

## Using a whole family assessment



### What is the initiative?

A whole family assessment. This was initiated by and was the foundation to a whole family project run as one of the Extended Young Carers Pathfinders in 2010.

### Who runs it?

Child Action Northwest in Blackburn with Darwen

### Who does it benefit?

Young carers (aged 11–17) and their families. However, this age range is being extended to 8–19.

### What does it do?

A whole family assessment is initially carried out in order to embed a whole family approach to supporting families. The results of this assessment then inform an intervention plan that is developed and agreed upon by the family. The plan is composed of responsibilities for as many family members as possible and is overseen by the young carers service.

The whole family assessment form was developed from the Framework for the Assessment of Children in Need and their Families and was combined with elements from the existing young carers service assessment and other additional elements, such as information about siblings. Additionally, a Family Assessment Device form was used, which gathered information that specifically focused on family relationships and dynamics. This is a very useful tool that is still used, as it helps families to recognise how they can support themselves and each other, before any further support needs are identified.

### When did it start?

The whole family assessment has been running since January 2010 and the young carers service since 2002. The key elements are still being delivered.

## Why was it started?

Prior to January 2010, the project supported young carers through advocacy work, one-to-one support and respite activities. However, the service was finding that it was closing very few of the cases it was working with. Support for families was simply continuing indefinitely. This was because, despite supporting the young carers themselves, nothing was changing at home for them and therefore they were simply going back into the same home situation and with the same caring roles. It was therefore identified that a whole family approach was needed.

## What are the aims and objectives?

The overarching aim was to reduce or eradicate inappropriate caring roles through a whole family approach. A whole family assessment was required in order to gain a holistic understanding of the different and individual needs of the whole family.

The aims of the assessment were to support:

- Effective partnerships with other services, to ensure systems were in place for early identification and intervention.
- A Think Family approach to supporting individuals and the family as a whole.
- Genuine life-changing interventions for all members of the family that increased family resilience and stability so that cases were not closed without first considering for example, parenting capacity and the impacts of decisions upon the whole family.

## How is it funded?

The initial funding was from Extended Pathfinder monies which have now ended. The service is now funded by Blackburn with Darwen Borough Children's Services.

## What has it achieved?

The former model, with its focus solely on young carers, did help to increase their self-esteem and confidence, provided advocacy support and ensured that young carers had respite from their caring roles. However, it was isolated from other services and did not really reduce or eradicate caring roles. Indeed, prior to the whole family approach, the service only closed around two cases per year, based on 65 young carers.

However, the whole family assessment has provided a much clearer picture of family needs which has enabled a more holistic intervention plan to be drawn up, encompassing the needs of the whole family and specifically, focusing on reducing caring roles.

Comparison of families' situations before and after the whole family intervention has shown:

- Reductions in caring roles for young carers.
- Increased school attendance.
- Stronger family relationships.
- Increased family resilience and stability.

This enabled the service to close 22 cases.

The whole family assessment process has also helped to highlight that the service cannot do everything in isolation. It has also assisted in clarifying roles and responsibilities and helped to identify where support is needed from other professionals and services. Sharing the assessment and intervention information has also reduced some of the duplication that occurs when a family is supported by several agencies.

The project as a whole broadened the focus on the whole family. This enabled the service to better understand the roles of other services. It has helped develop much stronger partnership working towards a whole family approach, particularly with Adult Services, and increased the understanding and recognition within Children's and Adult's Services of the service and its skills. This has increased awareness of the need to support the family as a whole and has advanced the 'no wrong door' approach.

Outreach work in schools is now being developed. Schools are recognising the benefits and positive outcomes of working to address the needs of the family as a whole and all secondary schools in the area have now agreed to implement a young carers school charter and all have identified a Young Carers Lead.

New tools and protocols are currently being developed between the project and Adult Services that will help to identify young carers at the same time as the person being cared for. This will ensure that decisions are not made by professionals without the needs, wishes and feelings of the young carer being taken into account.

Feedback from families about the whole family assessment and subsequent whole family working has been extremely positive. One family felt that the Think Family assessment had had a positive effect on their whole family as a result of the young carer feeling much happier. The family also felt his responsibilities had lessened due to services coming into the home.

In another family, a mother and young carer had learnt to work more as a team. The Think Family process had also helped the young carer to better understand her own health needs.

**“Mum's happy and that makes me happy – I can relax at school now.”**

**Young carer**

## **How have young carers and their families been involved in planning and delivering this work?**

A newsletter was sent to families informing them of the intention to begin whole family work using a whole family assessment. Families fed back to the service saying they felt this was a good idea.

The intervention plan that is drawn up in response to the assessment is created alongside families and focuses on reducing the caring role for the young carer.

## **How is the initiative run?**

One manager with 30 hours, managed a team of three Family Wellbeing Practitioners, all employed by the young carers service. Each practitioner worked with between 6–7 families at any one time, based on 18.5 hours per week. The project also had ten hours of administration support.

Prior to assessments with families, checks are made to see if a Common Assessment Framework (CAF) process is underway or whether the family is under social care. If either is the case, plans or minutes of the last meeting are requested and are built on, rather than duplicating assessments. These checks also serve to inform lead practitioners (if a CAF is open) or a social worker that the service is working with the same family.

When a young carer is referred to the service by for example a school, a Family Wellbeing Practitioner, employed by the young carers service, undertakes the whole family assessment using a Young Carers Whole Family Assessment Form in conjunction with a Family Assessment Device. Together, these take around an hour to complete. Information is then logged onto a database. The practitioner returns within a week to create an Intervention Plan with the family, aiming to involve as many family members as possible. Plans are open ended but work with a family is normally completed within three months.

Once the intervention has been successful for all individuals, the case is closed, or if support is still needed for the young carer, they are moved to a Level 2 (support only for the young person). This may occur for example, if support has been provided for a parent with long-term mental health issues and whose support needs have reduced but where the family situation is still negatively impacting upon a young carer.

Where a family is already being supported by Adult Services, where possible, family action plans are integrated with the care plans already implemented by Adult Social Care. The Young Carers Needs, Feelings and Wishes form is used. These are then sent to Adult Social Care so they can make informed decisions based upon this additional information about the young carer's needs.

## What methods have been particularly effective?

Staff received training in advocacy work and this is highly recommended. It was extremely empowering and helped to develop how the service promoted the voice of both families and young carers. Staff training on the personalisation agenda was also useful.

The assessment and subsequent joint working has better positioned the service to advocate for young carers, ensuring particularly that Adult Services consider the needs of young carers when making decisions about the family.

## Have there been any challenges along the way?

There have been many extremely positive outcomes for young carers and their families using the whole family assessment and whole family approach. Indeed, young carers stressed that this approach should not stop. They wanted to ensure that their voices are heard when decisions are made about the family which might have a negative impact upon them.

However, young carers have felt that the shift in focus to the whole family has negatively impacted on meeting their own needs as individuals and that they have received less individual support, less respite and reduced advocacy specifically for them. Many have advised that although parents may receive support that they need, such as through personal budgets, this only goes part of the way to reducing

the young carer's physical and emotional caring roles. They believe that the project's aims should be to concentrate on *their* needs, wishes and feelings and that they should be supported separately from any family support.

Therefore, one important outcome has been to re-assess *how* whole family work is delivered. Although better partnership work was developed, the service was still working in too much isolation and delivering too much of the whole family work itself.

A new model has been identified which the service would ideally like to implement with staff based in neighbourhoods using stronger partnership working. Under the model, the delivery team would move to a staff team of Young Carers Advocates and a Young Carers Think Family Link Worker. The Link Worker would still undertake a full Think Family assessment. The decision would then be made whether or not the Young Carers Advocates can support the young carer alone or whether joint working with other agencies is needed to address wider family issues. If wider support is needed, then the Link Worker would refer to the Young Carers Advocates as well as the wider Think Family Team run by the borough and would work in partnership with them around the family.

## What hints and tips might help me get started?

- Young carers service should not try and deliver whole family support in isolation.
- Partnership working needs to reflect the views and opinions of all and not be tokenistic. It could be improved if this work came under the Children's Trust or some other medium, so that all decisions around significant developments and working together do not sit solely with statutory services.
- Advocacy training helps promote the voice of both families and young carers and it is easier to battle for change using the voices of service users.
- A great way to engage other partners is to demonstrate how a whole family approach really benefits and adds value to their services.
- Move away from referring to 'young carers' and always refer to 'young carers and families' in order to emphasise that young carers should not be seen in isolation.

## Are there any useful documents that could assist me?

Kendall, S, Rodger, J, Palmer, H (2010), '**The Use of Whole Family Assessment to Identify the Needs of Families with Multiple Problems**'. Department for Education.

Young Carers and Whole Family Assessment Form, including:

- Needs, Wishes and Feelings of Young Carers section of Assessment Form.
- Family Assessment Device form.
- Adult Services Referral Form.
- Young Carers and Family Review (to be completed on closure).
- Four case studies from families.

Contact Karen Walker (see below) for copies.

## Where can I get further information?

**Karen Walker**  
**Young Carers Project Manager**  
**Child Action Northwest in Blackburn**  
**CANW Children's and Families Resource Centre**  
**273 Preston New Road**  
**Blackburn**  
**Lancs BB2 6PL**

**Tel: 01254 692709**

**Email: [kwalker@canw.org.uk](mailto:kwalker@canw.org.uk)**

**Website: [www.canw.org.uk](http://www.canw.org.uk)**

CD funded by



Department  
for Education