Developing an Assessment Toolkit for the Early Intervention Support Service (EISS) – Evidence Review

Final report

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The Early Intervention Transformation Programme (EITP) is a Northern Ireland Executive/Atlantic Philanthropies Delivering Social Change Signature Programme, funded jointly by the Delivering Social Change fund, DoH, DE, DoJ, DfC, DfE and The Atlantic Philanthropies. EITP aims to improve outcomes for children and young people across Northern Ireland through embedding early intervention approaches.

This report was produced for the Early Intervention Transformation Programme and funded by Atlantic Philanthropies. This report is primarily intended to inform the decision making relating to the development of the Early Intervention Transformation Programme projects.

Chapter 1: Background, aims and methodology

Background

The Early Intervention Transformation Programme (EITP) is delivered as part of the Delivering Social Change agenda in partnership with Atlantic Philanthropies. It represents a new level of joined-up working and funding across NI Government Departments to drive through initiatives which will have a significant impact on outcomes for families with children between 0 and 18 years old.

The focus of the programme is on delivering sustainable transformative change in how mainstream services are delivered to families and children, including through both universal and targeted provision, via the embedding of evidence informed early and earlier intervention approaches. This will lead to the development of an integrated system to improve outcomes for families with children between 0 and 18 years old across the four Hardiker tiers of need of the Northern Ireland Family Support Model.

There are a number of regional strategies developed by a cross section of Government Departments that include Early Intervention.

- OFMDFM (Our Children and Young People, Our Pledge)
- DHSSPS (Making Life Better 2014; Healthy Child Healthy Future 2010, Families Matter)
- DE (Every School a Good School and the Learning to Learn Strategy
- DSD (People and Place – a Strategy for Neighbourhood Renewal)
- DoJ (Framework for the Prevention of Offending, Community Safety Strategy).

The EITP will develop an integrated system through three workstreams (below) to improve outcomes for families with children between the ages of 0 – 18 years old across all four Tiers of the Hardiker model.

I. **Workstream One** aims to equip all parents with the skills needed to give their child the best start in life:
II. **Workstream Two** aims to support families when problems arise; before they need statutory involvement;
III. **Workstream Three** aims to positively address the impact of adversity on children and their families.

Workstream Two of the EITP will deliver a defined range of preventative services to Tier 2 families that will address difficulties early enough to affect the numbers of families with children between the ages of 0 – 18 years old who require services at Tier 3. Specifically, those services include:

- Early Intervention Support Service (EISS)
- Strengthening Families and Incredible Years Parenting Programmes
- Family Group Conferencing

This paper focuses on supporting the implementation of the Early Intervention Support Service (EISS) which seeks to support families when problems arise before they need involvement with Statutory Services. The EISS will deliver and coordinate personalised, evidence based early interventions for families with children between the ages of 0 – 18 years old within Tier 2 of the Hardiker Model.

The EISS will seek to de-escalate issues of concern, achieve sustainable change, promote capability and capacity within families to problem solve difficulties they are or may experience in the future and divert them from interventions by Statutory Services using the combined expertise of participating organisations.

Underpinning themes for the EISS include:

- Evidencing improved outcomes for children and young people
- Supporting and empowering parents and families
- Improving safeguarding of children and young people
- Supporting the contribution of children, young people and their families, to communities
- Addressing health and well-being inequalities
- Improving foundations for better physical, emotional and mental health
- Improving foundations for achievement and education
- Improving community safety and prevention of offending

The Early Intervention Support Service (EISS) model

The EISS model will undertake the following activities:

- The EISS will provide family support using a "key worker" approach to Tier 2 families where there are no other services within the Lot Area to address the identified need.
- The EISS team will be a mixed team including 2.5 Whole Time Equivalents (WTE's) working at Band 6 or equivalent; 1.0 WTE working at Band 4 or equivalent and 0.4 WTE working at Band 3 or equivalent.
- The Service Provider will have managerial responsibility for the EISS team.
- Each EISS will provide a range of evidence informed therapeutic and brief interventions.
- Each key worker will have a minimum case load of 10 families with support provided for a period of approximately 12 weeks.
- Each EISS will identify, engage with and support a minimum of 385 families with children between 0 and 18 years old.
- The EISS will be implemented as a service closely aligned to the Family Support Hub (FSH) network and will work in conjunction with the FSH and other Statutory and Non Statutory Organisations to ensure Services are not displaced or duplicated at the local level in the Lot Area.
- The EISS team will have or will be expected to build knowledge of all other early intervention services within the Lot Area and work in partnership with other services e.g. Sure Start, Home Start, schools, early year's settings, community, voluntary and statutory organisations.
- Professional development will be given a high priority. EISS staff (at Band 6 and Band 4) will be required to participate in core training (to be provided through the PHA) to ensure consistency and fidelity across the five Lot areas.

As mentioned previously, the EISS will be supported by the provision of Strengthening Families and Incredible Years Programmes and Family Group Conferencing services.

The key objectives of the Service package are:

- To support families with children between 0 and 18 years of age when problems first emerge through a consistent Early Intervention Support Service that delivers one-to-one evidence based support to prevent problems becoming intractable or developing into an acute crisis.
- To support families with children between 0 and 18 years of age to make sustainable improvements to their lives.
- To reduce the number of families with children between 0 and 18 years of age who need to access more costly and complex intensive services.
- To work in partnership with key stakeholders to ensure families with children between 0 and 18 years of age are signposted to support services as appropriate.
- To identify baseline levels of family need and measure distance travelled over time with a standardised tool e.g. Outcomes Star.
- To demonstrate outcomes through the quarterly monitoring reports and the standardised assessment tool to flag key milestones and successes.

Aims of this review

The overall aim of this review is to enable the Public Health Agency to make an informed decision on family assessment tool/s most appropriate for use within the EISS.

In order to inform this decision the specific objectives for this piece of work are to:

- Review literature to identify good practice around family assessment in order to inform the choice of family assessment tools for the EISS.
- Gather information on a range of family assessment tools on areas such as background, domains covered, target population, cost, quality, and administration.
- Identify what assessment tools if any could service a dual purpose of assessing family needs and measuring change of the impact of EISS.

The remaining sections of this review present the methodology used followed by the findings in relation to each of the above tasks. The final section draws these implications together into a set of key messages and suggestions for informing the EISS going forward.

Methodology

This section presents the methodology used to generate, analyse and appraise the information contained in this review.

Search strategy

A comprehensive literature search was conducted using the following search terms (keywords):

- Family assessment
- Needs
- Domains
- Instruments

- Tools
- Children, young people, families
- Evidence based
- Evaluations
- Strengths based
- Impact
- Change
- Good practice
- Validity
- Reliability
- Training

This search was carried out using a database search. The database covers a wide range of relevant sources including the following:

- Queen's University Library Database
- Campbell Collaboration
- Cochrane Library
- ESRC today
- Social Care Online
- Social Policy and Practice
- Child Development and Adolescent Studies
- Social Sciences Citation Index

General web searches were also conducted in order to capture any information left out by the above databases.

The search was narrowed by applying the following criteria:

- Academic journals
- Policy papers and reports
- Health and social care practice reports and training guidance

This method of searching ensured that the potential for bias in the selection of materials was minimised. The references reviewed were limited to those printed in the English language. In total, c. 110 documents were consulted and, of these, 77 documents were deemed to be directly relevant to the focus of this review. Please note, that in the interest of making the content of this review easier to navigate, no references or citations are included within the tables of this document.

As the EISS targets Tier 2 families, tools that are specifically for use with Tier 3 and 4 families, (e.g. those families that have a child in care or those with members in custody or prison) have been excluded from this review.

Consultation with early intervention specialists

A number of interviews were conducted with specialists from early intervention services across the UK about their use of family assessment tools. The purpose of this exercise was to gather

contemporary evidence on current tools used for family assessment in early intervention projects in the UK and identify the strengths and weaknesses of these. These specialists where based in the following organisations: Lambeth Early Action Partnership, Action for Children, Barnardos, Kirklees Council and Oxford Early Intervention Service. Key themes addressed in the interviews included:

- Nature of the EISS
- Family assessment tools used
- Rationale behind choice of family assessment tools used
- Nature of administration (i.e. how often is the family assessment tool administered)
- Training and qualifications required to use the family assessment tool
- Data management and analysis

A full topic guide used in the interviews can be found in Appendix 1.

Chapter 2: Review findings

Introduction

This chapter presents the review's findings in relation to evidence on family assessment practice. The chapter is structured as follows:

- What is family assessment and what are the essential components
- What distinguishes screening from assessment and how is change measured
- Importance of good quality family assessment
- Good practice within family assessment
    - What domains are assessed as part of family assessment
    - Who is involved in family assessment
    - The process of family assessment
    - Strengths based approach
    - Methods used in family assessment
- Commonly used family assessment tools
- Lessons learned from practice elsewhere
- Summary

What is family assessment and what are the essential components?

Family assessment has been defined as the process of identifying, gathering and weighing information to understand the significant factors affecting a child's safety, permanency, and well-being, parental protective capacities, and the family's ability to assure the safety of their children (Johnson et al., 2006). It begins with the first contact with a family and continues until the case is closed (Schene, 2005). It is based on the assumption that for services to be relevant and effective, workers must systematically gather information and continuously evaluate the needs of children and parents/ caregivers as well as the ability of family members to use their strengths to address their problems (Schene, 2005). Comprehensive or whole family assessments go beyond risk assessment to develop a full picture of the child's and family's situation and their needs (Smithgall et al., 2014). These assessments support professionals in understanding a family's structure, dynamics, interaction patterns, and strengths. Family assessment looks at the interrelationships between family members and how these relationships impact on individuals within the family. At the delivery level, family assessment 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 (DfE, 2010).

The purpose of the assessment is to:

- Gather important information about a child and family
- Analyse their needs and/or the nature and level of any risk and harm being suffered by the child
- To decide whether the child is a child in need and/or is suffering or likely to suffer significant harm and;

- To provide support to address those needs to improve the child's outcomes to make them safe. (HM Government, 2013)

Family assessment includes several components, including screening and general disposition, which typically occur at intake; definition of the problem, which may include diagnostic assessments (or quantification of problem severity) that occur during intake and investigation procedures; planning, selecting, and matching services with identified problems; and monitoring progress and evaluating service outcomes (Johnson et al., 2006).

What distinguishes screening from assessment and how is change measured

The CEBC (California Evidence Based Clearing House) defines a screening tool as a brief questionnaire or procedure that examines risk factors, symptoms, or both to determine whether further, more in-depth assessment is needed on a specific area of concern, such as mental health or substance use. Since the goal is to identify specific needs among a broad group, screening is usually done with a large population, like all children referred to Child Welfare Services or all children entering out of home care. A positive result on a screening tool should result in a referral for a more thorough assessment.

The CEBC defines an assessment tool as an in depth process used to understand a child's and/or family's strengths and needs, such as functioning, family and individual history, symptoms, and the impact of trauma.

Many instruments are designed to detect the existence of a given condition, not to measure improvement in a child or family's functioning over time. Only instruments sensitive enough to detect client change can reliably measure it, a distinction that may not be apparent to many users. Since child welfare decisions are often made when there appears to be a "lack of progress" on the part of a client, assessment instruments need to be very sensitive to measuring change (Johnson et al., 2006).

Importance of good quality family assessment

The quality of assessments is important. While it is not always straightforward to show that good outcomes for children necessarily follow from good assessments, there is evidence to support the link – and, conversely, to demonstrate that bad or inadequate assessments are likely to be associated with worse outcomes. For example, there is evidence that the absence of assessments of maltreated children at different stages of professional involvement is related to repeat abuse (Farmer et al., 2008; Fauth et al., 2010), and shortcomings in assessments have been a consistent feature in many cases of severe injury or child death (Rose and Barnes, 2008). Delays in assessment and decision-making in relation to the removal from home and placement of children can lead to difficulties in achieving permanent placements, and successful placements get harder with the child's increasing age; indeed, because of such delays some children never achieve a permanent placement (Selwyn et al., 2006; Ward et al., 2006; Beecham and Sinclair, 2007). Poor assessments may expose children to risks of further maltreatment or placement breakdown (Biehal, 2006; Ward et al., 2006; Farmer et al., 2008;). Instability in care often leads to a downward spiral: worsening emotional and behavioural difficulties, further instability, poor educational results, unemployment and a lifetime of poverty. So poor assessments have potentially far-reaching consequences.

More positively, good assessment is related to improved chances of reunification success, and can contribute to placement stability for children - for example, by preventing delay and helping to ensure the provision of appropriate and adequate support for foster carers, kin carers and adoptive parents (Farmer et al., 2004; Wade et al., 2010). Good assessment also has a role to play in early intervention strategies, contributing to the effective targeting of interventions. Nevertheless assessment, whilst important, is not the only thing that affects outcomes for children. A number of other factors are involved, such as genetic vulnerabilities, parental behaviour and motivation, the availability of resources (including having the right kinds of interventions available and skilfully undertaken, to address identified needs, issues and difficulties), and so on. It is also evident that assessments can be wrong. The reasons for such failings are not simply to do with the judgments of individual practitioners, but must be understood at the structural as well as the individual level (DfE, 2011).

Good practice within family assessment

What domains are assessed as part of family assessment?

Family assessment instruments cover a wide array of factors, from tangible outcomes such as the cleanliness of the home environment to less tangible factors such as self-esteem. Before selecting a measure, such as parental functioning, parental behavioural health, or quality of the home environment, it is important for agencies and programmes to clearly identify the goals and desired outcomes of services for children and families. The most common domains assessed include:

- **Patterns of family interaction/ relationships/ dynamics**- assessment of family functioning is important, as it has been suggested that the best predictors of multi-type maltreatment are poor family cohesion, low family adaptability, poor quality of the adults' relationship.

- **Child needs and development**- to include assessment of attachment, resilience and self-esteem.

- **Parenting practices and capacity**- to include assessment of parents' capacity to meet the needs of children including basic requirements of parenting and parents' ability to change.

- **Background and history of caregivers-** studies highlight the importance of taking into account the impact of factors related to family history such as domestic violence, parental mental illness, substance misuse (Johnson et al., 2006; DfE, 2011)

Several additional behaviours and conditions have been associated with child maltreatment, such as domestic violence, mental illness, poor physical health, disabilities, and alcohol and drug use. Ideally, a comprehensive family assessment instrument will address these conditions and indicate whether a need for more specialized assessment exists (Austin et al., 2006; DfE, 2011b). According to the Department for Education in the UK, the most comprehensive of the whole family assessments gather detailed information on a wide range of issues for all family members (DfE, 2011b). As noted by Johnson et al., (2006) any time a family assessment instrument can provide information on multiple domains/ outcome areas, managers are able to conserve resources.

Who is involved in family assessment?

An effective comprehensive family assessment must be completed in partnership with families and all of the professionals who work with them such as schools (Johnston et al., 2006; HM Government, 2013). This involvement will foster engagement by enhancing communication between the agency and the family about how the family got to this point, what has to change, what services are needed, the expectations for who will do what when, the timeframes, and what alternative resources might exist within the extended family and social network to address the safety, permanency, and well-being of the child or youth (Schene, 2005). Families that take a more active role in appraising their situation have been shown to be effective in facilitating whole family assessment approaches (GSR, 2013). Typically perspectives will be obtained from multiple family members, including extended family members (Johnson et al., 2006). In addition, it is essential that family assessments are child-centred and are informed by the views of the child (HM Government, 2013). Given that family assessment covers a broad range of ages of family members, a package of instruments will need to be used in most cases (Johnson et al., 2006).

The process of family assessment

Good assessments are dynamic and responsive to the changing nature and level of need and/or risk facing the child and are not a one-off event (Schene, 2005). Evidence is built and revised during the assessment process. If a social worker makes a judgement early on in the case, they may often need to take action to modify their decisions once new information comes to light (HM Government, 2013). To be able to analyse assessment information effectively, practitioners need to be equipped with the knowledge and skills to think analytically, critically and reflectively. They also need to be able to inform their judgement through multidisciplinary liaison and knowledge of current research and evidence. Good, regular supervision will enable them to review their understanding of a case and if necessary revise their conclusions in the light of new information, shifting circumstances or challenges to their thinking (DHSSPS, 2011; Turney et al., 2011).

Strengths- based approach

The literature suggests that effective family assessment should also take a strengths based approach (DfE 2010; Henricson, 2012). The continuous exploration of the family's ability to address their problems is important because recognizing strengths can help families realize their capacity to change (Schene, 2005). A review of effective practice in working with highly resistant families conducted by Fauth et al., (2010) concluded that more positive outcomes were achieved by programmes that incorporated a strengths based approach as well as including high levels of participation involvement and access to social support.

Strengths based assessment has been defined as 'the measurement of those emotional and behavioural skills, competencies, and characteristics that create a sense of personal accomplishment; contribute to satisfying relationships with family members, peers, and adults; enhance one's ability to deal with adversity and stress; and promote one's personal, social and academic development. As such, strength-based assessment offers a strategy for empowering children and their families by building on the personal strengths and resources that are frequently overlooked or given minimal attention in more problem-orientated approaches to assessment.

A strength-based assessment approach provides several advantages for practitioners and the individuals they serve. First, focusing on strengths allows practitioners to involve children and their families in service planning in a positive way by underscoring what is going well in a child's life. Second, strength-based assessment provides a method for documenting a child's strengths and competencies and offers a way for establishing positive expectations for the child. Third, through strength-based assessment family members are empowered to take responsibility for the decisions that will affect their child's life (Johnson and Friedman, 1991; Saleebey, 1992).

Methods used in family assessment

A variety of methods and approaches have been tested and are used to assess families' needs; the most established of these have historically focused on children, with the wider needs of the family taken into account to a varying degree. Certain clinical instruments have the advantage of assessing a range of child or family functioning. Other instruments are useful in that they can be used along with other tools as part of a package (Johnston et al., 2006).

While there are many approaches, family assessment methods typically fall into three categories: client self-report, observation, and interviews (Austin et al., 2006). A key distinction of these methods is the degree to which they are formalized (Johnston et al., 2006). Formal methods, such as self-report questionnaires, tend to have procedures that are clearly outlined to facilitate consistently repeated administrations. By contrast, informal methods such as interviews may be less clear in their specification and more variable in terms of administration (Johnston et al., 2006).

Self-report questionnaires provide a unique insider view of family life as well as reliable methods, simplified administration and scoring, and a measurable link between an individual's perceptions or attitudes and behaviours (Johnston et al., 2006). Given these advantages, they are by far the most commonly used method in research as well as in practice. Observation rating scales provide another cost-effective method of generating outsider information regarding family interaction patterns that can also be evaluated for reliability and validity. However, rating scales can also be limited in their usefulness by the competence of the rater and the psychometric quality of the scale (Johnston et al., 2006). Raters must have a clear understanding of the concepts that are measured and the behaviours that represent the concepts in practice. They must also possess adequate knowledge of different populations in order to place observed behaviour on a continuum, a concern that adequate training and clinical supervision can begin to address. However, as with self-report measures, evidence of the validity and reliability of an observational rating scale is critical in the instrument selection process (Johnston et al., 2006).

Less commonly, measures are derived from qualitative data gathered via semi-structured interviews, and/or self-reports of actual behaviour (e.g., diary of activities or behaviours of interest) (SRDC-SRSA, 2009). Interviews are found to be beneficial in gaining a general understanding of who is in the family, where they reside, and how the connections work (Schene, 2005).

Commonly used family assessment tools

In conducting this review, a total of 42 family assessment tools have been identified that are wide ranging in both format, content and use. To facilitate the development of a toolkit for the EISS, information on the following was sought for all 42 identified tools:

- Background of tool
- General domains assessed
- Target population
- Administration/ format
- Evidence of quality
- Cost
- Training/ qualifications required

This information is summarised in Appendix 2 and for the purposes of this review has been used to develop thinking in the subsequent chapter where the 42 identified tools have been assessed against the good practice criteria identified within this chapter.

Lessons learned from practice elsewhere

The interviews with stakeholders generated much valuable information on contemporary practice in family assessment. Key interview findings are summarised in the points below.

- Different services are using different approaches to family assessment.
- In England the Common Assessment Framework (CAF) is used across all Early Intervention Services, however as the full CAF is more applicable to families with complex needs (Tier 3 and 4), early intervention services have developed shorter alternatives to the CAF more suitable for families with lower levels of need, e.g. Early Help Assessment used by Kirklees Council.
- Some voluntary sector providers have developed their own assessment procedures and in some cases, e.g. Action for Children, this is built into a wider information management system that tracks families from entry to the service through assessment through service delivery through to impact and outcomes.
- Common practice includes some form of qualitative pre-assessment, or a checklist of areas to explore with the family to gain an overview of the whole family circumstances. This is conducted prior to either undertaking a more thorough assessment where needs are deemed complex (i.e. the full CAF process) or moving directly to action planning and administering an outcomes measurement tool to gather quantitative baseline data.
- The most common outcomes measurement tools identified in the interviews were Outcomes Stars (Family Star, Youth Star, My Star), CORS and TOPSE.

Summary

Based on the findings presented throughout this chapter, it is clear that many tools have been developed and are in use in the practice of family assessment. Evidence presented throughout suggests that good practice in administering family assessment comprises the following core components:

1. Strengths based
2. Takes children's views into account
3. Takes a whole family approach
4. High quality[1]

[1] As noted in the evidence review, the quality of quantitative outcome measure tools should be assessed according to psychometric qualities (e.g. acceptable levels of reliability and validity). For this review the quality

5. Covers one or more of four common domains – (i) patterns of family interaction (ii) parenting practices, (iii) child needs and development; (iv) background and history of caregivers
6. A mixture of initial qualitative assessment supported by implementation of quantitative outcome measures to link the assessment of need to the change achieved over time in target areas.

of these tools will be assessed based on whether there is at least one measure of acceptable validity and reliability presented by the publisher. In order to assess the quality of assessment tools which are qualitative in nature and for those that are newly developed, quality ratings are based on evidence gathered from service user evaluations where available.

Chapter 3: Applying the evidence to the development of an assessment toolkit for EISS

Introduction

This chapter uses evidence from the previous chapter regarding effective family assessment and, in a number of steps, applies it to the EISS model of delivery in order to recommend the core content for an EISS assessment toolkit. These steps are outlined below:

Step 1: Assessing identified tools against evidence of effective family assessment

The vast range of potential family assessment tools that have been identified throughout the course of this review are assessed against the 6 core components of good practice identified in the previous chapter. These core components include:

1. Strengths based approach
2. Takes children's views into account
3. Takes a whole family approach
4. High quality[2]
5. Covers one or more of four common domains – (i) patterns of family interaction, (ii) parenting practices (iii) child needs and development; (iv) background and history of caregivers
6. A mixture of initial qualitative assessment supported by implementation of quantitative outcome measures to link the assessment of need to the change achieved over time in target areas.

Based on the information collated on all of the tools, Table 1 below assesses the tools against the six good practice criteria presented above.

[2] As noted in the evidence review, the quality of quantitative outcome measure tools should be assessed according to psychometric qualities (e.g. acceptable levels of reliability and validity). For this review the quality of these tools will be assessed based on whether there is at least one measure of acceptable validity and reliability presented by the publisher. In order to assess the quality of assessment tools which are qualitative in nature and for those that are newly developed, quality ratings are based on evidence gathered from service user evaluations where available.

Table 1: Assessing potential of family assessment tools against evidence of good practice

	Strengths based	Takes children's views into account	Takes whole family approach	High Quality	Covers one or more of 4 common domains – (i) patterns of family interaction (ii) parenting practices, (iii) child needs and development; (iv) background and history of caregivers	Format (Quantitative or qualitative tool)
1. UNOCINI	✓	✓	X	X	✓	Qualitative
2. Family Outcomes Star (Plus)	✓	X	X	✓	✓	Quantitative
3. Youth Star	✓	✓	X	✓	✓	Quantitative
4. My Star	✓	✓	X	X	✓	Quantitative
5. Integrated Services Greater Shankhill Assessment Form	?	?	?	?	✓	Qualitative
6. The CARE Index	X	X	X	X	✓	Quantitative
7. Solihull Assessment	✓	✓	X	X	✓	Qualitative
8. Ages and Stages Questionnaire (screener)	✓	X	X	✓	✓	Both
9. Ages and Stages Questionnaire: Social-Emotional (screener)	✓	X	X	✓	✓	Both
10. Salford's Graded Care Profile	✓	X	X	X	✓	Qualitative
11. Family Quality of Life	✓	✓ (adolescents)	✓	✓	✓	Quantitative
12. Family Assessment Measure III	✓	✓	✓	✓	✓	Quantitative
13. McMaster Family Assessment Device	✓	✓ (12 years +)	✓	✓	✓	Quantitative

	Strengths based	Takes children's views into account	Takes whole family approach	High Quality	Covers one or more of 4 common domains – (i) patterns of family interaction (ii) parenting practices, (iii) child needs and development; (iv) background and history of caregivers	Format (Quantitative or qualitative tool)
14. McMaster Clinical Rating Scale	✓	✓ (12 years +)	✓	✓	✓	Quantitative
15. McMaster Structured Interview of Family Functioning	✓	✓ (12 years +)	✓	X	✓	Qualitative
16. TOPSE (Tool to Measure Parenting Self-Efficacy)	✓	X	X	✓	✓	Quantitative
17. PCOMS (Partners for Change Outcome Management System)- involves 2 scales ORS and SRS	✓	✓	✓	✓	✓	Quantitative
18. The Hybrid Model	✓	✓	✓	X	✓	Quantitative
19. Common Assessment Framework (including shorter versions such as Early Help Assessment and Single Assessment Framework).	✓	✓	✓	✓	✓	Qualitative
20. Integrated Assessment	✓	✓	✓	X	✓	?
21. North Carolina Family Assessment Scales (NCFAS-G)	✓	?	✓	✓	✓	Quantitative
22. Family Functioning Index	?	X	X	✓	✓	Quantitative

	Strengths based	Takes children's views into account	Takes whole family approach	High Quality	Covers one or more of 4 common domains – (i) patterns of family interaction (ii) parenting practices, (iii) child needs and development; (iv) background and history of caregivers	Format (Quantitative or qualitative tool)
23. Protective Factors Survey	✓	X	X	✓	✓	Quantitative
	Circumplex Model (consists of tools 24-28)					
24. FACES IV	✓	✓ (12+ years)	✓	✓	✓	Quantitative
25. Clinical Rating Scale	X	?	?	X	✓	Quantitative
26. Family Communication Scale	?	X	?	X	✓	Quantitative
27. Family Satisfaction Scale	?	?	✓	✓	✓	Quantitative
28. Family Strengths Scale	✓	?	?	X	✓	Quantitative
29. Family Systems Stressor-Strength Inventory	✓	X	✓	X	✓	Quantitative
30. Beavers Model of Family Assessment/ Functioning	✓	✓ (12 years +)	✓	✓	✓	Quantitative
31. Darlington Family Assessment System	✓	?	✓	✓	✓	Both
32. Family Assessment Form (FAF)	✓	?	?	✓	✓	Quantitative
33. California Family Assessment and Factor Analysis	?	?	?	X	✓	Quantitative
34. Family Assessment Checklist	✓	?	?	✓	✓	?
	Family pack of questionnaires and scales (consists of tools 35-41)					

	Strengths based	Takes children's views into account	Takes whole family approach	High Quality	Covers one or more of 4 common domains – (i) patterns of family interaction (ii) parenting practices, (iii) child needs and development; (iv) background and history of caregivers	Format (Quantitative or qualitative tool)
35. The Strengths and Difficulties Questionnaire	✓	✓	✓	✓	✓	Quantitative
36. The Parenting Daily Hassles Scale	X	X	X	✓	✓	Quantitative
37. Recent Life Events Questionnaire	X	X	X	?	✓	Quantitative
38. Home Conditions Assessment	X	X	X	?	✓	Quantitative
39. Family Activity Scale	✓	✓	✓	?	✓	Quantitative
40. Alcohol Use Questionnaire	X	X	X	?	✓	Quantitative
41. Adolescent wellbeing scale	✓	✓	X	✓	✓	Quantitative
42. The HOME Inventory	?	X	X	✓	✓	Both

Twenty of the tools presented in Table 1 fulfil the strengths based, high quality and domain criteria and these tools will progress into Stage 2 of the selection process. It was decided not to eliminate the tools based on the other 3 criteria at this stage given that the EISS is designed to meet the varying needs of families with children across the entire 0-18 years age range, it is essential that a package of assessment tools is used rather than one individual tool. This is not uncommon in family assessment as noted in the section *Methods used in family assessment* in the previous chapter and as reported in the stakeholder interviews. Thus eliminating certain tools from the process at this stage because they neither fulfil the criteria of - 'takes children's views into account', 'takes a whole family approach' or because they comprise a certain format, i.e. quantitative and qualitative seems inappropriate.

The next stage of the filtering process therefore deals only with those tools that fulfil the three criteria listed below:

1. Strengths based approach
2. High quality
3. Covers one or more of four common domains – (i) patterns of family interaction, (ii) parenting practices (iii) child needs and development; (iv) background and history of caregivers

Step 2: Assessing fit of strengths based, high quality tools with the EISS delivery model

The next stage assesses the fit of the shortlisted tools with the EISS in terms of:

- Takes children's views into account
- Takes a whole family approach
- Coverage of the four family assessment domains (i.e. patterns of family interaction, parenting practices and capacity, child needs and development, background and history of caregivers)
- Population measured
- Who the tool is completed by
- Training required
- Cost (includes cost associated with tool, i.e. copies of tool, license, and cost associated with training)
- Professional background required
- Format, i.e. qualitative or quantitative

It was not possible to get sufficient information to assess the fit of 6 of the shortlisted tools and as a result these 6 tools have been removed from the process. Table 2 below summarises the remaining 14 tools in relation to their fit with the EISS.

Table 2: Assessing the fit of shortlisted tools against the EISS

	Takes children's views into account	Takes whole family approach	Domains				Population measured	Completed by	Training required	Cost		Professional background required?	Quantitative, qualitative or both
			Patterns of Family Interaction	Parenting Practices and Capacity	Child Needs and Development	Background and History of Caregivers				Resources, license etc…	Training		
1. Family Outcomes Star (Plus)	X	X	✓	✓	X	X	Parents with children aged 0-18 years	Parents	✓	License with web app £33/ worker with min of £660 for up to 20 people	One day introduction for 16 workers £1190 plus travel and VAT.	X	Quantitative
2. Youth Star	✓	X	X	X	✓	X	Teenagers	Teenagers alongside a key worker	✓	License with web app £33/ worker with min of £660 for up to 20 people	One day introduction for 16 workers £1190 plus travel and VAT.	X	Quantitative
3. Ages and Stages Questionnaire (screener)	X	X	X	✓	✓	X	Completed by parents of children aged 1-66 months	Parents	✓	Starter kit £180	Training DVD costs £31.75	Early childhood professional	Both
4. Ages and Stages Questionnaire: Social-Emotional (screener)	X	X	X	X	✓	X	Completed by parents of children aged 6-60 months	Parents	✓	Starter kit £146	Training DVD costs £31.75	Early childhood professional	Both
5. Family Quality of Life	✓ (adolescents)	✓	✓	✓	X	X	Families	Adults or adolescents	X	Free	n/a	Allied health care professional	Quantitative
6. Family Assessment Measure III	✓	✓	✓	X	X	X	Families	Completed by all members of the family aged 10 years +.	X	£184 for complete kit	n/a	Scoring and interpretation requires bachelor's degree in psychology or a closely related field	Quantitative

	Takes children's views into account	Takes whole family approach	Domains				Population measured	Completed by	Training required	Cost		Professional background required?	Quantitative, qualitative or both
			Patterns of Family Interaction	Parenting Practices and Capacity	Child Needs and Development	Background and History of Caregivers				Resources, license etc…	Training		
7. McMaster Family Assessment Device	✓ (12 years +)	✓	✓	X	X	X	Families	Completed by all members of the family aged 12 years and over.	X	£127 for electronic scoring package or £31 for a book which contains the measure, scoring instructions and psychometric information.	n/a	X	Quantitative
8. TOPSE (Tool to Measure Parenting Self-Efficacy)	X	X	X	✓	X	X	Parents of children aged 6 and under.	Parents	X	Free	n/a	X	Quantitative
9. PCOMS	✓	✓	✓	X	✓	X	Adults, adolescents, children	Parents of children aged 0-18 years. Also child and adolescent versions available.	✓	License for 50 providers or less costs £254. Scoring manual costs £25	?	X	Qualitative
10. Common Assessment Framework/EHA/Single Assessment	✓	✓	✓	✓	✓	✓	Families with children aged 0-18 years	Completed by an assessor	✓	On average a single CAF costs less than £3000	?	Can be used by practitioner across the children and young people's workforce	Qualitative

	Takes children's views into account	Takes whole family approach	Domains				Population measured	Completed by	Training required	Cost		Professional background required?	Quantitative, qualitative or both
			Patterns of Family Interaction	Parenting Practices and Capacity	Child Needs and Development	Background and History of Caregivers				Resources, license etc…	Training		
11. North Carolina Family Assessment Scale (NCFAS-G)	?	✓	✓	✓	✓	X	Families	Family service worker	✓	£1238 for a license for 30 staff. License includes a training package.	Purchase of the tool will provides users with access to an online training package.	X	Quantitative
12. Protective Factors Survey	X	X	✓	✓	✓	X	Parents, caregivers, families.	Parents or caregivers.	X	Tool and users manual available to download for free.	n/a	X	Quantitative
13. Strength and Difficulties Questionnaire	✓	✓	X	X	✓	X	Children and adolescents	Parents, teachers and/ or young people aged between 11-17 years.	X	Free	n/a	X	Quantitative
14. Adolescent Wellbeing Scale	✓	X	X	X	✓	X	Adolescents and children	Adolescents aged 14-18 years and children aged 8-14 years.	X	Free	No information found	X	Quantitative

Proposed Content of EISS Toolkit

Based on the information provided in Table 2, it is recommended that CAF (Common Assessment Framework) or one of the shorter alternatives of CAF (Early Help Assessment, Single Assessment Framework) is included in the EISS toolkit to conduct an initial broad assessment of family needs as part of the EISS for the following reasons:

- It assesses family need across all 4 common domains of family assessment
- It is strengths based and takes children's views into consideration
- It can be used by practitioners across the children's sector

However it should be noted that CAF is a qualitative tool and as such does not provide data that can be used to measure change across the 4 family assessment domains. Therefore it is recommended that following the use of CAF, quantitative tools that can assess need as well as change are used for each of the family needs domains and are also included in the EISS toolkit. At this stage it is important that for each of the domains the content of the toolkit covers the following criteria:

- Takes a whole family approach
- Takes children's views into account.

The tools recommended to use for the 4 domains are outlined below.

Patterns of Family Interaction– to effectively assess need and change under this common family assessment domain we recommend considering the following tools for inclusion in the EISS toolkit:

North Carolina Family Assessment Scale should be included for the following reasons:

- Provides quantitative information across a number of domains (patterns of family interaction, parenting practices and capacity, child needs and development)
- Takes a whole family approach

PCOMS should be included for the following reasons:

- Provides quantitative information across a number of domains (patterns of family interaction and child needs and development)
- Takes the views of children and young people into account
- Takes a whole family approach

Parenting Practices and Capacity– to effectively assess need and change under this common family assessment domain we recommend considering the following tools for inclusion in the EISS toolkit:

North Carolina Family Assessment Scale should be considered for the following reasons:

- Provides quantitative information across a number of domains (patterns of family interaction, parenting practices and capacity, child needs and development)
- Takes a whole family approach

Family Quality of Life Scale should be considered for the following reasons:

- Provides quantitative information across a number of domains (patterns of family interaction and parenting practices and capacity)
- Takes the views of adolescents into account
- Takes a whole family approach

This review did not identify a tool that can be used to gain the views of children under the domain of parenting practices and capacity. It is therefore recommended that further scoping is conducted to identify a tool that takes the views of young children into account for this domain.

Child Needs and Development – to effectively assess need and change under this common family assessment domain we recommend considering the following tools for inclusion in the EISS toolkit:

PCOMS

Strength and Difficulties Questionnaire

The Youth Star

Adolescent Wellbeing Scale

These tools should be considered for inclusion in the EISS toolkit for the following reasons:

- Take children's views into account
- Take a whole family approach (PCOMS and Strengths and Difficulties Questionnaire only)
- Covers at least one domain including child needs and development

Background and History of Caregivers

The only tool identified in this review that assesses the domain of Background and History of Caregivers is the CAF and its shorter alternatives (Early Help Assessment and Single Assessment Framework). Given the nature of this domain, i.e. the background and history of caregivers will not change as a result of a service intervention, it is not necessary to identify a tool suitable for detecting change for this domain.

Proposed draft EISS toolkit content

Summarising the above therefore the proposed content of the EISS toolkit should consider the following instruments[3]:

- CAF (or shorter alternative such as Early Help Assessment or Single Assessment Framework) (Domains covered include: Patterns of Family Interaction; Parenting Practices and Capacity; Child Needs and Development; Background and History of Caregivers)
- Family Quality of Life Scale (Domain covered includes: Parenting Practices and Capacity)
- North Carolina Family Assessment Scale (Domains covered include: Patterns of Family Interaction; Parenting Practices and Capacity)
- Strengths and Difficulties Questionnaire (Domain covered includes: Child Needs and Development)

[3] Samples of the 7 tools are presented in Appendix 3.

- PCOMS (Domains covered include: Patterns of Family Interaction; Child Needs and Development)
- Youth Star (Domain covered includes: Child Needs and Development)
- Adolescent Wellbeing Scale (Domain covered includes: Child Needs and Development)

The above toolkit includes one qualitative tool (CAF- or its shorter alternatives, i.e. Early Help Assessment or Single Assessment Framework) which can be used to undertake an initial broad assessment of needs across the four domains. The remaining 6 quantitative tools can be used to assess need and measure change for one or more of the other assessment domains.

Stakeholder consultation

In order to inform the final selection of tools for the EISS toolkit, the above tools should be explored with the appointed service providers as part of a workshop. These appointed service providers will be experts in the field of family assessment and intervention and it will be vital to receive their views on the language and appropriateness of each suggested tool, and their input will inform the final content of the EISS toolkit. NCB is proposing to conduct this workshop as part of its technical support to the Public Health Agency on EITP, and given the similarity in content with forthcoming OBA workshops with service providers, it is suggested that finalising the assessment toolkit should form part of this workshop.

In addition, the workshop will provide a valuable opportunity to explore what tools and systems the appointed service providers are currently using for family assessment and share learning. It is likely that the service providers will already be using some of the tools outlined above or indeed they may have alternative tools for inclusion.

The output from this workshop will be the finalised EISS assessment toolkit and it is recommended that the toolkit is reviewed a few months into service delivery to monitor its appropriateness with the needs of families presented to the service.

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Chapter 5: Appendices

Appendix 1: Topic guide used in EIS specialist interviews

Interview Topic Guide

Background: NCB NI are currently informing the implementation of a new regional early intervention service for Northern Ireland and are looking at potential tools/methods for effective assessment of family needs. The service is for tier 2 families, i.e. those not yet involved with statutory services, and covers the entire age range (0-18 years). Ideally we would like to identify a few tools that, as well as assess need, also measure change and impact. We would like to ask you a few questions about the tools that you use and the practicalities associated with using them.

1. **What is the nature of your service? I.e. average timeframe of intervention, age range, family needs covered, what tier of families do you work with (i.e. are they already involved with social services)?**

2. **What tools do you use for assessment and what tools do you use to measure distance travelled/ change?**

3. **Why did you decide to use these tools? Can you identify any advantages and disadvantages associated with using the tools? (probe: tools stronger at assessing need in some areas than others?)**

4. **Were you able to access information on the quality of the tools (i.e. information on the reliability and validity)? Can you share this with us?**

5. **How often do you administer the tools to families in your service? At what stage of the intervention do you administer the tools to measure distance travelled and is there any follow-up post-intervention?**

6. **How easy are they to administer? How many people have they been administered to? How long does it take to administer?**

7. **The EISS being developed in NI is a short term intervention (12 weeks). What are your views on using the tools to assess family need and measure change within this timeframe?**

8. **Did you receive training to use these tools? Who did you receive the training from? What was the cost? What format did the training take?**

9. **What qualifications do the staff in your organisation have that use the tools? (probe: do you feel that staff need to have certain qualifications to use the Star properly).**

10. **How is the data you collect managed and analysed?**

11. **Are there any other assessment tools/ impact measurement tools that you use? (probe: have they considered using the Early Help Assessment Framework?/ Why, Why not?)**

Many thanks for taking the time to answer these questions.

Appendix 2: Overview of family assessment tools

	Background	Domains Assessed	Target population	Administration/ format	Evidence of quality	Cost	Training/ qualifications required
UNOCINI	Can also be used to make referrals to children's social services & other children's services. It uses a strengths based approach. Identifies needs, strengths, risks, resilience and protective factors. It provides a framework to support professionals in assessment & planning to better meet the needs of children & their families. An inter-agency assessment which aims to improve the quality of	Three assessment areas which are divided into 4 domains: the needs of the child or young person; the capacity of their parents' or carers' to meet these needs; wider family & environmental factors that impact on parental capacity and children's needs. Includes sections on the following: Health and development; education and learning; identity, self-esteem and self-care; family and social relationships; basic care and ensuring safety; emotional warmth; guidance, boundaries and	Children 0-18 years and their families.	To maintain a child focused approach, the child must be seen and kept in focus throughout the assessment. Taking the child's perspective into account is essential. Speaking with the child, or using another form of communication is central to gaining an understanding of the child.	To date there has been no formal evaluation of UNOCINI but anecdotal evidence suggests that UNOCINI assessments are increasingly being undertaken in schools, youth justice and probation as well as in health and social care (Devaney et al., 2010).	No information found	Training is provided by the Clinical Education Centre which costs £42 (half day).

	Background	Domains Assessed	Target population	Administration/ format	Evidence of quality	Cost	Training/ qualifications required
	assessment within stakeholder agencies; assisting in communication the needs of children across agencies; avoid the escalation of children's needs through early identification of need & effective intervention. Used as the main model in Northern Ireland for referring, assessing and reviewing the needs of vulnerable children.	stimulation; stability; family history, functioning and well-being; wider family and social and community resources; housing; employment and income.					
Family Outcomes Star (Plus)	The Family Star and Family Star Plus is a holistic tool which measures progress (distance travelled) towards effective	Covers eight areas of parenting including: physical health; Emotional well-being; Keeping your children safe; Social Networks; Education and Learning; Boundaries	The Family Star and the Family Star Plus are intended to be used by parents of young	It is important to establish a relationship with the family/ parents before using the tool. One EIS provider recommends spending at least 2 weeks with the family to build a relationship before the Star is administered. It can take	York consulting carried out an evaluation of the Family Star and concluded that Family Star Data can provide valuable insights into the	A star license is required in order to use the Star with service users. Two kinds of license are available: 1)	Training is essential to use the Star. Generic training is offered for the Stars. All staff using the Star must complete a 1 day

	Background	Domains Assessed	Target population	Administration/ format	Evidence of quality	Cost	Training/ qualifications required
	parenting. As well as providing outcomes data, it is also a key-work tool which has been shown to improve service user engagement, support change and make key-work more consistent and outcomes focused. Used in 30+ Local Authorities in England. The Family Star Plus is a new version of the Family Star. The 2 additional scales give greater focus on the parent themselves as well as their parenting abilities. This variant of the Family Star has greater focus on the parent. It is suited to services	and Behaviour; Family Routine; Home and money. Family Star Plus includes 2 additional domains including Progress to Work and Meeting Emotional Needs.	children. Where the Family Star or Family Star Plus is used with a family, My Star and the Youth Star can also be used to capture the voice of the child, their needs, their perspective on the changes they are experiencing.	between 45mins-2 hours to complete the first star, depending on how much discussion takes place around each of the 10 scales. For some families it can take 2 weeks, with a small number of points discussed during sessions. Follow-up stars are generally quicker to complete because the service user is familiar with the tool. Once the worker and service user have talked through each of the ladders and agreed where the service user is on the ladder, the score is recorded on the Star and together they look at the overall shape of the Star and discuss aspects of the service user's life that are working well and those that need to be addressed. A Star Action Plan is then developed. A full set of guidelines is provided by the developer for administering and scoring. The Star produces numerical data than can be aggregated over time. The Star is supported by a web-based application called Star Online which enables online completion on a laptop, tablet	extent and nature of changes occurring. They also found that Family Star data can be used as a valuable interim indicator of distance travelled towards achieving longer-term outcomes and impact. Initial research findings based on the Family Star indicate good inter-rater-reliability for the five-point Journey of Change. NB no information is available on the quality of the Family Star Plus.	License with web app £33/worker & manager with a minimum of £660 for up to 20 people 2) License without web app is £16.50 per worker and manager with a minimum of £330 for up to 20 people. One-day introduction to the Outcomes Star for 16 workers (essential) £1,190 plus travel and VAT. Sometimes offer a reduced rate to charities at £940.	introductory course. This can be done through an Outcomes Star trainer or through a train the trainers scheme.

	Background	Domains Assessed	Target population	Administration/ format	Evidence of quality	Cost	Training/ qualifications required
	within the UK government's Troubled Families initiative and those working with families with older children.			or mobile and produces a range of reports on individual and service level outcomes.			
Youth Star	The Youth Star captures where young people are and their progress in six areas of their lives. The Youth Star is for use with young people in community-based youth projects. It is applicable to a wide range of young people and focuses on changes to risk-taking behaviour and engaging in education, training and employment as well as internal changes. The Star approach can be described	The Youth Star captures where young people are and their progress in 6 areas of their lives: Making a difference, hopes & dreams, well-being, education and work, Communicating, choices and behaviour.	Adolescents	Designed to be used in one-to-one sessions. Youth Star resources include: Youth Star Chart and Action Plan (includes the Star Chart on which scores are marked) Youth Star Quiz (provides concise, user-friendly scales in an accessible format, the quiz will usually be the main resource for young people choosing where they are on their journey); the Youth Star Online (an online version of the Youth Star that allows users to complete the Star Chart with young people on screen). Alternatively workers and young people can complete the Star on paper and then input the scores on the Star Online later.	Feedback from young people: 50% said the Star helped them to see their strengths & to understand what needed to change; 41% enjoyed completing the Star; 35% said it helped them recognise what they needed to do next; 71% thought the length of time it took to complete a Star was OK. Feedback from youth workers: 72% said that completing the Youth Star helped them and the young person to have a useful discussion; 61% said it helped	A star license is required in order to use the Star with service users. Two kinds of license are available: 1) License with web app £33/worker & manager with a minimum of £660 for up to 20 people 2) License without web app is £16.50 per worker and manager with a minimum of £330 for up to 20 people.	Training is essential to use the Star. Generic training is offered for the Stars. All staff using the Star must complete a 1 day introductory course. This can be done through an Outcomes Star trainer or through a train the trainers scheme.

	Background	Domains Assessed	Target population	Administration/ format	Evidence of quality	Cost	Training/ qualifications required
	as Participatory Assessment and Measurement because it draws on & extends Action Research and Participatory Action Research. It is a holistic tool which measures progress (distance travelled) towards positive aspiration and choices for young people. As well as providing outcomes data, it is also a key work tool which has been shown to improve service user engagement, support change and make key-work more consistent and outcomes focused.				them to get an overall picture of young people's strengths & needs; 67% said that using the Star helped young people see where they needed to focus and make progress.	One-day introduction to the Outcomes Star for 16 workers (essential) £1,190 plus travel and VAT. Sometimes offer a reduced rate to charities at £940.	
My Star	This is a new version of the Star created for: children in	Covers 8 key areas essential in enabling a child to thrive: physical health, where you live	4-14 years (although has successfully	My Star consists of a number of scales arranged as a Star. Alongside this are detailed and summary descriptions of the	No information found	A star license is required in order to use the Star with	Training is essential, even for workers already trained in and

	Background	Domains Assessed	Target population	Administration/ format	Evidence of quality	Cost	Training/ qualifications required
	families that are identified as vulnerable or troubled and receiving services and also children looked after by foster carers or in a children's home; Children who need support for other reasons, bereavement, mental health issues, not meeting developmental milestones or behavioural problems.	(feeling safe, secure & at home); being safe; relationships with parents; feelings and behaviour (how you respond to difficulty & cope with change); friends (how you make & keep friends); confidence and self-esteem (feeling at ease and knowing you matter); education and learning (doing well at school and enjoying learning).	been piloted with children aged up to 18 years)	behaviour, attitudes and skills which service users are likely to show at each point on each scale. These scales are underpinned by a Journey of Change, an explicit model of the steps that people take towards their final goals. The tool is completed collaboratively by the service user and worker within a key-work session and has been shown to empower service users as well as measuring outcomes data. The first time it is used it provides a baseline measure. Subsequent uses show progress from that baseline for that individual. The results are displayed visually on the Star Chart which provides both worker and service user with an accessible and meaningful summary of change. The scores can be aggregated to provide project or programme level data and allow benchmarking and comparative analysis.		service users. Two kinds of license are available: 1) License with web app £33/worker & manager with a minimum of £660 for up to 20 people 2) License without web app is £16.50 per worker and manager with a minimum of £330 for up to 20 people. One-day introduction to the Outcomes Star for 16 workers (essential) £1,190 plus travel and VAT. Sometimes offer a reduced rate	using the Family Star. Resources are freely available to those who have received training I its use. One-day Introduction to the Outcomes Star – incorporating extra tips and focus for working with children and young people. Two-day Star and keyworking course – supporting workers as they enable children and young people to change, using the Star, Motivational Interviewing and other approaches.

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						to charities at £940.	
Integrated Services Greater Shankhill Assessment Form	Assessment tool	Child needs- Health (i.e. pregnancy, birth history, sleep patterns, eating habits, substance abuse, CPR status, physical and mental health problems; Education (i.e. reading, writing, numeracy, speech and language, concentration, rate of attendance, SEN status); Social (behaviour, bullying, friendships, confidence, caring responsibilities, FSM status); Issues abuse, self-harm, police involvement, addiction. Parent needs- Health, education/ employment; Social (involvement in recreational activities, support from extended family, isolation); Issues- anger problems, relationship problems, bereavement, police	No information found	Completed by assessor. Open ended questions Does not include voice of the child.	No information found	No information found	No information found

	Background	Domains Assessed	Target population	Administration/ format	Evidence of quality	Cost	Training/ qualifications required
		involvement, financial difficulties.					
The CARE Index	The CARE-Index is an assessment of the developing relationship between a parent and child. It uses a videotaped 3-5 minute free play observation in which the adult is asked to 'play with your child as you would normally'. The scales can be used to assess the effectiveness of an intervention.	Measures the beginnings of attachment behaviour from birth- 2 years. It assess the parent/ carer on 3 scales: sensitivity, control, and unresponsiveness. There are 4 scales for infants: cooperativeness, compulsivity, difficultness, and passivity.	No information found	The CARE-Index is flexible in where it can be carried out; for example it can be conducted in the parents' home or in a clinical setting. It is assessed by trained coders. It is based on a short videotaped play interaction. Takes 15-20 minutes to code an interaction.	No information found	No information found	No information found
Solihull Assessment	An assessment using Solihull allows parents to tell their story, how they felt about their baby and the birth. The generic assessment form helps practitioners gain a thorough history.	Generic assessment form covers the following areas: child/ young person's medical, social and emotional history. Includes questions on the following: pregnancy, birthweight, developmental status, life changes (e.g. bereavement), family	School aged children, young people (0-18 years) and their parents.	- Can be used with parents and young people. - Found to be most effective when completed together with the parent or young person and when the parent is provided with a copy to take home. - The assessment form is only a guide to help build an understanding of a situation.	No information found	No information found	Used mainly by health visitors in their engagement with parents. Can also be used with school nurses, midwives and antenatal practitioners.

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	Additional questions are also available for specific difficulties. These key questions will indicate whether the practitioner needs to refer the person immediately to a specialist service.	routines, carers response to problem, understanding of developmental norms, views on family life, goals.		- It is important that the practitioner uses the key questions to help the story unfold naturally.			
Ages and Stages Questionnaire (screener)	The Ages and Stages Questionnaires- 3rd Edition (ASQ-3) is a developmental screening system made up of 21 age-specific questionnaires completed by parents or primary caregivers of young children. The questionnaires can identify children who are in need of further assessment to	- Gross motor - Fine motor - Problem solving - Personal-social An overall section addresses general parental concerns	1-66 months	- Completed by parents - Takes 10-15 mins to complete - Manual and electronic scoring options available.	- Good inter-rater reliability - Good test retest reliability - Internal consistency reliability not examined by the developer. - Strong construct validity - Moderate concurrent validity	Starter kit £180 (includes 21 paper masters of the questionnaire, scoring sheets and a users guide) -Training DVD costs £31.75	- Little training required to administer and score the tool - Training is available from the publisher - Recommended that the administrator is an early childhood professional. - Many practitioners uses the DVD training tools.

	Background	Domains Assessed	Target population	Administration/ format	Evidence of quality	Cost	Training/ qualifications required
	determine whether they are eligible for early intervention or early childhood special education services.						
Ages and Stages Questionnaire: Social-Emotional (screener)	The Ages and Stages Questionnaires-Social Emotional (ASQ: SE) is a developmental screener designed to complement the Ages and Stages Questionnaires by providing information specifically addressing the social and emotional behaviour of children. The ASQ:SE identifies infants and young children whose social or emotional development requires further	- Self-regulation - Compliance - Communication - Adaptive functioning Autonomy - Affect - Interaction with - people	6-60 months	- Completed by parents - Takes 10-15 mins to complete - Manual and electronic scoring options available.	- Inter-rater reliability not examined by the developer. - Good test retest reliability - Good internal consistency reliability. - Construct validity not examined by the developer. - Strong concurrent validity	Starter kit £146 (includes 8 paper masters of the questionnaire and scoring sheets and users guide) - Training DVD costs £31.75	- Little training required to administer and score the tool - Training is available from the publisher - Recommended that the administrator is an early childhood professional. - Many practitioners uses the DVD training tools.

	Background	Domains Assessed	Target population	Administration/ format	Evidence of quality	Cost	Training/ qualifications required
	evaluation to determine if a referral for intervention services is necessary.						
Salford's Graded Care Profile	Developed as a practical tool to give an objective measure of the care of children across all areas of need. Instead of giving a diagnosis of neglect it defines the care showing both strengths and weaknesses. It provides a unique reference point. Changes after intervention can be monitored in both positive and negative directions. It brings the issue of care to the fore for consideration in the context of overall assessment.	It gives a qualitative grading for actual care delivered to a child taking account of commitment and effort shown by the carer. This is applied in 4 areas of need: physical, safety, love and esteem. Personal attributes of the carer, social environment or attributes of the child are not accounted for.	No information found	- It is a descriptive scale. - The grading is based on how carers respond to child's needs. - Observations are made during a home visit.	No information found	No information found	No information found

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Family Quality of Life	This tool is used to assess outcomes of family-centred services or interventions aimed at families with children. It can be used as an outcome measure to indicate the effectiveness of services or interventions, as a programme/ service evaluation tool or as an identification measure of strengths and gaps in family-centred programmes and services.	Measures family interaction, parenting, well-being and support	Respondents can be adolescents or adults.	- Self-report tool - 25 items - 5 point scale - It takes approximately 15 minutes to complete.	Acceptable internal consistency reliabilities, test-retest reliabilities. Moderate convergent validity.	Free	- Scoring and interpretation should be conducted by an allied health care professional. - No specific training requirement outlined
Family Assessment Measure III	This measure is used: to assess functioning of individual family members in the context of the family; as a baseline measure of family strengths,	It is a conceptual framework for conducting family assessments according to 7 dimensions: task accomplishment; role performance; communication; affective expression;	Completed by all members of the family. Can be a child, adolescent or adult being assessed (10	The FAM-III consists of three forms: the General Scale examines overall family health; the Dyadic Relationship Scale examines how a family member views his or her relationship with another family member; and the Self-Rating Scale allows each person to rate his or her	Reliability and validity of the FAM is supported by over 20 years of research. Internal consistency reliabilities .86-.95; test-retest reliabilities .57-.66. Evidence of	Complete Kit £184	Scoring and interpretation requires a bachelor's degree in psychology or a closely related field, along with training in test interpretation,

	Background	Domains Assessed	Target population	Administration/ format	Evidence of quality	Cost	Training/ qualifications required
	weaknesses and functioning; as an indicator of change in family functioning following or during treatment/ intervention; or to identify families or individual family members in need of further evaluation/ intervention. Unique in assessing family strengths and weaknesses in that it does so from 3 distinct perspectives- the family as a system; various dyadic relationships; and individual family members.	involvement; control; values; and norm. It comprises 3 scales that allow family functioning to be assessed from difference perspectives: General; Dyadic and Self-Rating Scale.	years or older).	own functioning within the family. There is also a Brief FAM that consists of shorter versions of the three scales. All components of the FAM-III and Brief FAM are available in handscored format, QuikScore™ Form, or Online. - 20 minutes for each form. Brief versions take 3-5 minutes each. 1 4-point Likert scale from 'strongly agree' to 'strongly disagree'.	predictive validity and inconsistent discriminative validity and concurrent validity. Considered a valuable tool because of its clarity in terms of 'level validity'.		psychometrics, or other disciplines.
McMaster Model	This is a comprehensive model of family theory, assessment and treatment. It provides clinicians with consistent, practical and empirically validated methods to assess and treat families. The McMaster Model relies on multiple instruments to assess six dimensions of functioning. It provides clinicians with consistent, practice and empirically validated methods to assess and treat families. It consists of 3 complementary instruments including: the McMaster Family Assessment Device (60 item self-report questionnaire); the McMaster Clinical Rating Scale (an observational rating used by a clinician or other observer); the McMaster Structured Interview of Family Functioning (a series of structured questions about the 6 domains).						

	Background	Domains Assessed	Target population	Administration/ format	Evidence of quality	Cost	Training/ qualifications required
	Assesses 6 domains: problem solving; roles; communication; affective responses; affective involvement; behaviour control. The McMaster Family Assessment Device can be used as a standalone tool.						
McMaster/ Family Assessment Device (Used to measure impact within the Family & Young Carer Pathfinders Programme)	To assess the structural and organisational properties of a family, as well as the transaction patterns among members of that family. Designed to be used as a screening instrument to assess family organisation and whole family functioning according to multiple family members' perceptions.	Family functioning along six scales which measure problem solving; communication; roles; affective responsiveness; affective involvement; behaviour control; and general functioning.	Adolescents and adults aged 12 and up.	15-20 minutes. 60 item self-report questionnaire based on a 4 point scale (strongly agree to strongly disagree). 5 subscales: Problem solving; communication; roles; affective responsiveness; affective involvement; behaviour control; general functioning. Completed by each family member aged 12+ years. Easy to administer.	Norms available. General- test-retest reliability and internal reliability are shown to be satisfactory. Internal consistency reliability is high. Validity satisfactory. The authors report internal consistency reliabilities of 0.72-0.92. Further studies have reported test-retest reliabilities .47-.91 and inter-rater reliability of .24-.53. The authors report evidence of discriminative validity. Further studies have reported evidence of discriminative validity, good sensitivity, prediction validity, and exemplary	£127 for electronic scoring package or £31 for a book which contains the measure, scoring instructions and psychometric information.	None indicated.

	Background	Domains Assessed	Target population	Administration/ format	Evidence of quality	Cost	Training/ qualifications required
					convergent, concurrent and divergent validities.		
McMaster Clinical Rating Scale	A 7 item rating scale which includes ratings on each of the 6 dimensions of the McMaster Model as well as an overall health-pathology rating.	Assesses 6 domains: problem solving; roles; communication; affective responses; affective involvement; behaviour control. The McMaster Family Assessment Device can be used as a standalone tool.	Whole family.	Completed by a rater who observes a suitable in-depth family interview or by the clinician who carries out the interview. Ratings are made on a 7 point scale.	Has been found to have acceptable inter-rater and test-retest reliability. Acceptable validity.	No information found	Minimal training required to accurately rate the scale. However the skills required to conduct a family interview which provides sufficient information to make a rating on the scale is more complex.
McMaster Structured Interview of Family Functioning	This is a structured family interview schedule.	Assesses 6 domains: problem solving; roles; communication; affective responses; affective involvement; behaviour control. The McMaster Family Assessment Device can be used as a standalone tool.	Available for whole families, intact families and single-parents families and couples only.	No information found	No information found	No information found	Can be used by para-professionals or newly trained family clinicians. Typically interviewers require between 10-20 hours of training, depending upon previous experience.
TOPSE (Tool to Measure	TOPSE is a tool to measure parenting self-	Consists of 48 self-efficacy statements that address 9 domains	Views and experiences of parents	Self-report tool 15-20 minutes to administer.	Previous studies have provided support for the	Free	Specific training requirements for scoring and

	Background	Domains Assessed	Target population	Administration/ format	Evidence of quality	Cost	Training/ qualifications required
Parenting Self-Efficacy)	efficacy. It has been used in the UK and further afield to evaluate a range of parenting programmes. TOPSE is about strengths and parents' confidence in themselves to carry out various aspects of their parenting role.	of parenting. These include: Emotion & affection; Play & enjoyment; Empathy & understanding; Routines; Control; Discipline & boundary setting Pressures of parenting Self-acceptance Learning and knowledge. It uses a strengths based approach.	with children aged 6 and younger.	There are 6 self-efficacy statements for each domain and parents indicate how much agree with each statement on a Likert scale from 0-10.	reliability and validity of TOPSE.		interpretation not indicated.
PCOMS (Partners for Change Outcome Management System)- includes 2 scales ORS/CORS and SRS/ CSRS	PCOMS involves administering 2 simple clinical tools, the Outcome Rating Scale (ORS) and the Session Rating Scale (SRS). There are also versions for young people aged 12 and under- CORS and CSRS. They are simple 4-item measures designed to assess	Assesses 4 dimensions of functioning that are widely considered to be valid indicators of successful outcome: personal or symptom distress (measuring individual wellbeing); interpersonal well-being (measuring how well the client is getting along in intimate relationships); social role (measuring satisfaction with work/ school and relationships outside of	There are child (6-12 years), young child (under 6) and adult versions of the tools. The adult version is suitable for adolescents.	Simple 4-item tool. Consists of 4 visual analogue scales with are 10cm line. The carer is always asked to complete the ORS/ CORS on the young person. For example, if the young person is 13+ and fills out the ORS, the carer fills out the ORS on how they perceive the young person is doing. Similarly if the young person is under 12 and fills out the CORS, the carer fills out the CORS on the young person. Even if the carer is	Multiple RCTs have shown that PCOMS as much as doubles the effectiveness of treatment while simultaneously reducing dropout, deterioration rates, and service delivery costs. Research on ORS and SRS demonstrate internal consistency and test-retest reliability. They	For agencies with 2-10 providers £64, for agencies with 11-15 providers £125. 25 providers or less £127; 50 providers or less £254. Administration and scoring manual available for £25.	No training requirements indicated.

	Background	Domains Assessed	Target population	Administration/ format	Evidence of quality	Cost	Training/ qualifications required
	an area of life functioning known to change as a result of therapeutic intervention. They are designed to measure distress and help measure progress. All the family members complete the measures on themselves to see who is distressed. PCOMS is designed to improve the retention of participants in treatment and to assist them in reaching reliable & clinical significant change. There are also versions available for children and young people- CORS and CSRS.	the home); overall wellbeing.		invited to complete the ORS on themselves they still fill out the ORS or CORS on the young person. The therapist administers ORS at the beginning of the session and the SRS is administered towards the end of the session. Clients ratings for both measures are discussed on a session-by-session basis to maintain the client's engagement in treatment, optimise the client-therapist alliance, and provide a means for transitioning into the treatment session. If client ratings are low, the therapist may choose to modify the type and amount of treatment. Both ORS and SRS are very brief. PECOMS is a web based program which indicates each clients trajectory of change based on the intake score. Available in 25 different languages.	show moderately strong concurrent validity with longer more established measures of treatment. CORS has been validated and shown to be reliable as a brief measure of global distress suitable for assessing treatment outcomes. 3000+ young people participated in a 4 year validation study of ORS and CORS found that the tools showed robust reliability, validity and feasibility. The Young Child Outcome Rating Scale which has no psychometric properties but can be a useful way of engaging small		

	Background	Domains Assessed	Target population	Administration/ format	Evidence of quality	Cost	Training/ qualifications required
	These instruments give young people and carers a voice in treatment as it allows them to provide immediate feedback on what is working and what is not.				children regarding their assessment of how they are doing.		
The Hybrid Model	A whole family assessment tool developed by Blackpool. This tool builds on the CAF domains to provide a detailed assessment of family need. The assessment includes detailed information on both adults & children.	Provides detailed information on both adults & children within the family such as family daily routines, specific family events, specific health issues, offending, adults' aspirations, employment, caring responsibilities. If focuses on strengths as well as needs.	No information found	Family cue cards are used by practitioners to explore the domains in the family assessment with both adults and children 8+ years old. Puppets are used with the under 8s to explore assessment domains in a child friendly way. Adults within the family are asked to score each domain on the family assessment from between 0-10 to identify strengths and or needs. Children and young people are asked to give a red, amber or green rating. This provides a baseline assessment a allows families to prioritise needs. The scoring is then used to review progress and identify outcomes.	No information found	No information found	No information found

	Background	Domains Assessed	Target population	Administration/ format	Evidence of quality	Cost	Training/ qualifications required
				The hybrid model collects a lot of detailed information which is relatively lengthy and time consuming. The assessment takes 6 weeks. During this period the key worker will meet with the family members to complete the family assessment. Contact should also be made with services working with the family to inform the assessment.			
Common Assessment Framework	The CAF is a standardised approach to undertaking assessment of the needs of unborn babies, infants, children or young and identifying how best to meet those needs. It is the principal tool used in England to screen for child and family support needs. It was developed to that practitioners in all agencies working with	The assessment covers three domains: development of the child or young person (Health/ emotional, behavioural and social development/ family and social relationships/ self-care skills/ learning); parents and carers (basic care, safety, protection/ emotional warmth and stability/ guidance, boundaries and stimulation); and family and environment (family history/ wider family factors/ housing,	Used with children and young people up to the age of 18 but can be extended beyond 18 where appropriate to enable the young person to have a smooth transition to adult services. The assessment should be	The CAF process model includes: - Intention to complete - Completion of CAF - Team around the child meeting - Provision of ongoing support - Close CAF Used with children and young people with additional and complex needs. Consists of a: - Pre assessment checklist to help decide who would benefit from a common assessment - A process to enable practitioners in the	Research undertaken by NFER for the Local Authority Consortium (Easton et al., 2011) found positive outcomes associated with the CAF, including where children and young people need early preventative support through to more complex embedded family issues. Other research has found that CAF can lead to positive outcomes for	The report looked at the cost effectiveness of the approach & found most CAF costs being under £3,000 rising to around £8,000 for the more complex cases (GSR, 2013).	It can be used by practitioners across the children and young people's workforce (e.g. practitioners and managers in early years; education, health social, family and community support. All staff using CAF must attend a locally approved CAF training course.

	Background	Domains Assessed	Target population	Administration/ format	Evidence of quality	Cost	Training/ qualifications required
	children could communicate and work more effectively together. CAF can be used alongside specialist assessments. Due to shortcomings with the CAF, which are mainly linked to the large amount of time required to administer the tool, a number of councils have developed shorter versions of CAF which include the Early Help Assessment and the Single Assessment Framework.	employment etc/ social and community factors). CAF provides a generic and holistic assessment of a child or young person's strengths and needs.	empowering and engage the child, young person and their parent/carer and support them to participate in the assessment	children and young people's workforce to undertake a common assessment & then act on the result. - A standard form to record the assessment In some areas the CAF has been identified as the key referral mechanism to the Pathfinder. Some areas have developed their whole family assessment tools by adding additional questions to the CAF. Interviews with stakeholders from EIS services in England have found that it can take at least 2 sessions to gather the required information to complete a CAF.	children & families & help to enhance integrated working across the children's workforce. However research has highlighted a number of potential weaknesses of relying on CAF data- or any single assessment- as a basis for understanding family needs. An evaluation of Intensive Intervention Projects (Flint et al., 2011) concluded that the CAF had not always sufficiently captured the complexity & full extent of issues affecting children and families. The CAF has been reported as not routinely taking into		

	Background	Domains Assessed	Target population	Administration/ format	Evidence of quality	Cost	Training/ qualifications required
					account wider family problems.		
Integrated Assessment	The Scottish equivalent to CAF is an Integrated Assessment process. This was developed under the Getting it Right for Every Child policy framework. It is the model most closely in tune with the UNCRC's Article 12 in requiring that every child has the right to express their views on issues that affect them. An integrated assessment is used where there are child protection concerns or a child is on the CPR; a child has complex, additional	The framework is rooted in the My World Assessment Triangle which considers the child's physical, social, educational, emotional, spiritual and psychological development from the point of view of the child. In undertaking an integrated assessment information is collected under a series of headings: key information; chronology of significant events; core elements; views of child/ parent; assessment (including assessment of risk); action plans.	No information found	The decision to use a integrated assessment is made by a single agency professional. They will undertake an initial assessment following a referral to their service with the purpose of assessing whether the child: requires additional services- in the case of universal services; is a child in need; requires a more detailed integrated assessment. The assessment co-ordinator collates information from a range of agencies to populate the integrated assessment report and to inform the development of the Action Plan. The assessment co-ordinator notifies other agencies of the need for an integrated assessment and arranges for the professionals to complete the relevant parts of the assessment report. It is important to record the views of the children/ young	No information found	No information found	Training pack includes: a developmental milestones chart, a summary of age related problems & protective factors; information on parental mental illness & risk/ needs assessment; information on domestic abuse and risk/ needs assessment; general points about risks and thresholds.

	Background	Domains Assessed	Target population	Administration/ format	Evidence of quality	Cost	Training/ qualifications required
	learning or practical needs requiring substantial support from a number of services; where a professional observes a significant change or worrying feature which could impact on the child or young person's health or well-being. Allows practitioners to collect information in a structured way using a set of commonly agreed definitions & questions. One action plan will be produced from the integrated assessment rather than a series of			people and their families in the assessment and ensure that CYP & their families have been consulted throughout the process. However it is expected that some information about the child/ young person and parents/ carers views will be recorded separately. A two-stage process with an initial Integrated Assessment followed by a Comprehensive Integrated Assessment.			

	Background	Domains Assessed	Target population	Administration/ format	Evidence of quality	Cost	Training/ qualifications required
	single agency plans.						
North Carolina Family Assessment Scales (NCFAS-G)	The North Carolina Family Assessment Scales measure family functioning from the perspective of the worker most involved with the family. The scales were designed as case practice tools to aid the assessment of family functioning for purposes of service planning and goal setting. They are structured to provide an organising framework for social workers to use in case practice as a vehicle for assuring that a comprehensive	There are 6 different versions of the tool. The version that covers the most domains is the NCFAS-G is most suitable for Tier 2 families. This tool assesses: Environment; Parental Capability; Family Interactions; Family Safety; Child Well-being; Social/ community life; Self-sufficiency; Family Health. Two additional domains have been added (Trauma and post-trauma well-being) that can be used as companions to any of the other scales.	Although individual members of the family contribute important information, the unit of analysis is the family (family members of all ages).	The scale is completed by family service workers following home visits. Consists of 39 items in interview format in which the interviewer rates family functioning on a six-point ordinal scale ranging from clear strengths to serious problems. The training materials are self-administered, can be done individual or in groups and require several hours to complete. 30-40 minutes to complete the process of entering the assessment data. However, obtaining sufficient information across multiple domains and their associated subscales may require a number of hours face-to-face contact with the family.	Very reliable and concurrent validity have been established.	A license to use the tool with 30 staff costs £1238. This includes the scale and definitions, database software and training materials. The additional trauma and post-trauma domains cost £292.	Although the scales are intuitive, the scale developers strongly encourage purchasing agencies to complete the training prior to using the scale in an actual case practice. Every NCFAS tool includes a comprehensive training package that includes: scale and definition, license, case study, case plan form, powerpoint for staff training, training handouts, FAQs, database software, training video.

	Background	Domains Assessed	Target population	Administration/ format	Evidence of quality	Cost	Training/ qualifications required
	assessment is conducted for families. In addition to assisting the worker with case planning and making decisions, the tool is also designed to serve as a data collection instrument. A database is provided with the tool and workers can enter domain ratings for each family as well as obtain reports. The tool has been described as strengths based.						
Family Functioning Index	Developed to examine the relationship between family functioning and the psychological adjustment of children with chronic illness in	Consists of 15 questions which assess the following family life domains: martial satisfaction; frequency of disagreement, communication	Information is obtained solely from parents and designed with 2 parent families in mind.	Consists of 15 self-report dyadic and whole family questions completed by two parents.	The tool was developed for families with children suffering from chronic illness, it is not validated with a wide sample of families.	No information found	No information found

	Background	Domains Assessed	Target population	Administration/ format	Evidence of quality	Cost	Training/ qualifications required
	both a clinical and research setting. It is designed to be used with two-parent families. Found to be a useful screening tool for physicians.						
Protective Factors Survey	This is a pre-post evaluation tool for use with caregivers receiving child maltreatment prevention services. It was designed to assist family support and child abuse prevention programmes in evaluation activities. The participant portion of the survey contains a set of questions for capturing demographic information followed by the protective factors	In the demographic section participants are ask to provide details about their family composition, income and involvement in services. In the protective factors section participants are asked to respond to a series of statements about their family using a seven-point frequency or agreement scale. The following protective factors are covered in the survey: Family Functioning/ Resiliency; Social emotional support; Concrete Support; Knowledge of Parenting and Child	Parents or caregivers of children participating in child maltreatment prevention of family support programmes.	A 20-item pencil and paper survey that takes approximately 10-15 minutes to complete. Completed by the parent or caregiver. It is divided into two sections, the first is completed by programme staff and the second is completed by the programme participant.	Acceptable levels of reliability and validity.	No cost for tool. Information on hand scoring is available in the PFS User's Manual which can be downloaded for free.	No training requirements indicated.

	Background	Domains Assessed	Target population	Administration/ format	Evidence of quality	Cost	Training/ qualifications required
	section which is the core of the PFS. It is a strengths based measure.	Development; Nurturing and Attachment.					
Circumplex	The circumplex battery of instruments integrates three dimensions of family functioning (communication, cohesion and flexibility) and is designed for use in clinical assessment, treatment planning, and family intervention research. The Circumplex model includes the Family Adaptability and Cohesion Scale (FACES IV)- a self-report questionnaire that has gone through multiple revisions over the past 20 years and has been found to be reliable and valid for clinical use. Additional Circumplex measures include the Clinical Rating Scale (CRS) for rating couples and family systems based on clinical interviews or observations; The Family Communication Scale which focuses on the exchange of factual and emotional information; the Family Satisfaction Scale to determine family's satisfaction with their functioning; the Family Strengths Scale which focuses on family characteristics and dynamics than enable families to demonstrate resilience and deal with family problems; and the Family Stress Scale which taps into levels of stress currently being experienced by family members within their family system. While CRS has been validated it is unclear whether self-report questionnaires other than the FACES IV have established validity and reliability.						
FACES IV	To assess the cohesion and flexibility of families along a number of dimensions. Collects information from the family regarding bonding, flexibility and communication. Uses this information to create a family type. This profile can then be used to guide family	Cohesion (bonding) and adaptability (flexibility). Family communication component assesses communication and the family satisfaction component assesses how happy family members are with their family system.	Families (12+ years)	Self-report 15 minutes to administer 5 point Likert scale It is designed to place families in the circumplex model and does so by assessing how family members see their family (perceived) and how they would like it to be (ideal). Thus the same items are responded to in two different ways. It can also be used with couples. Scoring can be done manually or electronically using an excel file available from the publishers website.	Good levels of validity and reliability. Norms are available for families, families with adolescents and young couples in different stages of the life cycle. It is scored by summing the items to obtain a total score, summing odd items to obtain a cohesion score and summing even items to obtain the adaptability score.	Package costs £60	No specific training required. Advised that those that administer the tool have a professional training degree in psychology or similar area.

	Background	Domains Assessed	Target population	Administration/ format	Evidence of quality	Cost	Training/ qualifications required
	therapy and focus on areas that require increased attention. It is a strengths based measure.				The higher the cohesion score the more enmeshed the family is said to be. The higher the adaptability score the more chaotic is it. Good levels of validity and reliability.		
Clinical Rating Scale	The CRS is an instrument that is designed for use by therapists. Developed in 1990 to operationalise the three dimensions of the Circumplex model. Designed to be used by therapists and researchers for rating couple and family systems based on clinical interviews or observations of their interaction. The scale is a useful training device both for helping	Assesses cohesion, flexibility and communication from the perspectives of clinicians or researchers observing family interaction.	No information found	Observational coding system for couples or families. The scores are used to plot the family or couple on the Circumplex Model.	It has been validated in an extensive study by Thomas and Olson (1993)	£19	No information found

	Background	Domains Assessed	Target population	Administration/ format	Evidence of quality	Cost	Training/ qualifications required
	individuals learn more about the Circumplex Model and for family assessment and treatment planning.						
Family Communication Scale/ Parent-Adolescent/ Child Communication	Focuses on the free-flowing exchange of information, both factual and emotional. It deals with the lack of constraint and degree of understanding and satisfaction experienced in family communication interactions.	Assess primary caregivers perceptions of their openness to communication and their children's communication skills.	No information found	Consists of 20 items measuring the level and depth of family communication. Likert scale format	No information found	No information found	No information found
Family Satisfaction Scale	Specifically designed to assess satisfaction with family functioning. Has been used widely in family research in studies both in conjunction with the FACES instrument and as	The items in the scale are specifically designed to tap individuals satisfaction with levels of cohesion and flexibility in their family.	All family members	14 item scale 5 point Likert scale format	Good levels of reliability and validity.	No information found	No information found

	Background	Domains Assessed	Target population	Administration/ format	Evidence of quality	Cost	Training/ qualifications required
	a stand alone assessment of family satisfaction.						
Family Strengths Scale	Focuses on those characteristics and dynamics that enable families to show resilience and deal successfully with family problems. Specifically taps the sub-dimensions of Pride and Accord.	The Pride subscale incorporates pride, loyalty, trust and respect, whereas the Accord subscale is designed to assess a family's sense of competency.	No information found	12 item scale with responses scored along a 5 point Likert scale. Respondents are asked to assess the presence of each quality in their family.	No information found	No information found	No information found
Family Systems Stressor-Strength Inventory	This is an assessment/measurement instrument that focuses on identifying stressful situations occurring in families and the strengths families use to maintain healthy family functioning. When used as a clinical tool, the instrument can	Family functioning.	No information found	53-item self-administered questionnaire. Each family member is asked to complete the instrument on an individual form before an interview with a clinician. Following completion of the instrument the clinician evaluates the family on each of the stressful situations and the available strengths they possess.	Content validity was assessed through inter-rater agreement for conceptual fit and for clarity of items. However very little psychometric data are available for this instrument and reliability of this instrument is unknown.	No information found	No information found

	Background	Domains Assessed	Target population	Administration/ format	Evidence of quality	Cost	Training/ qualifications required
	provide direction for intervention planning and has the advantage of assessing family strengths as well as difficulties.						
Beavers Model of Family Assessment/ Family Functioning	Consists of three instruments developed by Beavers and Hampson to assess parenting practices using self-report and observational methods. A focus on strengths and competence is central to the model. Consists of the Beaver Self Report Family Inventory (SRFI), The Beavers Interactional Style Scale (BISS) and the Beavers Interactional Competence Competence Scale (BICS). Assist with multiple stages of	Assesses Parenting Practices and family interaction.	SFRI may be completed by family members 11 years or older.	SRFI is a 36-item Likert-format self-report questionnaire. It is brief and easy to score BISS and BICS are scored using observer ratings of parenting style based on a 10 minute observation of a semi-structured episode of family interaction. Can be administered throughout the course of the child welfare case.	There is high reliability in all three of the BICS, BISS and SRFI scales. Acceptable validity for SRFI. BISS validation is still underway.	No information found	No information found

	Background	Domains Assessed	Target population	Administration/ format	Evidence of quality	Cost	Training/ qualifications required
	assessment including screening, diagnosis, treatment planning and monitoring progress/ follow-up. The developers indicate that a more comprehensive family assessment would be facilitated by the conjunctive use of all 3 instruments.						
Darlington Family Assessment System	This is a multi-method assessment that consists of three components: the Darlington family interview schedule (DFIS) which is a structured family interview with an integrated rating scale (Darlington Family Rating Scale- (DFRS)); a	DFAS measures 12 problem dimensions using 4 major perspectives: 1) child-centered (including physical health, development, emotional behaviour, relationships, and conduct); 2) parent-centered (including physical health, psychological health, marital partnership, parenting history,	All family members	DFIS requires 1.5 hours to complete the interview; 20 minutes for clients to complete the self-report questionnaire battery; and 15 minutes for completion of the task activity.	DFIS has been developed and tested with psychiatric and healthy populations. DFIS has acceptable inter-rater reliability and concurrent and content validity and it sensitive to clinical change. However it has not been used in child	No information found	No information found

	Background	Domains Assessed	Target population	Administration/ format	Evidence of quality	Cost	Training/ qualifications required
	battery of self-report questionnaires (e.g. Eyberg, McMaster Family Assessment); and a task with an associated behaviour coding system. Can be used for multiple stages of decision making/ assessment including: intake/ screening; investigation/ diagnosis; case planning; continuing monitoring and evaluation. A focus on strengths and competence is central to the model.	social support); 3) parent-child interactions including care and control; 4) the whole family/total system perspective, e.g. closeness, distance, power hierarchies)			welfare populations and more research is requires to establish its validity with child welfare populations.		
Family Assessment Form (FAF)	The FAF is a practice based instrument that was developed by the Children's Bureau of Southern	Family functioning is assessed via 58 scales organised into 8 categories: caregiver history, caregiver personal characteristics, living	Caregivers	Takes 6-8 hours to administer. Completed by practitioners. Includes 39 items. It is completed at assessment and termination along with a two-page review. Two software	Acceptable content validity and reliability.	Price dependent on organisation size.	Bachelor's level or those with little exposure to systematic assessment procedures. Clinical and

	Background	Domains Assessed	Target population	Administration/ format	Evidence of quality	Cost	Training/ qualifications required
	California to help practitioners improve the assessment of families receiving home-based services. It is currently used in practice, training and research settings. A comparison of initial and termination scores provides data on changes during the service period so workers and families can evaluate progress and plan for the future.	condition, financial conditions, support to caregivers, caregiver/ child interactions, developmental stimulation, interactions between caregivers. Covers the following domains: living conditions; financial conditions, interactions between adult caregivers and children, support available to caregivers; developmental stimulation available to children. Optional scales assess caregiver history and personal characteristics such as substance use and mental health status.		versions of the tool are available.			technical training are recommended before using the tool.
California Family Assessment and Factor Analysis	No information found	The instrument has 23 items that fit within 5 theoretical domains: precipitating incident, child assessment; caregiver assessment; family assessment;	No information found	A social worker rates each item as low, moderate or high risk; sums the number of items coded at each risk level and decides the overall level of risk.	Poor predictive validity for low risk families; no studies assessing convergent validity were found; performed poorly in a reliability study.	No information found	No information found

	Background	Domains Assessed	Target population	Administration/ format	Evidence of quality	Cost	Training/ qualifications required
		family-agency interaction.					
Family Assessment Checklist	This is a comprehensive assessment of family problems and strengths that was developed for use in an urban, home-based child welfare programme to assist workers in establishing goals, planning services and monitoring changes.	The FAC addresses 7 major areas: financial status, condition of the home environment, developmental level of the client, the developmental level of the children, parenting skills, nutrition knowledge and practice, physical and mental health of family members.	No information found		In a single study FAC appeared to have high inter-rater reliability and convergent validity,	No information found	No information found
Family Pack of Questionnaires and Scales.	The Family Pack of Questionnaires and Scales: A series of practice tools designed and selected to support the gathering of information and assessments using the Assessment Framework in England. Purpose: Screening at an early age for a child's emotional and behavioural difficulties, and parenting and other problems; Assessing the role of, or providing evidence for best interest planning for children; the questionnaires and scale are invaluable for screening for emotional and behavioural difficulties in children and adolescents, parenting problems, recent life events, mental health difficulties, alcohol problems and the quality of family life, and for providing evidence for best interest planning; an economical and effective way of gathering information in a way that engages both children and parents; useful in monitoring of the effectiveness of interventions. This pack includes Strengths and Difficulties Questionnaires, Parenting Daily Hassle Scales, Home Conditions Scale, Adult Wellbeing Scale, Adolescent Wellbeing Scale, Recent Life Events Questionnaire, Family Activity and Alcohol Scale. Details of these tools are provided below.						
The Strengths and Difficulties Questionnaire	Used to assess children's and adolescents strengths and difficulties, as an assessment of adolescents self-awareness of	It assesses a child or adolescents strengths and difficulties across 5 domains including: emotional regulation, peer interaction, conduct, prosocial	The tool is used as a measure on children and adolescents aged between 3-16.	It can be completed by parents, teachers and young people. Version for different age groups are available. It is a self-report tool. The tools consist of 25 items using a 3 point scale.	Acceptable levels of reliability and validity. Norms are available.	Free	No specific qualifications for scoring and interpretation. No training required.

	Background	Domains Assessed	Target population	Administration/ format	Evidence of quality	Cost	Training/ qualifications required
	their strengths and difficulties, to compare strengths and difficulties before and after a treatment/ intervention programme, as a screening measure to identify children or adolescents who may be in need of further evaluation, or to create an individual classroom profile in order to implement appropriate behavioural or educational interventions.	behaviours, and hyperactivity.		Takes approximately 10 minutes to administer.			
The Parenting Daily Hassles Scale	This is used to assess the frequency and intensity of parents' daily hassles as an indicator of change in daily	The tool consists of a number of subscales which measure the frequency and intensity of minor hassles including challenging behaviour and parenting tasks.	Used mostly with families with young children.	The measure is used to assess parents and is completed by parents. The tool consist of 20 items. Consists of a 4 point scale and takes approximately 10 minutes to complete.	Acceptable levels of reliability and validity. Norms are available.	Free	No specific training required to score and administer.

	Background	Domains Assessed	Target population	Administration/ format	Evidence of quality	Cost	Training/ qualifications required
	hassles over time or as a starting point in becoming acquainted with a new family in the context of family therapy, parenting programmes or other related interventions.			The measure is scored manually.			
Recent Life Events Questionnaire	This helps define negative e life events over the last 12 months, but could be used over a longer time-scale and significantly whether the respondent thought they have a continuing influence.	The use of the scale will: result in a fuller picture of a family's history and contribute to greater contextual understanding of the family's current situation; help practitioners explore how particular recent life events have affected the carer and the family; in some situations, identify life events which family members have not reported earlier.	Used with adults.	Self-report instrument.	No information found	Free	No specific training requirements outlined.
Home Conditions Assessment	The Home Conditions Assessment helps make judgements about the context	Used to assess physical aspects of the home environment including safety, order and cleanliness.	No information found	Consists of 11 items. Practitioners make judgements about the safety, order and cleanliness of the	The total score has been found to correlate highly with indices of the development of	No information found	No specific training requirements outlined.

	Background	Domains Assessed	Target population	Administration/ format	Evidence of quality	Cost	Training/ qualifications required
	in which the child was living, dealing with questions of safety, order and cleanliness which have an important bearing where issues of neglect are the focus of concern. It is particularly appropriate to use during the initial visit if home conditions are already identified as an issue. Once used it is a method of keeping track of progress of deterioration. It is identical to the Family Cleanliness Scale. It has been observed that the scale can be perceived as judgemental. This assessment should not be used in isolation.			place in which the child lives using observation. The higher the score the greater the concerns about the conditions of the home. It can be undertaken jointly with the caregiver or with another worker. It will usually be helpful to share all that has been observed with the caregiver. This should promote a discussion about changes necessary to improve the home conditions as part of a care plan. However in some cases discussing this directly may threaten the relationship with the caregiver or be judged to be inappropriate.	children. Children from homes with low scores usually have better language and intellectual development.		

	Background	Domains Assessed	Target population	Administration/ format	Evidence of quality	Cost	Training/ qualifications required
Family Activity Scale	Derived from a Child-Centeredness Scale devised by Majorie Smith. This gives practitioners an opportunity to explore with carers the environment provided for their children through joint activities and support for independent activities. This includes information about the cultural and ideological environment in which children live as well as how their carers respond to their children's actions (e.g. concerning play and independence). The scale is not intended to judge parents in a	Aims to identify the extent of joint, child-centred family activity and independent/autonomous child activity such as pursuit of hobbies and relationships outside the home and self-care.	Can be used with children and caregivers.	There are two separate scales, one for children aged 2-6 and one for children aged 7-12. Typically used with parents but can also be completed by children. Consists of 11 items, can be administered and scored quickly.	In piloting it was reported as extremely useful in initial assessment.	Free	No specific training requirements outlined.

	Background	Domains Assessed	Target population	Administration/ format	Evidence of quality	Cost	Training/ qualifications required
	critical way but provide an opportunity to encourage relevant activity and assess the need for support to enable it to take place.						
Alcohol Use Questionnaire	Can be useful to provide a baseline, either at initial or core assessment or during ongoing work. Useful in detecting alcohol problems that are not suspected. The questionnaire should be viewed primarily as a tool to help raise the subject of alcohol and to provide opportunity to address any issues that may arise.	Covers frequency of alcohol consumption; number of drinks consumed in a typical day; ability to control drinking; failure to carry out expected tasks as a consequence of the effects of alcohol; whether others are concerned about the individuals drinking.	Adults	Designed to be self-administered and can also be used as a series of initial probes for use by the worker. A score of 5 or more indicates that there may be an alcohol problem and that there should be a fuller evaluation.	Found to be effective in detecting adults with alcohol disorders and those with hazardous drinking.	Free	No specific training requirements outlined.
Adolescent wellbeing scale	Assesses the depressive symptoms in children and	Wellbeing of adolescents and children.	There is a version for children	Self-report tool. Contains 18 items. 3-point Likert scale. Takes 10-15 minutes	Demonstrated acceptable levels	Free	No specific training

	Background	Domains Assessed	Target population	Administration/ format	Evidence of quality	Cost	Training/ qualifications required
	adolescents. It is used to screen for depression in children and adolescents. The scale is intended to enable practitioners to gain more insight and understanding into how an adolescent feels about their life. Helps young people express their feelings and can provide an overall insight in a short period of time. Provides a useful initial assessment with adolescents and also useful for monitoring progress.		aged 8-14 and for adolescents aged 14-18.	to administer. A score of above 15 is indicative of possible depressive disorder. In piloting young people were please to have the opportunity to contribute to the assessment.	of validity and reliability.		requirements outlined.
The HOME Inventory- SF	This assessment provides an extensive profile of the context of care provided for the child and	Provides a descriptive profile which yields a systematic assessment of the caring environment in which a child is reared and gives	Used with parents of infants, young children and adolescents.	Information needed to score the inventory is obtained during 45-90 minute home visit with the child and primary caregiver. The procedure is a low-key semi-structured	Acceptable levels of validity and reliability.	$30-50 for manuals and $25 for a package of 50 forms.	Only experienced interviewers are able to handle the complex dual tasks of semi-structured

	Background	Domains Assessed	Target population	Administration/ format	Evidence of quality	Cost	Training/ qualifications required
	assesses parenting. It is designed to measure the quality and quantity of stimulation and support available to a child in the home environment. Used extensively to demonstrate change in the family context as a result of intervention and can be used to assess whether intervention has been successful. There are different versions of HOME available depending on the age of children.	an account of parents capacities to provide learning materials, language stimulation, and appropriate physical environment, to be responsive, stimulating, providing adequate modelling variety and acceptance.		observation and interview done so as to minimise intrusiveness and allow family members to act normally. The assessment is conducted through interview and observation. There are several versions of the tool available: Infant/ Toddler (IT) HOME for children from 0-3 is composed of 45 items; Early Childhood (EC) for children aged 3-6 which contains 55 items; and Middle Childhood (MC) HOME for children aged 6-10.; Early Adolescent 10-14 years which consists of 60 items. There is also a Short Form if the HOME Inventory (HOME-SF), this contains fewer items than the original instrument. Most of the items in the SF version are organised in the format of a structured interview and some are scored using direct observation of parent behaviour. Higher HOME scored indicate a more enriched home environment. Assessors make			questioning and observation.

	Background	Domains Assessed	Target population	Administration/ format	Evidence of quality	Cost	Training/ qualifications required
				observations during home visits when the child is awake and engaged in activities typical for that time of the day and conduct and interview with a parent or guardian.			

Appendix 3: Samples of Tools Proposed for EISS

Common Assessment Framework (Sample)

Notes for use:

If you are completing this form electronically, the text boxes will expand to fit your text. Where check boxes appear, please tick (✓) those that apply.

CAF asks for:

- Basic details needed for any referral (page 1)
- Information about any siblings – if you know about them (page 2)
- Who else is involved (if you know) (page 3)
- What you know about the child – what concerns you and what is going well (page 3 & 4)
- What you want out of the this and agreed actions (page 5)
- Consent (page 6)

Remember:

- Please complete all sections in this form. If any are not applicable please enter N/A
- Complete this form with the Parent/Carer or young person
- Ensure the form is signed and dated by all relevant participants

DO NOT USE THIS FOR A CHILD PROTECTION REFERRAL

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

If at any time during the course of this assessment you feel that an unborn baby, 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. These can be found on the Rochdale Borough Safeguarding Children Board website: www.rbscb.org/.

Date CAF started:	Revision number:

1. Identifying details

Record details of the unborn baby, child or young person being assessed. If unborn, state name as 'unborn baby' and mother's name, e.g. unborn baby of Ann Smith.

Given name(s)		Pupil Number	
Family name		Address	
AKA[1]/previous name(s)			
Gender	Male ☐ Female ☐ Unknown ☐		
Date of birth or EDD[2]		Postcode	
Age (if DOB unknown)		Email	
Telephone no.			

1.1. Ethnicity

White	Mixed/Dual Background	Asian or Asian British	Black or Black British	Chinese & Other
White British ☐	White & Black Caribbean ☐	Indian ☐	Caribbean ☐	Chinese ☐
White Irish ☐	White & Black African ☐	Pakistani ☐	African ☐	Traveller of Irish Heritage ☐
Any other White background * ☐	White & Asian ☐	Bangladeshi ☐	Any other Black Background * ☐	Gypsy / Roma ☐
Not given ☐	Any other mixed background * ☐	Any other Asian background * ☐		Any other ethnic group * ☐

* If other, please specify:

1.2. Needs

Child's first language					Parent's first language		
Is an interpreter required?	Yes	☐	No	☐	If yes, give details below and include any special requirements:		
Immigration status							
Does the child have a disability?	Yes ☐		No ☐		Are they on the disability register?	Yes ☐	No ☐
If yes, please give details below and include any special requirements:							
Does the child have Special Education Needs (SEN)?	Yes ☐		No ☐				

1 'Also known as' 2 Expected date of delivery

2. Details of parent(s) / carer(s)

Name		Address	
Gender	Male ☐ Female ☐		
Date of birth			
Ethnicity		Postcode	
Relationship to unborn baby, child or young person		Telephone no.	
		Email	
Parental responsibility?	Yes ☐ No ☐	Main carer?	Yes ☐ No ☐

Emergency contact?	Yes ☐ No ☐		Next of kin?	Yes ☐ No ☐	
Name		Address			
Gender	Male ☐ Female ☐				
Date of birth					
Ethnicity		Postcode			
Relationship to unborn baby, child or young person		Telephone no.			
		Email			
Parental responsibility?	Yes ☐ No ☐		Main carer?	Yes ☐ No ☐	
Emergency contact?	Yes ☐ No ☐		Next of kin?	Yes ☐ No ☐	

3. Details of siblings (if known)

Sibling 1

Name		Address	
Gender	Male ☐ Female ☐		
Date of birth			
Ethnicity		Postcode	
Does this child have a disability?	Yes ☐ No ☐	School	
If yes, please give details			

Sibling 2						
Name					Address	
Gender	Male	☐	Female	☐		
Date of birth						
Ethnicity					Postcode	
Does this child have a disability?	Yes	☐	No	☐	School	
If yes, please give details						

Sibling 3						
Name					Address	
Gender	Male	☐	Female	☐		
Date of birth						
Ethnicity					Postcode	
Does this child have a disability?	Yes	☐	No	☐	School	
If yes, please give details						

4. Key agencies working with this child or young person (if known)

	Type	Name	Professional's name	Address and telephone
Univ	School			

	Early Years / Further Education			
	GP			
Other services				

5. Assessment

What has led to this unborn baby, infant, child or young person being assessed?		
Are the parent(s)/carer(s) aware of any other assessments completed for this child/young person?		Yes ☐ No ☐
If yes, please give details of the assessment:		
At what level would you place this child on the Children's Needs and Response Framework?		
People present at assessment:		

6. Needs and strengths

- Consider each of the elements to the extent they are appropriate in the circumstances, complete all elements in this section; if any are not applicable please enter N/A.
- For further guidance please refer to the document 'What the CAF elements mean'.
- Wherever possible use evidence based examples and avoid using opinions. Ensure that you value all contributions made and note any differences of opinions.
- As the CAF is being used to alert multi-agency colleagues to concerns regarding a child/young person's wellbeing, it is important to include issues that may impact on a wide range of services.

6.1. Development of unborn baby, infant, child or young person

General health
Physical development
Speech, language and communication
Emotional and social development

Behavioural development
Identity, self-esteem, self-image and social presentation
Family and social relationships
Self-care skills and independence
Learning
Understanding, reasoning and problem solving

Participation in learning, education and employment
Progress and achievement in learning
Aspirations

6.2. Parents and carers
Basic care, ensuring safety and protection
Emotional warmth and stability
Guidance, boundaries and stimulation

Other significant adults etc. (who lives with the child and who doesn't live with the child)

6.3. Family and environmental
Family history, functioning and well-being
Wider family
Social and community elements and resources, including education
Housing, employment and financial considerations

What is the families housing status?		Privately owned ☐ Rented ☐ Specialist / Temporary Accommodation ☐
If rented, please give details	**Landlord name:**	
	Contact details:	

7. Conclusions, solutions and actions

Now the assessment is completed you need to record a summary of your concerns and any additional needs of the child / young person. Work with the child or young person and/or parent or carer, and take account of their ideas, solutions and goals.

7.1. What are your conclusions?

What are the identified strengths and resources?

What are the identified needs? (including summary of what outcomes we want for the child/young person, what additional services might be needed)

7.2. Agreed actions

This table should be used to list the actions agreed for the people present at the assessment.

Desired Outcomes (as agreed with child, young person and/or family)	**Action**	**Who will do this?**	**By when?**

Team around the child (TAC) meeting date:	

8. Comments

Child or young person's comment on the assessment. (if appropriate)

Parent or carer's comment on the assessment.

9. Consent for information storage and information sharing

I have read and understand that the information recorded on the CAF form will be stored and used for the purpose of providing services to:

Me, the child or young person ☐

This child or young person for whom I am a parent	☐
This child or young person for whom I am a carer	☐

Are there any services or individuals you do not wish information to be shared with? If yes, please give details:

I have had the reasons for information sharing explained to me and I understand those reasons.	Yes ☐ No ☐
I agree to the sharing of the information disclosed in the CAF form.	Yes ☐ No ☐
I agree to the information being stored on the local eCAF system.	Yes ☐ No ☐

Has consent been declined / withdrawn from this CAF?	Yes ☐ No ☐
If yes, what was the reason for this?	
Date closed:	

Young person's signature		**Print Name**		**Date**	
Parent / carer's signature		**Print Name**		**Date**	

Parent / carer's signature		**Print Name**		**Date**	
CAF author's details					
CAF author's signature		**Print Name**		**Date**	
Address		**Role**			
		Telephone No.			
		Email			
Postcode					

Please ensure a copy of this form is sent to the service to which you wish to refer.

The practitioner completing the assessment will send a copy of the CAF to the CAF Team at the address below or email to caf.team@rochdale.gov.uk. If you are emailing from a GCSX or nhs.net email address, please use karen.donnelly@rochdale.gcsx.gov.uk. The information provided will be stored on the Rochdale eCAF system for reporting purposes and to monitor quality.

Early Help Assessment Form (EHAF)

This form should be used alongside the guidance within the Pathway to Provision

www.nottinghamshire.gov.uk/pathwaytoprovision

Section 1 – PRACTITIONER AND CONTACT INFORMATION

Details of the person completing this form:			
Name:		Telephone number:	
Job title:		Service / organisation:	
Email:		Date:	

Reason for EHAF completion – please tick all appropriate boxes	Please tick below
Assessment of child's or young person's needs	
Referral to an early help service	

Child or young person's information: (If child is an unborn baby, specify name as 'unborn baby' and mother's name)			
Name:		Also known as /	

		Previous names:			
Address: Postcode:		Telephone number:			
		Date of birth:	Age:	School Year:	Gender:
Ethnicity:		Nationality:			
Disability / communication issues: **Yes / No**		Religion:			
Name of Children's Centre / Early Years Service / School attending (if applicable):		Date enrolled:		**NHS Number:**	

Parent / carer or other significant adult in the family e.g. grandparents:			
Name:		Also known as / Previous names:	
Address:		Telephone number:	
		Date of birth:	
		Parental responsibility?	**Yes / No / Unknown**
Postcode:		Nationality:	
Ethnicity:		Religion:	
Disability / communication issues: **Yes / No**		Relationship to child or young person:	

Section 2 – FAMILY AND ENVIRONMENT

Briefly describe the family – who are the family members, where do they live, what do they do (employment/interests), what support networks do they have, what professional support do they currently receive, is there a history of significant events?

Section 3 – PARENTS AND CARERS

Answer the questions below and provide supporting evidence
Are the parent(s) able to provide basic care ensuring safety and protection? **Yes / No** Why have you come to this conclusion?   Are the parent(s) able to provide emotional warmth and stability? **Yes / No** Why have you come to this conclusion?

Are the parent(s) able to provide guidance and boundaries? **Yes / No**

Why have you come to this conclusion?

Section 4 – THE CHILD / YOUNG PERSON

Briefly describe the child / young person - what are their strengths; what are the needs that you have identified which have led to a first assessment? Please refer to the Pathway to Provision www.nottinghamshire.gov.uk/pathwaytoprovision

Section 5 – WHAT NEEDS TO CHANGE?

What do the family/ parents / carers think needs to change?

What does the child / young person think needs to change?
What do you think needs to change?

Section 6 – PLANNING FOR CHANGE

What will you / your organisation do to help the family / child / young person make positive changes?
What referrals will you make to other services?
What do you hope the other services will do / achieve?

Section 7 - CONSENT FOR INFORMATION SHARING AND INFORMATION STORAGE

If the young person (aged 13 -15) requests that their parent/carer are not made aware of this referral please answer the following questions with regard to the support the young person is seeking: **NB it is generally assumed that young people aged 16 or over are able to provide consent on their own behalf.**
1. Do you assess that the young person will understand the advice, treatment or intervention? **Yes / No**
2. Can the young person be persuaded to inform their parent(s) that they are seeking advice, treatment or intervention? **Yes / No**
3. Is it very likely that the young person will continue to put themselves at risk without advice/intervention/treatment? **Yes / No**

4. That unless they receive advice, intervention or treatment their physical or mental health or both are likely to suffer? **Yes / No**
5. Do their best interests require you to give them advice, treatment or intervention without the parental consent? **Yes / No**

I am the child / young person named in this form:
I understand the information recorded in this form. I know that it will be used to provide services to me and may be stored electronically. A copy will be held securely with Nottinghamshire County Council's Children, Families and Cultural Services Department and may be used for monitoring purposes, where all identifying information will be removed. The reasons for information sharing have been explained to me. I understand those reasons. I agree to this referral being made and for the sharing of information between the services that will contribute to the assessment for and delivery of an agreed plan of work. I agree to the sharing of agreed information with members of my family if necessary except:

Signed:		Name:		Date:	

I am a parent / carer of the child / young person named in this form:					
I understand the information recorded in this form. I know that it will be used to provide services to me and may be stored electronically. A copy will be held securely with Nottinghamshire County Council's Children, Families and Cultural Services Department and may be used for monitoring purposes, where all identifying information will be removed. The reasons for information sharing have been explained to me. I understand those reasons. I agree to the sharing of information between the services that will contribute to the assessment for and delivery of an agreed plan of work. I agree to the sharing of agreed information with members of my family if necessary except:					
Signed:		Name:		Date:	
Signed:		Name:		Date:	

Section 8 – OUTCOMES (Complete at Closure)

Date of review
What difference has the plan made?
What do the family/ parents/ child / young person think about the outcomes of the plan

Is there anything else that needs to be done?

SECTION 9: ADDITIONAL INFORMATION REQUIRED FOR A REFERRAL TO THE EARLY HELP UNIT

Are you aware of any risks to staff undertaking home visits?	**Yes / No / Unknown**
If **yes**, please describe:	

Other children / young people in the family, if known: (If child is an unborn baby, specify name as 'unborn baby' and mother's name)			
Name:		Also known as /	

		Previous names:			
Address: Postcode:		Telephone number:			
		Date of birth:	Age:	School Year:	Gender:
Ethnicity:		Nationality:		Is this sibling a subject of the referral: **Yes / No**	
Disability / communication issues: **Yes / No**		Religion:			
Name of Children's Centre / Early Years Service / School attending (if applicable):		Date enrolled:		**NHS Number:**	

Other children / young people in the family, if known: (If child is an unborn baby, specify name as 'unborn baby' and mother's name)					
Name:		Also known as / Previous names:			
Address: Postcode:		Telephone number:			
		Date of birth:	Age:	School Year:	Gender:
Ethnicity:		Nationality:			

Disability / communication issues: **Yes / No**	Religion:	Is this sibling a subject of the referral: **Yes / No**
Name of Children's Centre / Early Years Service / School attending (if applicable):	Date enrolled:	**NHS Number:**

Parent / carer or other significant adult in the family e.g. grandparents:			
Name:		Also known as / Previous names:	
Address:		Telephone number:	
		Date of birth:	
		Parental responsibility?	**Yes** / **No** / **Unknown**
Postcode:		Nationality:	
Ethnicity:		Religion:	
Disability / communication issues: **Yes / No**		Relationship to child or young person:	

Parent / carer or other significant adult in the family e.g. grandparents:			
Name:		Also known as / Previous names:	

Address:		Telephone number:	
		Date of birth:	
		Parental responsibility?	**Yes** / **No** / **Unknown**
Postcode:		Nationality:	
Ethnicity:		Religion:	
Disability / communication issues: **Yes / No**		Relationship to child or young person:	

LUTON BOROUGH COUNCIL

CHRONOLOGY

Timeline of significant events

Name	D.O.B	J No.

DATE	SIGNIFICANT EVENT	NAME & ROLE

Single Integrated Assessment

Child's Details

Name of the child	
J No:	
Date of birth	
Ethnicity	
Culture	
Primary language	
Religion	
Child's Address	
Telephone number	

Person completing the assessment

Start date of assessment	
Name	
Agency/Job Title	
Telephone number	

Family Members & Significant Others

Name	Relationship with the child	Parental Responsibility?	Address	Telephone no.

Involvements

Name and contact details	Agency

Have parents/carers given consent for the assessment. If not, explain why?

Why are we doing the assessment?

Reason for original referral and date referral was made. Explain the presenting issues, family history, and history of social care and youth offending services involvement. Clarify what the assessment is for? Include background factors pertinent to the child's ongoing well being and development e.g. is the child a young carer and how does it impact on their everyday life? Do they have a disability and what is the impact on the child/young person and family? Include a genogram.

What is the story?

The Child's lived experience and developmental needs

Summary of Child's developmental needs (*Health, Education, identity, Emotional and Behavioural development, family and social relationships, social presentation, self care skills*)

Did child(ren) meet growth and developmental milestones? Immunisations up to date? Are there any disabilities and if so how do they impact? Is there any evidence of existing or developing formal child mental health issues such as: risk of self-harm/suicide, low

mood/depression, eating difficulties, etc. Reference use of assessment tools throughout e.g., Graded Care Profile, Risk and Resilience tool, and Strengths and Difficulties Questionnaire and also reference research that has informed your assessment.

Details of attendance at school and punctuality, to include any concerns reported by school (may attach reports if necessary). Indicate any successes or achievements of the child, and details of peer relationships as described by the family, the child and the school.

What is the quality of the parent / carer/child attachment relationship? Quality of sibling relationships?

Social worker's summary:

Parenting capacity

Summary of Parenting Capacity including strengths, capacity and willingness to change, adversities and risks (*Basic care, ensuring safety, emotional warmth, stimulation, guidance and boundaries, stability*)

Domestic violence, physical or sexual abuse, neglect, family breakdown, parental mental health, child currently on child protection plan (if so, under which category?)

Describe mother's physical, emotional and mental health during and after pregnancy? Was family support provided? If so, was it helpful? Note any difficulties in feeding, toilet training, comforting the child or managing the child's behaviour. Assess the father's / other carer's role and involvement. Evidence-based observations of parenting style and attitude. Is parenting 'good enough' from the professional's perspective to meet the child's physical, educational, emotional and social needs?

Has the professional observed that the parent(s) or carers are ensuring the child's safety and protection? How? What protective factors are being considered in this assessment?

Social worker's summary:

Wider Family and environmental factors

Summary of family and environmental factors including protective factors, adversities or complicating factors, and risks (*Family history and functioning, wider family, housing, employment, income, family's social integration, community resources)*

What stressors such as overcrowded housing, poor living conditions, employment history, legal status within the UK, may be influencing the current problems in the family? *Have there been any medical conditions (to include genetic and psychiatric) with which the family has had to cope? When the family had help in the past what was most useful, and how did it help them to get back on track?* *Both positive and negative moments, including possibly traumatic events which may continue to impact on the family functioning. Explore how the family coped, who supported them, and what strengths they can identify from that time which may help them in the present.* *How did they relate to their parents, siblings or extended family, and what trans-generational patterns of interaction may be impacting on the current situation?* Social worker's summary:

Child's views, wishes and feelings

Please detail also how those views were sought and recorded.

It is essential that the child's narrative or understanding of his/her situation and life is articulated in this section e.g. how do they feel about their family circumstances? How do they view themselves? What are they worried about? What do they want to change etc…? Describe how views were sought. Were they seen alone? Describe attempts made to engage if a child/young person has declined to meet. If a child is very young and/or none verbal consider the range of methods and tools available to ascertain their views including direct observation. Views regarding the need for a child in need/child protection plan.

Parent's views and wishes

Please detail how these views were sought and recorded.

State which parent/carer you have seen with the family and how their views were sought. Helpful to see parents/carers together and separately. Explain what attempts have been made to engage if one has declined to meet. Describe parents/carers understanding of the current situation and presenting risk. Include direct quotes and/or attach any written comments they would like to make. Clarify views regarding the need for a child in need/child protection plan?

Professional Views (if not already outlined in the report)

Professionals' contribution to the assessment and views including need for a child in need/child protection plan or other services having regard for Luton Thresholds of need and interventions..

What does the story mean?

Risk and Needs Analysis

Assessor's Analysis

What does the story mean? Why is this information relevant? What is the impact on the child? What does research indicate regarding these issues? What needs to happen and change?

You may find it useful to bullet point

- *Risk factors*
- *Strengths including capacity / willingness to change*
- *Protective factors*
- *The child's specific vulnerabilities and resiliencies*
- *Any specific equality issues in respect of race, faith / belief, gender, disability, age; gender assignment; sexual orientation*

The analysis should include professional's understanding of the information provided by various members of the family system and professionals involved,, highlighting the relationships between the contextual information obtained – both recent and historical - and the family's current difficulties within the wider societal context e.g. racism, migration issues, etc., showing clear need for social care intervention Include evidence of the child suffering or likely to suffer significant harm and whether a child in need/child protection conference is required. If a child protection plan appears appropriate state any particular issues you want the child protection conference to address.

What needs to change / happen?

Please indicate the expected outcome with succinct outline plan

Recommendations for specific evidence-based interventions which fit with the case formulation. Also list possible referrals to other agencies for work, with associated timescales. State how we will know that the child/family and services are making progress. Ensure plan includes actions and services to be delivered with clear reasons why, by whom, timescales and date for review.

Outcome	Action required	By whom	Time scale

How do we know we are making a difference?

When and how will the plan and progress be reviewed?

Management Comment/Authorisation

If not completed with 45 days please state reasons.

North Carolina Family Assessment Scale (NCFAS-G)

A full pdf of the instrument can be found here:
http://www.nfpn.org/Portals/0/Documents/ncfasg_scale_defs.pdf

Family Quality of Life Scale (Sample)

A full pdf of the instrument can be found here: file:///C:/Users/Rshannon/Downloads/FQOL-FamilyQualityofLifeSurvey%20(1).pdf

Family Quality of Life Scale - Scoring & Items

The FQOL Scale uses satisfaction as the primary response format. The anchors of the items rated on satisfaction are rated on a 5-point scale, where 1 = *very dissatisfied*, 3 = *neither satisfied nor dissatisfied*, and 5 = *very satisfied*.

Items
There are 25 items in the final FQOL scale. Below are the items keyed to each of the first sub-scales domains:
Family Interaction:

- My family enjoys spending time together.
- My family members talk openly with each other.
- My family solves problems together.
- My family members support each other to accomplish goals.
- My family members show that they love and care for each other.
- My family is able to handle life's ups and downs.

Parenting:

- Family members help the children learn to be independent.
- Family members help the children with schoolwork and activities.
- Family members teach the children how to get along with others.
- Adults in my family teach the children to make good decisions.
- Adults in my family know other people in the children's lives (i.e. friends, teachers).
- Adults in my family have time to take care of the individual needs of every child.

Emotional Well-being:

- My family has the support we need to relieve stress.
- My family members have friends or others who provide support.
- My family members have some time to pursue their own interests.
- My family has outside help available to us to take care of special needs of all family members.

Physical / Material Well-being:

- My family members have transportation to get to the places they need to be.
- My family gets dental care when needed.
- My family gets medical care when needed.

- My family has a way to take care of our expenses.
- My family feels safe at home, work, school, and in our neighborhood.

Disability-Related Support

- My family member with special needs has support to make progress at school or workplace.
- My family member with special needs has support to make progress at home.
- My family member with special needs has support to make friends.
- My family has a good relationship with the service providers who work with our family member with a disability.

Strengths and Difficulties Questionnaire (Sample, Young Person's version)

Strengths and Difficulties Questionnaire

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain or the item seems daft! Please give your answers on the basis of how things have been for you over the last six months.

Your Name ..... Male/Female

Date of Birth.....

	Not True	Somewhat True	Certainly True
I try to be nice to other people. I care about their feelings	☐	☐	☐
I am restless, I cannot stay still for long	☐	☐	☐
I get a lot of headaches, stomach-aches or sickness	☐	☐	☐
I usually share with others (food, games, pens etc.)	☐	☐	☐
I get very angry and often lose my temper	☐	☐	☐
I am usually on my own. I generally play alone or keep to myself	☐	☐	☐
I usually do as I am told	☐	☐	☐
I worry a lot	☐	☐	☐
I am helpful if someone is hurt, upset or feeling ill	☐	☐	☐
I am constantly fidgeting or squirming	☐	☐	☐
I have one good friend or more	☐	☐	☐
I fight a lot. I can make other people do what I want	☐	☐	☐
I am often unhappy, down-hearted or tearful	☐	☐	☐
Other people my age generally like me	☐	☐	☐
I am easily distracted, I find it difficult to concentrate	☐	☐	☐
I am nervous in new situations. I easily lose confidence	☐	☐	☐
I am kind to younger children	☐	☐	☐
I am often accused of lying or cheating	☐	☐	☐
Other children or young people pick on me or bully me	☐	☐	☐
I often volunteer to help others (parents, teachers, children)	☐	☐	☐
I think before I do things	☐	☐	☐
I take things that are not mine from home, school or elsewhere	☐	☐	☐
I get on better with adults than with people my own age	☐	☐	☐
I have many fears, I am easily scared	☐	☐	☐
I finish the work I'm doing. My attention is good	☐	☐	☐

Your signature ..... Today's date .....

Strengths and Difficulties Questionnaire (Sample, Parent version)

Strengths and Difficulties Questionnaire

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain or the item seems daft! Please give your answers on the basis of the child's behaviour over the last six months or this school year.

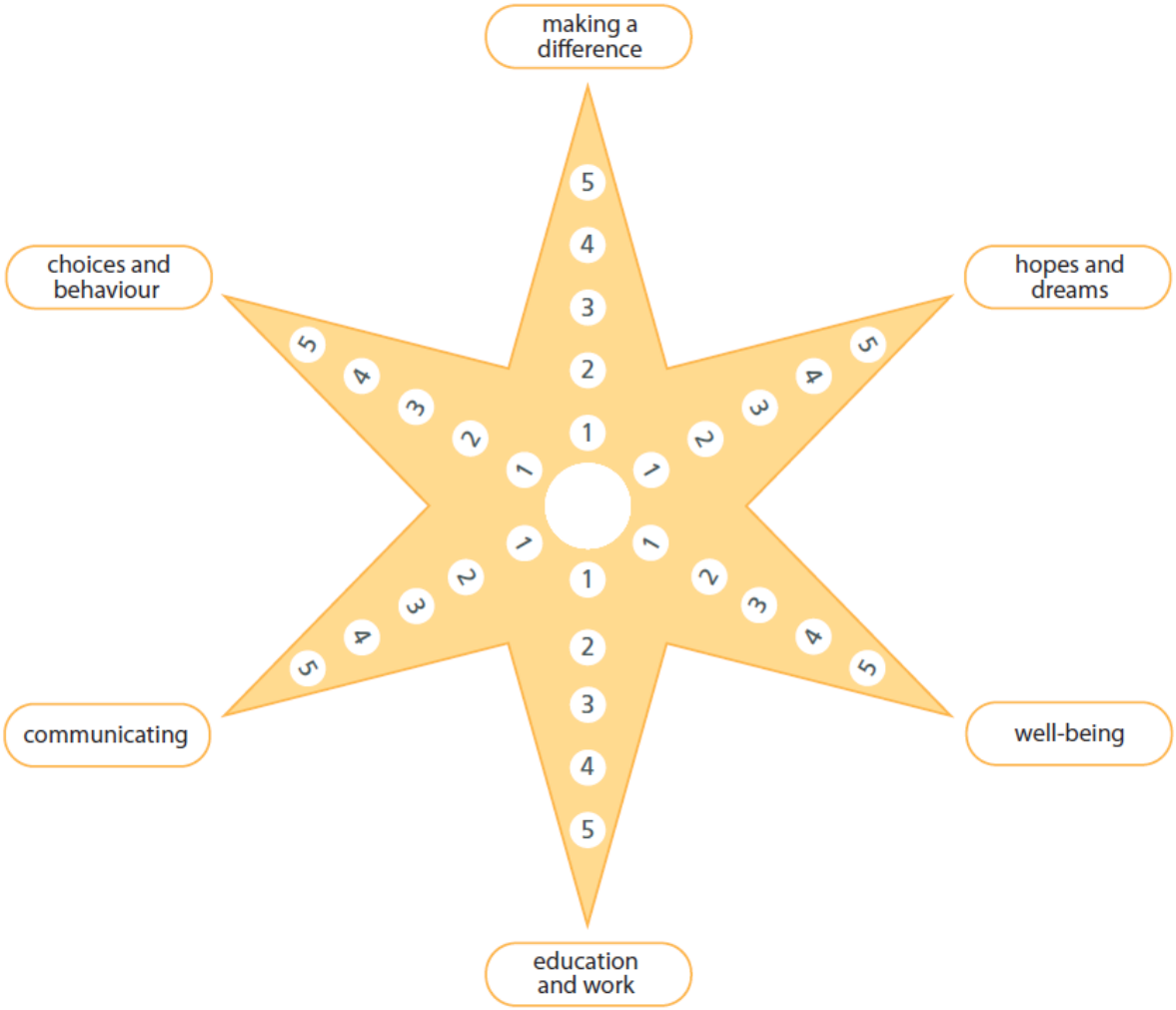
Child's Name ..... Male/Female

Date of Birth.....

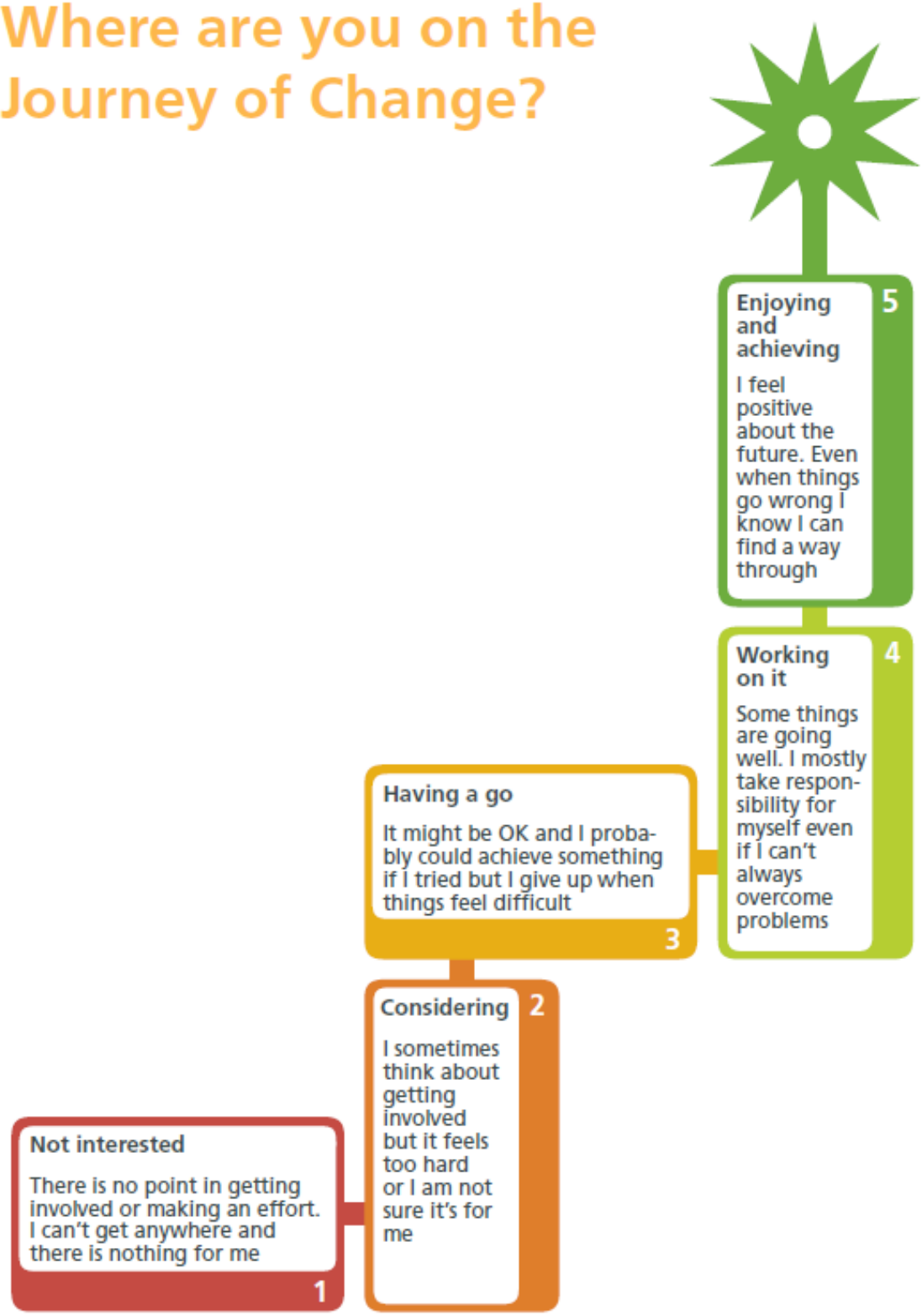
	Not True	Somewhat True	Certainly True
Considerate of other people's feelings	☐	☐	☐
Restless, overactive, cannot stay still for long	☐	☐	☐
Often complains of headaches, stomach-aches or sickness	☐	☐	☐
Shares readily with other children (treats, toys, pencils etc.)	☐	☐	☐
Often has temper tantrums or hot tempers	☐	☐	☐
Rather solitary, tends to play alone	☐	☐	☐
Generally obedient, usually does what adults request	☐	☐	☐
Many worries, often seems worried	☐	☐	☐
Helpful if someone is hurt, upset or feeling ill	☐	☐	☐
Constantly fidgeting or squirming	☐	☐	☐
Has at least one good friend	☐	☐	☐
Often fights with other children or bullies them	☐	☐	☐
Often unhappy, down-hearted or tearful	☐	☐	☐
Generally liked by other children	☐	☐	☐
Easily distracted, concentration wanders	☐	☐	☐
Nervous or clingy in new situations, easily loses confidence	☐	☐	☐
Kind to younger children	☐	☐	☐
Often lies or cheats	☐	☐	☐
Picked on or bullied by other children	☐	☐	☐
Often volunteers to help others (parents, teachers, other children)	☐	☐	☐
Thinks things out before acting	☐	☐	☐
Steals from home, school or elsewhere	☐	☐	☐
Gets on better with adults than with other children	☐	☐	☐
Many fears, easily scared	☐	☐	☐
Sees tasks through to the end, good attention span	☐	☐	☐

Signature ..... Date .....

Youth Star (Sample)



Where are you on the Journey of Change?



Adolescent Wellbeing Scale (Sample)

Adolescent Wellbeing

SCALE FOR YOUNG PEOPLE AGED 11 TO 16

Please tick as appropriate

	Most of the time	sometimes	never
1. I look forward to things as much as I used to	☐	☐	☐
2. I sleep very well	☐	☐	☐
3. I feel like crying	☐	☐	☐
4. I like going out	☐	☐	☐
5. I feel like leaving home	☐	☐	☐
6. I get stomache-aches/cramps	☐	☐	☐
7. I have lots of energy	☐	☐	☐
8. I enjoy my food	☐	☐	☐
9. I can stick up for myself	☐	☐	☐
10. I think life isn't worth living	☐	☐	☐
11. I am good at things I do	☐	☐	☐
12. I enjoy the things I do as much as I used to	☐	☐	☐
13. I like talking to my friends and family	☐	☐	☐
14. I have horrible dreams	☐	☐	☐
15. I feel very lonely	☐	☐	☐
16. I am easily cheered up	☐	☐	☐
17. I feel so sad I can hardly bear it	☐	☐	☐
18. I feel very bored	☐	☐	☐

Produced by the National Children's Bureau as part of technical assistance to the EITP programme:

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