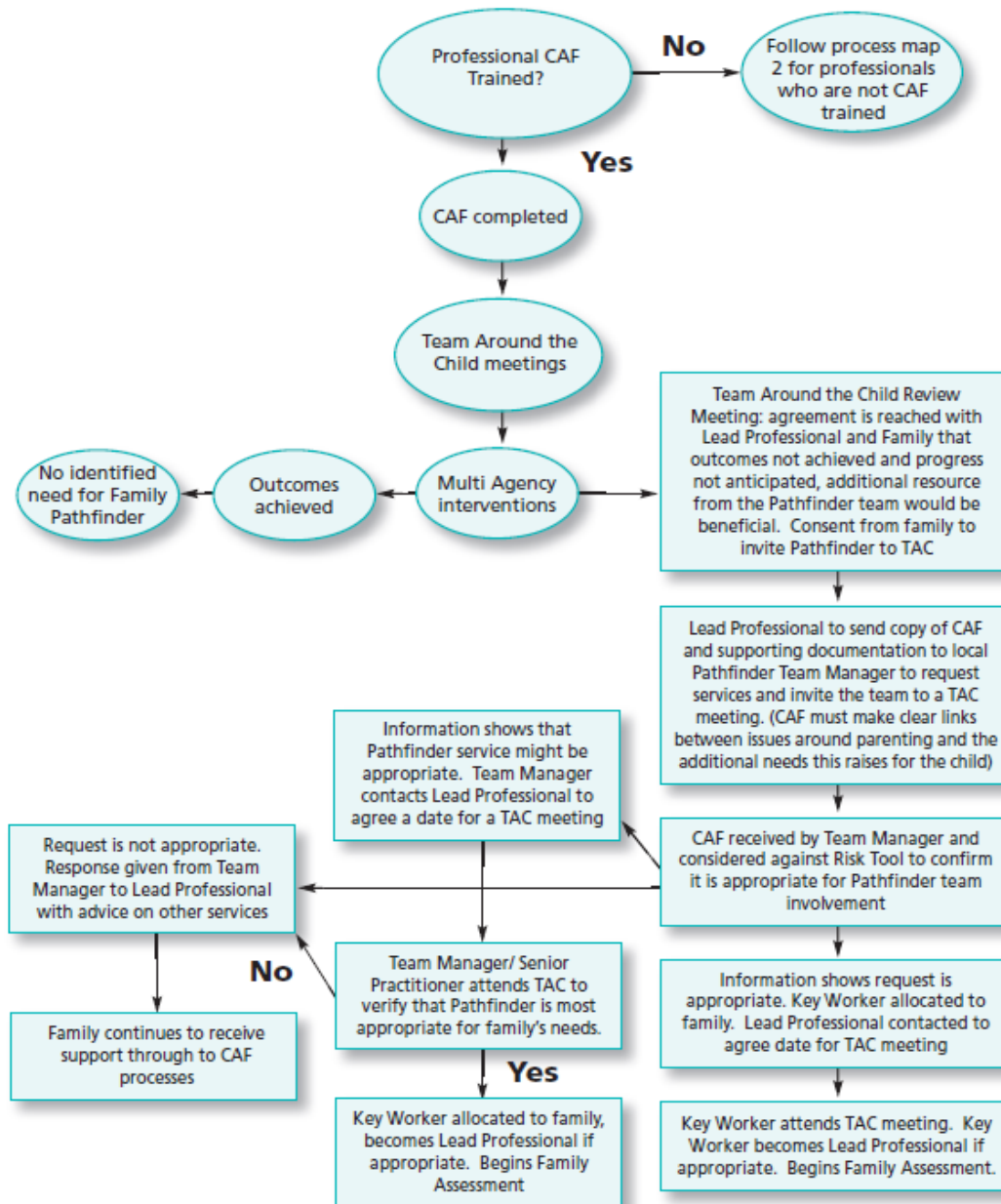
Example 1 The Hybrid Model: Blackpool's Think Family Assessment & Team Around the Family Process



Process Map 1



For professionals who **ARE** CAF trained



ANNEX 2: BLACKPOOL COUNCIL FAMILY ASSESSMENT TOOL

Family Information

Blackpool is considering a new way of delivering services to families. In order to make access to services and provisions easier we are piloting a scheme which brings services together and has one linked person at the centre that will liaise with you. This will stop you having to contact a range of services, as this one person will be your key contact. Your participation in this process will be required to ensure the support provided is being delivered in the appropriate way to best suit your family's individual needs.

Due to the multi-agency approach, we will need to share your information with other service to ensure the best quality of care. At the end of this form you can choose which agencies you agree to share your information with.

Reason for assessment

--

People present at the assessment

--

Family Details

Surname	Forename	DOB	Sex	Address	Telephone Number	Relationship within family

Professionals Involved Details

Worker Name	Agency Name	Contact Number	Who in the family they are involved with	Profession

Family Information

Please give details of your extended family and support networks

Please give details of significant family events

Housing

How would you rate this area of your life with 0 being very poor and 10 being very good?

Score (please cross a box)

0 1 2 3 4 5 6 7 8 9 10

What brought you to Blackpool?

What type of accommodation do you live in? (please cross a box)

- 1) Blackpool Coastal Housing 2) Private Rented
3) Housing Association 4) Owner Occupied
5) Other (please specify) _____

What kind of tenancy do you have? (please cross a box)

- 1) Secure 2) Introductory
3) Assured short-hold 4) Other (please specify)

Who is your landlord?

Does Housing Benefit pay your rent?

Do you have any rent / mortgage arrears? If yes, how much?

Have you ever been served notice to vacate your current or past accommodation?

Have you ever received a warning letter regarding your behaviour at the current or a previous property?

What were your previous addresses over the past 5 years?

Please list the people who live in your house and their relationship to you.

Anti-Social Behaviour

How would you rate this area of your life with 0 being very poor and 10 being very good?

Score (please cross a box)

0 1 2 3 4 5 6 7 8 9 10

Have you or any of your family been involved or accused of any form of Anti Social Behaviour?

Yes No

If yes, who in the family have been responsible or accused?

What was this for? And what was the outcome?

Are there any ongoing issues relating to anti social behaviour, that you or any of your family is responsible for, or are the victims of in your area? Please provide details.

Legal / Offending

How would you rate this area of your life with 0 being very poor and 10 being very good?

Score (please cross a box)

0 1 2 3 4 5 6 7 8 9 10

Have you or any of your family ever been convicted of a criminal offence? Yes No

If yes, what disposal did they receive by the court?

How long ago was this?

Are there any current Police proceedings ongoing with you or your partner? Yes No

If so, what was this for?

Please give details of all financial issues, i.e. – income, benefits, debt

How would you rate this area of your life with 0 being very poor and 10 being very good?

Score (please cross a box)

0 1 2 3 4 5 6 7 8 9 10

Are you currently in debt? Yes No

If yes, who do you owe and how much?

Are you worried about the amount of debt you are in? Yes No

Would you like support regarding your debt? Yes No

What income does your family have? Please include details of benefits.

Summary	What needs to change?

Family Assessment

Child Information

Name

AKA/Previous names

Male Female Unknown

Date of Birth

Ethnicity

- | | | | | |
|-----------------------------------------------------|-----------------------------------------------------|--------------------------------------|--------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> White British | <input type="checkbox"/> Caribbean | <input type="checkbox"/> Indian | <input type="checkbox"/> White & Black Caribbean | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> White Irish | <input type="checkbox"/> African | <input type="checkbox"/> Pakistani | <input type="checkbox"/> White & Black African | <input type="checkbox"/> Any other ethnic group* |
| <input type="checkbox"/> Any other White background | <input type="checkbox"/> Any other Black background | <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> White & Asian | <input type="checkbox"/> Not given |
| <input type="checkbox"/> Any other Asian background | <input type="checkbox"/> Any other mixed background | | | |

*If other please specify

Immigration status

First Language

Do they have a disability? Yes No

If yes, please give details

Who has parental responsibility for the child?

Is an interpreter or signer required? Yes No

If yes, has this been arranged? Yes No

Details of any special requirements

GP's Details – Are there any issues with access?

Dentist's Details – Are there any issues with access?

Nursery / School Attended – Are there any issues with access?

Development of unborn baby, infant, child or young person

Health	R <input type="checkbox"/>	A <input type="checkbox"/>	G <input type="checkbox"/>

Emotional and social development	R <input type="checkbox"/>	A <input type="checkbox"/>	G <input type="checkbox"/>

Behavioural development	R <input type="checkbox"/>	A <input type="checkbox"/>	G <input type="checkbox"/>

Identify, self-esteem, self image and social presentation	R <input type="checkbox"/>	A <input type="checkbox"/>	G <input type="checkbox"/>

Family and social relationships	R <input type="checkbox"/>	A <input type="checkbox"/>	G <input type="checkbox"/>

Self-care skills and independence	R <input type="checkbox"/>	A <input type="checkbox"/>	G <input type="checkbox"/>

Learning, education and employment	R <input type="checkbox"/>	A <input type="checkbox"/>	G <input type="checkbox"/>

Achievements and aspirations	R <input type="checkbox"/>	A <input type="checkbox"/>	G <input type="checkbox"/>

Impact of parenting on child / young person	R <input type="checkbox"/>	A <input type="checkbox"/>	G <input type="checkbox"/>

Impact of wider family environmental factors of child / young person	R <input type="checkbox"/>	A <input type="checkbox"/>	G <input type="checkbox"/>

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

If at any time during the course of this assessment you feel that an 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 as set out in the booklet

What To Do If You Are Worried A Child Is Being Abused (Department of Health, 2003)

Summary	What needs to change?

Family Assessment

Adult Information

Name

AKA/Previous names

Male Female Unknown

Date of Birth

Ethnicity (please cross a box)

- | | | |
|-----------------------------------------------------|-----------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> White British | <input type="checkbox"/> Caribbean | <input type="checkbox"/> Indian |
| <input type="checkbox"/> White Irish | <input type="checkbox"/> White & Black Caribbean | <input type="checkbox"/> African |
| <input type="checkbox"/> White & Black African | <input type="checkbox"/> Pakistani | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> White & Asian | <input type="checkbox"/> Any Other Ethnic Group |
| <input type="checkbox"/> Any other White background | <input type="checkbox"/> Any other Black background | <input type="checkbox"/> Any other Asian background |
| <input type="checkbox"/> Any other Asian background | <input type="checkbox"/> Any other mixed background | <input type="checkbox"/> Not given |

*If other please specify

Immigration status

First Language

Do you have a disability? Yes No

If yes, please give details

Is an interpreter or signer required? Yes No

If yes, has this been arranged? Yes No

Details of any special requirements

GP's Details – Are there any issues with access?

--

Dentist Details – Are there any issues with access?

--

Please give details of your employment / training history and what are your future aspirations?

--

Do you have any caring responsibilities? If yes, please describe.

--

Physical Health

How would you rate this area of your life with 0 being very poor and 10 being very good? (please cross a box)

0 1 2 3 4 5 6 7 8 9 10

Issue / Condition	Yes / No	Details
Arthritis		
Back Complaints		
Blood Disorders		
Diabetes		
Diet		
Digestive Complaints (ulcers, hernia, bowel complaints)		
Dentistry Concerns		
Ear / Hearing Complaints		
Epilepsy Fits		
Eyesight Complaints		
Genito-Urinary Complaints (incontinence, enuresis)		
Heart Attack / Angina		
Men's Health Issues		
Migraines / Headaches		
Nervous System Complaints (ME, MS)		
Pregnancy		
Respiratory Complaints (Bronchitis, Asthma, TB)		
Sexual Health (HIV, AIDS)		
Skin Complaints (Eczema, Acne)		
Stroke		
Smoking		
Weight Issues (overweight, underweight)		
Women's Health Issues		
Other		

Mental Health

How would you rate this area of your life with 0 being very poor and 10 being very good? (please cross a box)

0 1 2 3 4 5 6 7 8 9 10

Do you have any concerns about your emotional wellbeing, or have you ever been supported for a mental health related issue? If yes, please complete the table below.

Issue / Condition	Yes / No	Details
ADHD		
Anxiety / Panic attacks / Nervous trouble		
Aspergers Syndrome		
Autism Spectrum Disorder		
Bi-Polar affective disorder		
Dementia		
Depression		
Eating disorder		
Hyperactivity		
Personality disorder		
Phobia		
Postnatal depression		
Psychosis (schizophrenia)		
Self harm (cutting, behaviour etc)		
Suicidal thoughts / attempts (ever)		

Mental Health Professionals Involved

Name	Agency	Contact Number	Profession

Substance Misuse

How would you rate this area of your life with 0 being very poor and 10 being very good? (please cross a box)

0 1 2 3 4 5 6 7 8 9 10

Have you ever received treatment for drug or alcohol use?

If yes, please give dates, organisations and type of intervention.

Have you or anyone else any concerns regarding your drug / alcohol use, either now or in past? If yes, please give details.

Please give details of your drug / alcohol use over the last 2 weeks

Parenting

How would you rate this area of your life with 0 being very poor and 10 being very good? (please cross a box)

0 1 2 3 4 5 6 7 8 9 10

Please describe a typical day in your family and how do you ensure your child/rens safety in and out of the house.

How would you describe your relationship with your child/ren and how do you feel as a parent?

How do you offer praise and deal with challenges with your children and what do you do together as a family?

Describe your relationship(s) with significant other(s)

--

Summary

What needs to change?

--

--

Family Assessment

Contract Plan

Initial/Review Meeting (delete as appropriate)

Confidentiality Clause

The information in this meeting is confidential to those people present. If agencies wish to disclose this information outside this meeting then they will need to contact the family. The exception to this is when there are child protection concerns.

Date of Meeting:

Details of Family Members		
Name	Date of Birth & Expected date of delivery	School / Nursery

Home Address

Family Members Present

Invited	Agency	Contact details	Present?	Apologies?

Reason for meeting

Review of Contract Plan

Use previous action plan and review each action to establish if needs have been met.

Parent's / carer's views

- Do you think that things have got better for you? (please cross)

Much better a little better stayed the same a little worse a lot worse

Any comments:

Parent's / carer's views

- Do you think that things have got better for you? (please cross)

Much better a little better stayed the same a little worse a lot worse

Any comments:

Child / Young Person's views

- Do you think that things have got better for you? (please cross)

Much better a little better stayed the same a little worse a lot worse

Any comments:

Child / Young Person's views

- Do you think that things have got better for you? (please cross)

Much better a little better stayed the same a little worse a lot worse

Any comments:

Child / Young Person's views

- Do you think that things have got better for you? (please cross)

Much better a little better stayed the same a little worse a lot worse

Any comments:

Child / Young Person's views

- Do you think that things have got better for you? (please cross)

Much better a little better stayed the same a little worse a lot worse

Any comments:

What does the family want to discuss?

Summary of Discussion	Child/young person and families priorities

Plan

To meet outcomes; to be healthy, to stay safe, to enjoy and achieve, to make a positive contribution and to achieve economic well-being.

Need- (indicate any unmet need)	Action – what needs to happen?	Who will complete the action?	By when will this action be achieved?	Which of the Every Child Matters 5 outcomes does the need relate to?	How will you know that things have improved?	What is the negative impact if this need is not met?	Need met? Yes/No (to be completed at review meeting)

Please feel free to copy if needed.

Name of Lead Practitioner / Keyworker (delete as appropriate)	Agency and Address
Tel	E-mail

Outcome of the meeting	
<input type="checkbox"/> Review Meeting Required <input type="checkbox"/> This is the last meeting – the needs have been addressed <input type="checkbox"/> This is the last meeting – the family have requested that the meetings cease <input type="checkbox"/> This is the last meeting – the family have moved area <input type="checkbox"/> This is the last meeting – meetings no longer appropriate as referral into a specialist service. Please state <input type="checkbox"/> Other. Please state	
Date of review meeting (if applicable)	
Venue of review meeting (if applicable)	

Families views on meeting and on action plan	
Signed	Date

Family Assessment

Conclusion

Strengths	Needs
Attending School / College <input type="checkbox"/>	Worklessness <input type="checkbox"/>
Employed <input type="checkbox"/>	Lack of Skills / Qualifications <input type="checkbox"/>
Living with non substance using parents <input type="checkbox"/>	Housing Issues <input type="checkbox"/>
Reduced / Stabilised Substance Use <input type="checkbox"/>	Transient <input type="checkbox"/>
Non Offending <input type="checkbox"/>	School Attendance <input type="checkbox"/>
Positive Activities <input type="checkbox"/>	Refugee / Asylum Seeker <input type="checkbox"/>
Attends Appointments <input type="checkbox"/>	Substance using parents <input type="checkbox"/>
Good Communication Skills <input type="checkbox"/>	Substance using children <input type="checkbox"/>
Motivation to Change <input type="checkbox"/>	Offending Behaviour <input type="checkbox"/>
Awareness of Family Issues <input type="checkbox"/>	Child Behavioural Issues <input type="checkbox"/>
No Violence in the Home <input type="checkbox"/>	At risk of sexual exploitation <input type="checkbox"/>
Good Physical Health <input type="checkbox"/>	Young Parent <input type="checkbox"/>
Accessing Primary Health Care <input type="checkbox"/>	History of Family Violence <input type="checkbox"/>
Accessing Dentist <input type="checkbox"/>	Previous Social Services involvement <input type="checkbox"/>
Stable Housing <input type="checkbox"/>	Mental Health Issues <input type="checkbox"/>
Stable Finances <input type="checkbox"/>	Physical Health Issues <input type="checkbox"/>
Other:	Not involved with other services <input type="checkbox"/>
	Relationship Conflict / Breakdown <input type="checkbox"/>
	Anti Social Behaviour <input type="checkbox"/>
	Other:

What would you like to change? (To be identified by the family)		
Who's need – Family Member?	What needs to change?	How will you know when things have improved?

Child or young person's comment on the assessment and actions identified

Parent or carer's comment on the assessment and actions identified

Professional's comment on the assessment and actions identified

Consent for information storage and information sharing

I understand the information that is recorded on this form and that it will be stored and used for the purpose of providing services to:

- Me
- This infant, child or young person for whom I am parent / carer

I have had the reasons for information sharing explained to me and I understand those reasons.

I agree to the sharing of information, as agreed below: -

Service	Mark Yes	Parent Initials
Adult Social Care		
Benefits Agency		
Housing		
Children & Young People's Dept		
Environmental Health		
Education		
Fire & Rescue Service		
Health		
Job Centre Plus		
Police		
Youth Offending Team		
Other		

Please Detail Other Service

I have not agreed to share information with

I understand that the exceptions to this agreement are if any concerns are identified regarding the safety of a child or adult or if a serious criminal offence has been committed.

Parent signature Name Date

Parent signature Name Date

Assessor signature Name Date

ANNEX 3: ISLINGTON COUNCIL WHOLE FAMILY ASSESSMENT FORM

Think Family

Whole Family Assessment

Notes for use: If you are completing form electronically, text boxes will expand to fit your text
Where check boxes appear, insert an 'X' in those that apply.

Identifying details

Family names

ICS number

Primary Address

TF I.D number

Postcode

Contact number

Assessment information

People present at assessment

Name	Role/Relationship	Agency

Background to the assessment:

Referrer:

Name	Role	Agency	Contact no.

Circumstances leading to referral and referrer and family's expectations etc

Details of parents/carers

Name Contact no. tel.

Relationship to child/ren

Address Parental responsibility?
Yes No

Postcode

Name Contact no. tel.

Relationship to child/ren

Address Parental responsibility?
Yes No

Postcode

Current family circumstances

Housing – a description of the housing situation: landlord; house type, size, area. Is housing suitable for family's needs; do children have their own rooms, if not, who shares? Is there overcrowding? How long have family been at this address? Is home adequately furnished and heated? Are there any maintenance issues – repairs? Are there any concerns over safety, hygiene?

Finance - What is the source and extent of the family's income? Are they claiming all the benefits they are entitled to? (Ensure that you thoroughly check this out). What about outgoings? Is there enough money for food, heat/light, rent, clothing? Does the family manage on their income? If not, is there any debt? Are they managing repayments?

Details of person(s) undertaking assessment

Name	<input type="text"/>	Contact no.	tel.	<input type="text"/>
------	----------------------	-------------	------	----------------------

Address	<input type="text"/>	Role	<input type="text"/>
		Organisation	<input type="text"/>

Name	<input type="text"/>	Contact no.	tel.	<input type="text"/>
------	----------------------	-------------	------	----------------------

Address	<input type="text"/>	Role	<input type="text"/>
		Organisation	<input type="text"/>

Name	<input type="text"/>	Contact no.	tel.	<input type="text"/>
------	----------------------	-------------	------	----------------------

Address

Role

Organisation

Whole family assessment: strengths and needs

Consider each of the elements to the extent they are appropriate in the circumstances. You **do not** need to comment on every element. Base comments on **evidence**, not opinion. **Highlight & source the facts** you use to support your evidence. However, if there are any major differences of view, these should be recorded too.

1. Parents' and carers' profile

Evidence-based *not* opinion, stick to the facts - record and source them

Health

Mental health/Emotional well being

Include diagnosis if known, CPA status, parent's description of illness and impact, history of hospitalisation, history of family mental ill health. Explore the parent/carer's day to day functioning

General health

Are there any other health issues? How is the parent affected by these other health issues? How do they impact on parenting and day to day functioning?

Substance Misuse

How much alcohol do you drink? Do you use, or are you aware of any family member using illegal substances? What type? How much? How often? Method of use. Have you ever been referred to a community drug or alcohol team or referred yourself to an agency? What impact does alcohol/drug use have on your on parenting and family life? Do you have any health issues relating to your alcohol/substance misuse e.g. Hepatitis A / HIV etc?

Employment and financial considerations

Work and shifts; employment; income/benefits; effects of hardship etc.

Social and community elements and resources.

Places of worship; transport; shops; leisure facilities; crime, social networks and relationships, cultural support

Language/communication/culture

Are there any issues that need to be taken into consideration? Is an interpreter required?

Employment, training and education

Participation in learning, education and employment

Previous education and training; access and engagement; attendance; participation; access to appropriate resources. If no participation, identify aspirations.

Other parent/carer information

Are there any other areas that the parent would like to include that impact on them or their parenting e.g. bereavement, anti social behaviour etc.?

2. Child profiles

Evidence-based *not* opinion, stick to the facts - record and source them

Health

General health

Conditions and impairments; access to and use of dentist, GP, optician; immunisations, developmental checks, hospital admissions, accidents, health advice and information

--

Physical development

Nourishment; activity; relaxation; vision and hearing; fine motor skills (drawing etc.); gross motor skills (mobility, playing games and sport etc.)

--

Speech, language and communication

Preferred communication, language, conversation, expression, questioning; games; stories and songs; listening; responding; understanding

--

Emotional and social development

Feeling special; early attachments; risking/actual self-harm; phobias; psychological difficulties; coping with stress; motivation, positive attitudes; confidence; relationships with peers; feeling isolated and solitary; fears; often unhappy; suffering harmful effects associated with domestic violence, abuse.

--

Behavioural development

Lifestyle, self-control, reckless or impulsive activity; behaviour with peers; substance misuse; anti-social behaviour; sexual behaviour; offending; violence (domestic or other), abuse and aggression; restless and overactive; easily distracted, attention span/concentration

--

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

Perceptions of self; knowledge of personal/family history; sense of belonging; experiences of discrimination resulting from racial, religion, age, gender, sexuality and disability; long-term negative associations/behaviour, low self-esteem due to domestic violence

--

Family and social relationships

Building stable relationships with family, peers and wider community; helping others; friendships; levels of association for negative relationships

--

Caring responsibilities

What caring tasks is the child doing in the home (personal, practical, medical, emotional), how much time is the young person spending a week on their caring responsibilities, what impact is the caring responsibility having on the child (school attendance, physical impact, work, emotionally), what is the young persons views on their role as a young carer, what type of support does the young carer and parents think would be beneficial for the family, is anyone outside the family aware of the caring role the young person is undertaking, is the family receiving any support at the moment for the young carer (school, groups etc.)

--

Self-care skills and independence

Becoming independent; boundaries, rules, asking for help, decision-making; changes to body; washing, dressing, feeding; positive separation from family

--

Learning

Understanding, reasoning and problem solving

Organising, making connections; being creative, exploring, experimenting; imaginative play and interaction

--

Participation in learning, education and employment

Access and engagement; attendance, participation; adult support; access to appropriate resources

--

Progress and achievement in learning

Progress in basic and key skills; available opportunities; support with disruption to education; level of adult interest

--

Aspirations

Ambition; pupil's confidence and view of progress; motivation, perseverance

--

3. Family and environmental

Family history, functioning and well-being

Relationships - Consideration should be given to how parents/family members relate to one another. What is parent/carer's own experience of being parented? Is there a history of mental ill health? Who is close to whom? Are there any particular alliances and how do these affect other family members? Are emotional needs met?

--

Routines/boundaries – are there well established routines and how effective are they? Are there clear boundaries of behaviour? Who sets and enforces them? What happens when they are not observed?

--

Communication – How do the family communicate? How are decisions made? Who makes them? How are conflicts resolved? What is the parent/carer's view on the child/ren's understanding of their parent/carer's mental ill health/substance misuse etc?

--

Adaptability - What strengths and strategies have been used by the family to manage difficulties? Who takes the initiative? What role do family members play? Are crises resolved satisfactorily?

--

* consider use of visual tools e.g. eco maps with the family to look at how the relate to each other.

Wider family and social relationships

Formal and informal support networks from extended family and others; wider caring and employment roles and responsibilities. Explore the dynamics in relation to contact of the children with a non resident parent. Would the family benefit from or agree to a Family Group Conference?

--

Contingency Plan

How would the family know if the parent/carer's mental health was deteriorating? What steps does the parent/carer take to seek help if she/he is becoming unwell? Who has provided support and care for the children during any periods of hospitalisation?

--

Family's comments

This section should include any comments the family would like to make about the referral and assessment. Have they been willing participants in the process?

--

4. Risk assessment

Any information provided as part of a risk assessment is likely to be subject to third party confidentiality. This section should state whether there are any concerns regarding visits to the family home, whether visits can be conducted alone or with workers from other agencies.

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ANNEX 4: BOLTON COUNCIL FAMILY PLAN AND GUIDANCE

BOLTON COUNCIL FAMILY PLAN AND GUIDANCE

FAMILY PLAN FOR THE _____ FAMILY

Those involved in drawing up the plan:

A number of people have been involved in helping to support you and your family over a period of _____ years.

In order to avoid you having to go through things with different people and to be sure about the best way to support you we will all be working more closely together.

We have talked together about a number of issues, including (egs):

- Your life history
- Relationships
- Drug or alcohol use
- Parenting

and now we have some shared understanding about some of the difficulties and what will be most helpful to you.

This Family Plan sets out the plan to support you and your family and will be regularly reviewed.

You said the best things about your family are: _____

We identified these strengths in your family: _____

You identified that these issues were the biggest areas of concern to you _____

We think the biggest area of concern is: _____

(Parent/carer(s)) _____ Identified _____

(Child/children) _____ Identified _____

We have spoken to those children in your family who are old enough to contribute.

_____ says they enjoy being part of this family because _____

However, things they would like to change include: _____

We have agreed to prioritise _____

If a crisis arises we have discussed the following plan: _____

Plan of Work

Family Goal:

Agency Goal:

Family Member Name:

Key Issues:

Hopes

Action Plan

Who will do this

Timescale

Family Member Name:

Key Issues

Hopes

Action Plan

Who will do this

Timescale

Family Member Name:

Key Issues

Hopes

Action Plan

Who will do this

Timescale

Family Member Name:

Key Issues

Hopes

Action Plan

Who will do this

Timescale

SCALING: On a scale of 0 - 10 where 0 is the worst possible situation and 10 is the best you could hope for where would you score the main areas of difficulty?

Date

Issue

Score

Signed: _____

Date: _____

Your Family Plan will be reviewed and updated on _____

By: _____

BOLTON: GUIDANCE ON FORMULATING A FAMILY PLAN

What is a Family Plan?

A Family Plan is an agreement drawn up by family members and those working with them to outline a '**Plan of Action**' regarding support to be offered and tasks to be achieved to empower and enable the family to reach shared goals.

Family Plans can provide the opportunity for family members to consider their own needs and goals and prioritise these needs within the context of their own family situation.

Family Plans are based on the ethos that families are most likely to understand, value and ultimately work towards achieving goals they themselves have thought of and understand as being important. Families should have a say about what support is delivered, to and by whom, and when. The result of this is that families will feel more motivated to achieve changes they have identified themselves as being priorities within their family.

Family Plans acknowledge that difficulties relating to one family member usually have a significant impact on other family members. By supporting an adult family member to reduce their difficulties (whether that is alcohol issues, drug or mental health problems for example) this will ultimately have a positive impact on their ability to meet the needs of their children.

Family Plans can clarify roles and responsibilities not only for families, but also for the individual agencies working with families. Sometimes situations can arise where one agency may not be aware of the role of another agency - this will ultimately lead to disjointed and unhelpful support offered to the family.

How to facilitate a Family Plan

- Drawing up a Family Plan is part of the **process of engaging** families which may take some time and is rarely achievable during the first visit. The process of engaging ('getting along with', 'building relationships') is a complex process which requires skills outside the requirements of this guidance. However, it is worth including some thoughts on the process of engagement.
- It is important to have some 'problem free talk'. This encourages the worker to connect with the family rather than just the 'problem'. It is helpful to listen to families' 'stories', to see them as people not 'problems', to acknowledge their strengths and offer warm and genuine regard and respect for them as parents or children. Humour, praise and honesty can be helpful in encouraging families to trust workers and be motivated to formulate a Family Plan.
- Family Plans should be drawn up with Families and never 'done to' them.
- Try to identify early on some 'Quick wins' which will help in the process of engaging the family. Offering practical support is often appreciated by families and there may be examples of easily achieved changes to family life that can be identified.

- Using 'family friendly' language when explaining anything helps to establish a clear understanding of what is said and reduces intimidation or confusion. Use the family's own words wherever possible rather than changing the language into 'professional jargon'. This is more likely to encourage families to consider the Family Plan 'theirs' rather than another formal document. The more a family 'own' their plan the more likely they are to stick to the changes they want to make.
- The support may be 'phased' so immediate issues are addressed first and longer term, possibly more entrenched issues, later on.
- Families may at times feel 'flooded' by the number of professionals involved in their lives so a priority '**Team Around the Family**' should be agreed who will initially have the closest involvement and where other agencies may contribute via the Lead Professionals.
- It is important to talk to each member of the family, including the children. Sometimes it may be appropriate to talk to family members together, sometimes individually. The Lead Professional should talk to all those involved in the 'team around the family' to agree who is best to talk to each family member. It may be that different workers undertake the preparation work with different family members.
- If children are of an appropriate age and developmental level to contribute they should be seen individually. The focus could initially be exploring their perceptions of living at home. Children could be helped to talk about what they enjoy about home life and what they would like to be different. They may want to draw pictures which could be added to the plan as their contribution. Feedback from children about what they would like to be different can be a very powerful factor in influencing parents' motivation to change. Workers should always be mindful of any repercussions for children of saying negative things about their experiences to parents and feedback needs to be made sensitively. It is also important to be sensitive to the amount of detail appropriate for children to know about their parents' difficulties.
- The worker should try to help the family member think about what they would like to be different, or what needs to change.
- Possible questions may include:
 - What ideas have you got for how things could be different?
 - How can we help make things better / safer for the children/you?
 - What do you think we need to see before we could close the case /end our involvement?

It may be helpful to talk to families about the need to:

Stop doing - the dangerous or risky behaviours

Do more of - the behaviours that are protective and help members get along well

Also try - some new behaviours and ways of relating to each other.

What to include in a Family Plan

- A template for a possible Family Plan is provided but is only a guide; different agencies may have a different emphasis. *'Those involved in drawing up the Family Plan'* (words taken from template) would include the family members' names and those of the worker facilitating the Family Plan - it may also include those workers from a different agency who are contributing support.
- The next section gives a summary about the plan and what may have been discussed with the particular family you are working with - this should be adapted to suit each family and situation. It emphasises the importance of agencies working closely together to avoid duplication and to enable a more holistic view of the family. It is important to understand the role each individual agency may have had with a family historically, looking at patterns, what has worked or not worked in the past, and what has never been tried. This will influence future interventions.
- The actual family meeting arranged to draw up and agree a Family Plan should be facilitated by the worker most closely involved with the family (Lead Professional) and involve other agencies indirectly, otherwise the facilitating of the Plan then becomes too formal and like 'any other meeting' and is more difficult for family members to talk freely about their hopes and worries.
- It is important to **gain consent** from the Family for the sharing of information and permission to contact other agencies who may be able to offer support to the family.
- The next section of the Family Plan explores **strengths and concerns** identified by the family and the worker facilitating the plan - it may include the views of other agencies. If family members are struggling to identify areas of concern that agencies involved have identified they could be asked *'What do you think (your Health Visitor, Youth Worker) would say was the biggest worry?' or 'What were the concerns discussed with your YOT worker / Head Teacher?'*
- If there are safeguarding concerns that families are struggling to accept or acknowledge it is important that these are included, even if the family are denying them as valid concerns. It is important that families are aware of the consequences of not making any changes, this will be most important at higher levels of vulnerability. This can be done in a positive rather than threatening way. Most families will not want services involved with their family so looking at *'What needs to happen in order for the concerns about your children to reduce'* could be a common goal which the family are motivated to work towards.
- If there is a possibility that children could be referred to Stay Safe Referral and Assessment Team as suffering significant harm (i.e. where the family has been consistently at a high level of need and preventative work isn't having an effect) the family need to know what they could do in order to prevent this from happening. The Family Plan should clearly state what the work is trying to avoid (for example referral regarding safeguarding issues, eviction, children being further affected by adult alcohol issues, involvement with numerous agencies), as well as what the Plan is hoping to achieve.

- The next section of the Family Plan agrees priorities which may be the 'Quick wins' or an area of joint agreement' - this can be reviewed when achieved and new targets set.
- The next section can be used if appropriate to identify a contingency plan in case a crisis arises - this may be around support from other family members or agencies.
- **The Plan of Work** identifies the overall **Family Goal** and **Agency Goal** of one or more agency. The goals should be meaningful to the family - this section may identify a family goal, as well as individual goals/hopes for the future. It then goes on to identify the **key issues, hopes and Action Plan** for each individual family member. Key issues could include issues raised by that family member, another family member or another agency. It asks for details about who will do specific tasks and the timescale in which they are to be achieved. Other agencies may have specific tasks they want to be achieved or support they are able to offer the family. The family may identify specific support they would find helpful that an agency has not offered and some negotiations may need to take place prior to the Family Plan meeting. The tasks identified should be specific and achievable. So if the key issues is Johnny's poor school attendance, the hope may be to improve this or enjoy school more, the *Action Plan* is 'To improve school attendance' Be clear how this is to be achieved - include details such as 'mum will buy an alarm clock and set it each day', 'a family Support Worker will visit each morning at 8am to assist with routines', 'mum will help Johnny get his clothes out the night before', 'when Johnny has been to school every day for a week his mum will reward him by taking him to the park'. Be clear when this will be reviewed so it does not drift. Once achieved it may become - 'maintain school attendance by continuing with the same routine'.
- The Plan could identify short and long term goals.
- It is important to **Review** the plan to allow time for the task to be achieved but not too long so drift occurs.

Families and workers can rate their progress by using scaling techniques-eg 'on a scale of 0-10 how much of a problem is Johnny's school attendance, your drug use, your housing problems etc?' Where 0 is as bad as it could be and 10 is as good as it could ever be.

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