

CAF form

Common Assessment Framework (CAF)
for children and young people

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 for example **unborn baby of Ann Smith**.

Name	<input type="text"/>	AKA ¹ or previous names	<input type="text"/>
Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
	Unknown	<input type="checkbox"/>	Date of birth or EDD ²
Address	<input type="text"/>	Contact tel number	<input type="text"/>
		CAF ID number	<input type="text"/>
		Version number	<input type="text"/>
Post code	<input type="text"/>	Religion	<input type="text"/>

Ethnicity

white British	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>	Indian	<input type="checkbox"/>	white and black Caribbean	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
white Irish	<input type="checkbox"/>	African	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	white and black African	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>
white and Asian	<input type="checkbox"/>	not given	<input type="checkbox"/>	other white background*	<input type="checkbox"/>	other black background*	<input type="checkbox"/>	other ethnic group*	<input type="checkbox"/>
other Asian background*	<input type="checkbox"/>	other mixed background*	<input type="checkbox"/>	*if other please specify <input type="text"/>					

Child's first language

Is an interpreter or signer required? yes no Has this been arranged? yes no

Immigration status Does the child have a disability? yes no

If yes, give details

Details of any special requirements for the child or the child and their parent

¹ Also known as ² Expected date of delivery

Consent

I agree for a Common Assessment to be undertaken and I understand the 'identifying details' information recorded on page one will be stored on a database for registration purposes.

I agree to other agencies being contacted in order to complete this Common Assessment.

I do not agree to the following agencies being contacted:

Signed young person, parent or carer

Print name

Date

Details of parents or carers

Name

Contact number

Relationship to unborn baby, infant, child or young person

Address

Parental responsibility?

yes no

Permission to contact?

yes no

Name

Contact number

Relationship to unborn baby, infant, child or young person

Address

Parental responsibility?

yes no

Permission to contact?

yes no

Details of siblings

	DOB	age
Name and relationship		
Name and relationship		
Name and relationship		
Name and relationship		
Name and relationship		

Do any siblings have additional needs? Yes No

Are these known to agencies and services? Yes No

Comments

Details of any relevant assessments or interventions undertaken

Significant others/key contacts

			Permission to contact
Name	Contact number	Yes	<input type="checkbox"/>
Relationship		No	<input type="checkbox"/>
Name	Contact number	Yes	<input type="checkbox"/>
Relationship		No	<input type="checkbox"/>
Name	Contact number	Yes	<input type="checkbox"/>
Relationship		No	<input type="checkbox"/>
Name	Contact number	Yes	<input type="checkbox"/>
Relationship		No	<input type="checkbox"/>

Current family and home situation

For example family structure including siblings and other significant adults who live or do not live with the child

Details and date of person undertaking the assessment

Name	<input type="text"/>	Contact number	<input type="text"/>
Address	<input type="text"/>	Role	<input type="text"/>
		Organisation	<input type="text"/>

Date assessment started	<input type="text"/>
Date assessment completed	<input type="text"/>
Name of existing lead professional or level 3 worker (where applicable)	<input type="text"/>
Contact details for above worker: telephone, address and email	<input type="text"/>

Assessment information

				Comments	
Does the child or young person know about the assessment?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	<input type="text"/>
Do the parents/carers know about the assessment?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	

People present at assessment	<input type="text"/>
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How are the views of the child or young person represented if they are not present?	<input type="text"/>
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What has led to this unborn baby, infant, child or young person being assessed?

What, if any, other assessments and plans have been completed already and what was the result of them?

Services working with this infant, child or young person

present (and past if relevant)

Universal

GP

Contact details

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Early years, school, training setting

Details of service provided

Contact details

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Other services

Service

for example family therapy

Details of service provided, dates and duration

Contact details

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 but if you have no comments please record N/A. Base comments on evidence, not just opinion and indicate what your evidence is. 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 a dentist, GP, optician; immunisations, development checks, hospital admissions, accident, health advice and information

Physical development

Nourishment; activity; relaxation; vision and hearing; fine motor skills (for example drawing); gross motor skills (such as mobility, playing games and sport)

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 or 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

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

Perceptions of self; knowledge of personal and 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, domestic abuse, 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, antisocial behaviour in area; peer groups, social networks and relationships

Conclusions, solutions and actions

Now the assessment is complete 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 conclusions?

For example: strengths, no additional needs, additional needs.

What needs to change? For example: what outcomes, solutions and goals does the child or young person, parent or carer and you want to achieve.

Next steps

- 1** Need can be met within family and friends network
- 2** Multi-agency response required - proceed to level 2 TAC to develop an action plan
- 3** Close CAF episode because:
 - a** Needs can be met at universal/level1
 - b** Refer to single agency
 - c** Escalate to level 3 specialist services
 - d** Consent withdrawn
 - e** Child/young person moved out of county
 - f** Child/young person deceased
- 4** Other - please describe

Comments and details of decisions, including dates and outcomes of any onward referral.

Interim actions to be completed before full action plan is completed

Actions in order of priority

Who will do this? name and contact details

By when? date

Actions in order of priority	Who will do this? name and contact details	By when? date

Team Around Child (TAC) meeting date

venue

Time

Child or young person's comment on the assessment

Parent or carer's comment on the assessment

Assessor's comment on the assessment

CAF Action plan



child or young person's name
 CAF ID number
 action plan date

	version number

Need identified in assessment conclusions	Outcome what child/young person, family, practitioners want to achieve	Action what will be done to achieve this outcome for example: frequency, number of sessions and costs if known	Who will do this? name and contact details	When will this be done by? specify date

Remember to keep the action plan SMART
 Specific Measurable Achievable Realistic Time-bound

Remember to consider needs across all three domains of assessment:
 1. baby, child or young person's development
 2. parents and carers 3. family and environment.

How will you know when things have improved?

Were there any other actions that would have been included in the plan if the service, resource or skills were available? If so, please describe

Does this action plan follow: a Common Assessment De-escalation of need from level 3 to level 2 other

Family, friends and practitioners invited to TAC multi-agency meeting

Lead professional appointed? yes no

Name	Role and organisation	Contact details	Attended		Report sent	
			yes	no	yes	no

Lead professional name	Role	Organisation	Contact details

Planned review date Are there any other active agency or service action plans for the child or young person? yes no

If there are, please give details of how the plans are linked

Additional comments

Practitioner to detail what information may be seen by which agencies

I also agree to information being shared between the following people:

List people for example parent or ex partner

Consent for information storage and information sharing

I understand the information on this form and I know that it may be stored in computer systems.

I agree to the information on this form being stored and used for the purpose of providing services to:

- me
- The infant, child or young person who I am a parent of
- The infant, child or young person who I am a carer of

I understand that anonymous information will be used for the purposes of statistical monitoring and reporting. I have had the reasons for information sharing explained to me and I understand those reasons. I agree to information being shared between the following services to deliver the actions identified in this assessment:

Signed Name Date

Assessor's signature

Signed Name Date

Privacy Policy

Your information will be held securely and will not be shared with any third party or services unless you have agreed. If any practitioner has evidence or reasonable cause to believe a child/young person is suffering, or at risk of suffering significant harm, they have a legal responsibility to share that information. In most cases, they will discuss this with you first.

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

If at any time during the course of this assessment you feel that an 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 as set out in the booklet *What To Do If You Are Worried A Child Is Being Abused* (Department of Health, 2003).

Child/young person name:

DOB/EDD:

CAF ID:

Date

Notes

Signature

Date	Notes	Signature

Child/young person name:

DOB/EDD: CAF ID:

Date	Notes	Signature