**Caerphilly Joint Assessment Family Framework Tool**

**Mae'r cyhoeddiad hwn ar gael yn Gymraeg. Mae ar gael mewn ieithoedd a fformatau eraill ar gais.**

**This publication is available in Welsh. It is available in other languages and formats on request.**

 **How we will use your information**

Service users are able get Information, Advice and Assistance (IAA) from a wide range of providers within the Caerphilly area.

* If Information is required, we will not record any information about you on our systems.
* If Advice is required we will need to record your name, contact details and the nature of the advice provided for our records.
* If Assistance is required (referral to a support service) then we will collect information about you in order to offer the right support to meet your needs. This information is collected on the Joint Assessment Family Framework (JAFF) Form. This JAFF Form will be securely forwarded to Caerphilly county borough council's Information Assistance and Advice Service for assessment and allocated and will be securely shared with an appropriate support service.

In some instances the assessment may be carried out by a multi-agency group who will use their expertise to identify and refer to an appropriate support service.

The support service allocated may be a Caerphilly County Borough Council Service (CCBC) or it may be service offered by another organisation. If there are support service organisations you do not wish to work with you must let us know when the JAFF Form is being completed so that your information is not passed to them and an alternative can be found.

The support service will provide feedback at the end of the intervention to CCBC. If it is identified at this stage that you have outstanding needs, your outstanding needs will be identified on the JAFF form and assessed and securely shared with an appropriate additional support service, with your agreement.

Your information will be stored on a CCBC database and the Welsh Community Care Information System (WCCIS) which is a joint system for providers of Social Care, Community Health and Mental Health services in Wales.  Access to your information will be controlled, allowing relevant practitioners access to the information that they need to see, when they need it, to support the safe delivery of care to citizens of Wales.

If it is believed at any stage of the process that a child may be at risk the All Wales Child Protection Procedures will be followed, which may result in a formal investigation and assessment. This may involve several agencies such as the police, health or education having access to your information.

While your agreement is required for you to enter into this process the legal basis for the processing of your information is a public task. Non CCBC Information, Advice and Assistance providers will only retain your completed JAFF Form for a maximum of 4 weeks. CCBC will retain a copy of your JAFF Form for 10 years following the last date of contact in relation to the assistance provided.

You have a number of rights in relation to the information held about you including the right of access to that information and the right of complaint if you are unhappy with the way your information is being processed.

For further information on how we process your information and your rights please follow this link.

<http://www.caerphilly.gov.uk/CaerphillyDocs/FOI/PrivacyNotices/JAFFPrivacyNotice.aspx>

**Section 1 – Key personal data**

|  |
| --- |
| 1. Tick the appropriate box :
 |
| [ ]  Family referral Individual referral: [ ]  Adult [ ]  Child/young person [ ]  SPACE Wellbeing  |
| 1. Surname:
 | 1. Forename(s):
 | 1. Preferred name:
 | 1. Gender:
 |
|  |  |  |  |
| 1. School/National Insurance Number:
 | 1. DOB (dd/mm/yy):
 | 1. GP name:
 | 1. GP address and contact number:
 |
|   |  |   |    |
| 1. Current address:
 | 1. Permanent address (if different):
 |
| Postcode:  | Postcode: |
| 1. Contact (note preferred method):
 | 1. Accommodation:
 |
| Telephone 1:Telephone 2:Email: | [ ]  Council rented [ ]  Private rented [ ]  Owner occupier [ ]  Housing association [ ]  Other, provide detail: |
| 1. Is there a housing related need or risk of homelessness?
 |
| [ ]  Yes [ ] No If yes, provide detail including any amount of rent arrears/debts: |

1. Family Members (include all significant persons including those living elsewhere). If there is a risk regarding any family member, enter more detailed information in question 26/30.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| First name | Surname | DOB orEDD  | Gender | Parental Responsibility (please tick) | Address(if applicable state 10 or 11) | Relationship to named person | School/NI number if known |
|  |   |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |
|  |  |  |  |  |  |   |  |
|  |  |  |  |  |  |  |  |
| 1. Have the family been involved with any other agencies/services.
 |
| [ ]  Yes [ ] No [ ]  Don’t know  If yes, provide detail: (name of agency/service, strengths, challenges, successful or not)Does the family give consent to share and obtain information with the above agencies/services?[ ]  Yes [ ] No  |
| 1. Are there any agencies/services/persons that the family do not want information shared with or obtained from?
 |
| [ ]  Yes [ ] No If yes, provide detail: |
| 1. Are the family open to Social Services?

  | 1. Does the family have any child/ren on the Child Protection Register?
 |
| [ ]  Yes [ ] No If yes, enter the Social Worker’s name:  | [ ]  Yes [ ] No If yes, identify which child/ren: |

|  |  |
| --- | --- |
| 1. Has an ‘active offer’ of Welsh language services been provided?
 | 1. First language or preferred means of communication (English/Welsh/Sign etc.)
 |
| [ ]  Yes [ ] No If no, reasons:Have the family requested services in Welsh?[ ]  Yes [ ] No If yes, have services been provided in Welsh?[ ]  Yes [ ] No If no, reasons:  | Preferred language:  Interpreter required?[ ]  Yes [ ] No  |
| 1. Does anyone in the family have a long-term illness, health problem, or disability?
 | 1. Are there any access requirements? (Induction loop/braille/ramps etc.)
 |
| [ ]  Yes [ ] No [ ] Unwilling to declare If yes, provide detail including name of individual:   | [ ]  Yes [ ] No If yes, provide detail of the need and name of individual: |
| 1. Role played by unpaid carers, advocates, parents, partners, and other family members in the individuals care. Include if they would be able to support in meetings etc.
 |
|   |

|  |
| --- |
| 1. What is the named person’s ethnic origin?
 |
| **White**[ ]  British[ ]  Irish[ ]  Gypsy or Irish Traveller [ ]  Other White (please state) | **Mixed/Multiple**[ ]  White and Black Caribbean[ ]  White and Asian[ ]  White and Black African[ ]  Other Mixed (please state) | **Asian/Asian British**[ ]  Indian[ ]  Bangladeshi[ ]  Pakistani[ ]  Chinese |
| **Black/African/Caribbean/Black** **British**[ ]  Caribbean[ ]  African[ ]  Other Black (please state) | **Other ethnic group**[ ]  Arab[ ]  Any other Ethnic Background (please state) | [ ] **Unwilling to declare** (please tick)  |

|  |
| --- |
| 1. Are there any concerns/known issues with:
 |
| [ ]  Environmental risks[ ]  History of offending[ ]  History of violence/aggression | [ ]  Risk of abuse by others[ ]  Alcohol misuse[ ]  Other, provide detail: | [ ]  Mental ill health [ ]  Substance misuse |
| Does anyone in the family present a risk to any specific groups? |
| [ ]  Young adults (18-25)[ ]  Women [ ]  Men[ ]  Other, provide detail: | [ ]  Vulnerable adults[ ]  Professionals[ ]  Older people | [ ]  Any minority groups[ ]  Children and young people (0-18) |
| If you have identified a risk, provide further detail of the risks below including the individual who poses the risk: |
|  |

**Section 2 - Five elements showing the reason for referral**

Record the following:

|  |  |
| --- | --- |
| 1. The person’s circumstances. *Provide detail of the family background and reason for referral including identification of needs.*
 | Date information recorded |
|  |  |
| 1. Their personal outcomes as well as any suggestions for the services that may help them to achieve these outcomes. *If you are aware of services, be explicit and name them. If the family have multiple needs, prioritise outcomes/services.*
 | Date information recorded |
|   |  |
| 1. Barriers to achieving these outcomes. *Identify what would stop them from overcoming the need that has been identified.*
 | Date information recorded |
|   |  |
| 1. Risks to the person or other persons if those outcomes are not achieved. *E.g. risk of escalating to Social Services/risk of becoming NEET.*
 | Date information recorded |
|  |  |
| 1. The person’s strengths and personal challenges. *Including previous agencies/services.*
 | Date information recorded |
|   |  |

|  |
| --- |
| 1. Has a copy of the assessment been offered to the person or family to whom the assessment relates, or to their representative? *Note: a copy of the assessment must be offered and should be provided if requested.*
 |
| [ ]  Yes [ ] No  |

|  |
| --- |
| 33. Documentation of Understanding and Agreement |
| I have ensured that that the service user has understood the JAFF process and how their information will be used, as detailed in the ‘How we will use your information’ section.The service user has positively indicated to me their understanding of the JAFF process and has agreed to enter into the JAFF process. |
| Referrer name: | Signature: (practitioner) |  Date: |
|  |  |  |
| Job position and organisation: | Email Address: | Telephone:  |
|   |  |  |
| Agreement received from (family member’s name): | Date received: |
|  |  |

**This indicates the end of the initial referral**

**Additional Outstanding Needs**

|  |
| --- |
| 34. Documentation of Additional Understanding and Agreement |
| It has been identified that the service user has additional outstanding needs and this information has been added to this JAFF Form.The service user has positively indicated to me their understanding of the JAFF process and has agreed to go through the JAFF process again in order to address these needs. |
| Referrer name: | Signature: (practitioner) |  Date: |
|  |  |  |
| Job position and organisation: | Email Address: | Telephone:  |
|  |  |  |
| Agreement received from (family member’s name): | Date received: |
|  |  |

**This indicates the end of the additional referral**

**Please send referrals to:**contactandreferral@caerphilly.gov.uk for Families First and SPACE Wellbeing referrals

supportingpeople@caerphilly.gov.uk for Supporting People referrals
familysupportreferrals@caerphilly.gov.uk for Flying Start referrals