

CAF form

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.

Name	<input type="text"/>	AKA ¹ /previous names	<input type="text"/>
Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
		Unknown	<input type="checkbox"/>
Date of birth or EDD ²	<input type="text"/>		
Address	<input type="text"/>		
Contact tel. no.	<input type="text"/>		
Unique ref. no.	<input type="text"/>		
Version no.	<input type="text"/>		
Postcode	<input type="text"/>	Religion	<input type="text"/>

Ethnicity

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"/>	Any other ethnic group*	<input type="checkbox"/>
Any other White background*	<input type="checkbox"/>	Any other Black background*	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>	White & Asian	<input type="checkbox"/>	Not given	<input type="checkbox"/>
Gypsy/Roma	<input type="checkbox"/>	Traveller of Irish Heritage	<input type="checkbox"/>	Any other Asian background*	<input type="checkbox"/>	Any other mixed background*	<input type="checkbox"/>		

*If other, please specify Immigration status

Child's first language Parent's first language

Does the child have a disability? Yes No

If 'yes' give details

Is an interpreter or signer required? Yes No Has this been arranged? Yes No

Details of any special requirements (for child and/or their parent)

¹ 'Also known as'

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

Name

Contact tel. no.

Relationship to unborn baby, infant, child or young person

Address

Parental responsibility?

Yes

No

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

Contact tel. no.

Address

Role

Organisation

Name of lead professional (where applicable)

Lead professional's contact number

Services working with this infant, child or young person

Universal	GP	<input type="checkbox"/>	Details	<input type="text"/>	Tel.	<input type="text"/>
	Early years or education/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

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 conclusions? (For example strengths, no additional needs, additional needs, complex needs, risk of harm to self or others)

What needs to change? (For example what outcomes, solutions and goals do the child/young person, parent/carer and you want to achieve)

Action plan (in order of priority)

Who will do this?

By when?

Agreed review date

How will you know when things have improved?

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

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

Consent for information storage and information sharing

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 explained to me and I understand those reasons

I agree to the sharing of information, as agreed, between the services listed below Yes No

(Practitioner to detail what information may be seen by which agencies)

Signed Name Date

Assessor's signature

Signed Name Date

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).

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