**Caerphilly Joint Assessment Family Framework**

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.

**The JAFF**

***Please follow the link to the JAFF professional’s guidance Padlet (Easy read) while completing the JAFF, this will ensure the JAFF is completed correctly and all relevant information is included. The Padlet will help avoid any JAFF’s being declined for insufficient information, thus families will receive the right service at the right time. Please send the completed JAFF in WORD Document form not PDF. The Padlet is for professional use only, this does not need to be shared with the family.***

[JAFF PADLET Guidance Homepage](https://padlet.com/pricek52/jaff-padlet-guidance-homepage-mrvz4bfr8gg4uhrj)

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| ***Before completing the JAFF, please contact the JAFF Coordinator to see if an earlier JAFF exists for the family.*** | ***If you are unsure of what support is best suited to the family/child’s needs you may ring IAA, the JAFF Coordinator or visit the FF website.*** |

Do you want your assessment to be completed in: [ ] Welsh [ ] English [ ] Other, please specify:

If other, what is your preferred language?

Do you want any services provided to you in Welsh? [ ]  Yes [ ]  No: If so, please specify:

Do you require an interpreter? [ ] Yes [ ] No: If so, please specify language:

**Understanding & Agreement**

I have ensured that that the family understand the JAFF process and how their information will be used, as detailed in the **‘How we will use your information’** section at the end of the JAFF.

The family positively indicated to me their understanding of the process and have agreed to the JAFF.

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| 1.Referrer Name: | Signature: (Practitioner) | Date: |
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| Job position and organisation: | Email Address: | Telephone:  |
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| Agreement received from (family member’s name): | Date received: |
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| **Request for:** Choose an item. **Type of referral:** Choose an item.**Date:** Click or tap to enter a date. |  |
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**Family Details**

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| 2. Surname: | Previous knownSurnames: | Forename(s): | Preferred Name: | Gender: |
|  |  |  |  |  |
| DOB: | Current Address: | Permanent Address:*(if different)* | NI Number:*(for housing support)* |
|  | Postcode: | Postcode: |  |
| Contact Details: | Preferred method of contact: |
| Telephone:Email: | Method: Choose an item.Time: Choose an item. |
| 3. Is your family currently receiving support from Social Services?  | Are there any child/ren on the Child Protection register or care and support plan? |
| [ ] No [ ] Yes. Social Worker’s name:***If yes, please discuss this referral with the Social Worker.*** | [ ] No [ ]  YesIf yes, please identify what child/ren:  |
|  |  |
| 4. Has there been any previous support from agencies/projects? |
| Yes [ ]  Please Specify: Choose an item. Choose an item. Choose an item.No [ ]  Outcome of engagement: Date/Year of previous support: (What has the family/child achieved from engaging with previous support, what was successful? what was not successful?) |
| 5. Do you give consent to share and obtain information with the above and across agencies/services/schools? |
| [ ] Yes [ ] No(If yes, information can be obtained and shared from previous JAFF’s and may be sued for future JAFF’s) |
| 6. Are there any agencies/services/persons that you do not want information shared with? |
| [ ] Yes [ ] No*If yes, please provide detail:* |

7. Family Members (Including all significant persons including those living elsewhere):

* PR – Parenting Responsibility, EDD- Estimated Due Date.
* Please tick the box in the ‘Support Required’ column if this member of the family also requires support. Please provide a clear breakdown of support needed in Section 2.

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| First name | Surname | DOB/EDD | Gender | Address(if different) | Relationship to named person | PR(Y/N) | NI no: | Support Required |
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**8. Family Framework**

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| OFFICE USE ONLY: Previous Support *(Please insert any previous JAFFs/closures that will provide more detailed information to ensure the family receive the correct support.)* |
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| **Section 2- What Matters****If you are referring for Family support, please make each individual clear (e.g. Using each individual name as a sub heading, bold writing or a different colour font). Please use the sub questions as guidance to receive more information regarding the family, however, not all questions need to be explored. Please ensure all dates are completed**  |

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| **Tell us more about you and your family?*** *Can you tell us about your family and how things are going? Can you talk us through important events?*
* *Has there been any big events or changes in your life recently?*
* *Is there anything important that you would like us to know?*
* *If you have been involved in services before, what worked best for you? What didn’t work?*
 | Date recorded |
|  |  |
| **What do you and your family want to achieve? (If there are more than one support need, please prioritise needs in number order. E.g, first, second etc).*** *What are your goals as a family? What support are you looking for to help you reach your goals?*
* *What concerns you the most? Are there any boundaries already in place with your children?*
* *What matters to your child/ren? What do you think they would like to change?*
* *How do you work best as a family?*
 | Date recorded |
|  |  |
| **What are your strengths as a family?** * *Who are you close to? Who can you rely on? Who helps you during stressful situations?*
* *Do you have a good support network?*
* *What and how are you managing at present? What things are working well?*
* *Examples may include: keen to engage/willingness to try new ideas. Access to resources (car, internet, phone, childcare). Strong relationship with schools/education/GP.*
 | Date recorded |
|  |  |
| **Is there anything that would stop you achieving your goals?*** *Work commitments; Financial difficulties; Childcare issues; Disability; Live in isolated area; Communication difficulties; Limited support networks; Limited resources to access support.*
* *Do you have any previous issues with substance misuse/history of violence or aggression/poor wellbeing or mental health/contact with family members?*
 | Date recorded |
|  |  |
| **What do you fear could happen if you do not receive the support?*** *Escalation of risk if not supported; Safeguarding concerns; Short term and long-term risks to overall wellbeing; Risk of becoming NEET; Risk of homelessness/debt; Risk of offending.*
* *Are there any risks to children and young people/professionals/vulnerable adults/women or men/minority groups.*
 | Date recorded |
|  |  |
| **Child’s views, wishes & feelings*** *Do you feel you need and want the support? Is there anything you need help with?*
* *What are you good at? What do you love to do? Is there anything you find difficult?*
* *Who can you go to for help? Who do you trust? Do you have someone you can talk to?*
* *What changes would you like to make?*
* *Would you like someone to help you make those choices?*
 | Date recorded |
|  |  |
| **What projects/support has been discussed with the family/child?*** *Ensure the family/children are aware of the support available and what they may be referred to. This will ensure the family are involved in their decision making.*
 | Date recorded |
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**Additional Family Information**

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| 9. Agency | Name & Address | Telephone Number / Email Address |
| GP / Health |  |  |
| School / Childcare |  |  |
| Other |  |  |

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| 10. Safeguarding |
| Are there any safeguarding concerns within the family?  | Anyone in the family pose a risk to: Choose an item. | Any other known concerns:Choose an item. |
| If yes, please provide detailed safeguarding information: | If yes, specify here: | If yes, specify here: |

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| 11. How do you describe your family’s ethnic group? |
| Choose an item. |
| Click or tap here to enter text.   |
| 12. Do you or any other individuals in the referral have a long-term illness, Mental health/health problem or have a disability? |
| [ ] Yes [ ] No*If yes, please provide detail:* |
| 13. Do you or any other individuals in the referrals have any accessible requirements? (Induction loop/braille/easy read/large print/ramps/etc.) |
| [ ] Yes [ ] No*If yes, please provide detail:* |
| 14. (a) Do you feel happy and safe where you live?  |
| [ ] Yes [ ] No Accommodation: Choose an item.  |
| 14. (b) Are there any concerns around homelessness or housing support needed? (If yes, please consider referring to Supporting People). |
| [ ] Yes [ ] No If Yes, what support is required: Choose an item.*Please provide detail including amount of rent arrears/debt:* |
| 15. Has a copy of the JAFF assessment been offered to the person/family or to their representative? A *copy of the assessment must be offered and should be provided if requested.* |
| [ ]  Yes [ ]  No   |

**Please send completed JAFF to** **contactandreferral@caerphilly.gov.uk**

**Supporting People** (housing related)referrals can be made via:

<https://www.caerphilly.gov.uk/Services/Housing/Supporting-People-housing-related-support>

Requests for **Early Years (0-7years)** support can be made via:

<https://www.caerphilly.gov.uk/Services/Children-and-families/How-to-get-help-and-support/About-the-Early-Years-service>

**How we will use your information**

Families can receive Information, Advice and Assistance (IAA) from a wide range of providers within the Caerphilly area.

• If Information is provided, we will not record any of your information on our system.

• If Advice is provided, we will need to record your name, contact details and the nature of the advice provided for our records.

• If Assistance is required (Request for Support) then we will collect information about your family in order to offer the right support to meet your needs. This information is collected on the Joint Assessment Family Framework (JAFF) Form.

The JAFF Form will be securely forwarded to Caerphilly county borough council's Information Assistance and Advice Service for assessment and will be securely shared with the appropriate support service.

A key success of the JAFF is its focus on involving the whole family, rather than the individuals within it, in the assessment process. This approach has enabled more comprehensive assessments of strengths and needs as well as promoting a greater sense of ownership and empowerment for families.

If you consent to completing and sharing your information on your JAFF, this will allow information to be shared across agencies and schools from previous JAFF’s assessments and present JAFF’s can be used to collate future JAFF’s. This prevents families repeating their family history, it ensures that a family’s JAFF follows their journey, and their support needs are updated on their JAFF throughout their engagement with services. If consent is not given, the families information will not be shared.

[jaffprivacynotice.aspx (caerphilly.gov.uk)](https://www.caerphilly.gov.uk/caerphillydocs/foi/privacynotices/jaffprivacynotice.aspx)

SPACE Wellbeing Panel

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 Request Form is being completed so that your information is not passed to them and an alternative can be found.

Your information will be stored on a CCBC’s 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.