

Common Assessment Framework (CAF)

DRAFT Targeted Assessment

FAMILY SERVICES

This assessment should build on information gathered during the initial contact and screening tool.

| A. Administration details | | | |
|--|--|--|-----------|
| 1. Name of assessor | | 2. Organisation of assessor | |
| 3. Date | | 4. Client identifier | |
| | | 5. Unique Family Identifier | |
| 6. Child/ young person's name | | 7. Date of birth and age at time of assessment | 8. Gender |
| 9. Cultural identity of the child or young person <i>Verified from Initial Contact and Screening Tool</i> | | <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both Aboriginal and Torres Strait Islander <input type="checkbox"/> Cultural background <input type="checkbox"/> Language spoken at home <input type="checkbox"/> none | |
| 10. Primary care givers: name and relationship to child or young person | | | |
| 11. Cultural identity of the primary carer givers <i>Verified from Initial Contact and Screening Tool</i> | | | |
| 12. Assessment conducted with (which people present) <i>client /parents / carer</i> | | | |
| 13. Assessment conducted by <i>Tick all that apply</i> | | phone <input type="checkbox"/> visit to home <input type="checkbox"/> face to face meeting at <input type="checkbox"/> (specify) other <input type="checkbox"/> (specify) | |
| 14. How has the child or young person been involved in this assessment? | | | |
| 15. How have the father, mother and/or carer been involved in this assessment? If no involvement, explain why. | | <input type="checkbox"/> Father: <input type="checkbox"/> Mother: <input type="checkbox"/> Carer: | |
| 16. Has the young person or child also been referred for a Disability Services Targeted Initial assessment? | | | |

B. Family details

1. Family genogram *(taken from verified details provided in initial contact and screening tool)*

2. Describe the family composition and dynamics. Include details of living arrangements for the children and young people.

Describe parental marital status, parental responsibility for children if separated / divorced. Identify the key relationships within family, extended family and the community. Identify positive and negative family dynamics and the impact on the child or young person.

3. Children/ young people’s age and stage of life (for all other children in the family) *Tick one*

| Name (and gender) <i>e.g. Michael (M)</i> <i>Susan (F)</i> | Age | Relationship to child or young person for whom assessment is undertaken <i>(e.g. sister, step- brother)</i> | Infancy and Preschool years | Primary school years | Secondary school years |
|--|-----|--|-----------------------------------|--------------------------|---------------------------|
| | | | <i>Tick appropriate column</i> | | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

C. Services working with child, young person or family

1. Agencies accessed: e.g. Child Protection, criminal justice, GP, early years, extended school program, child and maternal health services, other healthcare, substance misuse, mental health, housing or homelessness support services, disability services, cultural community group, family violence services

| Name of organisation(s) | Contact person(s) | Phone number(s) | Type of involvement (including reason for access) | When accessed | | Contact made to complete assessment? | |
|-------------------------|-------------------|-----------------|---|---------------|-------------------|--------------------------------------|--------------------------|
| | | | | Currently | Previously (date) | Yes | No |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
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| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |

2a. If the child or young person, or their primary carer is from an Aboriginal and Torres Strait Islander background or a Culturally and Linguistically Diverse background, has consultation/ joint working occurred with an appropriate cultural organisation to complete this assessment?

2b. Which organisation?

3. Does the young person have any legal issues pending?
Provide details

E.g. court appearances, on youth justice order.

Not required

Yes: provide details?

No: provide reasons why not

Yes

No

Details

D. Strengths and risks for the unborn baby, child or young person

| D1. Strengths, protective factors and resilience | Comment |
|---|----------------|
| <p>Consider protective factors in terms of the child, the family, community and cultural factors, school context and life events. This can be completed through asking direct questions, through observations and responses throughout the whole assessment and based on information provided in other reports (e.g. from other services). However, information from other sources must be verified and must reflect the situation at the time of the current assessment.</p> | |
| <p>1. Describe the child or young person’s strengths</p> | |
| <p>2. Describe the family’s strengths and the key protective factors</p> | |

| D2. Safety | Comments |
|--|---|
| <p>Consider the primary carer’s direct behaviour and responses to the child or young person, as well as their engagement in high risk activities and the impact this may have on a child or young person. Also consider the safety of the primary care giver (in circumstances where there is an indication of family or domestic violence) and the gender bias in response to risk factors.</p> | |
| <p>1. Are the child’s basic care needs being adequately met?</p> <p><i>i.e. does the child have sufficient food, fluids, emotional warmth, shelter, rest and clothing? Is their hygiene adequate?</i></p> | <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>Provide details</p> |
| <p>2. Is the child protected from harm?</p> <p><i>Harm includes immediate, imminent and likely future harm to the child’s safety, stability, development, health and/or wellbeing.</i></p> | <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No: provide details</p> |

| | |
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| <p>3. Is the child or young person living with family violence?</p> | <input type="checkbox"/> <i>Yes: provide details</i> <input type="checkbox"/> <i>No</i> |
| <p>4a. Is basic care and protection from harm provided consistently?</p> <p>4b. Is there evidence of a cumulative history of exposure to harm, abuse or neglect for the child or young person?</p> | |
| <p>5. If concerns and issues are highlighted, what is the impact of these on the child or young person?</p> | |

| D3. Stability | Comments |
|---|-----------------|
| <p><i>Significant relationships and connections. Consider and describe both positive and negative relationships and connectedness</i></p> | |
| <p>1. Describe the nature of the relationship of the child or young person to their primary care giver.</p> <p><i>Consider the impact of recent changes (e.g. a new parental relationship) on the child or young person..</i></p> | |
| <p>2. Describe the nature of the relationship of the child or young person to their immediate and extended family.</p> | |
| <p>3. Describe the child or young person’s connection to their preschool, school and friends.</p> | |
| <p>4. Describe the child or young</p> | |

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|---|--|
| person’s connection to their community. | |
| 5. Describe the child or young person’s connection to their culture. | |
| 6. Has the child’s stability been relatively consistent over time? | <input type="checkbox"/> Yes <input type="checkbox"/> No: provide details |
| 7. Summary of relationships and connectedness and areas of strength or concern. Consider impact on unborn baby, child or young person <i>Highlight both positive relationships and connections, as strengths, and areas of concern that may require intervention</i> | |

D4. Development of unborn baby, child or young person

Comments should include details about strengths and protective factors as well as areas of concern or identified risk. Details should draw on knowledge of development and ages and stages. Where there are no concerns, this should be noted in the comments box.

NB: For children with a disability, practitioners should consider whether the Disability Services Targeted Assessment should also be undertaken.

1. Health

Comments

1. General health and wellbeing
regarding general health and wellbeing, access to GPs, dentists, opticians, immunisation, developmental checks, health advice and information, accidents, significant illness/separation
Include relevant information about birth risks, such as prematurity and low birth weight.

2. Language and communication
do the speech, language and communication, conversation, listening, responding, understanding meet expected developmental milestones.

| | |
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| <p>3. Physical development against development milestones <i>activity, gross and fine motor skills, vision and hearing</i></p> | |
| <p>2. Behavioural development Comments</p> | |
| <p><i>meeting developmental milestones, self control, impulsive behaviour, behaviour with peers, anti-social behaviour, substance misuse, offending, rebelliousness, sexual behaviour, aggression, attention, concentration</i></p> | |
| <p>3. Emotional and Social Development Comments</p> | |
| <p><i>meeting developmental milestones, attachment, attitudes, relationships with peers, inclusion, motivated, coping with stress</i></p> | |
| <p>4. Learning, education and cognitive development Comments</p> | |
| <p>4a. Understanding reasoning and problem solving <i>and organising, exploring, experimenting, numeracy and literacy levels. Are these considered to be at the ability level expected of the child or young person's age group?</i></p> | |
| <p>4b. Participation in learning, education and employment <i>engagement, attendance, truancy, supported by family, progress in learning</i></p> | |

| 5. Engagement and participation | | Comments |
|---|--|-----------------|
| 5a. Participation in leisure, recreation and rest | | |
| 5b. Participation in faith, community and culture | | |
| 6. Self identity, social presentation and self-care | | Comments |
| 6a. Belongingness and connectedness <i>pride in appearance, connection/identification with culture and community, perceptions of self, sense of belonging, experiences of discrimination (due to race, religion, age, gender, sexuality, disability)</i> | | |
| 6b.. Communication and confidence <i>discriminates between people, able to communicate confidently and appropriately with adults and peers</i> | | |
| 6c.. Independence and self care <i>decision making, changes to body, appropriate separation from family, personal responsibility (e.g. hygiene)</i> | | |
| 6d. . Aspirations, motivation and perseverance | | |

E. Parents and carers capacity and skills

| Do the parents/ carers: | Child/ young person’s needs are met | | | Details: <i>If no, provide description including impact on child or young person and whether support is already being accessed</i> |
|---|--|--------------------------|--------------------------|---|
| | <i>Yes</i> | <i>No</i> | <i>Not known</i> | |
| 1. Provide basic care <i>(also see question D2.1)</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2. Ensure the child or young person’s safety <i>(also see question D2.2)</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3. Provide emotional warmth and responsiveness <i>(e.g. evidence of secure attachment, affectionate and caring, provides praise and encouragement)</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 4. Provide guidance and appropriate supervision sets boundaries | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 5. Provide consistent and reliable responses and discipline | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 6. Provide a stimulating environment to encourage learning, development and wellbeing <i>(e.g. promotes education and positive experiences)</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 7. Are there any issues affecting capacity to provide care and response to child, young person? <i>i.e. shift work, disability, long periods of absence, mental illness, drug and alcohol use, domestic or family violence, financial hardship, geographical, social or cultural isolation, history of CJS involvement</i> | | | | |
| 8. Is there any history that may impact on the parental capacity? <i>(e.g. parental history of abuse or neglect)</i> | | | | |
| 9. Summary Consider impact on unborn baby, child or young person | | | | |

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| <p><i>Summarise areas of concern for consideration through planning, prioritisation and referral</i></p> | |
|--|--|

F. Community participation, social and economic environment

| | Yes | No | Not known | <i>Details: Provide description including impact on the child or young person, whether support is already being accessed</i> |
|---|--------------------------|--------------------------|--------------------------|--|
| <p>1. Is the current accommodation where the child or young person resides stable, sufficient, suitable?</p> <p><i>Consider location, layout, space (crowding), child's sleeping arrangements</i></p> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2. Has the family been homeless in the past? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3. Is homelessness a current issue? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 4. Is one or more of the child/ young person's parents or carer currently employed? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| <p>5. Does the parent(s)/ carers current income sufficiently meet the needs of the family?</p> <p><i>Consider location, layout, space (crowding), child's sleeping arrangements</i></p> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 6. What is the family's involvement with wider/extended family and social networks? | | | | |
| 7. What is the family's involvement with the local community? | | | | |

| | | | | |
|--|--------------------------|--------------------------|--------------------------|--|
| <p>8. Does the family have access to community resources, such as sports, recreation, faith organisations, cultural groups, universal services?</p> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| <p>9. Has the family’s involvement in family, social networks and community resources been consistent over time?</p> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| <p>10. Summary</p> <p>Consider impact on unborn baby, child or young person</p> <p><i>summarise areas of concern for consideration through planning, prioritisation and referral</i></p> | | | | |

G. Summary of Targeted Assessment for Family Services

| | |
|--|---|
| <p>G1. Summary – professional judgement</p> | |
| <p><i>This section should be completed in association with the Summary Table (Section G below).</i></p> | |
| <p>1. Are the best interests of the child or young person being met in their current environment and circumstances?</p> | <input type="checkbox"/> <i>Yes</i> <input type="checkbox"/> <i>No: provide details</i> |
| <p>2. Are there any concerns for the child or young person’s safety, stability or development?</p> <p><i>should prompt an immediate consultation with Child Protection</i></p> <p><i>Consider both immediate and cumulative harm</i></p> | <input type="checkbox"/> <i>Yes: provide details</i> <input type="checkbox"/> <i>No</i> |
| <p>3a. Summary of family strengths / protective factors and resilience</p> | |
| <p>3b. Do the strengths and protective factors sufficiently ameliorate the impact of the risk factors that have been identified?</p> | <input type="checkbox"/> <i>Yes</i> <input type="checkbox"/> <i>No: provide details of likely impact</i> |
| <p>4. The summary table identifies a</p> | |

| | |
|--|--|
| <p>number of identified risks and needs. If these are not addressed, what would be the impact on the development, safety, stability and wellbeing unborn baby, child or young?</p> | |
| <p>5. What are primary care giver’s views about the risks and needs identified in the summary table?</p> | |
| <p>6. What does the child / young person think about the areas of risk and need identified in the assessment?</p> | |
| <p>7. How motivated are the family, child and/or young person to engage in services / seek supports to address identified risks?</p> | |

| | |
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| <p>G2. Referral and assessment outcomes</p> | |
| <p>1. Does the family, young person or child want to be involved in culturally appropriate services? (if relevant) This must be considered in determining which services should be provided.</p> | |
| <p>2. Referrals required to: <i>List services.</i> This to be completed by assessor to identify suitable referrals to address identified risk areas. Actual referrals will be considered by a multi-disciplinary team at case allocation meetings and recorded on the Planning, prioritisation and referral tool.</p> | |
| <p>3. Does the person require transport to attend services?</p> | |
| <p>4. Attached information <i>care plan, referral form, consent to share information</i></p> | |
| <p>5. Holding work required <i>details including dates and responsibility.</i></p> | |

| | |
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| <p><i>This may be completed after the allocation meeting</i></p> | |
| <p>6. Date follow up required by Gateway services <i>This may be completed after the allocation meeting</i></p> | |

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H. Summary Table – Risk factors

For each assessment domain, summarise the identified risk factors and the goal(s) to address the risk. Goals should be discussed and agreed between the assessor, the child or young person (where appropriate) and the family/ carers. Several risk factors and goals may be recorded in each domain. The urgency with which these need to be addressed should also be identified. Urgency should be allocated as follows: 1- highest, 2 – medium, 3 – lowest, 4 – not urgent. Urgency should be identified based on a) best interests for the unborn baby, child or young person, b) consideration of the risk to the unborn baby, child or young person if the risk is not addressed (in terms of safety, risk of harm, stability and development).

| Assessment domain | Areas of identified risk(s) and needs | Goal(s) <i>Note whose goals these are</i> | Urgency |
|--|---------------------------------------|--|---------|
| Safety | | | |
| Stability | | | |
| Development of the unborn baby, child or young person | | | |
| Health | | | |
| Behavioural development | | | |
| Emotional and social development | | | |

| Assessment domain | Areas of identified risk(s) and needs | Goal(s) <i>Note whose goals these are</i> | Urgency |
|--|---------------------------------------|--|---------|
| | | | |
| Learning, education and cognitive development | | | |
| Engagement and participation | | | |
| Self identify, social presentation and self care | | | |
| Parents/ carers capacity and skills | | | |
| Community participation, social and economic environment | | | |