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| **LANCASHIRE COMMON ASSESSMENT FRAMEWORK (CAF)**

|  |  |  |
| --- | --- | --- |
| **PART 1** | Date assessment started |       |

This assessment and plan helps to identify strengths and needs in a way that enables others to understand them and find better ways to work with you and your family. **Details of children and/or young people being assessed**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| First Name(s) | Surname | DOB/EDD | M/F | CAF URN | Version | Ethnicity Code | Present at assessment? (tick) |
|       |       |       |       |       |       |       |       |  |       |       |
|       |       |       |       |       |       |       |       |
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|       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |

**Address**

|  |  |
| --- | --- |
| Address |       |
| Postcode |       | District |       | Telephone Number |       |

**Any other household or family members including any other children or adults**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| First Name(s) | Surname | DOB/EDD | M/F | Ethnicity Code | Tick if lives at above address | Previous CAF? (tick) | Relationship to child/young person being assessed |
|       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |
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|       |       |       |       |       |       |       |       |

**Professional recording the assessment**  |
|

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name |       |  | Contact tel. no. |       |

 |
|  |
|

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| AddressPostcode |       |  | Job Title |       |
|  |  |  |
|  | Agency |       |
|  |
|  | Email |       |
|
|       |  |  |  |

 |
| **Reasons for assessment** What has led to this unborn baby, infant, child or young person(s) being assessed? |
|

|  |
| --- |
|       |

|  |  |
| --- | --- |
| Details of any special requirements(for child and/or their parent, specify names) e.g. signing, interpretation or access needs, registered disability |       |

 |
| \* Ethnicity code

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | White British | 6 | Caribbean | 9 | Bangladeshi | 13 | Any other mixed background |
| 2 | White Irish | 7 | African | 10 | Any other Asian background |
| 3 | Traveller of Irish heritage | 8 | Any other Black background | 11 | White & Black Caribbean | 14 | Chinese |
| 4 | Gypsy/Roma | 9 | Indian | 12 | White & Black African | 15 | Any other ethnic group |
| 5 | Any other White background | 10 | Pakistani | 13 | White & Asian | 16 | Not given |

**Services working with this family/household****Details of early years/education/FE training provision/employment**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| GP | [ ]  | Details      | Tel. |       |
|  |  |  | Email |       |
| Which family member? | Name of establishment  |       |
|  | Contact person |       |
|       | Address |       |
|  | E-mail |       | Tel no. |       |

**Other services working with family or household members**

|  |  |  |
| --- | --- | --- |
| Which family member? | Name of establishment  |       |
| Contact person |       |
|       | Address |       |
| E-mail |       | Tel no. |       |
| Which family member? | Name of establishment  |       |
| Contact person |       |
|       | Address |       |
| E-mail |       | Tel no. |       |

|  |  |  |
| --- | --- | --- |
| Working with which Family Member? | Name |       |
| Job title |       | Agency |       |
|       | Address |       |
| E-mail |       | Tel no. |       |
| Date/summary of contact and response |       |
| Working with which Family Member? | Name |       |
| Job title |       | Agency |       |
|       | Address |       |
| E-mail |       | Tel no. |       |
| Date/summary of contact and response |       |

**PART 2 – A full copy of Part 2 should be completed for each child that is being assessed**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of child being assessed in part 2 |       |  | DOBCAF URNNHS Number |       |
|       |
|       |

 |
| **CAF Summary: strengths and needs**Key points for good assessment – consider the elements within the family and how they impact on each child. Link with other professionals with consent to provide a holistic assessment. It’s important to ask the family the question to allow the family opportunity to respond. Record and assess both strengths and needs. |
| **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 |       |

|  |
| --- |
|  **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, peersand 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; availableopportunities; support with disruption toeducation; level of adult interest |       |
|  |  |
| **Aspirations**Ambition; pupil’s confidence and view of progress; motivation, perseverance |       |

|  |
| --- |
|  **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 healthyenvironment |       |
|  |  |  |
| **Emotional warmth and stability**Stable, affectionate, stimulating familyenvironment; praise and encouragement; secure attachments; frequency of house, school, employment moves |       |
|  |  |  |
| **Guidance, boundaries****and stimulation**Encouraging self-control; modelling positivebehaviour; effective and appropriate discipline;avoiding over-protection; support for positiveactivities |       |
| **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 fromextended family and others; wider caring andemployment roles and responsibilities |       |
|  |  |  |
| **Housing, employment and****financial considerations**Water/heating/sanitation facilities, sleepingarrangements; 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 |       |
| Monitoring information:Please indicate the main reason for this assessment, if appropriate tick more than one box. |
| Development of unborn baby, infant, child or young person Yes [ ]  No [ ]  |
| Learning Yes [ ]  No [ ]  |
| Parents and carers Yes [ ]  No [ ]  |
| Family and environmental Yes [ ]  No [ ]   |

 |
| **PART 3 -** Overview of Family and Child/Young Person

|  |
| --- |
| Try to include each family member –  |
|       |

 |
| Priority Goals and ActionsNow the assessment is completed you need to record conclusions, solutions and actions. Work with the family, and take account of their ideas and include actions for all family members (where appropriate).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Which Family Member? | Goals | Action | Who will do this? | By when? |
|  | *As agreed with child, young person and/or family* |
|       |       |       |       |       |
|       |       |       |       |       |
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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Household members' comments on the assessment and actions identified:**

|  |  |
| --- | --- |
| Name of Family Member | Comments |
|  |       |
|  |       |
|  |       |
|  |       |

**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  | 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 CAF process you are concerned that an infant, child or young person has, or is at risk of being harmed or abused, you must follow your Local Safeguarding Children Board (LSCB) and your own organisation's safeguarding children procedures. See the guidance "**Working together to safeguard children"** published by the Department for Education and available to download at:<http://media.education.gov.uk/assets/files/pdf/w/working%20together.pdf>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. The referral process will be included in your local safeguarding children procedures. You should seek 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.**  |  |

 |