

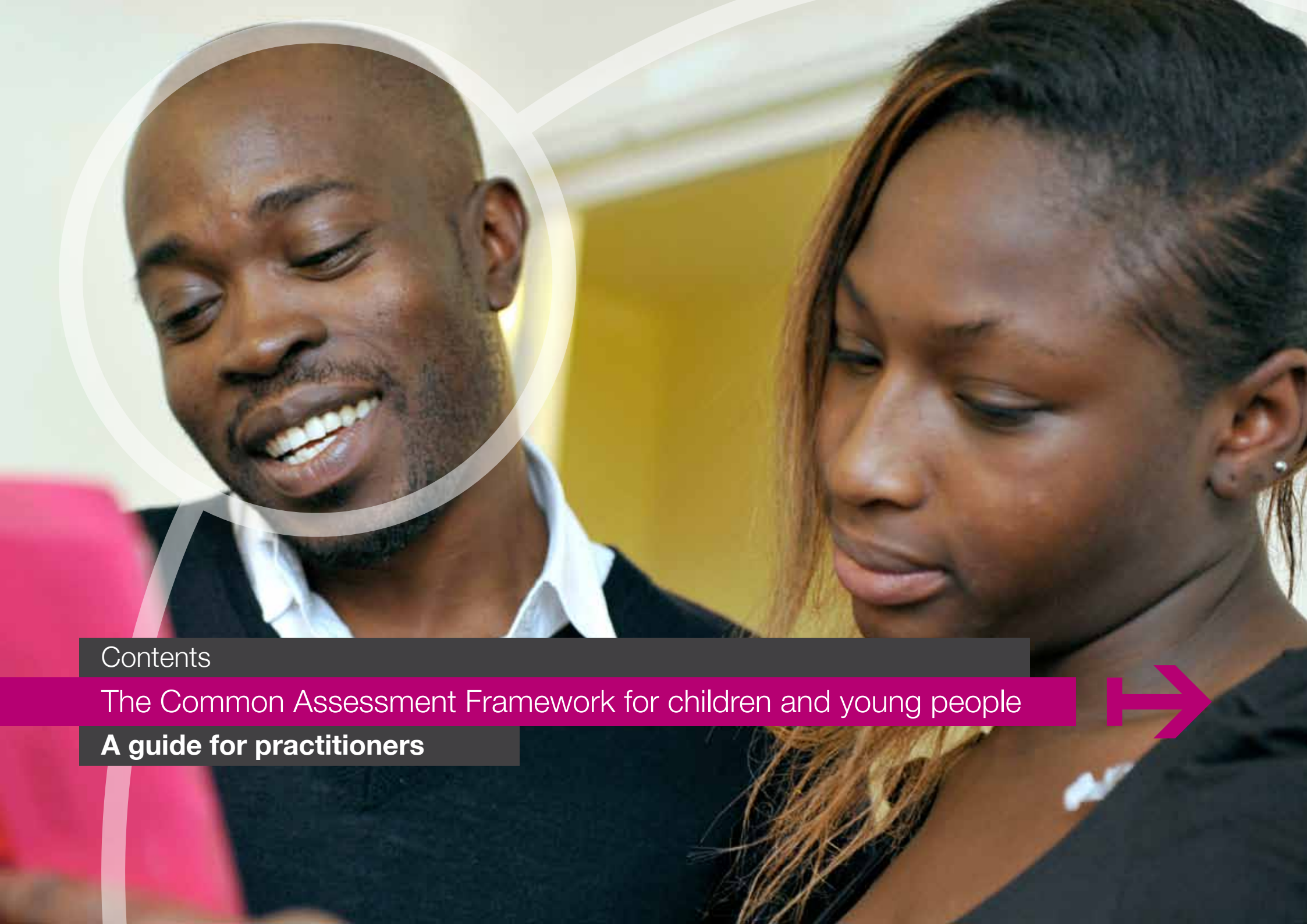
Early identification, assessment of needs and intervention

The Common Assessment Framework for children and young people

**A guide for practitioners**



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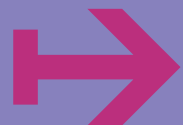


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## Key

- Case study
- Hints and tips



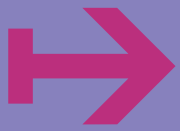


Foreword

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## Foreword

On 1 October 2006, the Children's Workforce Development Council (CWDC) took over responsibility from the Department for Children, Schools and Families (DCSF) (previously the Department for Education and Skills – DfES) for the implementation of the toolkits and guidance which support the implementation of integrated working.

They cover:

- information sharing
- the Common Assessment Framework (CAF)
- role of the lead professional
- multi-agency working

The policy for integrated working remains with DCSF.

This guidance replaces the *Common Assessment Framework for children and young people: practitioners' guide* originally published by the DfES in 2006 and reprinted in September 2007. It remains non-statutory guidance. The new guidance has been updated and re-titled in order to reflect policy developments and include revisions identified in consultation with practitioners and managers across the children and young people's workforce. It also seeks to link together the processes and tools mentioned above, to show how collectively they provide a package of support to help practitioners and managers implement integrated working in their practice.

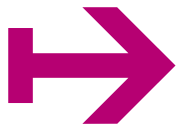
This publication, *Early identification, assessment of needs and intervention*, provides guidance for practitioners on the CAF. A separate guide is available for managers.

Two other relevant publications are: *The Team Around the Child (TAC)* and *The lead professional: Co-ordinating and delivering integrated services for children and young people*. These provide guidance for practitioners and managers on the lead professional functions and the TAC.

A further publication *Information Sharing: Guidance for Practitioners and Managers* is also available providing guidance to help practitioners work together more effectively to meet children and young people's needs through sharing information legally and professionally.

All guidance materials can be found on the CWDC website [www.cwdcouncil.org.uk](http://www.cwdcouncil.org.uk) and on the Every Child Matters website [www.dcsf.gov.uk/ecm](http://www.dcsf.gov.uk/ecm)

Any enquiries relating to this document should be directed to [integratedworking@cwdcouncil.org.uk](mailto:integratedworking@cwdcouncil.org.uk)



## Foreword

This guide is for any practitioner in the children and young people's workforce who wants to know about the CAF for children and young people, and when to use it. It is for anyone who works with children, young people and families, whether they are employed or volunteers, and working in the public, private or third sector.

It is for staff working in health; education; early years and childcare, for example Sure Start Children's Centres; schools providing access to extended service; social care; youth offending; police; youth support/Connexions services; advisory and support services; and leisure.

It is also for practitioners who work in services for adults, as many of the adults accessing those services are also parents or carers and may need a common assessment for their child.

It is part of a set of materials for practitioners to help implement the Every Child Matters: Change for Children 2004 programme. This set comprises:

**i. The Common Assessment Framework**

A framework to help practitioners working with children, young people and families to assess children and young people's additional needs for earlier, and more effective services, and develop a common understanding of those needs and how to work together to meet them.

**ii. The lead professional**

The person responsible for co-ordinating the actions identified in the assessment process; a single point of contact for children and young people, with additional needs, supported by more than one practitioner in a TAC<sup>1</sup>.

**iii. Information sharing**

Helping practitioners work together more effectively to meet children and young people's needs through sharing information legally and professionally.

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<sup>1</sup> Sometimes called team around the young person (TAYP)

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### **Children and young people**

The terms 'child or young person' and 'children or young people' are used throughout this document to refer to unborn babies, infants, children and young people aged 0 to 19.

The CAF is generally used with children and young people up to the age of 18, but its use can be extended beyond 18 where appropriate, to enable the young person to have a smooth transition to adult services. In the case of the Connexions service, the CAF can be used with young people up to the age of 19, and up to the age of 24 where a young person has a learning difficulty or disability.

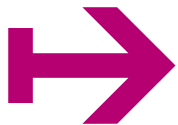
### **Parents and carers**

The terms 'parent' or 'carer' refer to mothers, fathers, carers and other adults with responsibility for caring for a child or young person.

For more information on parental responsibility

**GO TO:**

[www.direct.gov.uk/en/parents/parentsrights/DG\\_4002954](http://www.direct.gov.uk/en/parents/parentsrights/DG_4002954)



## Executive summary: the CAF at a glance

### **Status of this initiative**

The CAF for children and young people is one of the elements of integrated frontline service delivery. This is outlined in the statutory guidance supporting section 10 (inter-agency co-operation) and section 11 (safeguarding and promoting the welfare of children) of the *Children Act 2004*. All local authorities and relevant partners have to take account of this guidance. If they decide to depart from it, they must have clear reasons for doing so.

### **What is the CAF?**

The CAF is a shared assessment and planning framework for use across all children's services and all local areas in England. It aims to help the early identification of children and young people's additional needs and promote co-ordinated service provision to meet them.

### **What does the CAF consist of?**

- a pre-assessment checklist to help decide who would benefit from a common assessment
- a process to enable practitioners in the children and young people's workforce to undertake a common assessment and then act on the result
- a standard form to record the assessment
- a delivery plan and review form

The assessment covers three domains: development of the child or young person; parents and carers; and family and environment.

### **Who is the CAF for?**

The CAF is aimed at children and young people with additional needs who have needs that are not being met by their current service provision.

### **Who will use the CAF?**

Every practitioner in the children and young people's workforce should understand the government outcomes for all children and young people as set out in Every Child Matters (ECM). They should know about the CAF and how to undertake one. Every manager offering services to children and young people should ensure at least some of their staff are equipped to undertake common assessments.





### **How does the CAF link with other assessments?**

The CAF has replaced the assessment aspects of the *Connexions Framework for Assessment, Planning, Implementation and Review (APIR)*. Other assessments such as universal checks and specialist assessments (for Children in Need; those with special educational needs etc) remain in place. However, the CAF may be appropriate to be used before, after, or in conjunction with these assessments to help understand and articulate the full range of a child or young person's needs.

### **How does the CAF operate?**

There are four main stages in completing a common assessment: identifying needs early, assessing those needs, delivering integrated services and reviewing progress.

In the National eCAF system the term episode corresponds to one complete journey through the CAF process – from identifying needs early until all identified needs are met (or the episode is closed for another reason). It describes the assessment of a child/young person's strengths and additional needs and the actions taken to meet those needs. A child can have more than one episode at different points in their development.



About the Common Assessment Framework for children and young people

The Common Assessment Framework for children and young people

**A guide for practitioners**



01



# About the Common Assessment Framework for children and young people

**1.1** The CAF for children and young people is a standardised approach to undertaking an assessment of a child or young person's additional needs and identifying how best to meet those needs. The CAF is a key part of delivering integrated frontline services focused on children and young people's needs and strengths. It can be used by practitioners across the children and young people's workforce in England.

**1.2** The CAF consists of:

- a pre-assessment checklist to help decide who would benefit from a common assessment
- a process to enable practitioners in the children and young people's workforce to undertake a common assessment and then act on the result
- a standard form to record the assessment
- a delivery plan and review form
- a stand alone consent statement

The assessment covers three domains: development of the child or young person; parents and carers; and family and environment.

**1.3** The CAF has been designed to help practitioners assess needs at an early stage and work with children, young people and their families, alongside other practitioners and agencies, to meet those needs.

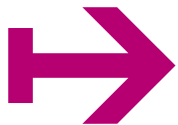
**1.4** The CAF is not for a child or young person about whom you have concerns that they might be suffering, or may be at risk of suffering, harm. In such instances, you should follow your Local Safeguarding Children Board (LSCB) safeguarding procedures without delay. If you are unsure what to do, contact your local safeguarding or child protection team. For further advice, see:

- *Working Together to Safeguard Children* (2006), which provides guidance on how all agencies and practitioners should work together to promote children and young people's welfare and safeguard them from harm
- *What to do if You're Worried a Child is Being Abused* (HM Government, 2006)

## **Why the CAF has been introduced**

**1.5** We all want better lives for children and young people. We have high aspirations for this to be the best place in the world for children and young people to grow up. Most children and young people do well. Most move in and out of difficulties through their lives, and some have important disadvantages that currently are only addressed when they become serious. Sometimes their parents know there is a problem but struggle to know how to get help.

We want to identify these children and young people earlier and help them before things reach crisis point. The most important way of doing this is for everyone in the children and young people's workforce to pay attention to their progress and well-being, and be prepared to help if something is going wrong.



1.6

1.6 The CAF is one way to help you do this. It is a framework to identify unmet needs and agree how to meet those needs. It covers all needs, not just those that individual services are most interested in. Even if you are not trained to do a common assessment yourself, knowing about the CAF will help you recognise when it might be needed so that you can arrange for someone else to do the assessment. There is also an easy-to-use CAF pre-assessment checklist, which can be used by any practitioner at any time to help decide whether a common assessment should be undertaken.

[www.dcsf.gov.uk/everychildmatters/strategy/deliveringservices1/caf/cafframework](http://www.dcsf.gov.uk/everychildmatters/strategy/deliveringservices1/caf/cafframework)

1.7

1.7 If you are expecting to undertake common assessments, you will need to attend a locally approved CAF training course and you should discuss this with your line manager. A range of training materials has been produced. They are part of a broader training strategy to support integrated working, which also includes training on the lead professional and Information Sharing. More information is available at

GO TO: [www.dcsf.gov.uk/everychildmatters/strategy/deliveringservices1/iwtraining/training](http://www.dcsf.gov.uk/everychildmatters/strategy/deliveringservices1/iwtraining/training)

### CAF and Every Child Matters

1.8 The government is committed to improving outcomes for all children and young people. The policy framework underpinning this includes *Every Child Matters* (2003), *Youth Matters* (2005), the *Children's Plan* (2007) and the *2020 Children and Young People's Workforce Strategy* (2008). All are concerned with improving the lives of children and young people so that they can all achieve the following five outcomes:

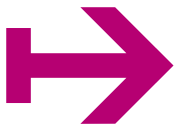
- be healthy
- stay safe
- enjoy and achieve
- make a positive contribution
- achieve economic well-being

1.9 Children, young people and families experience a range of needs at different times in their lives (see Figure 1 overleaf). However, while all children and young people require access to high-quality universal services, some of them also have additional needs which may relate to their development, education, health, social welfare or other areas. These needs will in many cases be cross-cutting and might be associated with:

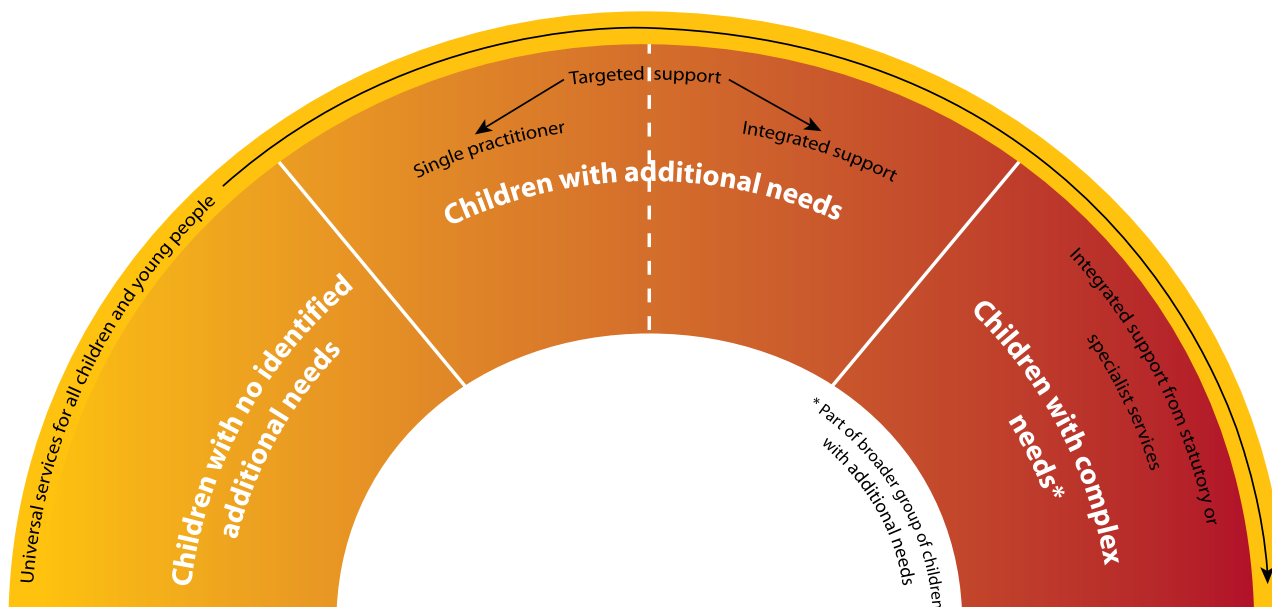
- disruptive or anti-social behaviour
- overt parental conflict or lack of parental support/boundaries
- involvement in, or risk of, offending
- poor attendance or exclusion from school
- experiencing bullying
- special educational needs
- disabilities
- disengagement from education, training or employment post-16

- poor nutrition or inadequate clothing
- ill health
- substance misuse
- anxiety or depression
- experiencing domestic violence
- housing issues
- teenage pregnancy and parenthood (including the risk of pregnancy and early parenthood, as well as actual pregnancies and parenthood among young people)
- young carers who exhibit additional needs which are as a direct result of their caring responsibilities, eg. truancy/lateness, ill health, housing issues





**Figure 1: Continuum of needs and services**



**Note:** Diagram is not to scale in representing the proportion of children and young people in each section of the windscreen.

This diagram has been provided by the Department for Children, Schools and Families

1.10 Within the group of children and young people with additional needs, a small proportion has more significant or **complex needs** which meet the threshold for statutory involvement. These are:

- children and young people who are the subject of a child protection plan
- looked-after children and young people
- care leavers
- children and young people for whom adoption is the plan
- children and young people with severe and complex special educational needs
- children and young people with complex disabilities or complex health needs
- children and young people diagnosed with significant mental health problems
- young offenders involved with youth justice services (community and custodial)

1.11 In addressing the needs of children and young people with additional and complex needs, the CAF provides a generic and holistic assessment of a child or young person's strengths and needs. This enables decisions to be made about how best to meet those needs, in terms of both what the family can do and also what services could be provided.



## CAF in Practice: Schools

“I’ve had head teachers say to me that they don’t have the kinds of problems in their schools that require the CAF,” says Heather Clifford, a deputy secondary head teacher.

“They do have those sorts of problems,” she says. “They just don’t know about them.” Heather only realised the CAF’s true value after it was introduced to her school three years ago. She now looks back on its introduction as a watershed moment: “The CAF is the most positive intervention in the whole of my 27-year school career.”

Since the introduction of CAF, William Beamont Community High School has issued 30 CAFs and Heather believes it plays an important role in child protection.

“CAF has prevented children from slipping through the net. I doubt that they would have been picked up through other channels. Without CAF we probably wouldn’t know the extent of these children’s difficulties,” she says.

“When I hear that head teachers say they don’t have issues like we do, then I say just because a child is not acting out, it does not mean that they are not crying out for help.”

To illustrate her point she cites the case of a boy whose behaviour gave no cause for concern at William Beamont, though suddenly his academic achievement began to decline.

“I went to his house and when I got there it was immediately obvious what the problem was. The boy was living with his father, his two-year-old brother and 16-year-old sister in a one-bedroom flat with water running down the walls, in a block that had been designated as accommodation for single men.

“They weren’t the type to make a fuss. This family was trying to function in this environment, but the children were afraid to go out as both the boy and his sister had been assaulted. Housing became involved as part of the CAF and I would say they are a vital partner to us. Within eight weeks the family were in a new house and back as a functioning family, getting on with it and doing fine.

“The point is that if we did not have CAF we’d probably have put an entirely inappropriate intervention into place that would have achieved nothing. We’d probably have instigated academic

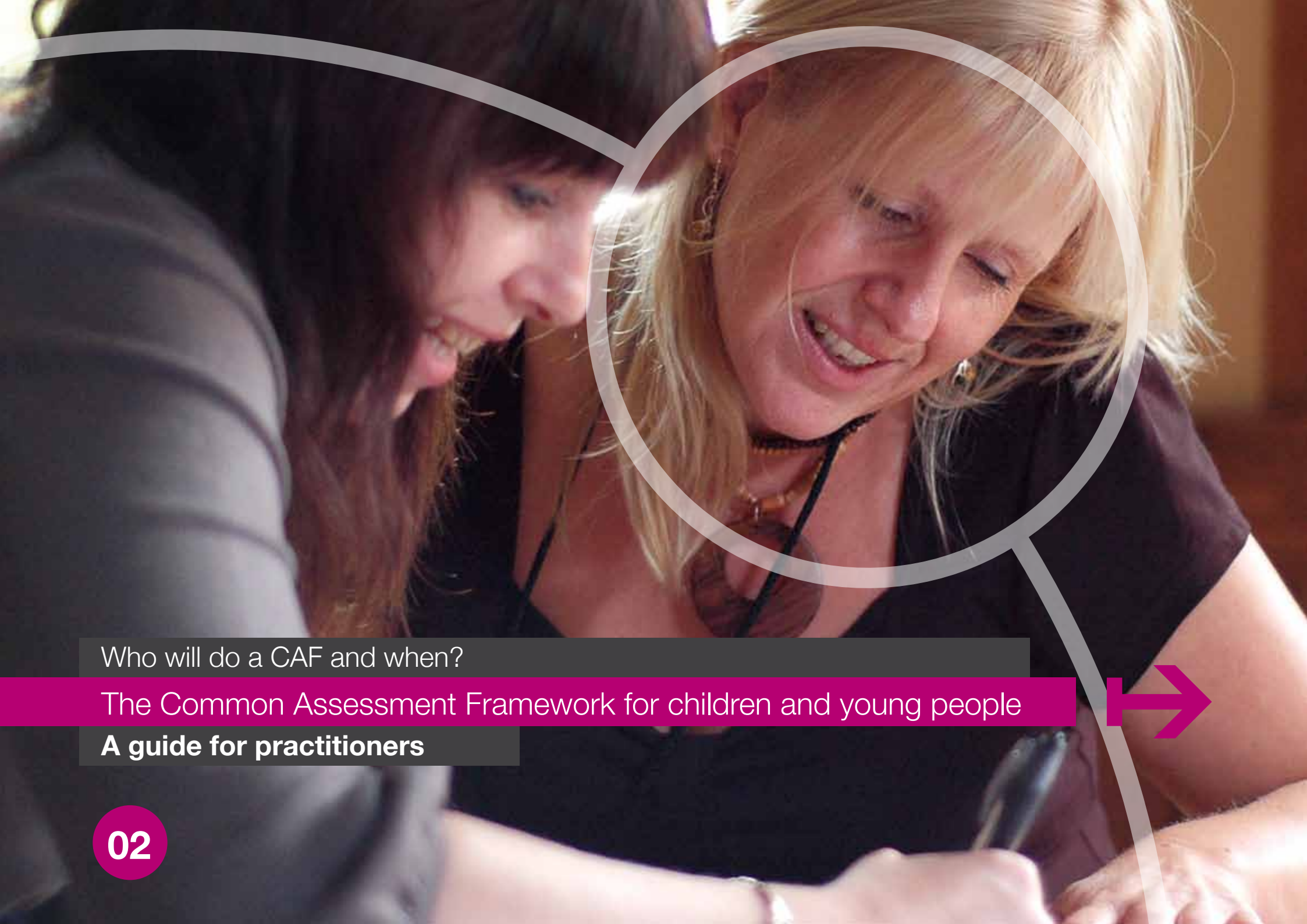
mentoring. But that obviously was nothing to do with the real cause of his distress. It would have been a total waste of time.”

CAF is just one area where the school has found value in integrated working. Heather described how through multi-agency working with the police, youth workers and other health and local authority partners, the school is able to offer a full-time alternative education to children who might otherwise be excluded.

The evidence is not purely anecdotal for integrated working; the statistics that she cites are further proof. “We have not had any permanent exclusions for the last three years. Fixed-term exclusions have dropped. In 2006-2007 when there were 128, in the same period last year we had 68 and this year it is 28.”

But Heather is far from complacent, she believes that even more can be achieved with integrated working and intends to develop every opportunity that arises.

**Heather Clifford, Deputy Head Teacher**



Who will do a CAF and when?

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## Who will do a CAF and when?

**2.1** It is not always easy to know what to do when you are concerned about a child or young person. You may not be sure what the problem is. Even if you are reasonably sure, your service<sup>2</sup> may not be able to help on its own. You may not feel confident that you can get other services to help.

**2.2** A common assessment can help you work with the child or young person and their family to identify the needs. It provides a structure for recording information that you gather by having a conversation with them, and for identifying what actions need to be taken to address the recognised needs. It will also help you get other services to assist, because they will recognise that your concern is based on evidence. Other services in your area will also be using the CAF, so they will recognise and expect an assessment in this format.

**2.3** The CAF can be used to assess the needs of unborn babies, infants, children or young people. You do not have to be an expert in any particular area to do a common assessment. You do, however, need to have the right skills and to have been on a locally approved training course. Your local area will have a policy about who should do common assessments. Contact your local CAF co-ordinator or the designated person within your organisation.

**2.4** If you are worried about a child or young person, but not able to do a common assessment yourself, refer this to your line manager or supervisor.

**2.5** If you are unsure about whether a common assessment is required, the CAF pre-assessment checklist may help you to decide. The supporting tools for CAF contain useful case studies on this issue.  
**GO TO:** [www.dcsf.gov.uk/ecm/resources-and-practice/IG00146](http://www.dcsf.gov.uk/ecm/resources-and-practice/IG00146)

### **Who can offer a CAF?**

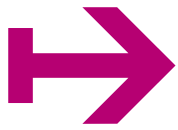
**2.6** The CAF can be offered by any practitioner in the children and young people's workforce. This includes practitioners and managers in early years services, for example, education; health; social, family and community support; youth services; justice and crime prevention; sport and culture. These practitioners are identified in the 2020 Children and Young People's Workforce Strategy (2008) and illustrated in Figure 2 (overleaf).

**GO TO:** [www.dcsf.gov.uk/everychildmatters/strategy/childrenandyoungpeoplesworkforce/workforcestrategy](http://www.dcsf.gov.uk/everychildmatters/strategy/childrenandyoungpeoplesworkforce/workforcestrategy)

A child, young person, parent or carer can request that the CAF process is undertaken. It is possible that a young person, parent or carer may go on to be the lead professional. A leaflet for children and young people explaining the CAF process is available.

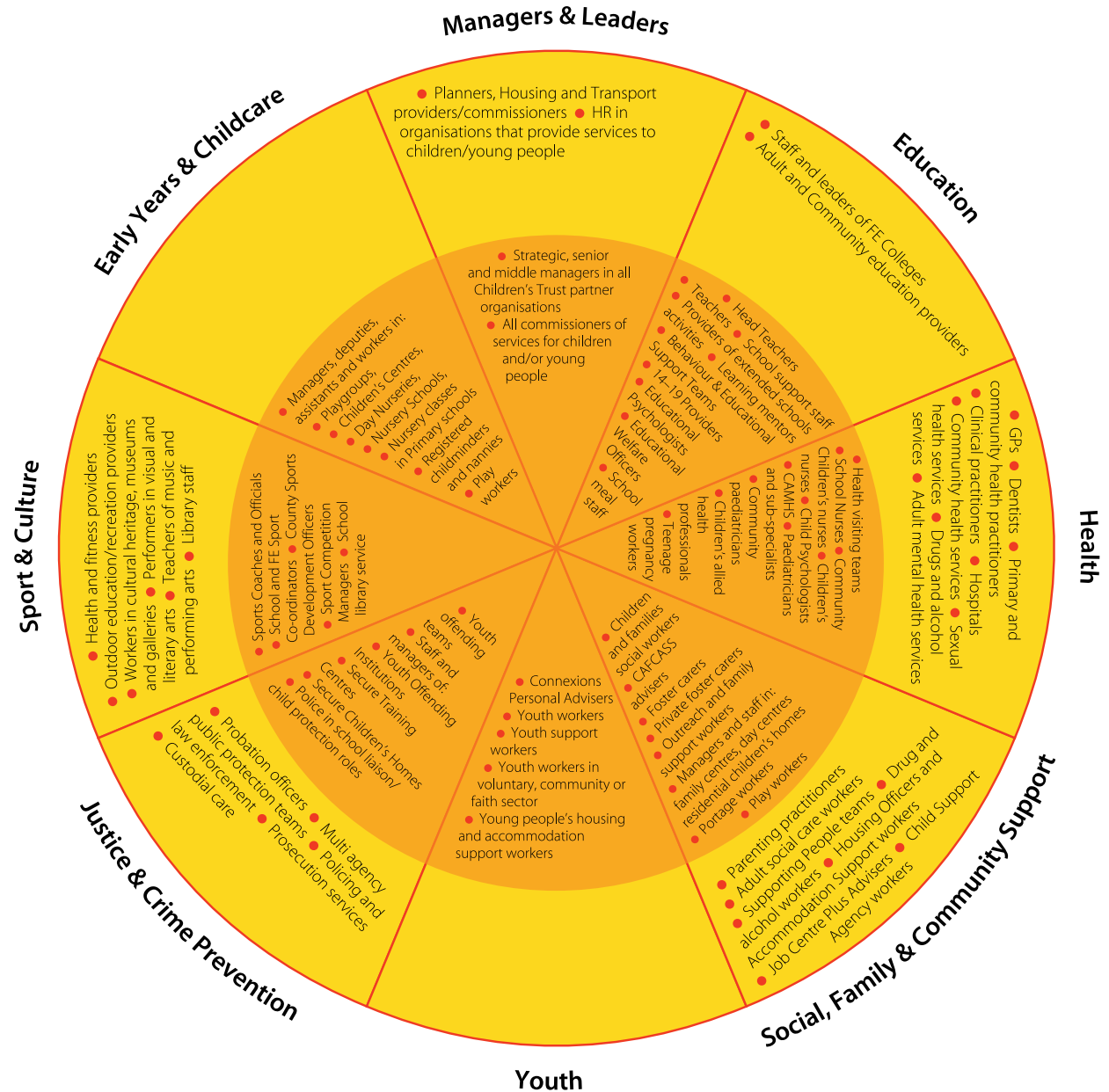
**GO TO:** [www.cwdcouncil.org.uk/caf/explaining-caf-to-children-young-people](http://www.cwdcouncil.org.uk/caf/explaining-caf-to-children-young-people)

<sup>2</sup> 'Service' or 'agency' refers to all children and young people's services (both public and third sectors) including schools and further education colleges.



**Figure 2: Children and young people's workforce**

- **Core Children and Young People's Workforce:**  
 People who work or volunteer with children, young people and their families, or are responsible for their outcomes all the time.
- **Wider Children and Young People's Workforce:**  
 People who work or volunteer with children, young people and/or their families part of the time, or are responsible for their outcomes as part of their jobs.



This diagram has been provided by the Department for Children, Schools and Families



**2.7** All practitioners undertaking common assessments, or receiving assessment information, need to have enhanced level Criminal Records Bureau (CRB) checks. This applies to both CAF and National eCAF. Your employer is responsible for ensuring that CRB checks are carried out.

**2.8** Every child or young person may ask for a common assessment to be undertaken if they, their parents/carer or a professional working with them think they may have, or believe that they have, additional needs. However, having a common assessment undertaken does not guarantee the provision of particular services.

Local areas will need to determine where to focus their resources in line with local priorities. Practitioners also need to be mindful that they understand local priorities and the availability of local services, and do not promise services on behalf of other agencies or organisations

### **When to do a common assessment**

**2.9** You can do a common assessment at any time if you are worried about a child or young person's progress towards the five ECM priority outcomes without additional services. The CAF process has been designed to help practitioners assess needs at an early stage and then work with the child or young person, their family and other practitioners and agencies to meet them. As such, it is designed for use when:

- you are worried about how well a child or young person is progressing. You might be worried about their health, development, welfare, behaviour, progress in learning or any other aspect of their well-being
- a child or young person or their parent/carer raises a concern with you
- the child or young person's needs are unclear, or broader than your service can address

**2.10** If you have concerns about more than one child or young person in the same family, you should undertake a common assessment for each one of them.

**2.11** The CAF is entirely voluntary. You must discuss your concerns with the child or young person and/or their parent/carer before deciding on a common assessment. The child or young person and their parent/carer, where appropriate, are key to effective solutions so must be involved in their design.

**2.12** If you are still concerned, you should talk with the child or young person and/or their parent/carer to check whether a common assessment already exists before proceeding, using ContactPoint if necessary (when available)<sup>3</sup>. You should obtain the consent of the child, young person and/or family and talk with others involved with the child or young person. If you are unsure, you should discuss the case with your line

<sup>3</sup> Not every practitioner who may initiate a CAF will be able to directly check ContactPoint. The vast majority of the workforce will not have direct access to ContactPoint. Practitioners need to know local procedures for accessing ContactPoint, when available.



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manager a designated person within your organisation, or someone who supports you, protecting the identity of the child or young person where possible.

**2.13** If you proceed with a common assessment, you must:

- obtain the informed consent of the child or young person and/or their parent/carer to undertake a common assessment and to record the information either on paper or electronically. This means that you must ensure that they fully understand the CAF process and its implications
- obtain the **explicit consent** of the child or young person and/or their parent/carer to share the CAF information with other practitioners (ie. specify explicitly which services are included or excluded in the consent)
- formally record what services the consent applies to and/or any limits to the consent

**2.14** As with any other confidential information, you are only able to share CAF information with other practitioners with this consent, unless, in your judgement based on the facts of the case, there is sufficient public

interest to share the information without consent (see paragraphs 7.14 to 7.18).

For further details, see the Information Sharing guidance available at  
**GO TO:** [www.dcsf.gov.uk/ecm/informationsharing](http://www.dcsf.gov.uk/ecm/informationsharing)

### **When not to do a common assessment**

**2.15** There is no need to do a common assessment for every child or young person you work with. Children and young people who are progressing well, or have needs that have already been identified, do not need one. Your local authority may have agreed some priorities for common assessment in your area.

**2.16** You do not need to do a common assessment where the needs are obvious, or you have already assessed them using your agency's assessment tool, and your service can meet the full range of those needs.

**2.17** When 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 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.

For further advice, see:

- *Working Together to Safeguard Children* (2006), which provides guidance on how all agencies and practitioners should work together to promote children and young people's welfare, and safeguard them from harm

**GO TO:** [www.dcsf.gov.uk/everychildmatters/safeguardingandsocialcare/safeguardingchildren/safeguarding](http://www.dcsf.gov.uk/everychildmatters/safeguardingandsocialcare/safeguardingchildren/safeguarding)

**2.18** You cannot undertake a common assessment unless the child or young person and/or their parent/carer agrees. The CAF process is entirely voluntary. If a common assessment is refused and you are concerned about the safety or welfare of a child or young person, you should follow LSCB procedures or talk to your local safeguarding or child protection team.



## CAF in Practice: Voluntary sector

“A nightmare,” is how volunteer Gordon Jones recalls the process of trying to get a multi-agency response co-ordinated prior to the introduction of the CAF.

So, the support worker at a young people’s drop-in centre in County Durham could immediately see the potential benefits of CAF to the organisation but most of all to the child. “I have initiated two CAFs and been the lead professional once. In both cases the meeting for the ‘team around the child’ was convened within five working days. Previously it was a nightmare trying to get different services to meet,” says Gordon, who volunteers in Middleton-in-Teesdale, a remote rural area on the Pennine Way.

Gordon completed the first voluntary sector CAF in the county. It helped a homeless teenager find independent accommodation and build a future. The 17-year-old boy’s life had been spiralling out of control. Gordon recalls: “He’d been stealing to fund his drug habit and his family had had to ask him to leave home.”

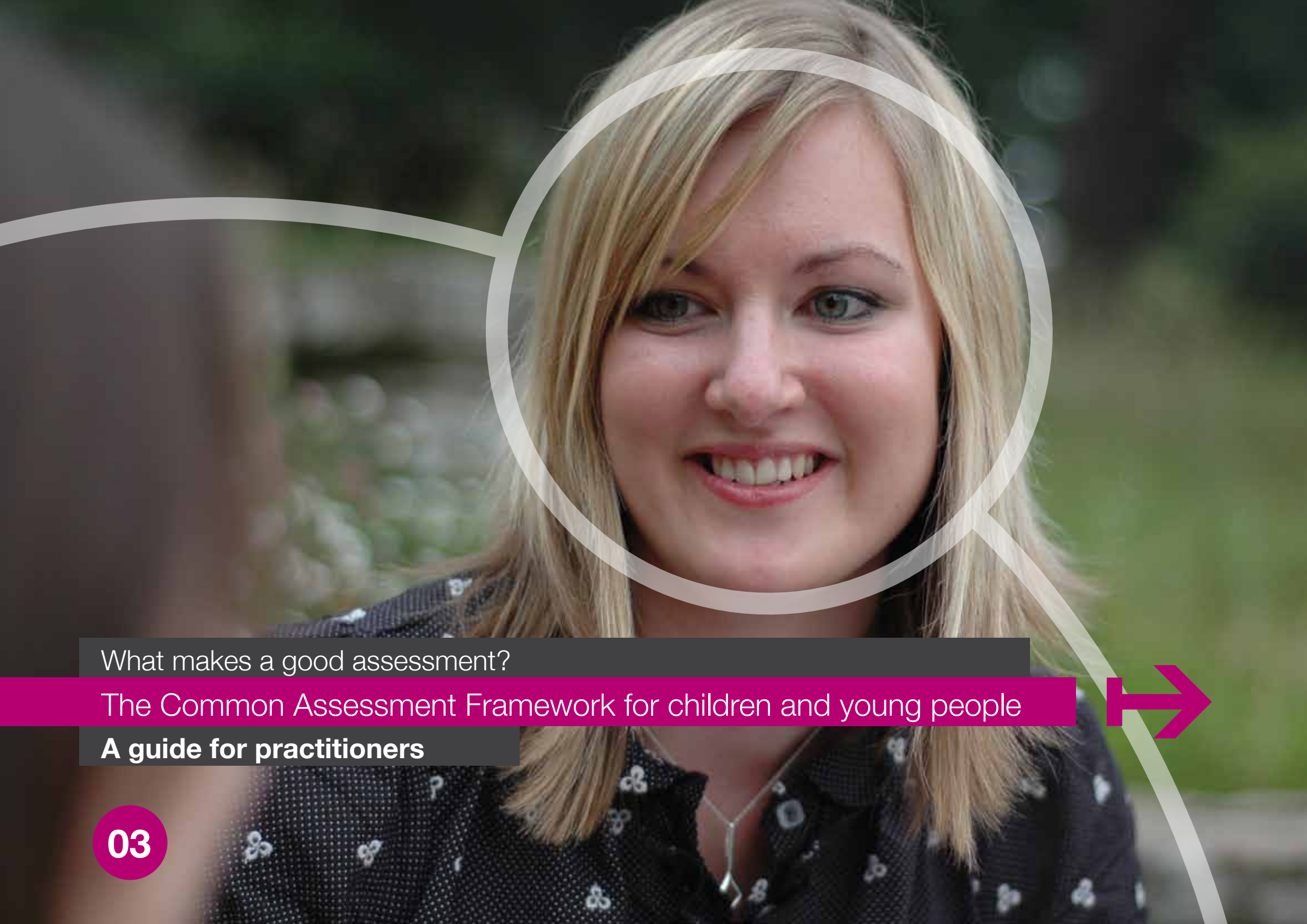
The teenager was living in a tent by the time he turned to Gordon for help.

“The young people’s drop-in centre has been a feature of village life for a number of years,” says Gordon. “The usual activities are on offer, such as table tennis, darts and pool. But it is also a chance to share a problem, or simply to feel less alone in the vastness of the open countryside.

“Because it is voluntary and led by local people young people are not afraid to seek help whatever the hour or day.” He recalls that one of the teenagers involved in CAF first alerted them to his wish for help on a Friday evening. “They all know us, they feel they can talk to us. He asked could we help. I said would you be interested in a CAF? He came to our drop-in on the Sunday night to fill out the form; that’s the real value of voluntary services – we’re there for them at different times and they know where to find us.”

Gordon has a clear perspective on the value of integrated working from his varied career in the children and young people’s workforce. He remembers how, when he was a headteacher, it was difficult to co-ordinate a rapid multi-agency response to a child’s difficulties. In addition to his voluntary support work, he is also the ECM co-ordinator for the Voluntary Sector Academy. It gives him a good knowledge of the policy behind the practice of integrated working and the value of the CAF at its centre.

**Gordon Jones, volunteer support worker with drop-in centre for young people**



What makes a good assessment?

The Common Assessment Framework for children and young people

**A guide for practitioners**



03



## What makes a good assessment?

**3.1** The CAF is not just a form. It is a process which allows practitioners to assess needs, identify service delivery requirements and check that needs are being addressed as part of a structured framework. The CAF process involves the assessment of the child or young person's strengths and needs (which is undertaken through a discussion with the child or young person and/or their family), and the identification of what actions should be taken to address those needs. Time and care must be taken to ensure the assessment is based on good communication and undertaken with respect for all parties. A 'good' assessment is both a good quality process and a good quality product.

**3.2** A good quality CAF process should be:

- empowering – engaging the child or young person and/or their parent/carer, and supporting them to participate in, and take responsibility for, their contribution to a collaborative assessment
- developmental – supporting the child or young person and parent/carer to adopt a self-determining, solution-focused<sup>4</sup> approach to the discussion
- accessible – for all concerned, including the efficient use of time and access to the means needed to undertake the assessment (eg. equipment, interpreter)
- transparent – the purpose of the assessment is clear, the discussion is open and honest and there is no hidden agenda

**3.3** A good-quality common assessment provides an analysis of the child or young person's strengths and needs. The principles underpinning it should include:

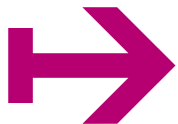
- validity – the assessment has assessed what it is intended to assess (ie. the needs of the child or young person, as opposed to, for example, the needs of someone else, eg. parent)
- accuracy – the assessment provides an accurate representation of the strengths and needs of the child or young person
- clarity – the assessment is clear, concise and understandable by all those involved and any practitioners who may get involved or take responsibility for the child or young person's case at a later stage
- inclusive – the assessment represents the views and opinions of the child or young person and/or family; this is reflected through their language and expressions
- equal opportunity – the assessment is not biased and gives positive expression to the opinions and experiences of the child

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<sup>4</sup> Solution-focused approaches focus on what people want to achieve as opposed to focusing on their problems.

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3.4

3.5

3.6

or young person and/or their parents/ carers without prejudice or discrimination

- authenticity – the assessment is an accurate, evidence-based record of the discussion
- professionalism – the assessment is non judgemental and follows organisational codes of practice for recording/writing public documents
- solution-focused – the assessment promotes an approach that focuses on what the child or young person and their parents/carers want to achieve
- practical – the assessment identifies the strengths and needs clearly and specifically to allow for identification of appropriate action

### What makes a good action plan?

**3.4** The CAF includes an action plan. **Figure 3** explains the four stages of action planning moving from information gathering, to undertaking the assessment, analysis and developing a plan. The initial action plan identifies the immediate actions that people present at the assessment will take (including the child or young person and family). Where a multi-agency response is required, a TAC will be formed and a delivery plan will be agreed by the TAC members. **Figure 3** explains the four stages of action planning

**3.5** Good action planning builds on strengths to help meet needs. It is insightful, comprehensive and strategic. You therefore need to develop a holistic understanding of the child or young person's strengths and needs, not just in terms of your own service interests. Effective action planning requires a thorough assessment and analysis of the situation based on asking critical questions and actively listening to answers.

**3.6** Good action planning requires a methodical process that clearly identifies the components and steps needed for improved outcomes. This process should be:

- comprehensive – considering all significant options and impacts
- efficient – not wasting time or resources
- inclusive – the child or young person, their parent/carer and other people affected by the plan must be involved and encouraged to take on actions themselves where appropriate
- informative – decisions are understood by the people involved

**Figure 3: Action planning model**





- focused – short-term decisions support long-term goals
- logical – each step leads to the next within a broad strategic framework of SMART<sup>5</sup> objectives and solution-focused outcomes
- transparent – everybody involved understands how the process works

**3.7** Both the initial plan and delivery plan, should state clearly what is to be done, by when and by whom. The plan should also include how the actions link to ECM outcomes and aims (annex B), how these will be measured, and details of how the plan will be monitored, reviewed and evaluated.

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<sup>5</sup> Specific, Measurable, Achievable, Realistic, Time-bound.

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### **Case study: Keeping the child or young person's voice alive in the CAF process** Children and young people are at the heart of the CAF process. Their voice must be heard.

When working with younger children, Bath and North East Somerset have four ways to keep the child's voice alive in the CAF process:

1. Add photographs or photocopies of a child's practical work to the assessment.
2. Record what the child wants, for example, asking: "What do you want for yourself?" or "What do you think?" When the assessment reflects the child's own words, it carries more weight.
3. Ensure that direct observational comments are included in the CAF form based on your findings while watching the child play, or interacting with a family member.
4. Support communication with the use of puppets or dolls.

#### **Hints and tips:**

Whatever the age of the child or young person, it is important to make sure that:

- you are really hearing what the child or young person is saying
- you understand and can visualise the child or young person's view of the world
- you have considered the child or young person's innermost feelings

For further details, see:

*Sharing the Journey: Integrated Working in Practice* –CWDC Share! 2008:

**GO TO:** [www.cwdcouncil.org.uk/cwdc-share](http://www.cwdcouncil.org.uk/cwdc-share)



CAF and integrated working

The Common Assessment Framework for children and young people

**A guide for practitioners**





## CAF and integrated working

The CAF is one of a number of integrated tools and processes which help practitioners to assess and address the needs of a child or young person. The diagram below describes the journey a practitioner may follow when putting in place early intervention support for a child or young person. For more information, see Annex C of the 2020 Children and Young People’s Workforce Strategy.

GO TO: [www.dcsf.gov.uk/everychildmatters/strategy/childrenandyoungpeoplesworkforce/workforcestrategy](http://www.dcsf.gov.uk/everychildmatters/strategy/childrenandyoungpeoplesworkforce/workforcestrategy)

**4.1** Integrated working focuses on enabling and encouraging the children and young people’s workforce in the public, private and third sectors to work together effectively to deliver frontline services. This requires everyone supporting children and young people to work together effectively to put the child or young person at the centre of everything they do, meet their needs and improve their outcomes as set out in ECM.

Universal services do this by **providing preventative personalised services** for all children and young people in their day-to-day work. In the majority of cases, a child or young person’s needs are addressed at this early stage.

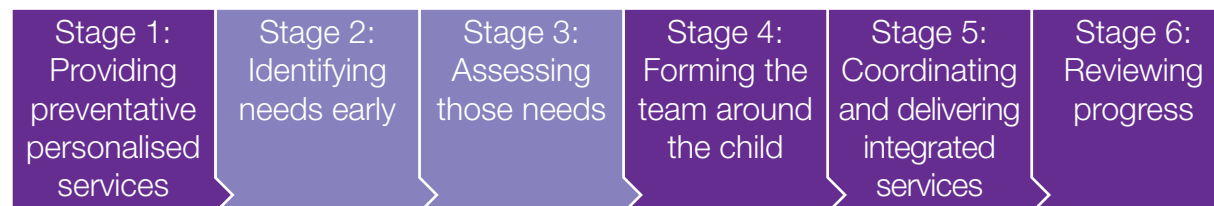
**4.2** Integrated working is about building the children and young people’s workforce, with all practitioners and sectors working together, and communicating effectively. It is not a new concept but, since 2006, specific tools and processes have helped embed integration more fully across the workforce

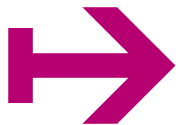
Figure 4 sets out this process using an early intervention journey diagram.

### Stage 1: Providing Preventative Personalised Services

**4.3** Integrated working is particularly important when a child or young person has additional needs to those usually met through universal services. Universal services provide preventative personalised services for all children and young people in their day-to-day work. In the majority of cases, a child or young person’s needs are addressed at this early stage.

**Figure 4: Early intervention journey diagram**





Integrated tools and processes help identify and assess needs early and put in place support for practitioners working together to tackle those needs as early as possible. Needs can therefore be addressed more quickly and effectively because practitioners with a range of expertise and skills from across the children and young people's workforce provide preventative personalised services.

### **Stage 2 and 3: Identifying needs earlier and assessing those needs**

**4.4** The CAF is a key tool for integrated working as it is a generic and holistic early assessment of a child or young person's strengths and needs that is applicable across all children's services and the whole children and young people's workforce. The CAF is an assessment of what the family and services can do jointly to address children and young people's needs.

### **Stage 4: Forming the team around the child**

**4.5** Where a multi-agency response is required, the formation TAC brings together practitioners from across different services who work together to co-ordinate and deliver an integrated package of solution-focused support to meet the needs identified during the common assessment process. It is important that the child or young person and parents/carers, as appropriate, are also included as part of the TAC.



### Stage 5: Co-ordinating and delivering integrated services

4.6 In these instances, the person who undertakes the common assessment (and identifies the need for multi-agency support) is responsible for convening the first TAC meeting from which a lead professional is agreed. The lead professional acts as the main point of contact for the child or young person and their family, and co-ordinates delivery of integrated services.

### Stage 6: Reviewing progress

4.7 The common assessment and delivery plan are regularly reviewed by the TAC to monitor progress toward agreed outcomes. The review identifies any unmet or additional needs for the child or young person's smooth transition between universal, targeted and specialist services or whether the CAF can be closed.

In the case of multi-agency responses, this will involve further multi-agency meetings and liaison between the members of the TAC.

4.8 Effective integrated working is underpinned by good practice in information sharing and effective communication.

4.9 Information sharing is a key part of the government's goal to deliver better, more efficient public services that are co-ordinated around the needs of children, young people and families. Information sharing is essential to enable early intervention and preventative work, for safeguarding and promoting welfare, and for wider public protection. Information sharing is a vital element in improving outcomes for all.

*Information Sharing: Guidance for practitioners and managers* is available at:  
GO TO: [www.dcsf.gov.uk/ecm/informationsharing](http://www.dcsf.gov.uk/ecm/informationsharing)

### Effective communication

4.10 ContactPoint and National eCAF are IT tools being introduced to support more effective information sharing.

4.11 ContactPoint is a contact list of those who work with children and young people. It provides a quick way to find out who else is working with the same child or young person, making it easier to deliver more co-ordinated support. It holds basic identifying information about all children and young people in England up to their 18th birthday, and contact details for their parents and for services working with the child or young person.

4.12 ContactPoint holds only the following information:

- name, address, gender and date of birth of the child or young person and an identifying number for all children and young people in England up to their 18th birthday



- name and contact details of:  
parents or carers  
educational setting (eg. school)  
primary medical practitioner (eg. GP)  
practitioners providing other relevant services

There is a facility to indicate if a practitioner is a lead professional for a child or young person.

There is a facility to indicate if a practitioner has undertaken an assessment under the CAF (the assessment itself will not be accessible from ContactPoint).

ContactPoint will not hold case data or sensitive information.

GO TO: [www.dcsf.gov.uk/ecm/contactpoint](http://www.dcsf.gov.uk/ecm/contactpoint)

**4.13** National eCAF is being developed to support practitioners who use the CAF to assess a child or young person's additional needs and determine how they will be met. It will be a national system to allow practitioners to electronically create, store and share CAF information securely; enabling them to work together more effectively across geographic and organisational borders when helping a child or young person.

A single National eCAF system will help to promote a consistent working approach between all practitioners, supporting practitioners working in different agencies and locations to deliver a co-ordinated service effectively and efficiently. National eCAF will provide an automatic feed to ContactPoint to show that a common assessment has been started or undertaken for a child or young person.

GO TO: [www.dcsf.gov.uk/everychildmatters/strategy/deliveringservices1/caf/ecaf/ecaf](http://www.dcsf.gov.uk/everychildmatters/strategy/deliveringservices1/caf/ecaf/ecaf)

**4.14** For those organisations that are required to provide information to ContactPoint (the majority of organisations that will use a CAF), there is a statutory duty for practitioners to inform ContactPoint of the existence of a CAF whether it is in paper form or held on a local IT system.

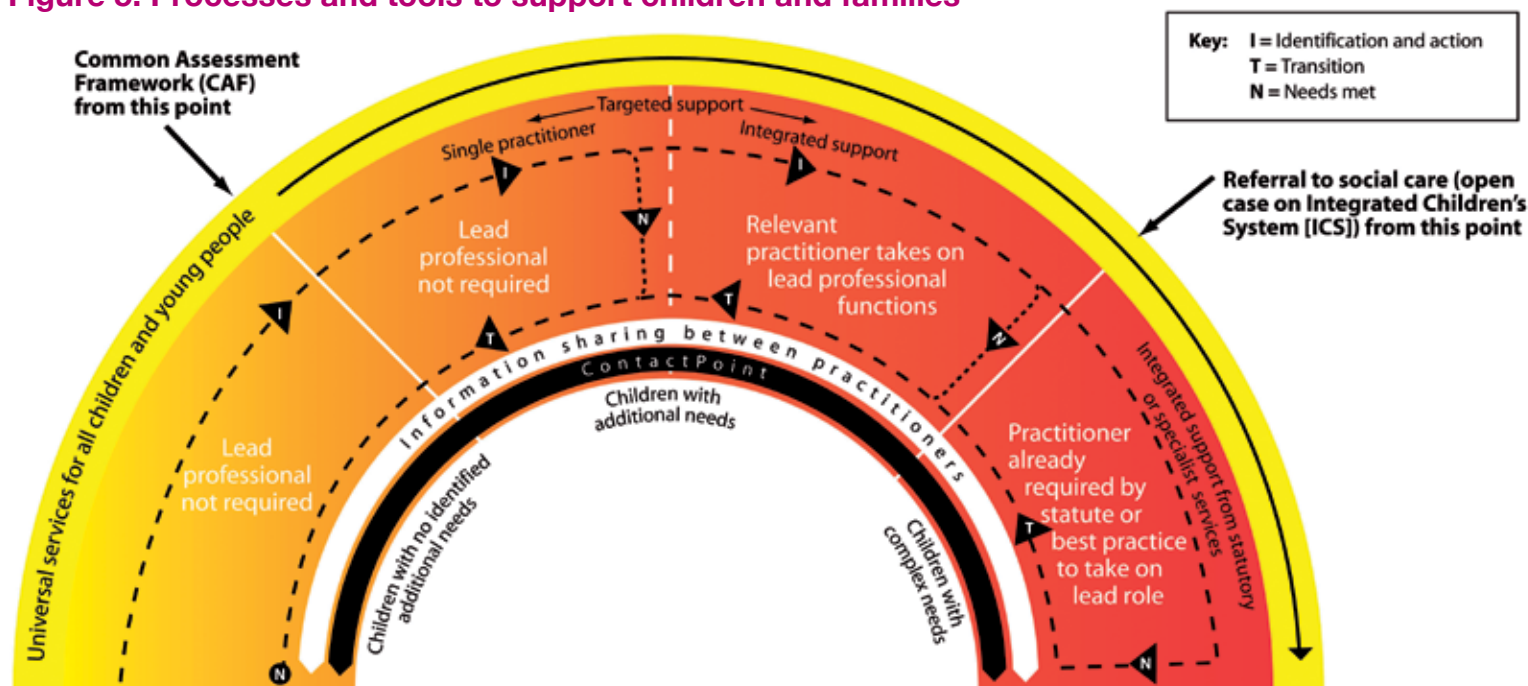
Initially, and prior to the availability of National eCAF, this might require the practitioner undertaking the CAF to add their contact details directly to ContactPoint. Over time, more and more local systems will become ContactPoint compliant and will be able to supply this information automatically.

Practitioners are not required to seek consent to supply this information to ContactPoint, but it would be good to inform the child or young person and/or parent/carer that the existence of a CAF will be indicated on ContactPoint. This could be reinforced in local Fair Processing Notices or local leaflets explaining the CAF to children, young people and their families.

ContactPoint factsheet

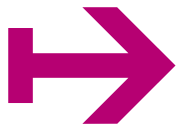
GO TO: [www.dcsf.gov.uk/ecm/contactpoint](http://www.dcsf.gov.uk/ecm/contactpoint)

**Figure 5: Processes and tools to support children and families**



**Note:** Diagram is not to scale in representing the proportion of children and young people in each section of the windscreen.

This diagram has been provided by the Department for Children, Schools and Families



4.15

4.16

4.17

## Multi-agency integrated support

**4.15** The CAF, together with the lead professional and good practice in information sharing, has a crucial contribution to make to the development of multi-agency integrated support. These processes will help change the way that services are delivered, shifting the focus from dealing with the consequences of difficulties in children and young people's lives to preventing things from going wrong in the first place. This will help more children and young people to achieve the five ECM outcomes.

**4.16** Figure 5 (page 31) shows where and how the CAF, the lead professional and information sharing can be introduced to support children, young people and families more effectively.

**4.17** Effective integrated working is underpinned by the following:

- Information sharing: guidance, training and support materials are available to support good practice in information sharing by offering clarity on when and how information can be shared legally and professionally, in order to achieve improved outcomes. The guidance also explains how organisations can support practitioners and ensure that good practice in information sharing is embedded.

GO TO: [www.dcsf.gov.uk/ecm/informationsharing](http://www.dcsf.gov.uk/ecm/informationsharing)

- *Common Core of Skills and Knowledge for the Children and Young People's Workforce*: this sets out the knowledge and skills all practitioners (including volunteers) need to work effectively with children, young people and families.

GO TO: [www.cwdcouncil.org.uk/common-core](http://www.cwdcouncil.org.uk/common-core)

- *Championing Children*: a framework that establishes a shared set of skills, knowledge and behaviours for those who

are leading and managing integrated children's services. A resource book to support implementation is also available.

GO TO: [www.cwdcouncil.org.uk/championing-children](http://www.cwdcouncil.org.uk/championing-children)

- Multi-agency working: there are a number of ways of delivering multi-agency services. An online resource is available for managers and practitioners in a range of settings who are starting to work with families in new ways.

GO TO: [www.cwdcouncil.org.uk/multiagencyworking](http://www.cwdcouncil.org.uk/multiagencyworking)

- CWDC Share! has been developed to show how integrated working can really make a difference to the lives of children, young people and families. CWDC Share! highlights emerging practice in the children and young people's workforce, breaking down the barriers and demonstrating solutions to make the implementation of integrated working more achievable.

GO TO: [www.cwdcouncil.org.uk/cwdc-share](http://www.cwdcouncil.org.uk/cwdc-share)



## Case study: Targeted youth support

Targeted youth support (TYS) is one model of multi-agency working designed for vulnerable young people and those with additional needs, aged 13-19. TYS<sup>6</sup> aims to ensure that a young person's needs are identified early and met by agencies working together effectively in ways that are shaped by the views and experiences of young people themselves. There are seven elements of TYS:

- early identification
- building a clear picture of need (using the CAF)
- access to early support in universal settings

- personalised support through lead professionals and TAC (or young person)
- supporting young people across transitions
- young people involved in shaping service design and delivery
- attractive and accessible services

TYS aims to help vulnerable young people achieve the five ECM outcomes by addressing the risk factors that may result in poor outcomes, and helping to build vulnerable young people's resilience.

All local authorities were challenged to have reformed TYS in place by December 2008. However, the work does not stop there. The ongoing goal is to embed and sustain these arrangements in the daily practice of all people working with young people, and to ensure the quality of delivery is continuously improved, to bring real and lasting impact on outcomes for vulnerable young people.

For further details:

GO TO: [www.dcsf.gov.uk/everychildmatters/youth/targetedyouth/targetedyouthsupport](http://www.dcsf.gov.uk/everychildmatters/youth/targetedyouth/targetedyouthsupport)

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<sup>6</sup> Targeted youth support is aimed at young people who experience a combination of the following factors: persistent absence or exclusion from school; behavioural problems; poor emotional, social or coping skills; poor mental health; learning difficulties and disabilities; low self-efficacy; poor aspirations; attitudes that condone risky behaviour; poor family support, family conflict or problems such as parental substance misuse; poor support networks; family, friends or involvement in gangs who condone high-risk activities; living in a deprived neighbourhood; and poverty.

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The common assessment and specialist assessments

The Common Assessment Framework for children and young people

**A guide for practitioners**



05



## The common assessment and specialist assessments

**5.1** The common assessment is a generic, holistic assessment. It aims to:

- enable at an earlier stage, a wider picture of a child or young person's needs and strengths to be built up and, with appropriate consent, shared among practitioners
- improve communication and integrated working between practitioners supporting a child or young person (including communication between a young person and adult services)
- improve decisions about whether further specialist assessment is required and, if necessary, provide information to contribute to it
- improve co-ordination between holistic and specialist assessments
- provide better, more evidence-based information to targeted and specialist services

**5.2** The holistic approach adopted by the common assessment focuses on three assessment areas:

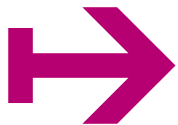
- **development of the child or young person**  
how well the child or young person is developing, including their health, emotional and social development, and progress in learning
- **parents and carers**  
how well parents and carers are able to support their child or young person's development and respond appropriately to their needs
- **family and environment**  
the impact of wider family and environmental elements on the child or young person's development and on the capacity of their parents/carers

**5.3** Specialist assessments:

- Have a much more specific purpose (for example, assessments under section 17 of the *Children Act 1989*, where the main purpose is to determine whether a child or young person is a 'child in need'; whether the child or young person, or their family, requires services; or Onset where the main purpose is to assess the child or young person's risk of offending).
- Are usually undertaken only by staff of a particular occupational or professional group.

**5.4** There are broadly two types of specialist assessment, each of which interacts with the CAF in a different way:

- Checks or assessments for specific development characteristics or milestones which apply to all children and young people. For example, the developmental checks undertaken by health professionals as part of the Healthy Child Programme, or progress checks against the national curriculum conducted in schools, such as the Foundation Stage Profile.



- Additional assessments for children and young people with known issues or where there are specific or acute concerns. Examples include assessments under section 17 of the *Children Act 1989*, the *Special Educational Needs (SEN) Code of Practice*, Asset, Onset, drugs screening and assessments of children and young people with disabilities.

5.5 Figure 10 (Annex C) shows the relationship between the CAF and three statutory assessments:

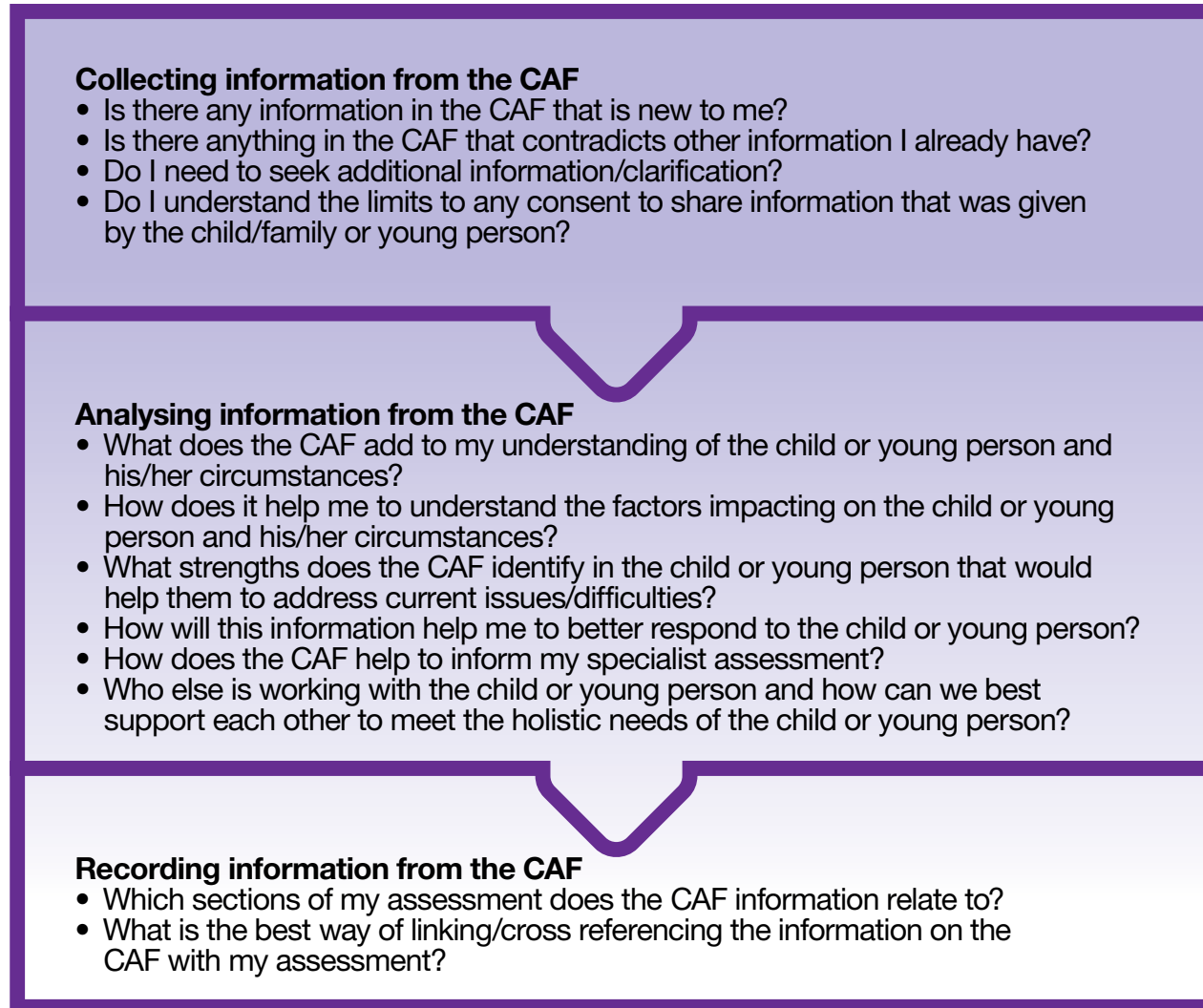
- Asset (a structured assessment tool used by youth offending teams in England and Wales for young people who have offended and come into contact with the criminal justice system)
- statutory assessments of children's SEN
- the assessment of Children in Need

5.6 Some children and young people coming into contact with specialist services may already have had a common assessment undertaken. In such instances, information from the CAF can be used to inform the specialist assessment. Using a CAF in this way reduces the need for a child or young person to repeat the same information to different practitioners, and it can also save you time.

5.7 However, while you may use the CAF to inform your specialist assessment, it is also important to check that the information is accurate and up-to-date.

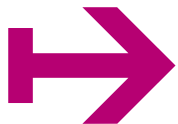
5.8 There could be three stages in using a CAF to inform a specialist assessment as shown in Figure 6 (opposite).

**Figure 6: Using a CAF to inform a specialist assessment**



**5.9** If, at any time during the assessment, you are concerned that a child or young person has been harmed or abused or is at risk of significant harm or abuse, you must follow your LSBC 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. **GO TO:** [www.dcsf.gov.uk/everychildmatters/safeguardingandsocialcare/safeguardingchildren/safeguarding](http://www.dcsf.gov.uk/everychildmatters/safeguardingandsocialcare/safeguardingchildren/safeguarding)

**5.10** It is not always necessary to undertake a CAF following a specialist assessment. You do not need to if it is clear (from the specialist assessment) that the child or young person's needs can be fully met by your service/organisation.



5.11

5.11 The circumstances in which it is helpful to undertake a common assessment following a specialist assessment include if:

- the child or young person's broader needs are unclear and not being met by the specialist service
- the child or young person has needs that require the services/support of different agencies, and a common assessment can help to facilitate access to relevant services
- undertaking a CAF will aid the child or young person's transition back to universal services
- a specialist practitioner is taking the lead professional role

5.12

5.12 If a common assessment is to be undertaken following a specialist assessment, it is best practice for the CAF to be undertaken by, or in conjunction with, the specialist assessor. This practitioner will already have spent time thinking about the child or young person's strengths and needs, and discussed these with them. Therefore, the specialist assessment should already provide much of the information needed to undertake the CAF.

It may not be appropriate to put all the information from the specialist assessment into the CAF. Instead, the aim should be to focus on the key findings of the assessment, and the information that other agencies might need to know.

5.13

5.13 This might include:

- particular wider needs of the child or young person which your service/agency cannot meet (eg. in relation to parental/family circumstances)
- concerns about the child or young person (eg. in terms of their vulnerability to abuse, self-harm, risk of harm to others, health, welfare, behaviour, progress in learning or any other aspect of their well-being)
- positive factors – a CAF is intended to capture strengths as well as needs



5.14 But remember:

- You cannot undertake a CAF unless the child or young person and/or their parent or carer agrees. The approach to securing consent should be transparent and respect the individual. Consent should not be secured through coercion or inferred from a lack of response to a request for consent. If a common assessment is refused and you are concerned about the safety or welfare of the child or young person, you should follow LSCB procedures or contact your local safeguarding or child protection team.
- The child or young person and/or their parent/carer should be engaged and their views incorporated at all stages.
- A CAF is not a pre-requisite to referrals and should not hold up access to other services; but it can provide a helpful generic, holistic assessment to support referral.
- A CAF is not a guarantee of services.



5.15

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### **Working with a common assessment undertaken by another practitioner**

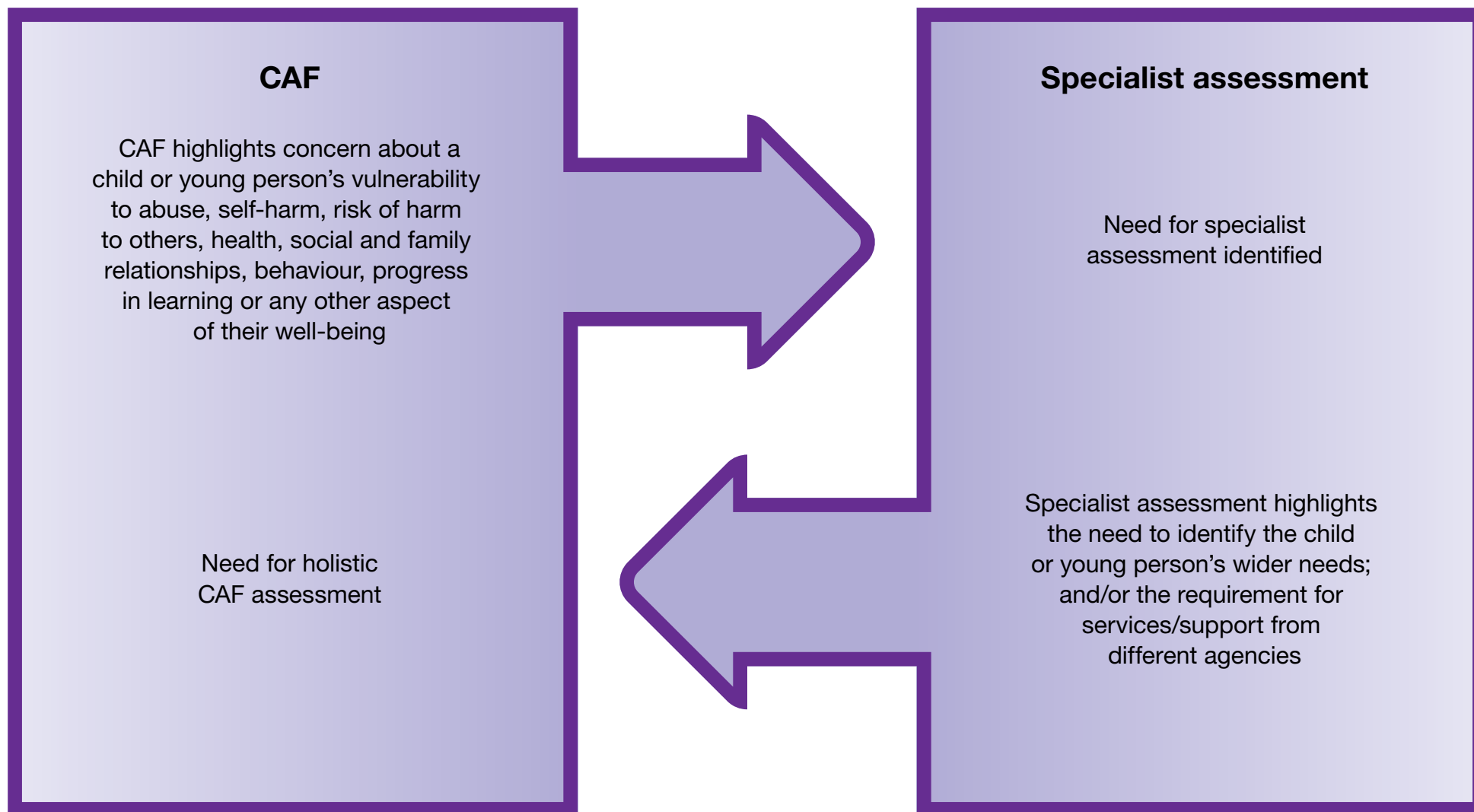
**5.15** If you work in a targeted or specialist service, such as a children's social care team, you may receive a common assessment as part of the referral process. Or you may be on a multi-agency team or panel that considers children who have had a common assessment. If you are considering a common assessment yourself, you may need to join up with another practitioner's assessment.

**5.16** In these cases, you should discuss the common assessment with the practitioner who completed it. Doing this through multi-agency meetings, involving the child or young person and/or their parent/carer, is good practice in many areas. Discussing the child or young person with the assessing practitioner will enable you to pool your knowledge and expertise and reach a shared, better informed view of the child or young person's needs.

**5.17** In 2010, CWDC completed research into how a CAF can complement and support a specialist assessment.

To download the report **GO TO:**  
[www.cwdcouncil.org.uk/caf](http://www.cwdcouncil.org.uk/caf)

**Figure 7: Using a CAF to inform a specialist assessment**



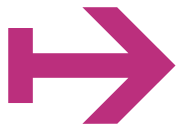


How to do a common assessment

The Common Assessment Framework for children and young people

**A guide for practitioners**





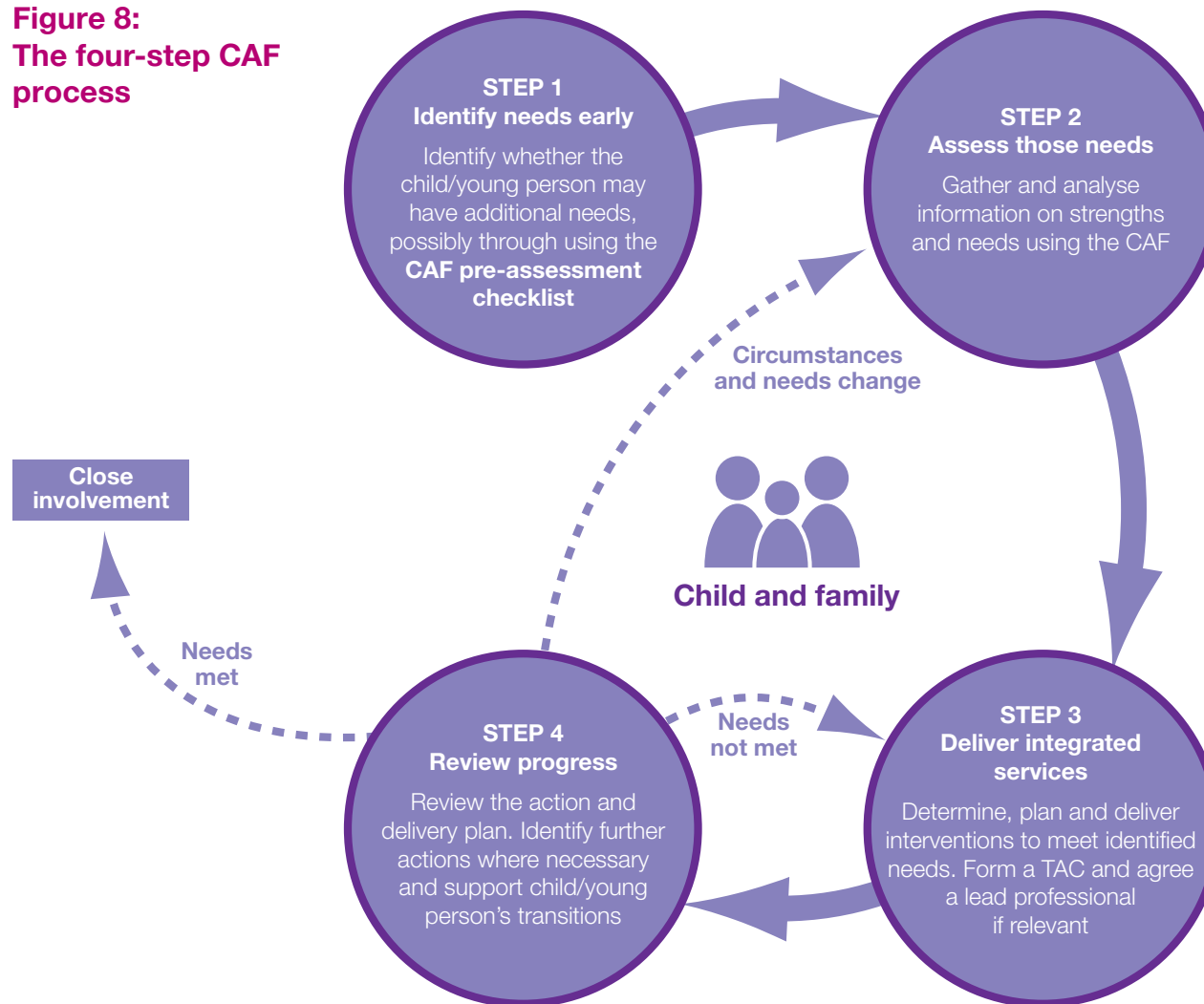
## How to do a common assessment

6.1 The common assessment process as illustrated on the right:

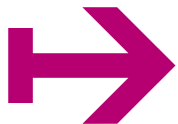
- represents best practice – although it is acknowledged that, in some instances, flexibility may be required to meet the specific needs of a child or young person and their circumstances
- is a fluid process that may move forwards and backwards between delivery and review until needs are met – if a fundamental change occurs, reassessment should be considered
- should not put the child or young person, or you, at risk of harm. If you are concerned about any aspect of the process, you should seek expert advice

If, at any time during the course of this assessment, you are concerned that a child or young person has been harmed or abused or is at risk of being harmed or abused, you must follow your LSCB 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.

**Figure 8:**  
**The four-step CAF process**







## Step 1: Identify needs early and seek consent

6.2 Before you do a common assessment, you should **check who else is working with the child or young person**. You should also **check whether a common assessment already exists**. This will be assisted by the introduction of ContactPoint, which will indicate whether a CAF exists for a child or young person and the contact details for the practitioner who 'holds' the CAF or who acts as lead professional (ContactPoint will only hold records for children and young people from birth to their 18th birthday. It will not hold records of unborn babies).

If an assessment exists and/or other practitioners are working with the child or young person, with the consent of the child or young person and family, you should work with these practitioners to ensure that information from existing assessments is taken into consideration.

6.3 If you are not sure whether an assessment is needed, you might find it helpful to use the CAF pre-assessment checklist. This short checklist encourages you to look at the five ECM outcome areas and consider whether the child or young

The screenshot shows the 'Pre-assessment checklist' form. At the top, it says 'Every Child Matters Change For Children' and 'Common Assessment Framework for children and young people (CAF)'. The title is 'Pre-assessment checklist'. Below the title, there are instructions: '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.' The form is divided into sections: 'Identifying details' (with fields for Name, Date of birth or EDD<sup>1</sup>, Address, Contact name, and Contact tel, no.), and 'Checklist' (with three items: 'Healthy?', 'Safe from harm?', and 'Learning and developing?'). Each item has a 'Yes', 'No', and 'Not sure' checkbox. A large white text box is provided for each item to record evidence and comments. At the bottom, there is a footnote: <sup>1</sup> Expected date of delivery.

person is healthy, safe from harm, learning and developing, having a positive impact on others and is free from the negative impact of poverty. If the answer to any of these is no, and additional services might be required, this suggests that a common assessment would be an appropriate next step. Midwives have found it particularly useful to use this in respect of a teenage mother about to give birth, applying it to both mother and child.

**GO TO:** [www.dcsf.gov.uk/everychildmatters/strategy/deliveringservices1/caf/caframework](http://www.dcsf.gov.uk/everychildmatters/strategy/deliveringservices1/caf/caframework)

6.4 Whether to do the assessment is a **decision you must make jointly with the child or young person and/or their parent/carer**. A young person aged 16 or over, or a child under 16 who has the capacity to understand and make their own decisions, may give (or refuse) consent for the assessment to take place. You should always encourage children under 16 to involve their parent/carer as appropriate – including if the young person is pregnant or already a parent.

6.5 You should prepare for the discussion. If the child or young person

has a disability, it does not mean they are not capable of deciding whether or not to give consent to a CAF, but you should consider whether there are any special communication requirements, such as signing, or access requirements. Note: most disabled children and young people will have had an assessment under the *Special Educational Needs Code of Practice* or section 17 of *The Children Act 1989*.

**6.6** Where the child or young person's, or their parent/carer's, first language is not English, you should consider whether an interpreter is needed. There may also be other cultural issues to consider.

### Step 2: Assessing those needs

**6.7** This step involves working with the child or young person and, as appropriate, their family, and undertaking the assessment with them. It is important that participation is firmly embedded in the CAF process. You will need to **make sure they understand what information you are recording and what is going to happen to it**. You should consider the child or young person within their family relationship and community, including their

cultural and religious context. It will help to use plain, jargon-free language which is appropriate to the age and culture of each person, explaining any unavoidable technical and professional terms.

Remember, the discussion does not have to be highly formal or presented as a 'big event.' You will want to use a method and style that suits you, the child or young person, their parent/carer, and the situation. Apart from a pre-natal assessment, it is not possible to do a common assessment without seeing or involving the child or young person.

**6.8** The **common assessment is a way of recording your discussion** with the child or young person and their family, and other knowledge and observations. If you have access to an IT system which supports the CAF, you should record the common assessment on this either following the discussions with the child or young person and family, or directly onto the IT system as best meets your and the child or young person's needs. If you do not have access to an IT system, you should follow the locally agreed procedures for recording common

assessments. There is an electronic template of the CAF form which you can use to complete the assessment online. When National eCAF is made available, it will enable you to electronically record, store and share CAF information securely, with the consent of the child or young person and/or their parent/carer. This will help you to work together more effectively across geographic and organisational borders when supporting a child or young person.

National eCAF prompts practitioners to complete a number of mandatory fields when capturing information. This is to improve the consistency of the CAF assessment and delivery plans and reviews. These fields have been marked with a red asterisk in annex E. It is recommended that practitioners collect this data as a minimum.

**6.9** The key points to remember about your discussion are:

- it is collaborative – you are working with the child or young person and their family to find solutions, and they will often know better than you
- you should consider the child or young



- person's and family's strengths as well as needs, and these should be recorded
- you should make use of information you have already gathered from the child or young person, parent or other practitioners so they don't have to repeat themselves
  - if the child or young person and/or their parent/carer don't want to participate, you can't force them – it is a voluntary assessment
  - if you are concerned about the safety or welfare of a child or young person, you should follow LSCB procedures or talk to your local safeguarding or child protection team
  - if you are worried about your own safety, act accordingly. If you are not sure, seek immediate advice
  - at the end of the discussion, you should be able to understand better the child or young person's and family's strengths and needs, and what can be done to help

## Page 1

Every Child Matters  
Change For Children

Common Assessment Framework  
for children and young people (CAF)

CAF form

Date assessment started<sup>1</sup>

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  AKA<sup>2</sup>/previous names

Address\*

Date of birth or EDD<sup>3</sup>\*

Contact tel. no.\*

Unique ref. no.

Version no.

Postcode\*

**Ethnicity\***

White	<input type="checkbox"/>	Black or Black British	<input type="checkbox"/>	Asian or Asian British	<input type="checkbox"/>	Mixed/Dual Background	<input type="checkbox"/>	Chinese & Other	<input type="checkbox"/>
White British	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>	Indian	<input type="checkbox"/>	White & Black	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
White Irish	<input type="checkbox"/>	African	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	White & Black	<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"/>	African	<input type="checkbox"/>
Gypsy/Roma	<input type="checkbox"/>			Any other Asian background*	<input type="checkbox"/>	Any other Mixed background*	<input type="checkbox"/>	Any other ethnic group*	<input type="checkbox"/>
Any other White background*	<input type="checkbox"/>							Not given	<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) eg signing, interpretation or access needs

<sup>1</sup> It is recommended that practitioners complete all fields marked with an asterisk(\*) to obtain basic identifying data when completing the CAF form  
<sup>2</sup> Also known as  
<sup>3</sup> Expected date of delivery

6.10 The common assessment has eight stages:

### Stage 1

#### Explain the purpose of the assessment

- explain why you are recording information and what will happen to it
- make sure the child or young person and family understand who else will see their information
- make sure they understand that the CAF is a resource to help them access services
- check they fully understand and consent to undertaking a CAF and recording the information (either on paper or electronically)
- you should always encourage children or young people under 16 to involve their parent/carer as appropriate
- do not assume that children and young people with a disability or learning disabilities are not capable of understanding

## Page 2

Assessment information	
People present at assessment*	<input type="text"/>
What has led to this unborn baby, infant, child or young person being assessed?	
<input type="text"/>	
Details of parents/carers	
Name <input type="text"/>	Contact tel. no. <input type="text"/>
Relationship to unborn baby, infant, child or young person <input type="text"/>	
Address <input type="text"/>	Parental responsibility? Yes <input type="checkbox"/> No <input type="checkbox"/>
Postcode: <input type="text"/>	
Name <input type="text"/>	Contact tel. no. <input type="text"/>
Relationship to unborn baby, infant, child or young person <input type="text"/>	
Address <input type="text"/>	Parental responsibility? Yes <input type="checkbox"/> No <input type="checkbox"/>
Postcode: <input type="text"/>	
Current family and home situation	
<small>(e.g. family structure including siblings, other significant adults etc; who lives with the child and who does not live with the child)</small>	
<input type="text"/>	

## Stage 2

### Page 1: Identifying details

- Complete the first page of basic details about the child or young person. This is the minimum information that must be captured as identifying details.

## Stage 3

### Page 2: Assessment information

- It may be helpful to include the relationship to the child or young person of any person listed in the section 'People present at assessment.'
- If you have consulted other services before completing the assessment, you may want to add this information to the free-text box 'What has led to this child or young person being assessed?' Remember to reference the source of the information you record.

## Stage 4

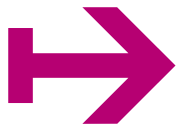
### Page 2: Details of parents/carers

- Complete details of the parents/carers and use the check boxes to indicate whether they have parental responsibility for the child.

## Stage 5

### Page 2: Current family and home situation

- This is a free-text section which you can use to record the child or young person's family and home situation (eg. who they do and don't live with – parents, siblings and other significant adults).
- You may also wish to include addresses and contact numbers, where appropriate.
- It may be appropriate to record the age of the parent/s if under the age of 18 and also consider if they would benefit from a CAF assessment.



## Page 3

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"/>
	Service	<input type="text"/> Details	<input type="text"/>	Tel.	<input type="text"/>

## Stage 6

### Page 3: Services working with this child or young person

- Complete the details of the person conducting the assessment and, if appropriate/known, the lead professional.
- Complete details of the universal services working with the child or young person.
- Also complete the details of other services working with the child or young person that are relevant to the assessment.

## Stage 7

### Pages 4, 5 and 6: CAF assessment summary

Go through the main assessment areas. You should consider each of the three broad groups separately (where a field is not completed, you must indicate that it is not applicable, ie. why you have left it purposely blank).

- Development of child or young person: how well are they developing, including their health and progress in learning.
- Parents and carers: how well parents are able to support their child or young person's development and respond

## Page 4

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.	
<b>1. Development of unborn baby, infant, child or young person</b>	
<b>Health</b>	
<b>General health</b> Conditions and impairments; access to and use of dentist, GP, optician; immunisations, developmental checks, hospital admissions, accidents, health advice and information	<input type="text"/>
<b>Physical development</b> Nourishment; activity; relaxation; vision and hearing; fine motor skills (drawing etc.); gross motor skills (mobility, playing games and sport etc.)	<input type="text"/>
<b>Speech, language and communication</b> Preferred communication, language, conversation, expression, questioning; games; stories and songs; listening; responding; understanding	<input type="text"/>
<b>Emotional and social development</b> 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	<input type="text"/>
<b>Behavioural development</b> 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	<input type="text"/>



appropriately to any needs.

- Family and environmental: the impact of wider family and environmental elements on the child or young person's development and on the capacity of their parents.

Note: To accompany the CAF form there is a Guide to Definitions (Annex D) which gives a general description of signs to look for in relation to each of the CAF elements in each of the three domains. These elements have been developed by combining the underlying model of the Framework for the Assessment of Children in Need and their Families with the main elements used in other assessment frameworks. The full definitions guide (included at Annex D) is also available online.

GO TO: [www.dcsf.gov.uk/everychildmatters/strategy/deliveringservices1/caf/cafframework](http://www.dcsf.gov.uk/everychildmatters/strategy/deliveringservices1/caf/cafframework)

For each broad group, you should consider each of the elements.

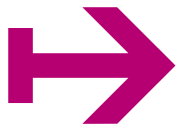
- You should explore areas around your immediate concern, so as to look behind the presenting issues and come up with a more holistic view.
- You do not need to comment on every

## Page 5

1. Development of unborn baby, infant, child or young person (continued)	
<b>Identity, self-esteem, self-image and social presentation</b> Perceptions of self; knowledge of personal/family history; sense of belonging; experiences of discrimination due to race, religion, age, gender, sexuality and disability	
<b>Family and social relationships</b> Building stable relationships with family, peers and wider community; helping others; friendships; levels of association for negative relationships	
<b>Self-care skills and independence</b> Becoming independent; boundaries, rules, asking for help, decision-making; changes to body; washing, dressing, feeding; positive separation from family	
<b>Learning</b> <b>Understanding, reasoning and problem solving</b> Organising, making connections; being creative, exploring, experimenting, imaginative play and interaction	
<b>Participation in learning, education and employment</b> Access and engagement; attendance, participation; adult support; access to appropriate resources	
<b>Progress and achievement in learning</b> Progress in basic and key skills; available opportunities; support with disruption to education; level of adult interest	
<b>Aspirations</b> Ambition; pupil's confidence and view of progress; motivation, perseverance	

element; include only what is relevant.

- You are not expected to diagnose problems in a professional field other than your own. But you must consider the whole child or young person, not just your own service focus.
- You should also focus on areas of strength in the family, not just needs.
- The discussion should be supportive and non-threatening.
- Don't be put off by the language in which some of the elements are expressed.
- These terms are used in existing assessment frameworks and it will make the CAF compatible with these, so other agencies can build on your CAF assessment, rather than starting again from scratch.
- Wherever possible, you should base the discussion and your comments on evidence, not just opinion.
- Evidence would be what you have seen, what the child or young person, and family members, have said.
- Opinions should be recorded and marked accordingly (for example 'Michael said he thinks his dad is an alcoholic').



## Page 6

<p><b>2. Parents and carers</b></p> <p><b>Basic care, ensuring safety and protection</b> Provision of food, drink, warmth, shelter, appropriate clothing; personal, dental hygiene; engagement with services; safe and healthy environment</p>	
<p><b>Emotional warmth and stability</b> Stable, affectionate, stimulating family environment; praise and encouragement; secure attachments; frequency of house, school, employment moves</p>	
<p><b>Guidance, boundaries and stimulation</b> Encouraging self-control; modelling positive behaviour; effective and appropriate discipline; avoiding over-protection; support for positive activities</p>	
<p><b>3. Family and environmental</b></p> <p><b>Family history, functioning and well-being</b> 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</p>	
<p><b>Wider family</b> Formal and informal support networks from extended family and others; wider caring and employment roles and responsibilities</p>	
<p><b>Housing, employment and financial considerations</b> Water/heating/sanitation facilities, sleeping arrangements; reason for homelessness; work and shifts; employment; income/benefits; effects of hardship</p>	
<p><b>Social and community elements and resources, including education</b> Day care; places of worship; transport; shops; leisure facilities; crime, unemployment, anti-social behaviour in area; peer groups, social networks and relationships; religion</p>	

- In recording information on the form, you should be mindful of how the information will be used and who will see it.
- You should include what is relevant to your assessment, but you should not include confidential information (eg. from health records) unless it is directly relevant and the child or young person/parent explicitly agrees that you should.

### Stage 8:

## Pages 7, 8 and 9: Conclusions, solutions and actions

- Record activities to be delivered linked to the ECM aims and outcomes (see Annex B) you and the child or young person and parent/carer would like to address.
- With the child or young person, or parent/carer, record your overall conclusions and the evidence behind them.
- Agree what you say with the child or young person, or parent/carer, and record any major differences of opinion.
- With the child or young person and parent/carer identify what changes are wanted, how change can happen and what actions the people present at the meeting agree to undertake.

## Page 7

<p><b>Conclusions, solutions and actions</b></p> <p><i>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.</i></p>	
<p><b>What are your aims?*</b> <i>(What are the key aims the child, young person and/or family would like to address?)</i></p>	
<div style="border: 1px solid black; height: 30px;"></div>	<div style="border: 1px solid black; height: 30px;"></div>
<div style="border: 1px solid black; height: 30px;"></div>	<div style="border: 1px solid black; height: 30px;"></div>
<p><b>What are your conclusions?*</b> <i>(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?)</i></p> <p>Strengths &amp; Resources:</p> <div style="border: 1px solid black; height: 80px;"></div> <p>Needs/worries:</p>	
<p><b>What changes are wanted?*</b> <i>(Include the child/young person's, parent/carer's and practitioner's views)</i></p> <div style="border: 1px solid black; height: 100px;"></div>	
<p><b>How can change happen?*</b> <i>(Include the child/young person's, parent/carer's and practitioner's views)</i></p> <div style="border: 1px solid black; height: 100px;"></div>	

- Try to focus on what the child or young person and family can do for themselves.
- If they need more support, think about where they could find it; if it is appropriate to your role, see if you can provide it.
- Or see if targeted support is provided within your service.
- If the child or young person and family would benefit from support from other agencies, use your local service directories to see what is on offer, and try to broker this support by engaging these agencies as part of the TAC.
- Agree a review date and agree the goals for that review date – ie. if everything goes to plan, what will things look like at the review?

**Note:** The CAF includes an action plan. This is an initial action plan which identifies the immediate actions that people present at the assessment will take (including the child or young person and family). Where a multi-agency response is required, a TAC will be formed and a delivery plan will be agreed by the TAC members. Both the initial action plan and final delivery plan should be agreed to by all those involved, including the

## Page 8

**Agreed Actions\*** (At least one action must be entered) (In order of priority list the actions agreed for the people present at the assessment)

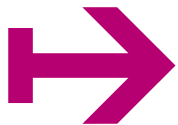
Desired Outcomes (as agreed with child, young person and/or family)	Action	Who will do this?	By when?

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, family and partners. The consent statement should also be signed by the child or young person or parent/carer on the final version of the form.

- Do not make any promises of support on behalf of other services.
- Agree who will do what, and when you will review progress.
- Record the child or young person's or parent/carer's consent to record the assessment information and to share the assessment information with other agencies. Record any agencies that are specifically included or excluded as agreed with the child/family or young person.
- Make sure they understand what is proposed.
- Use your own judgement to define what should be recorded and who should see it, within the limits of the consent given.
- Give a copy of the assessment to the child or young person or their parent/carer and explain that they can show it to other services if they wish to, so they don't have to keep repeating their stories.



## Page 9

**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.nscm.gov.uk/workingtogether](http://www.nscm.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.

## Working with unborn babies

**6.11** If you are completing a common assessment for an unborn baby, you will find some of the fields on the CAF form are not relevant. In these fields, enter either 'not known' or 'not applicable.' In the name field, state 'unborn baby' and the mother's name, eg. 'unborn baby of Ann Smith' (and the father's name if appropriate). An estimated delivery date (EDD) can be recorded on the CAF form, but should be replaced by the date of birth when the baby is born. An unborn baby is not recorded on ContactPoint; this will have to use alternative means to find out if a CAF already exists before starting an assessment.

**6.12** All pregnant women should have a midwife she knows and trusts to coordinate her pregnancy care. If you are not that person, this will be a key person to consult if undertaking a CAF with a pregnant woman.

## Working with infants and very young children

**6.13** You should try to involve and work directly with infants and very young children

in a way that is most appropriate for them; for example, through observation, play and thoughtful conversations. Most infants and their parents will have at least some contact with the midwife, health visitor and/or GP. If you are completing a common assessment for an infant, and the parent agrees, you should contact these practitioners.

## Working with young people

**6.14** The CAF is generally used with children and young people up to the age of 18, but its use can be extended beyond 18 where appropriate, to enable the young person to have a smooth transition to adult services. In the case of the Connexions service, the CAF can be used with young people up to the age of 19, and up to the age of 24 where a young person has a learning difficulty or disability.

**6.15** For older young people, you should consider possible current and future needs for adult services, and transitional arrangements. For example, you may need to think about whether adult services are more appropriate to a young person in their

late teens or, if a young person is already accessing children's services, you may need to help manage their progression into adult services.

**6.16** The possibility that a teenage boy is a father is a question that should be considered when assessing teenage boys, as their needs can be as complex as those of a teenage mother and are often not addressed.

### Engaging with fathers and father figures

**6.17** Fathers or father figures sometimes find it difficult to engage with services. It is important to make it clear that you welcome their involvement as much as that of mothers.

### Working with children and young people not receiving a suitable education

**6.18** If you discover that a child or young person is not receiving any form of educational provision, if of compulsory school age, especially if they are pregnant or a parent, you should notify the person within

your local authority responsible for identifying children and young people not receiving a suitable education. You should also try to identify why the child or young person is missing education to assess whether there are needs that should be addressed.

### Working with privately fostered children

**6.19** If you discover that a child or young person is, or may be, privately fostered<sup>7</sup> (though it is not always easy to tell), you should notify the social care team.

### Step 3: Delivering integrated services

**6.20** The most likely outcome of your common assessment discussion is one of the following:

- You will have resolved your concerns and those of the child or young person and parent/carer. No additional action required.
- You will have agreed some actions for you or your service and/or the child or young person and family. Delivery will involve you undertaking these actions, setting a date for review and monitoring progress.

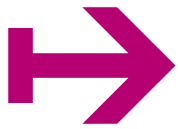
You do not need to move on to a TAC multi-agency meeting or appoint a lead professional.

- You will have identified actions for you and actions that may be required of other agencies. Delivery will involve you sharing your assessment with the agencies involved (subject to the consent of the child or young person/family); forming a TAC to support the child or young person, discussing and agreeing with the child or young person, parent/carer and agencies who the lead professional will be (if appropriate). Along with the other agencies, you agree the actions, and a plan and responsibilities for delivering the actions, which can be recorded on the CAF delivery plan form.
- Each partner delivers their action, the lead professional co-ordinates delivery of the plan and, together, the TAC monitors overall progress.

**GO TO:** [www.cwdcouncil.org.uk/lead-professional](http://www.cwdcouncil.org.uk/lead-professional) for information on when a lead professional is needed.

<sup>7</sup> Children are privately fostered when they are cared for on a full-time basis by adults who are not their parents or a close relative, for a period of 28 days or more.





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**6.21** Where there is nothing further you or your service can do, you may need to engage the support of a more specialist service or practitioner. With the consent of the child/family or young person, contact the practitioner you wish to engage, share and discuss your assessment with them (more and more services will expect a request for services to be supported by the CAF). Aim to pool your knowledge and reach a shared view of what should happen next, involve them as part of the TAC. Good communication is vital to integrated services. You should not just use CAF as a means of referral and then ‘sign off.’

**6.22** Since resources to pay for services are finite, common assessment cannot offer a guarantee that services will be delivered. However, it should considerably increase the likelihood that services will be engaged and consider your request in a positive way. If you are concerned that your service or another service is not responding to the needs identified, discuss the matter with your line manager.

## Page 10

**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(s)\*  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 Aim*
<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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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

\*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.

**6.23** The delivery plan and review form can be used for both single agency and multi-agency responses. Actions from the CAF action plan may be brought forward into the delivery plan. Where a multi-agency response is required, you will need to organise a TAC and agree what support and actions each member of the TAC will undertake. It is important that the child or young person and/or their parent/carer are part of the TAC.

### 6.24 Completing the delivery plan

- Complete the basic personal details.
- Where a multi-agency response is required, agree actions with members of the TAC.
- Agree who should take the role of the lead professional (see The Team Around the Child (TAC) and The lead professional: Co-ordinating and delivering integrated services for children and young people).
- Make sure that the child or young person and parent/carer know and understand what will happen to the information they have provided through the common assessment (see Section 7: Information sharing, consent and confidentiality).
- If following the review, you are inviting additional or new members or services who have not previously been discussed with the child or young person into the TAC; you need to complete an additional consent statement. This is available from the ECM website.

GO TO: [www.dcsf.gov.uk/everychildmatters/resources-and-practice/TP00004/](http://www.dcsf.gov.uk/everychildmatters/resources-and-practice/TP00004/)

### Page 11

**Review** Date:

**People present\***

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

**Next Steps\***

Can the CAF be closed?\* Yes  Reason for closure:   
 No  Agreed review date:

**Review Notes\***

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

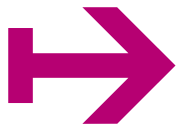
**Parent or carer's comment on the assessment and actions identified\***

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<http://www.dcsf.gov.uk/everychildmatters/strategy/delivering-services/caf/cafframework/>

### Step 4: Reviewing progress

**6.25** The common assessment and delivery plan are monitored and reviewed regularly to identify further actions and support the child or young person's smooth transition across universal, targeted and specialist services. In the case of multi-agency responses, this will involve meetings and liaison between the members of the TAC.

- At the review, record who is present and check progress against each of the actions in the delivery plan. Where appropriate, close, update or agree new actions.
- There is space on the review form to record the next steps and review notes.
- At the end of the review, the CAF should either be closed or another review date agreed, and the child or young person's and family's comments recorded.
- It is recommended that a CAF episode is reviewed at least every three months (although this maybe more frequent and should be decided on a case by case basis).



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**6.26** The outcome of the progress review could be:

- the child or young person's needs have been met and the case can be closed (consider need for managing any transitions at this stage)
- the child or young person's needs have not yet been met and actions need to continue or be refined
- the child or young person's needs and/or circumstances have changed and a new assessment is appropriate

**6.27** There are a number of reasons why a CAF episode may be closed such as:

- Additional needs of child/young person met
- Child/young person has left England
- Child/young person has made transition into adult services
- Significant milestone reached
- Episode superseded by alternative holistic assessment process

It is recommended that this reason is included on the latest delivery plan and review.

### **Archiving and storage**

**6.28** It is recommended that once a CAF has been closed it should be archived after one year, and destroyed/purged after a further six years.

### **Resources**

**6.29** The following resources are available to download from the ECM website:

- CAF form in full with delivery and review section
- Stand alone delivery and review
- Stand alone consent statement

**GO TO:** [www.dcsf.gov.uk/everychildmatters/resources-and-practice/TP00004/](http://www.dcsf.gov.uk/everychildmatters/resources-and-practice/TP00004/)



## CAF in Practice: Health

“There are potentially many different ways to interpret the phrase ‘integrated working’ but essentially it’s about various agencies and professionals coming together to achieve a common aim,” says Sarah Morgan, a GP in Hampstead, London.

Sarah has always worked closely with local primary care services, making links to provide the best care for her patients. However, she has recently taken the concept of integrated working a stage further. She has helped to set up a pilot project at her practice which aims to identify children with a low level of need, and help direct them to appropriate services early on.

Sarah is very enthusiastic about the potential for the project, and she believes that it meets a real need within the community.

She says: “Without this service and the important co-ordination role played by the family development worker who delivers it, I wouldn’t have the opportunity to sit down

with colleagues from services such as social care, Child and Adolescent Mental Health Services (CAMHS) and health visiting and talk about the best approach to take with the children who need our help.”

Sarah is a typically busy GP and finding time to develop new processes isn’t always easy.

Sarah acknowledges that some of her initial concerns about the CAF were due to unfamiliarity, but that the CAF is a central feature of effective integrated working. She says: “It’s like anything new, once you’ve done it a few times it becomes less of a mystery and you grow in confidence.

“It’s definitely worth persevering with. The biggest concern identified in most reports and reviews into child welfare is communication breakdown; this is what the CAF system is working to address.”

Sarah is very conscious of the fact that there is a lot of work still to be done regarding the general promotion of

integrated working on but she’s positive about the possibilities.

Sarah says: “There are plenty of ways to promote integrated working between agencies and let people know what it’s all about. The family development worker within our project organised a day for different services to bring in stalls to the surgery with information about what they offer and when we should refer people to them. I think this was a really good idea and great for raising awareness of what is out there.

“The process of physically bringing people together to talk through a problem can be quite time consuming, but it’s definitely worth it. I hope that similar projects to ours become common practice in GP practices nationwide.”

**Sarah Morgan, GP**



Information sharing, consent and confidentiality

The Common Assessment Framework for children and young people

**A guide for practitioners**







## Information sharing, consent and confidentiality

### Information sharing

**7.1** The CAF aims to enable and support good practice in information sharing about the needs of children and young people as part of preventative services. In so doing, all sharing (and storing) of information should be done lawfully and comply with the *Data Protection Act 1998*.

Practitioners are not expected to read the Data Protection Act 1998 as all relevant information is available in the *Information Sharing: Guidance for practitioners and managers*

**GO TO:** [www.dcsf.gov.uk/ecm/informationsharing](http://www.dcsf.gov.uk/ecm/informationsharing)

**7.2** National eCAF (when available) will enable completed CAF information to be stored securely and shared with practitioners (with the consent of the child or young person and/or family).

**7.3** If CAF information is to be shared outside of the National eCAF system, it must be shared in a secure manner. Electronic versions of the CAF can be sent to other practitioners where there are secure email links. Where secure email links do not exist, other forms of transfer must be used, eg. confidential fax or post.

### Seeking consent

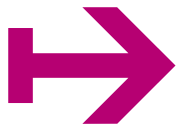
**7.4** The CAF is a voluntary assessment process and, as such, a child or young person and/or their parent/carer must give their consent at the start of the process for the assessment to take place in the full knowledge of what will happen to this information (eg. how it will be stored, who will have access to it).

Once the assessment has been undertaken, the child or young person and/or their parent/carer must again give their consent for the information to be stored and shared with other services, preferably through signing the CAF form in the appropriate place on the final version of the assessment.

**7.5** In most circumstances (but see paragraphs 7.14 to 7.18 for exceptions), you must only record and share CAF information with the explicit consent of the child or young person or parent/carer. This should not be a significant barrier if you are working in partnership with them. You should also provide accessible copies of relevant documents to the child or young person and parent/carer as appropriate.

For common assessment, it is important that you:

- obtain informed consent for undertaking the CAF and for recording the information
- work with children or young people and parents/carers to agree how information is recorded, used and shared
- obtain informed and 'explicit' consent for sharing the information detailing exactly what the consent is for and in what circumstances it will apply (this can be oral or written; written consent is preferable, eg. through a signature on the CAF and, if you have ongoing contact, review this consent regularly)



- follow agreed local policies for recording and renewing consent
- ensure that any information shared is accurate and up to date, necessary for the purpose for which you are sharing it, shared with those people who need to see it, and shared securely
- If requested, the lead professional should arrange for the information held on a child or young person to be disclosed. This is called a 'subject access request'

**7.6** You may also need to consider whose consent should be sought<sup>8</sup>. A child or young person who has the capacity to understand and make their own decisions may give (or refuse) consent to sharing. Children aged 12 or over may generally be expected to have sufficient understanding. Younger children may also have sufficient understanding. This is presumed in law for young people aged 16 and older but younger children may also have sufficient understanding and be able to make their

own decision. When assessing a child or young person's understanding you should explain the issues to them in a way that is suitable for their age, language and likely understanding. Where applicable, you should use their preferred mode of communication. If the child or young person has a disability you should consider if there are any special requirements, such as signing or access requirements. If you assess that the parent or carer should provide consent rather than the child or young person, they should also be included in the discussions with parents or carers about how their information will be used, as far as possible, as this will help their understanding. It will also help the parent/ carer to understand that there will be a time when they cannot make these decisions for their child.

**7.7** Consent should be considered on a case-by-case basis, and the maturity of the child or young person will be taken into

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<sup>8</sup> The subject of who to ask for consent and the public interest test is covered in the *Information Sharing Guidance* section 3.22 onwards and 3.38 onwards respectively.

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account in order to come to an agreement. Where a child or young person is deemed capable of giving consent, it is unlikely that parental consent will override the decision made by the child or young person. However, practitioners should always encourage children under 16 to involve their parents/carers as appropriate.

**7.8** Where parental consent is required, the consent of one person is sufficient. In situations where family members are in conflict, you will need to consider carefully whose consent should be sought. If the parents are separated, the consent would normally be sought from the parent with whom the child resides. If a care order is in force, the local authority will share parental responsibility with parent(s) and practitioners should liaise with them about questions of consent.

**7.9** If the child or young person and/or their parent or carer refuses consent for the CAF to be undertaken, you should make a note of this in your personal files for future reference. You should also take care to respect their wishes regarding any information given to you that they do not

wish to be recorded on the CAF form or shared with other services.

**7.10** Information gathered as part of the CAF process is governed by the same rules as any other personal information. Informed consent is required to undertake the CAF and to record the CAF information either on paper forms or on a local eCAF system or National eCAF. Information gathered as part of the CAF process (whether stored on a local or the National eCAF system or not) should only be shared with the explicit consent of the child or young person, or parent/carer, unless, in the practitioner's judgement on the facts of the case, there is sufficient public interest to share without their consent. (See paragraph 7.16).

**7.11** If the child or young person, or family, do not consent to recording the information in a local or the National eCAF system, nothing can be stored. However, this does not change the position on information sharing as explained above.

### **Confidentiality**

**7.12** Confidential information is:

- personal information of a private and sensitive nature
- information that is not already lawfully in the public domain or readily available from another public source
- information that has been shared in circumstances where the person giving the information could reasonably expect that it would not be shared with others

**7.13** Confidential information should only be recorded on the CAF form if the child or young person, or parent/carer, explicitly agrees to this. If there is particular information that the child or young person, or parent/carer, does not want recorded on the form or shared with others, you should record it only in your confidential case records.

### **Sharing information from the CAF discussion without consent**

**7.14** During the course of the CAF process (or previous discussion), you may gather information that you believe you need to share without consent (because consent has been refused or because it would be inappropriate to seek consent,



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see Information Sharing Guidance for further details). In this case, you will need to consider whether the information is confidential (see paragraph above). If the information is not confidential, and you judge the sharing to be necessary for you to fulfil a legitimate purpose, you may share the information.

**Note:** this should not be done routinely as a substitute for consent.

**7.15** Even where you do not have consent to share confidential information, you may lawfully share it if this can be justified in the public interest. It is not possible to give guidance to cover every circumstance in which sharing of confidential information without consent will be justified. You must make a judgement on the facts of the individual case. Where there is a clear risk of significant harm to a child or young person, or serious harm to adults, the public interest test will almost certainly be satisfied. However, there will be other cases where

practitioners will be justified in sharing some confidential information in order to make decisions on sharing further information or taking action – the information shared should be proportionate.

**7.16** There are some circumstances in which sharing confidential information without consent will normally be justified in the public interest. These are:

- where there is evidence that the child or young person is suffering, or is at risk of suffering, significant harm
- where there is reasonable cause to believe that a child or young person may be suffering, or is at risk of suffering, significant harm
- to prevent significant harm arising to children and young people, or serious harm to adults, including through the prevention, detection and prosecution of serious crime<sup>9</sup>

**7.17** In cases where you decide to share information without consent, you should record the reasons for doing so. You should always record decisions about information sharing – with or without consent and whether the decision is to share or not to share.

**7.18** There is more guidance on these matters in *Information Sharing: Guidance for practitioners and managers*. If you are unsure you should seek advice from your line manager or a nominated individual whose role is to support you in these circumstances. If you are working in the NHS the Caldicott Guardian may be helpful.

Further details can be found in *Information Sharing: Guidance for practitioners and managers*

GO TO: [www.dcsf.gov.uk/ecm/informationsharing](http://www.dcsf.gov.uk/ecm/informationsharing)

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<sup>9</sup> Serious crime for the purposes of this guidance means any crime which causes, or is likely to cause, significant harm to a child or young person, or serious harm to an adult.

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## Information Sharing Practice: Early Years

Ingrid Small is a manager at a pre-school and is seeing more and more of an emphasis being placed on multi-agency working.

“When you’re working with a really young child it’s crucial that they only have to tell their story once, and that they’re understood the first time round. By sharing information about the child, the better everybody knows them and understands their situation, and as a result, the child feels less isolated and more secure.

“Working with other professionals allows a more holistic understanding of the child so that any challenging behaviour they may be displaying can be better understood and the real motives behind their behaviour are less likely to be missed,” she says. “For example, if you’ve got a child in the group who’s excessively boisterous and difficult to calm down, it may become apparent after talking to a health visitor that they don’t have the opportunity to run around at home. Maybe they need to be able to do that in the nursery in order to unleash their frustration.

“If a child has health or social issues, there can be a lot of different agencies involved – doctors, speech therapists, psychologists, health visitors – and it’s really important that they’re all sharing information.”

However, the challenges of integrated working are still great, according to Ingrid. People from different working environments come with different expectations and need to learn to trust each other and listen to the others’ point of view.

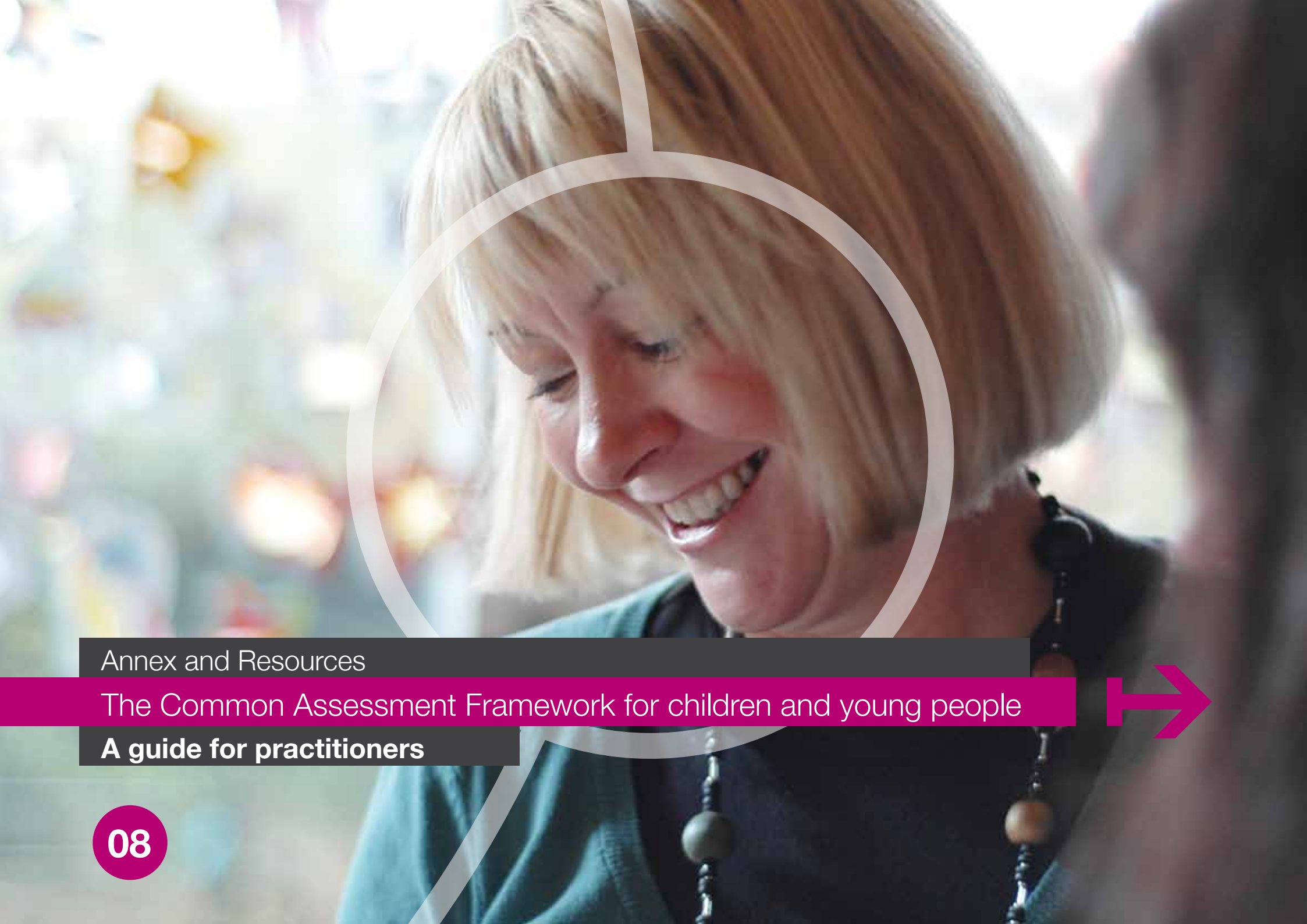
Ingrid says: “Getting to know the people you’re working with personally, so they become more than just a job title or a voice at the end of the phone, is the best way of building trust and working together. Breaking down barriers means that it’s going to be less daunting to approach others for advice, and also means they’re more likely to come to you if they have a question regarding a child in your care.

“The benefit for other professionals in involving those working in early years and childcare is that potential issues can be tackled at a very early stage – before they have had the chance to develop into more acute problems. If, for example, a child is showing signs of aggression when at nursery, early intervention through a psychologist or GP working in tandem with the early years practitioner means their behaviour can be closely monitored and may prevent issues from escalating into more serious problems by the time they start school.”

She adds: “Hopefully, as integrated working becomes more the norm, early years practitioners will start taking a more proactive approach and be less nervous about involving other agencies when they first begin to have concerns about a child.”

**Ingrid Small, Pre-school Manager**





Annex and Resources

The Common Assessment Framework for children and young people

**A guide for practitioners**





## Annex A: The policy context

In addition to ECM, *The National Service Framework for Children, Young People and Maternity Services (2004)* sets standards in health and social care for improving service delivery. This is particularly around:

- health and well-being
- delivering child-centred services
- safeguarding and promoting welfare
- supporting those who are disabled or who have complex health needs
- promoting mental health and psychological well-being

In 2007, the government published the Children's Plan which sets out a series of ambitions for all areas of children's lives including early years foundation, levels of literacy and numeracy, GCSEs, A levels, child poverty, health and youth offending. *The Children's Plan: One Year On (2008)* sets out progress so far and the next steps needed to make a reality of those ambitions.

This is reinforced by policy initiatives for schools and families which support the government's ambition to make England the

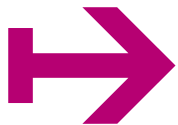
best country in the world for children and young people to grow up in. Centrally this includes:

- *21st Century Schools: A World-Class Education for Every Child (2008)* sets out the ambition laid out in the *Children's Plan*, that 21st century schools will be hubs for the community, providing access to a range of services for children, young people and families. These might include health, family support, adult learning and leisure activities. This will mean that the entire school system and individual schools will need to look beyond traditional boundaries, be outward facing and work in close partnership with young people, parents, other schools, colleges, universities and with other children's services.
- *Think Family: Improving the Life Chances of Families at Risk (2008)* sets out a vision for a local system that improves the life chances of families at risk and helps to break the cycle of disadvantage. The report outlines the key characteristics of a system that 'thinks family' at all levels, from governance to the frontline.

Following publication, work on families at risk is now being taken forward by the DCSF.

The Family Pathfinder programme was launched in May 2008 and will develop the 'Think Family' approach championed by the Task Force. 15 local areas will test innovative ways of supporting vulnerable families. The national roll-out of 'Think Family' also promotes the use of the CAF with a strong emphasis on section 3 of the assessment (Family and environment) so as to bring out the needs of the wider family more thoroughly.

In order to successfully achieve these ambitions, the government is committed to the development of a world-class workforce across all Children's Trusts. The *2020 Children and Young People's Workforce Strategy (2008)* sets out a vision for a reformed and integrated children and young people's workforce "where people know when and how they need to work together – and have the skills and capacity to do so."



This includes developing:

- a more integrated approach to the development of leaders and managers
- a strategic approach to recruitment
- effective partnership working, as well as partnerships with children, young people and parents/carers
- high-quality and accessible qualifications, training and progression routes
- workforce skills and knowledge to support children and young people who are particularly vulnerable
- a knowledge bank for the children and young people's workforce to ensure that practice, training and workforce development is firmly based on evidence about what makes the most difference

**Figure 9: The One Children's Workforce Framework**



You can explore the framework online at

GO TO: <http://onechildrensworkforce.cwdcouncil.org.uk>

To support these developments, the *One Children's Workforce Framework (OCWF)* provides local areas with a framework and vision of what a reformed children and young people's workforce would look like, as well as appropriate tools and resources to help them deliver this vision. The framework has been developed by CWDC, with support from local area representatives and national partners.

The CAF, together with the lead professional, improved practice in information sharing, and supporting tools such as ContactPoint and National eCAF (when available) has a crucial contribution to make to these key government policies. These processes and tools will help change the way that services are delivered, shifting the focus from dealing with the consequences of difficulties in children and young people's lives to preventing things from going wrong in the first place. This will help more children and young people to achieve the five outcomes above.

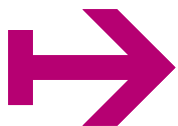
### School exclusions and the CAF process

**5.20** The Exclusions Guidance<sup>10</sup> (paragraph 52) reflects the Youth Crime Action Plan's key aim to increase significantly the scale of preventative intervention and support for young people and families. One of the actions is to make permanent exclusion from school an automatic trigger for the offer of a CAF, to ensure that children and young people receive the help they need when they are excluded from mainstream education.

The reasoning behind this is that permanent exclusion from school is a defining moment for youth crime prevention. For some of those excluded, what happens next will either accelerate them along the path to entrenched criminality or allow them to reassess and reshape their futures.

**5.21** The CAF should underpin the development of a personalised education plan to ensure that children and young people moving to alternative provision receive the help they need when they are excluded, including meeting any SENs. Where behavioural or other difficulties can be identified earlier, a CAF should be carried out and action taken to prevent exclusion. Where a child or young person, or their family/carer, does not consent to a common assessment, it cannot be undertaken.

<sup>10</sup> For more information GO TO: [www.teachernet.gov.uk/wholeschool/behaviour/exclusion](http://www.teachernet.gov.uk/wholeschool/behaviour/exclusion)



## Annex B: Every Child Matters outcomes and aims

<b>Be healthy</b>	<ul style="list-style-type: none"><li>• physically healthy</li><li>• mentally and emotionally healthy</li><li>• sexually healthy</li></ul>	<ul style="list-style-type: none"><li>• healthy lifestyles</li><li>• choose not to take illegal drugs</li></ul>
<b>Stay safe</b>	<ul style="list-style-type: none"><li>• safe from maltreatment, neglect, violence and sexual exploitation</li><li>• safe from accidental injury and death</li><li>• safe from bullying and discrimination</li></ul>	<ul style="list-style-type: none"><li>• safe from crime and anti-social behaviour in and out of school</li><li>• have security, stability and are cared for</li></ul>
<b>Enjoy and achieve</b>	<ul style="list-style-type: none"><li>• ready for school</li><li>• attend and enjoy school</li><li>• achieve stretching national educational standards at primary school</li></ul>	<ul style="list-style-type: none"><li>• achieve personal and social development, and enjoy recreation</li><li>• achieve stretching national educational standards at secondary school</li></ul>
<b>Make a positive contribution</b>	<ul style="list-style-type: none"><li>• engage in decision-making and support the community and environment</li><li>• engage in law-abiding and positive behaviour in and out of school</li><li>• develop positive relationships and choose not to bully and discriminate</li></ul>	<ul style="list-style-type: none"><li>• develop self-confidence and successfully deal with significant life changes and challenges</li><li>• develop enterprising behaviour</li></ul>
<b>Achieve economic well-being</b>	<ul style="list-style-type: none"><li>• engage in further education, employment or training on leaving school</li><li>• ready for employment</li></ul>	<ul style="list-style-type: none"><li>• live in decent homes and sustainable communities</li><li>• access to transport and material goods</li><li>• live in households free from low income</li></ul>



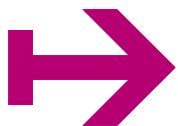


## Annex C: CAF and specialist assessments

Figure 10: Map of CAF, Asset, SEN and Children in Need assessments illustrating the overlap between domains

CAF	Asset <sup>11</sup>	SEN	Children in Need
<b>1. Development of the child or young person</b>			
Health	<ul style="list-style-type: none"> <li>• substance misuse</li> <li>• physical health</li> <li>• emotional and mental health</li> </ul>	<ul style="list-style-type: none"> <li>• sensory and/or physical needs</li> <li>• health</li> </ul>	<ul style="list-style-type: none"> <li>• health</li> </ul>
Emotional and social development	<ul style="list-style-type: none"> <li>• emotional and mental health</li> <li>• perception of self and others</li> <li>• indicators of vulnerability</li> </ul>	<ul style="list-style-type: none"> <li>• communication and interaction</li> <li>• behaviour, emotional and social development</li> </ul>	<ul style="list-style-type: none"> <li>• emotional and behavioural development</li> </ul>
Behavioural development	<ul style="list-style-type: none"> <li>• lifestyle</li> <li>• thinking and behaviour</li> <li>• attitudes to offending</li> <li>• motivation to change</li> </ul>	<ul style="list-style-type: none"> <li>• behaviour, emotional and social development</li> </ul>	<ul style="list-style-type: none"> <li>• emotional and behavioural development</li> </ul>
Identity, including self-esteem, self-image and social presentation	<ul style="list-style-type: none"> <li>• perception of self and others</li> </ul>		<ul style="list-style-type: none"> <li>• identity</li> <li>• social presentation</li> </ul>
Family and social relationships	<ul style="list-style-type: none"> <li>• family and personal relationships</li> </ul>		<ul style="list-style-type: none"> <li>• family and social relationships</li> </ul>
Self-care skills and independence	<ul style="list-style-type: none"> <li>• lifestyle</li> <li>• indicators of vulnerability</li> </ul>		<ul style="list-style-type: none"> <li>• self-care skills</li> </ul>
Learning	<ul style="list-style-type: none"> <li>• education, training and employment</li> </ul>	<ul style="list-style-type: none"> <li>• academic attainment</li> <li>• cognition and learning</li> </ul>	<ul style="list-style-type: none"> <li>• education</li> </ul>

<sup>11</sup> Guidance posters mapping CAF to Onset and Asset can be found on the Youth Justice Board website at  
GO TO: [www.yjb.gov.uk/Publications/Scripts/prodView.asp?idProduct=315&eP](http://www.yjb.gov.uk/Publications/Scripts/prodView.asp?idProduct=315&eP)



CAF	Asset	SEN	Children in Need
<b>2. Parents and carers</b>			
Emotional warmth and stability	<ul style="list-style-type: none"> <li>• family and personal relationships</li> <li>• positive factors</li> </ul>	<ul style="list-style-type: none"> <li>• behaviour, emotional and social difficulties</li> </ul>	<ul style="list-style-type: none"> <li>• basic care</li> <li>• emotional warmth</li> <li>• ensuring safety</li> <li>• stability</li> </ul>
Guidance, boundaries and stimulation	<ul style="list-style-type: none"> <li>• family and personal relationships</li> <li>• care history</li> </ul>	<ul style="list-style-type: none"> <li>• behaviour, emotional and social difficulties</li> </ul>	<ul style="list-style-type: none"> <li>• stimulation</li> <li>• guidance and boundaries</li> </ul>
<b>3. Family and environment</b>			
Family history, functioning and well-being	<ul style="list-style-type: none"> <li>• family and personal relationships</li> </ul>		<ul style="list-style-type: none"> <li>• family history and functioning</li> </ul>
Wider family	<ul style="list-style-type: none"> <li>• family and personal relationships</li> </ul>		<ul style="list-style-type: none"> <li>• wider family</li> </ul>
Housing, employment and financial considerations	<ul style="list-style-type: none"> <li>• living arrangements</li> <li>• family and personal relationships</li> </ul>		<ul style="list-style-type: none"> <li>• housing</li> <li>• employment</li> <li>• income</li> <li>• debt</li> </ul>
Social and community elements and resources, including education	<ul style="list-style-type: none"> <li>• neighbourhood</li> <li>• positive factors</li> </ul>		<ul style="list-style-type: none"> <li>• family and social integration</li> <li>• community resources</li> </ul>



## Annex D: Guide to definitions

### 1. Development of the infant, child or young person

#### Health

**General health** – the infant, child or young person's current health condition (for example, growth, development, physical and mental well-being). Also includes consideration of:

- health conditions or impairments which significantly affect everyday life functioning whether chronic or acute, including obesity
- access to and use of appropriate health services, such as those provided by a GP/dentist/optician, immunisations and appropriate developmental checks
- number and frequency of hospital admissions and accidents
- access to and use of appropriate health advice and information; for example, diet, sexual health and contraception, and management of any health condition such as diabetes or asthma

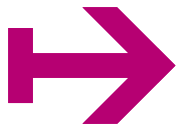
**Physical development** – the infant, child or young person's means of mobility, level of physical or sexual maturity/delayed development. Also includes consideration of:

- being well nourished; being active, rested and protected; gaining control of the body; acquiring physical skills
- vision and hearing
- fine and gross motor skills including:
  - crawling, balancing, walking, running and climbing
  - participation in football or other games
  - ability to draw pictures, do jigsaws etc
  - show awareness of space, of themselves and of others
  - recognise the importance of keeping healthy, and what contributes to this

**Speech, language and communications development** – the ability to communicate effectively, confidently and appropriately with others. Also includes consideration of:

- interaction with others, negotiating plans and activities and taking turns in conversation

- sustained, attentive listening; responding to what has been heard with relevant comments and questions
- using speech to organise sequences and clarify thinking, ideas, feelings and events
- extending their vocabulary, exploring the meanings and sounds of new words
- using their phonic knowledge to write simple regular words
- showing an understanding of the elements of stories, such as main character, sequence of events and openings, and how information can be found in non-fiction texts to answer questions about where, who, why and how
- using a pencil and hold it effectively to form recognisable letters
- using first language
- ability to gain attention and make contact, access positive relationships, be with others, encourage conversation
- the impulse to communicate, exploring, experimenting, labelling and expressing, describing, questioning, representing and predicting, sharing thoughts, feelings and ideas



- listening and paying attention to what others say; making playful and serious responses; enjoying and sharing stories, songs, rhymes and games; learning about words and meanings
- ability to communicate meaning, influence others, negotiate and make choices, understanding of others
- vision and hearing
- language for communicating and thinking
- linking sounds and letters
- reading and writing
- willingness to communicate
- articulation skills and language structure
- vocabulary and comprehension
- fluency of speech and confidence
- appropriateness of social and communications skills; for example, body language
- excessive use of expletives or inappropriate language; for example, brusque manner

### **Emotional and social development**

The emotional and social response the infant, child or young person gives to parents, carers and others outside the family. Also includes consideration of:

- the importance of being special to someone, being able to express feelings, developing healthy dependence, developing healthy independence
- nature and quality of early attachments
- self-harm or risk of self-harm
- phobias or psychological difficulties, fears or psychological difficulties such as persistent sadness or tearfulness
- temperament, coping and adjusting abilities; for example, after experiencing domestic violence, bereavement or family relationship breakdown
- disposition, attitudes and motivation to change
- confidence to try new activities, maintain attention, concentrate and sit quietly when appropriate
- form good relationships with adults and peers
- understanding what is right, what is wrong, and why
- work as part of a group or class, taking turns and sharing fairly
- the consequences of their words and actions for them and others

### **Behavioural development**

The behaviour of the child or young person and whether behaviour occurs in a particular setting or all settings.

Also includes consideration of:

- lifestyle and self-control (including participation in reckless activity and need for excitement)
- behaviour in nursery, class or other environments where the child or young person comes into contact with their peers
- whether undiagnosed conditions may be impacting behaviour (eg. hearing or visual impairment)
- substance misuse (includes alcohol, volatile substance misuse and controlled drugs under the *Misuse of Drugs Act 1971*)
- anti-social behaviour; for example, destruction of property, aggression towards others, harm or risk of harm to others
- sexually inappropriate behaviour and attempts to manipulate or control others
- early sexual activity, unprotected sex, lack of reflection or positive decision-making about sex and relationships,



making them vulnerable to coercive or exploitative relationships

- offending behaviour and risk of reoffending
- violent or aggressive behaviour at home or school
- attitudes to offending
- over-activity, attentiveness, concentration and impulsive behaviour

### **Identity, including self-esteem, self-image and social presentation**

The growing sense of self as a separate and valued person. Also includes consideration of:

- growing awareness of self, realisation of separateness and differences from others, recognition of personal characteristics and preferences, finding out what they can do
- importance of gaining self-assurance through a close relationship, becoming confident in what they can do, valuing and appreciating their own abilities, feeling self-assured and supported, having a positive view of themselves
- knowledge of personal and family history

- access to recognition, acceptance and comfort, ability to contribute to secure relationships, understanding they can be valued by and important to someone, exploring emotional boundaries
- sense of belonging, being able to join in, enjoying being with familiar and trusted others, valuing individuality and contributions of self and others, having a role and identity within a group, acceptance by those around them
- race, religion, age, gender, sexuality and disability – may be affected by bullying or discriminatory behaviour
- understanding of the way in which appearance and behaviour are perceived, and the impression being created
- understanding that people have difference needs, views, cultures and beliefs, and that they need to be treated with respect
- understanding that they can expect others to treat their needs, views, cultures and beliefs with respect
- have a developing respect for their own cultures and beliefs and those of other people

### **Family and social relationships**

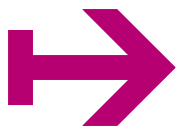
The ability to empathise and build stable and affectionate relationships with others, including family, peers and the wider community. Also includes consideration of:

- stable and affectionate relationships with parents or caregivers
- sibling relationships
- involvement in helping others
- age-appropriate friendships
- association with predominantly pro-criminal peers or lack of non-criminal friends
- understanding of others and awareness of consequences
- association with substance-misusing friends/peer groups

### **Self-care skills and independence**

The acquisition of practical, emotional and communication competencies to increase independence. Also includes consideration of:

- discovering boundaries and limits, learning about rules, knowing when and how to ask for help, learning when to say no and anticipating when others will do so



- discovering and learning about their body, demonstrating individual preferences, making decisions, becoming aware of others and their own needs
  - early practical skills; for example, coping with routine such as washing, dressing and feeding (including swallowing, chewing and weaning, in the case of the very young)
  - opportunities to gain confidence and practical skills to undertake activities away from the family
  - independent living skills for older children; for example, appropriate use of social problem-solving approaches
  - the readiness of older teenagers to make the transition from children and young people's services to adult services
- Learning**  
**Understanding, reasoning and problem solving** – the ability to understand and organise information, reason and solve problems. Also includes consideration of:
- the impact of any disability or impairment, or special needs, and of any potential for these outcomes
  - making connections through the senses and movement, finding out about the environment and other people, becoming playfully engaged and involved, making patterns, comparing, categorising, classifying
  - being creative; exploring and discovering; experimenting with sound; other media and movement; developing competence and creativity; being resourceful
  - being imaginative, imitating, mirroring, moving, imagining, exploring and re-enacting, playing imaginatively with materials using all the senses, pretend play with gestures and actions, feelings and relationships, ideas and words
  - exploring, experimenting and playing, discovering that one thing can stand for another, creating and experimenting with one's own symbols and marks, recognising that others may use marks differently
  - play and interaction
  - demonstration of a range of skills and interests
  - numbers as labels and for counting
  - calculating
  - shape, space and measures
  - progress in learning, including any special educational needs identified
  - knowledge and understanding of the world
  - saying and using number names in order in familiar contexts
  - using and developing mathematical ideas and methods to solve practical problems
  - using language such as 'more' or 'less'
  - recognising and recreating simple patterns
- Participation in learning, education and employment** – the degree to which the child or young person has access to and is engaged in education and/or work-based training and, if they are not participating, the reasons for this. Also includes consideration of:
- attendance
  - the degree to which prior non-participation has led to current needs and circumstances
  - access to appropriate and consistent adult support
  - access to appropriate educational resources; for example, books





**Progress and achievement in learning** – the child or young person’s educational achievements and progress, including in relation to their peers. Also includes consideration of:

- adult interest in the child or young person’s educational activities and achievements
- progress; for example, measured against the early learning goals in the Early Years Foundation Stage; prior attainment in learning; national curriculum levels achieved; and their peers
- basic skills – the ability to read, write and speak in English and use mathematics at a functional level
- key skills – the ability to learn, work with others, carry out tasks
- participation in activities in the community; development of particular strengths or skills; for example, in sports, arts or vocational training
- special educational needs – whether the child or young person has significantly greater difficulty in learning than the majority of children or young people of their age

- whether the child or young person needs help to catch up when education has been disrupted
- disability – whether the infant, child or young person has a disability, and reasonable adjustments are being made to support their access to the curriculum and school life generally
- aspirations – the ambitions of the child or young person, whether their aspirations are realistic and they are able to plan how to meet them

**Note:** there may be barriers to a child or young person’s achievement of their aspirations; for example, the child or young person’s other responsibilities in the home. Also includes consideration of:

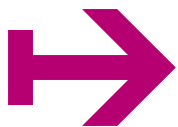
- the child or young person’s view of progress
- the family background
- motivating elements
- the child or young person’s level of self confidence
- perseverance

## **2. Parents and carers**

### **Basic care, ensuring safety and protection**

The extent to which the infant, child or young person’s physical needs are met and they are protected from harm or danger, including self-harm. Also includes consideration of:

- provision of food, drink, warmth, shelter, clean and appropriate clothing, personal and dental hygiene
- level of engagement in securing universal services; for example, doctor, dentist, optician
- provision of a safe environment, where family members and other carers act to safeguard the safety and welfare of the infant, child or young person, and the infant, child or young person is not exposed to domestic violence, alcohol/ substance misuse, sexual exploitation or other abusive experiences
- recognition of hazards and danger both in the home and elsewhere
- quality of care
- parental substance misuse (includes alcohol and volatile substances, as well as illegal drugs)



### **Emotional warmth and stability**

Provision of emotional warmth in a stable family environment, giving the infant, child or young person a sense of being valued. Also includes consideration of:

- parent or carer's feelings about looking after this infant, child or young person
- ensuring the infant, child or young person's requirements for secure, stable and affectionate relationships with significant adults are met, with appropriate sensitivity and responsiveness to the infant, child or young person's needs
- appropriate physical contact, comfort and cuddling sufficient to demonstrate warm regard, praise and encouragement
- maintenance of a secure attachment to the primary caregiver(s) in order to ensure optimal development
- ensuring the infant, child or young person keeps in contact with important family members and significant others, when it is safe to do so
- frequency of moves of house and/or early years provision, school or place of learning or employment

### **Guidance, boundaries and stimulation**

Enabling the child or young person to regulate their own emotions and behaviour while promoting their learning and intellectual development through encouragement and stimulation, and promoting social opportunities. Also includes consideration of:

- modelling appropriate behaviour and control of emotions and interactions with others
- provision of clear, consistent and appropriate guidance, boundaries and discipline such that a child or young person can develop a positive internal model of value and conscience
- appropriate stimulation of learning
- effective discipline
- ensuring the infant, child or young person's safety while encouraging independence and avoiding overprotection
- encouraging the child or young person to participate in and benefit from education and leisure activities
- supporting the child or young person's personal and social development so they are independent, self-confident and able to form positive relationships with others

### **3. Family and environment**

#### **Family history, functioning and well-being**

The impact of family situations and experiences. This includes consideration of:

- culture, size and composition of the household – including changes in the people living in the accommodation since the child's birth
- family history – including any concerns about inheriting illnesses from a parent
- family routines
- disorganised/chaotic lifestyle
- failure to show care or interest in the infant, child or young person
- impact of problems experienced by other family members, such as physical illness, mental health problems, bereavement or loss
- whether the infant, child or young person is witness to violent behaviour, including domestic violence (both physical and verbal)
- involvement in criminal activity/anti-social behaviour
- experience of abuse
- family relationships – including all people important to the infant, child or young person; for example, the impact of



siblings, absent parents and any serious difficulties in the parents' relationship

- history of family breakdown or other disruptive events
- father or mother away from home through work, eg. armed forces or in prison
- parental physical and mental health (including depression) or disability
- involvement in alcohol misuse
- involvement in substance misuse (includes alcohol and volatile substances as well as illegal drugs)
- whether anyone in the family presents a risk to the infant, child or young person

### **Wider family**

The family's relationships with relatives and non-relatives. This includes consideration of:

- formal and informal support networks for the infant, child or young person
- formal and informal support networks for the parents or carers
- wider family roles and responsibilities; for example, including employment and care of others
- appropriate level of support from family members

### **Housing, employment and financial considerations**

**Housing** – what are the living arrangements? Does the accommodation have appropriate amenities and facilities? This includes consideration of:

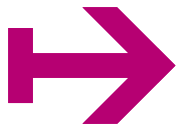
- who the infant, child or young person has been living with
- the exterior of the accommodation and immediate surroundings
- the interior of the accommodation with specific reference to the infant, child or young person's individual living arrangements
- water, heating, sanitation, cooking facilities, sleeping arrangements, cleanliness, hygiene, safety, security and privacy
- reasons for homelessness

**Employment** – Who is working in the household, the pattern of their work and any changes. This includes consideration of:

- the impact of work upon the infant, child or young person
- how work or absence of work is viewed by family members
- how work affects the family's relationship with the infant, child or young person

**Financial considerations** – income available over a sustained period of time. This includes consideration of:

- the family's entitlement to, and receipt of, benefits
- income to meet the family's needs
- the ways in which the family's income is used
- how the family's financial circumstances affect the infant, child or young person; for example, inadequate legitimate personal income
- whether the family is suffering financial hardship due to an emergency; for example, loss of possessions/ homelessness
- whether there is serious debt or debt payments reducing income



### **Social and community elements and resources, including education**

Explores the wider context of an infant, child or young person's neighbourhood and its impact on the infant, child or young person, including details of the facilities and services available. Also includes consideration of:

- neighbourhood characteristics; for example, levels of crime, disadvantage, employment, high levels of substance misuse/trading, teenage pregnancy
- relationship with neighbours
- availability and accessibility of universal services, including schools/colleges, schools offering access to extended services, youth service, early years settings, day care, primary healthcare, places of worship, transport, shops and leisure activities, and family support services
- quality of the learning environment and educational support services
- physical access to facilities and services
- degree of child or young person's social integration or isolation
- the influence of peer groups, friendships and social networks; for example, substance or alcohol misuse

# Annex E: CAF form

National eCAF prompts practitioners to complete a number of mandatory fields when capturing information. This is to improve the consistency of the CAF assessment. These fields have been marked with a red asterisk. It is recommended that practitioners collect this data as a minimum.

**Every Child Matters**  
Change For Children

**CAF form**

**Common Assessment Framework**  
for children and young people (CAF)

Date assessment started\*<sup>1</sup>

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  AKA<sup>2</sup>/previous names

Address\*

Date of birth or EDD<sup>3</sup>\*

Contact tel. no.\*

Unique ref. no.

Version no.

Postcode\*

**Ethnicity\***

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

\*If other, please specify  Immigration status

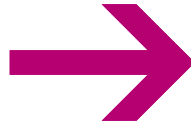
Child's first language  Parent's first language

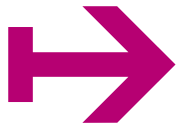
Is the child or young person disabled? Yes  No

If 'yes' give details

Details of any special requirements (for child and/or their parent) eg signing, interpretation or access needs

<sup>1</sup> It is recommended that practitioners complete all fields marked with an asterisk(\*) to obtain basic identifying data when completing the CAF form  
<sup>2</sup> Also known as  
<sup>3</sup> 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\*  Contact tel. no.\*

Address  Role

Postcode:  Organisation

Name of lead professional (where applicable)

Lead professional's contact number

Lead professional's email address

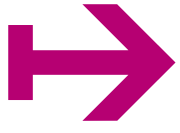
**Services working with this infant, child or young person**

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"/>
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"/>
Service	<input type="text"/>	Details <input type="text"/>	Tel. <input type="text"/>

Universal

Other services





### 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

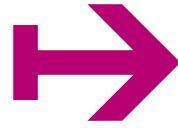
#### **Progress and achievement in learning**

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?)

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#### 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)

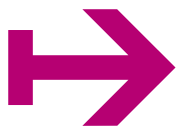
--

#### 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

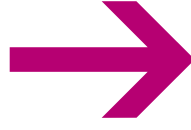
Date

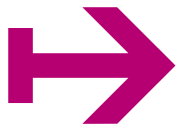
**Exceptional circumstances: concerns about significant harm to infant, child or young person**

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](http://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(s)\*

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 Aim <sup>4</sup>
<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"/>
<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"/>
<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"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<sup>4</sup> 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**

People present\*

Date\*:

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

**Next Steps\***

Yes

Reason for closure:

No

Agreed review date:

Can the CAF be closed?\*

**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/delivering-services/1/caf/caf-framework/>





## Resources

### **Common Assessment Framework**

*Early identification, assessment of needs and intervention: the Common Assessment Framework for children and young people – a guide for managers*

[www.cwdcouncil.org.uk/caf](http://www.cwdcouncil.org.uk/caf)

*The Common Assessment Framework and schools fact sheet*

[www.dcsf.gov.uk/everychildmatters/strategy/deliveringservices1/caf/cafframework](http://www.dcsf.gov.uk/everychildmatters/strategy/deliveringservices1/caf/cafframework)

Non-statutory guidance for children's services and housing services in using the Common Assessment Framework when dealing with young people who are homeless or at risk of being made homeless.

[www.dcsf.gov.uk/everychildmatters/strategy/deliveringservices1/caf/cafframework](http://www.dcsf.gov.uk/everychildmatters/strategy/deliveringservices1/caf/cafframework)

CAF form in full including delivery and review form

[www.dcsf.gov.uk/everychildmatters/resources-and-practice/TP00004/](http://www.dcsf.gov.uk/everychildmatters/resources-and-practice/TP00004/)

Separate delivery and review form  
[www.dcsf.gov.uk/everychildmatters/resources-and-practice/TP00004/](http://www.dcsf.gov.uk/everychildmatters/resources-and-practice/TP00004/)

Separate consent statement  
[www.dcsf.gov.uk/everychildmatters/resources-and-practice/TP00004/](http://www.dcsf.gov.uk/everychildmatters/resources-and-practice/TP00004/)

### **Lead professional**

*The Team Around the Child and lead professional: Co-ordinating and delivering integrated services for children and young people – a guide for practitioners*

[www.cwdcouncil.org.uk/lead-professional](http://www.cwdcouncil.org.uk/lead-professional)

*The Team Around the Child and lead professional: Co-ordinating and delivering integrated services for children and young people – a guide for managers*

[www.cwdcouncil.org.uk/lead-professional](http://www.cwdcouncil.org.uk/lead-professional)

### **Integrated services**

*Championing Children: a framework for those who are leading and managing integrated children's services*

[www.cwdcouncil.org.uk/championing-children](http://www.cwdcouncil.org.uk/championing-children)

*Making It Happen: booklet supporting the implementation of effective frontline integrated working practice*

[www.dcsf.gov.uk/ecm/resources-and-practice/IG00130](http://www.dcsf.gov.uk/ecm/resources-and-practice/IG00130)

### **Information sharing**

*Information Sharing: Guidance for practitioners and managers, and other supporting documents*

[www.dcsf.gov.uk/ecm/informationsharing](http://www.dcsf.gov.uk/ecm/informationsharing)

ContactPoint:

[www.dcsf.gov.uk/ecm/contactpoint](http://www.dcsf.gov.uk/ecm/contactpoint)

National eCAF:

[www.dcsf.gov.uk/ecm/ecaf](http://www.dcsf.gov.uk/ecm/ecaf)

### **Training**

National core training materials are available at

[www.dcsf.gov.uk/everychildmatters/strategy/deliveringservices1/iwtraining/training](http://www.dcsf.gov.uk/everychildmatters/strategy/deliveringservices1/iwtraining/training)



## **Families**

*Think Family: an initiative to improve support for the most disadvantaged families and prevent problems passing down from excluded parents to their children*

[www.dcsf.gov.uk/everychildmatters/strategy/parents/workingwithparentscarersandfamilies](http://www.dcsf.gov.uk/everychildmatters/strategy/parents/workingwithparentscarersandfamilies)

## **Health**

Healthy lives, brighter futures: the strategy for children and young people's health

[www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_094400](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_094400)

## **Children in Need**

*Integrated Children's System: framework for working with Children in Need and their families*

[www.dcsf.gov.uk/everychildmatters/safeguardingandsocialcare/integratedchildrenssystem/ics](http://www.dcsf.gov.uk/everychildmatters/safeguardingandsocialcare/integratedchildrenssystem/ics)

## **Organisations**

Council for Disabled Children (CDC): provides a national forum for the discussion and development of a wide range of policy and practice issues relating to service provision and support for disabled children and young people and those with special educational needs.

[www.ncb.org.uk/cdc](http://www.ncb.org.uk/cdc)

Care Co-ordination Network UK: promotes and supports care co-ordination and key working services for disabled children and their families.

[www.ccuk.org.uk](http://www.ccuk.org.uk)

The Children's Workforce Development Council leads change so that the thousands of people and volunteers working with children and young people across England are able to do the best job they possibly can.

We want England's children and young people's workforce to be respected by peers and valued for the positive difference it makes to children, young people and their families.

We advise and work in partnership with lots of different organisations and people who want the lives of all children and young people to be healthy, happy and fulfilling.

The Department for Children, Schools and Families and the Children's Workforce Development Council work together to support integrated working.

Visit [www.everychildmatters.gov.uk/integratedworking](http://www.everychildmatters.gov.uk/integratedworking) for more information.

You can download this document online at:

[www.cwdcouncil.org.uk](http://www.cwdcouncil.org.uk)

[www.dcsf.gov.uk/everychildmatters/strategy/deliveringservices1/caf/cafframework](http://www.dcsf.gov.uk/everychildmatters/strategy/deliveringservices1/caf/cafframework)

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email [info@cwdcouncil.org.uk](mailto:info@cwdcouncil.org.uk)

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