

CAF form

Date assessment started*¹

Notes for use: If you are completing form electronically, text boxes will expand to fit your text

Where check boxes appear, insert an 'X' in those that apply.

Identifying details

Record details of unborn baby, infant, 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)*

Family name*

*Male

Female

Unknown

AKA²/previous names

Address*

Date of birth or EDD³*

Contact tel. no.*

Unique ref. no.

Version no.

Postcode*

Ethnicity*

White	Black or Black British	Asian or Asian British	Mixed/Dual Background	Chinese & Other
White British <input type="checkbox"/>	Caribbean <input type="checkbox"/>	Indian <input type="checkbox"/>	White & Black Caribbean <input type="checkbox"/>	Chinese <input type="checkbox"/>
White Irish <input type="checkbox"/>	African <input type="checkbox"/>	Pakistani <input type="checkbox"/>	White & Black African <input type="checkbox"/>	
Traveller of Irish Heritage <input type="checkbox"/>	Any other Black background [^] <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>	White & Asian <input type="checkbox"/>	Any other ethnic group [^] <input type="checkbox"/>
Gypsy/Roma <input type="checkbox"/>		Any other Asian background [^] <input type="checkbox"/>	Any other Mixed background [^] <input type="checkbox"/>	Not given <input type="checkbox"/>
Any other White background [^] <input type="checkbox"/>				

*If other, please specify

Immigration status

Child's first language

Parent's first language

Is the child or young person disabled?

Yes No

If 'yes' give details

Details of any special requirements
(for child and/or their parent) e.g. signing,
interpretation or access needs¹ It is recommended that practitioners complete all fields marked with an asterisk(*) to obtain basic identifying data when completing the CAF form² 'Also known as'³ Expected date of delivery

Assessment information

People present
at assessment*

What has led to this unborn baby, infant, child or young person being assessed?*

Details of parents/carers

Name

Contact tel. no.

Relationship to unborn baby, infant, child or young person

Address

Parental responsibility?

Yes

No

Postcode:

Name

Contact tel. no.

Relationship to unborn baby, infant, child or young person

Address

Parental responsibility?

Yes

No

Postcode:

Current family and home situation

(e.g. family structure including siblings, other significant adults etc; who lives with the child and who does not live with the child)

Details of person(s) undertaking assessment

Name*	<input type="text"/>	Contact tel. no.*	<input type="text"/>
Address	<input type="text"/>	Role	<input type="text"/>
		Organisation	<input type="text"/>
Postcode:	<input type="text"/>		

Name of lead professional (where applicable)	<input type="text"/>
Lead professional's contact number	<input type="text"/>
Lead professional's email address	<input type="text"/>

Services working with this infant, child or young person

Universal	GP	<input type="checkbox"/>	Details	<input type="text"/>	Tel.	<input type="text"/>
	Early years/education/FE training provision	<input type="checkbox"/>	Details	<input type="text"/>	Tel.	<input type="text"/>
Other services	Service	<input type="text"/>	Details	<input type="text"/>	Tel.	<input type="text"/>
	Service	<input type="text"/>	Details	<input type="text"/>	Tel.	<input type="text"/>
	Service	<input type="text"/>	Details	<input type="text"/>	Tel.	<input type="text"/>
	Service	<input type="text"/>	Details	<input type="text"/>	Tel.	<input type="text"/>
	Service	<input type="text"/>	Details	<input type="text"/>	Tel.	<input type="text"/>

CAF assessment summary: strengths and needs

Consider each of the elements to the extent they are appropriate in the circumstances. You do not need to comment on every element. Wherever possible, base comments on evidence, not just opinion, and indicate what your evidence is. However, if there are any major differences of view, these should be recorded too.

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

Health

General health

Conditions and impairments; access to and use of dentist, GP, optician; immunisations, developmental checks, hospital admissions, accidents, health advice and information

Physical development

Nourishment; activity; relaxation; vision and hearing; fine motor skills (drawing etc.); gross motor skills (mobility, playing games and sport etc.)

Speech, language and communication

Preferred communication, language, conversation, expression, questioning; games; stories and songs; listening; responding; understanding

Emotional and social development

Feeling special; early attachments; risking/actual self-harm; phobias; psychological difficulties; coping with stress; motivation, positive attitudes; confidence; relationships with peers; feeling isolated and solitary; fears; often unhappy

Behavioural development

Lifestyle, self-control, reckless or impulsive activity; behaviour with peers; substance misuse; anti-social behaviour; sexual behaviour; offending; violence and aggression; restless and overactive; easily distracted, attention span/concentration

1. Development of unborn baby, infant, child or young person (continued)

Identity, self-esteem, self-image and social presentation

Perceptions of self; knowledge of personal/family history; sense of belonging; experiences of discrimination due to race, religion, age, gender, sexuality and disability

Family and social relationships

Building stable relationships with family, peers and wider community; helping others; friendships; levels of association for negative relationships

Self-care skills and independence

Becoming independent; boundaries, rules, asking for help, decision-making; changes to body; washing, dressing, feeding; positive separation from family

Learning

Understanding, reasoning and problem solving

Organising, making connections; being creative, exploring, experimenting; imaginative play and interaction

Participation in learning, education and employment

Access and engagement; attendance, participation; adult support; access to appropriate resources

Progress and achievement in learning

Progress in basic and key skills; available opportunities; support with disruption to education; level of adult interest

Aspirations

Ambition; pupil's confidence and view of progress; motivation, perseverance

2. Parents and carers

Basic care, ensuring safety and protection

Provision of food, drink, warmth, shelter, appropriate clothing; personal, dental hygiene; engagement with services; safe and healthy environment

Emotional warmth and stability

Stable, affectionate, stimulating family environment; praise and encouragement; secure attachments; frequency of house, school, employment moves

Guidance, boundaries and stimulation

Encouraging self-control; modelling positive behaviour; effective and appropriate discipline; avoiding over-protection; support for positive activities

3. Family and environmental

Family history, functioning and well-being

Illness, bereavement, violence, parental substance misuse, criminality, anti-social behaviour; culture, size and composition of household; absent parents, relationship breakdown; physical disability and mental health; abusive behaviour

Wider family

Formal and informal support networks from extended family and others; wider caring and employment roles and responsibilities

Housing, employment and financial considerations

Water/heating/sanitation facilities, sleeping arrangements; reason for homelessness; work and shifts; employment; income/benefits; effects of hardship

Social and community elements and resources, including education

Day care; places of worship; transport; shops; leisure facilities; crime, unemployment, anti-social behaviour in area; peer groups, social networks and relationships; religion

Conclusions, solutions and actions

Now the assessment is completed you need to record conclusions, solutions and actions. Work with the baby, child or young person and/or parent or carer, and take account of their ideas, solutions and goals.

What are your aims?*

(What are the key aims the child, young person and/or family would like to address?)

What are your conclusions?*

(What are the child/young person's/families strengths and resources, what are their needs – e.g. no additional needs, additional needs, complex needs, risk of harm to self or others?)

Strengths & Resources:

Needs/ worries:

What changes are wanted?*

(Include the child/young person's, parent/carer's and practitioner's views)

How can change happen?*

(Include the child/young person's, parent/carer's and practitioner's views)

Agreed Actions* (At least one action must be entered)

(in order of priority list the actions agreed for the people present at the assessment)

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

Agreed review date*

Goals* (e.g. How will you know that things have improved? What will things look like at review?)

Child or young person's comment on the assessment and actions identified*

Parent or carer's comment on the assessment and actions identified*

Consent statement for information storage and information sharing*

"We need to collect the information in this CAF form so that we can understand what help you may need. If we cannot cover all of your needs we may need to share some of this information with the other organisations specified below, so that they can help us to provide the services you need. If we need to share information with any other organisation(s) later to offer you more help we will ask you about this before we do it."

"We will treat your information as confidential and we will not share it with any other organisation unless we are required by law to share it or unless you or any other person will come to some harm if we do not share it. In any case we will only ever share the minimum information we need to share"

I understand the information that is recorded on this form and that it will be stored and used for the purpose of providing services to:

- Me
- This infant, child or young person for whom I am a parent
- This infant, child or young person for whom I am a carer

I have had the reasons for information sharing and information storage explained to me and I understand those reasons.

Yes No

I agree to the sharing of information, as agreed, between the services listed below

Yes No

Signed

Name

Date

Assessor's signature

Signed

Name

Date

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

If at any time during the course of this assessment you are concerned that an infant, child or young person has been harmed or abused or is at risk of being harmed or abused, you must follow your Local Safeguarding Children Board (LSCB) safeguarding children procedures. The practice guidance *What to do If you're worried a child is being abused* (HM Government, 2006) sets out the processes to be followed by all practitioners.

If you think the child may be a child in need (under section 17 of the Children Act 1989) then you should also consider referring the child to children's social care. These referral processes will be included in your local safeguarding children procedures and are set out in Chapter 5 of *Working Together to Safeguard Children* (2006) (www.ecm.gov.uk/workingtogether). You should seek the agreement of the child and family before making such a referral **unless to do so would place the child at increased risk of significant harm.**

Delivery Plan & Review *(Actions from the assessment should be brought forward into the delivery plan and added to where a multi-agency team around the child response is required and/or used to review progress)*

Personal Details

Given name(s) * Family name* DOB or EDD*
 Address* Postcode* *Male Female Unknown

LP Details

Name* Agency/Relationship* Email*
 Address* Contact Number*

FOR COMPLETION AT REVIEW STAGE

Desired outcome *(at least one action must be entered)(as agreed with child, young person, family)*

	Action	Who will do this?	By when?	Progress & Comment	Date Closed	Contributing to ECM Aim⁴
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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⁴ These outcomes should be linked to the 'Every Child Matters' aims where appropriate. Please see the CAF Practitioners Guide Annex B for a full list of the ECM aims which sit below the five ECM outcomes.

Review

Date*:

People present*

(Review delivery plan and update with any agreed further action)

Next Steps*

Can the CAF be closed?*

Yes	<input type="checkbox"/>	Reason for closure:	<input type="text"/>
No	<input type="checkbox"/>	Agreed review date:	<input type="text"/>

Review Notes*

Child or young person's comment on the review and actions identified*

Parent or carer's comment on the assessment and actions identified*

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<http://www.dcsf.gov.uk/everychildmatters/strategy/deliveringservices1/caf/cafframework/>