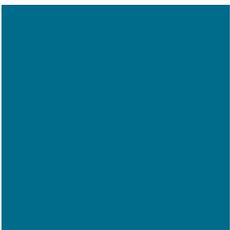


The Common Assessment Framework for children & young people: Practitioners' guide

Integrated working to improve outcomes
for children and young people



Every Child Matters
Change For Children



This guide is for any practitioner who wants to know about the Common Assessment Framework for children and young people (CAF), and when to use it.

It is for everyone who works with children, young people and families, whether they are employed or volunteers, and working in the public, private or voluntary sectors. It is for staff working in health; education; early years and childcare; 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.

It is part of a set of materials for practitioners covering three inter-linked elements of the *Every Child Matters: Change for Children* programme:

i. The CAF

– framework to help practitioners assess children’s additional needs for services earlier and more effectively, develop a common understanding of those needs and agree a process for working together to meet those needs. As well as this guide, a managers’ guide, electronic versions of the forms, supporting tools and training materials are also available.

ii. The lead professional

– person responsible for co-ordinating the actions identified in the assessment process and being a single point of contact for children with additional needs being supported by more than one practitioner. Guidance for managers and practitioners, as well as training materials, are available.

iii. Information sharing

– process for helping practitioners work together more effectively to meet children’s needs through sharing information legally and professionally. Guidance and training materials are available.

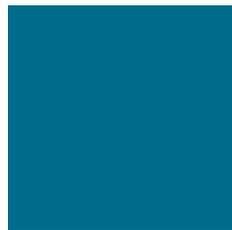
SEE → Back cover for available resources

Please note: for simplicity and ease of reading, the terms ‘child’ and ‘children’ are used throughout this document to refer to babies, children and young people aged 0 to 19. The term ‘parent’ has been used to represent mothers, fathers, carers and other adults with responsibility for caring for a child.

Contents

1. About the Common Assessment Framework for children and young people	3
2. How CAF fits into Every Child Matters, Youth Matters and the Children's National Service Framework	5
3. When to do a common assessment	9
4. How to do a common assessment	13
5. Consent and confidentiality	23
Annex A: Definitions	26

1. About the Common Assessment Framework for children and young people



1.1 The Common Assessment Framework for children and young people (CAF) is a shared assessment tool used across agencies in England. It can help practitioners develop a shared understanding of a child's needs, so they can be met more effectively. It will avoid children and families having to tell and re-tell their story.

1.2 The CAF is an important tool for early intervention. It has been designed specifically to help practitioners assess needs at an earlier stage and then work with families, alongside other practitioners and agencies, to meet them.

1.3 The CAF is **not** for when you are concerned that a child may have been harmed or may be at risk of harm. In those circumstances you must follow the procedures established by your local safeguarding children board (LSCB) immediately.

Why has the CAF been introduced?

1.4 We all want better lives for children. Most children do well, but 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 earlier and help them before things reach crisis point. The most important way of doing this is for everyone whose job involves working with children and families to keep an eye out for their well-being, and be prepared to help if something is going wrong.

1.5 The CAF is one way to help you do this. It is a tool to identify unmet needs. It covers all needs, not just the needs 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 help 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 there should be a common assessment.

GO TO www.ecm.gov.uk/caf

1.6 If you are expecting to undertake common assessments, you will need to attend a locally approved CAF training course. A range of training materials has been produced. They are part of our broader training strategy to support integrated working, which also includes training on the lead professional and information sharing. More information is available at the website below.

GO TO www.ecm.gov.uk/iwtraining

2. How CAF fits into Every Child Matters, Youth Matters and the Children's National Service Framework



2.1 *Every Child Matters* and *Youth Matters* are about improving outcomes for all children and young people so that they can all achieve the following outcomes:

- being healthy;
- staying safe;
- enjoying and achieving;
- making a positive contribution;
- achieving economic well-being.

2.2 The *National Service Framework for Children, Young People and Maternity Services* has set standards in health and social care for improving service delivery, 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 and promoting mental health and psychological well-being.

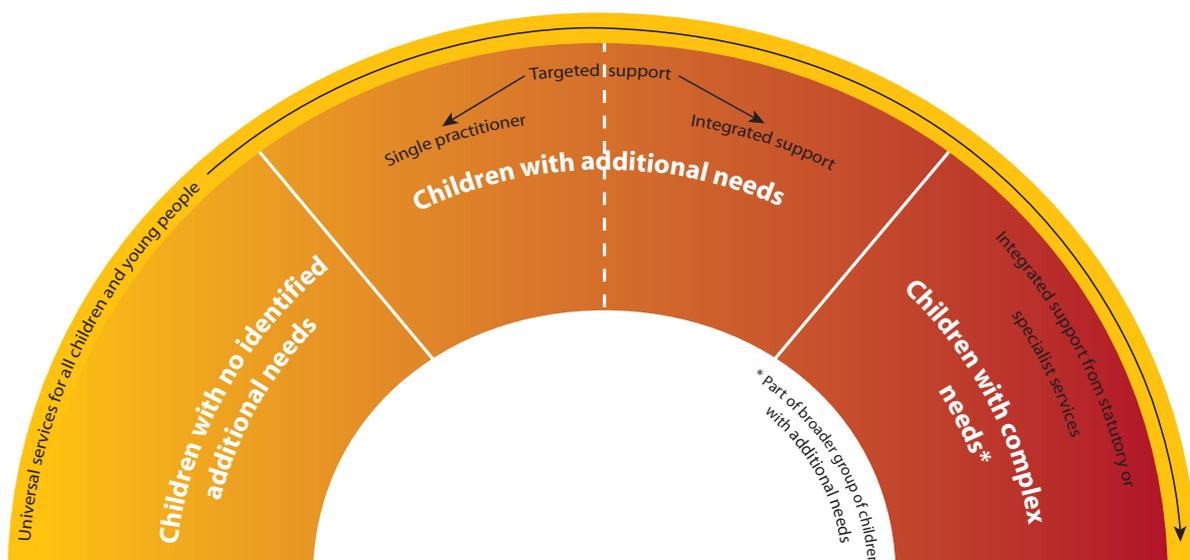
2.3 The CAF, together with the lead professional and better information-sharing procedures, has an important contribution to make to both of these key Government policies. These processes will help change the way that services are delivered, shifting the focus from dealing with the consequences of difficulties in children'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.

2.4 Children and families may experience a range of needs at different times in their lives (see **Figure 1**). All children require access to high quality universal services. Some children are at risk of poor outcomes. These are **children with additional needs** and they will require targeted support from education, health, social services or other services. Their needs will in many cases be cross-cutting and might include:

- 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;
- ill-health;
- substance misuse;
- anxiety or depression;
- housing issues;
- pregnancy and parenthood.

Figure 1: Continuum of needs and services



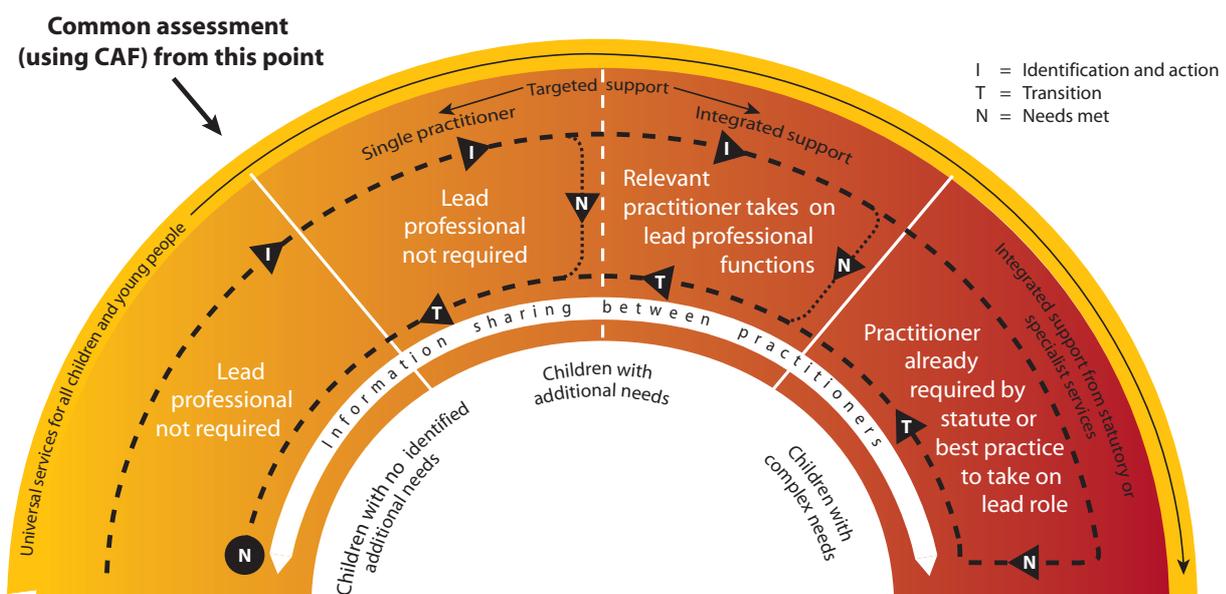
2.5 Within the group of children with additional needs, a small proportion have more significant or **complex needs** which meet the threshold for statutory involvement. These children are:

- children who are the subject of a child protection plan;
- looked after children;
- care leavers;
- children for whom adoption is the plan;
- children with severe and complex special educational needs;
- children with complex disabilities or complex health needs;

- children diagnosed with significant mental health problems;
- young offenders involved with youth justice services (community and custodial).

2.6 Children and families are supported most effectively when CAF, the lead professional and information sharing procedures are planned and delivered in a co-ordinated way, to offer integrated support across the continuum of needs and services (see Figure 2).

Figure 2: Processes and tools to support children and families



2.6 Effective integrated working is underpinned by two broader aspects of the *Every Child Matters* integrated working strategy:

- **Workforce reform:** including the introduction of the *Common Core of Skills and Knowledge for the Children's Workforce* to ensure all professionals have the knowledge and skills to work effectively with children and families, and access to training when relevant.

GO TO www.ecm.gov.uk/workforcereform

- **Multi-agency working:** bringing professionals from different agencies together to meet the needs of children and families and jointly agree the delivery of the actions arising from a common or specialist assessment. The multi-agency resource signposted below has information on different service models and a toolkit for practitioners.

GO TO www.ecm.gov.uk/multiagencyworking

3. When to do a common assessment



How will the CAF help?

3.1 It is not always easy to know what to do when you are concerned about a child. You may not be sure what the problem is. Even if you are reasonably sure, your service may not be able to help. You may not feel confident that you can get other services to help.

3.2 A common assessment can help you work with the child and their family to identify what the needs are, when you are not sure. It provides a structure for recording information that you gather by having a conversation with them. It will also help you in getting other services to help, because they will recognise that your concern is based on some evidence, not just an assumption. Other services in your area will also be using the common assessment and so they will recognise and expect an assessment in this format.

3.3 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.

3.5 If you are worried about a child but not able to do a common assessment yourself, you should contact someone in your agency who is. If you are unsure whether there should be a common assessment, the CAF pre-assessment checklist may help you decide. The *Supporting Tools for CAF* contain useful case studies on this issue.

GO TO www.ecm.gov.uk/caf

When to do a common assessment

3.6 You can do a common assessment at any time you believe a child will not progress towards the five *Every Child Matters* priority outcomes without additional services. You need to identify these children early and help them before things reach crisis point. The CAF is an important tool for early intervention. It is designed for use when:

- you are concerned about how well a child is progressing. You might be concerned about their health, welfare, behaviour, progress in learning or any other aspect of their well-being. Or they or their parent may have raised a concern with you;
- the needs are unclear, or broader than your service can address;
- a common assessment would help identify the needs, and/or get other services to help meet them.

3.7 You should discuss your concerns with the child and/or their parent before deciding on a common assessment. You might also use the pre-assessment checklist or consult *Supporting Tools for CAF*, which contain examples of when a common assessment might be appropriate. If you are still concerned, you should talk to the child and/or their parent, talk to others involved with the child and check whether a common assessment exists before proceeding. If you are unsure you should discuss the case with your line manager.

GO TO www.ecm.gov.uk/caf

When not to do a common assessment

3.8 There is no need to do a common assessment for every child you work with. Children 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. If you have concerns about more than one child in the same family you should complete a common assessment for each child.

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

3.10 If you are worried that a child may have been harmed or may be at risk of harm, you should follow established LSCB procedures without delay. You should not stop to do a common assessment. If you are unsure what to do, contact your local safeguarding or child protection team.

i ***Working Together to Safeguard Children*** provides guidance on how all agencies and practitioners should work together to promote children’s welfare and safeguard them from harm.

i See also ***What to do if You’re Worried a Child is Being Abused***

GO TO www.ecm.gov.uk/safeguarding

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

The CAF and existing agency assessments

3.12 The CAF will eventually replace the assessment elements of the *Framework for Assessment, Planning and Review* (APIR) used by Connexions services. There are no plans to replace any other agency specialist frameworks.

3.13 Where they exist, you should continue to use your own agency assessments to undertake your agency’s normal functions, many of which are statutory, unless you are told otherwise. You should use the CAF for the purposes set out at paragraphs 3.6 and 3.7.

3.14 Nevertheless, if you receive a common assessment, for example as part of a referral, you should use it as described in paragraphs 3.16 to 3.18, not just start again with your own agency assessment.

3.15 If your job involves ongoing or continuous assessment (for example those carried out by midwives and health visitors with expectant and new parents; or in early learning at the foundation stage), you may find the CAF helpful when your regular assessment suggests the child may have needs that fall outside your agency focus, or where you want to look beyond the presenting issues. You may want to use the pre-assessment checklist as a prompt to help you decide.

Working with a common assessment completed by another practitioner

3.16 If you work in a targeted 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.

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

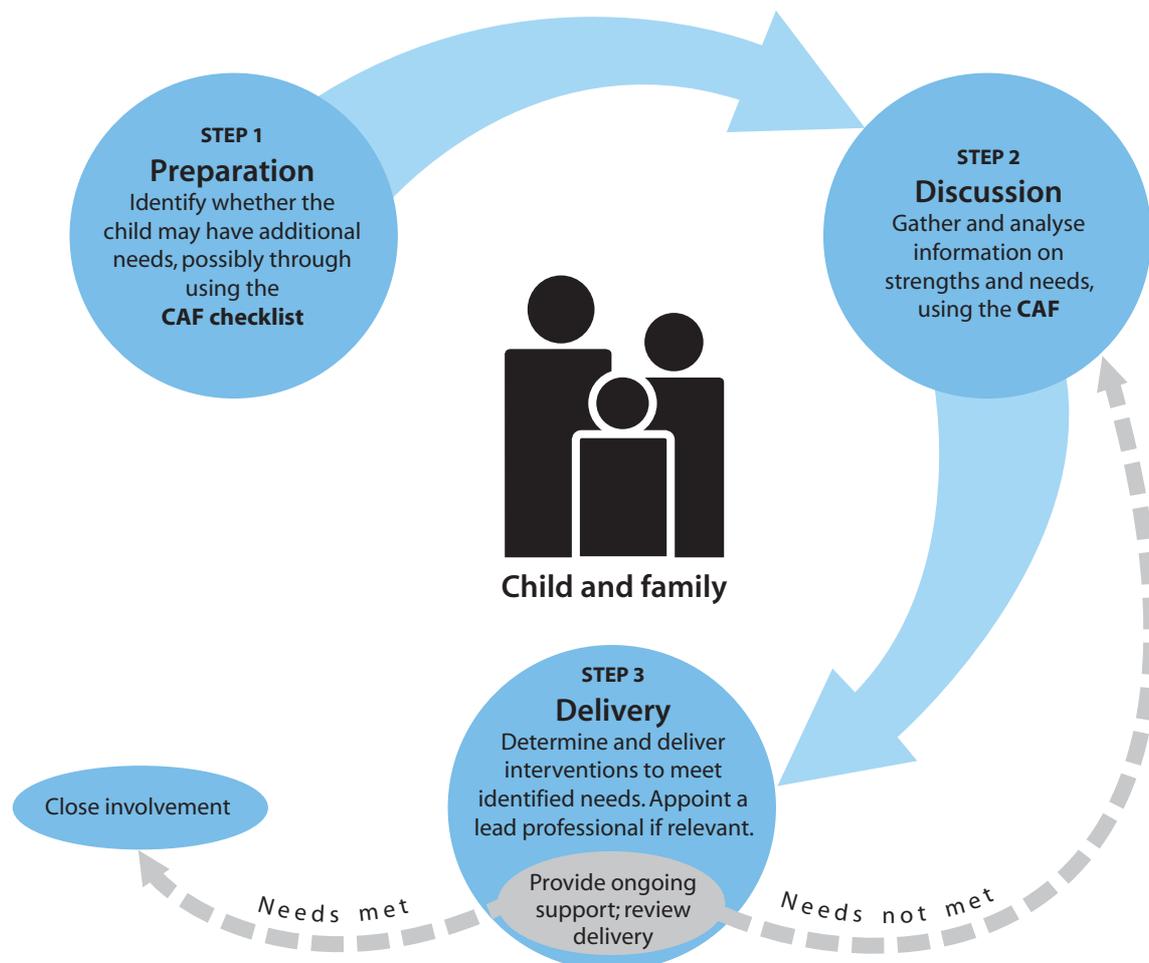
3.18 If you are responsible for undertaking specialist assessments, you should use the common assessment to inform your own specialist assessment. This should save the child/parent repeating themselves unnecessarily, help you be better informed and save you time. However, it will be important to check that the information is accurate and up to date.

4. How to do a common assessment



The CAF process

Figure 3: The three-stage common assessment process



4.1 The CAF process is illustrated in **Figure 3** and described in more detail overleaf. The process does not have to be followed rigidly; it will vary according to individual circumstances and may be iterative. Seek expert advice beforehand if you are worried that any aspect of the process may put the child or you at risk of harm.

Step 1: Preparation

4.2 Before you do a common assessment, you should **check who else is working with the child**. You should also **check whether a common assessment already exists**. You can do this by asking the child or their parent. Alternatively, there should be a local system for logging common assessments that will enable you to find out whether one exists already. In the longer term this will be assisted by the introduction of the information sharing index (this will be operational in all English local authority areas by the end of 2008 and will be a useful supporting tool). If an assessment exists and/or other practitioners are working with the child, you should join up with and use existing work rather than starting again from scratch.

4.3 If you are not sure whether an assessment is needed, you might find it helpful to use the CAF pre-assessment checklist. This short form encourages you to look at the five *Every Child Matters* outcome areas and consider whether the child 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 that a CAF assessment would be an appropriate next step.

The image shows a screenshot of the 'Pre-assessment checklist' form. At the top, it features the 'Every Child Matters' logo and the text '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, Address, Contact name, and Contact tel. no.), 'Checklist' (with a note to record evidence and comments), and three assessment questions: 'Does the baby, child or young person appear to be: Healthy', 'Safe from harm?', and 'Learning and developing?'. Each question has 'Yes', 'No', and 'Not sure' checkboxes. There are three large white text boxes for recording evidence and comments. The page number '1' is visible at the bottom left.

GO TO www.ecm.gov.uk/caf to download checklist

4.4 Whether to do the assessment is a **decision you should make jointly with the child and/or their parent**. 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 as appropriate.

4.5 You should prepare for the discussion. If the child has a disability, you should consider whether there are any special communications requirements, such as signing, or access requirements. **Note:** most children with a disability will have had an assessment under the *Code of Practice for Special Educational Needs* or section 17 of the Children Act 1989. Where the child's or their parent's first language is not English, you should consider whether an interpreter is needed.

Step 2: Discussion with the child and their family

4.6 This step involves working with the child and, as appropriate, their family, and completing the assessment with them. 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 within their family relationship and community, including their cultural and religious context, and their place within their own family. 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/parent and the situation. **Apart from a pre-natal assessment, it is not possible to do a common assessment without seeing or involving the child.**

4.7 The **common assessment form is a way of recording your discussion** with the child and their family and other knowledge and observations. If you have access to an IT system which supports CAF, you should record the common assessment on this. 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.

4.8 The key points to remember about your discussion are:

- it is collaborative – you are working with the family to find solutions – they will often know better than you;
- you should consider the child's **strengths** as well as needs and these should be recorded;
- you should make use of information you have already gathered from the child, parent or other practitioners so they don't have to repeat themselves;
- if the child and/or their parent don't want to participate, you can't force them – it is a voluntary assessment;
- if you are worried about a child's welfare or safety or your own safety, act accordingly. If you're not sure, seek immediate advice;
- at the end of the discussion you should be able understand better the child and family's strengths, needs, and what can be done to help.

GO TO www.ecm.gov.uk/caf to access complete set of forms

4.9 The common assessment discussion 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/family understands 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 what is proposed. You should always encourage children under 16 to involve their parent as appropriate. Do not assume that children with a disability or learning disabilities are not capable of understanding.

Stage 2

Page 1: Identifying details Complete the first page of basic details about the child.

Stage 3

Page 2: Assessment information It may be helpful to include the relationship to the child 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 being assessed?'. Remember to reference the source of the information you record.

The screenshot shows the 'Assessment information' section of the CAF form. It includes a text box for 'People present at assessment', a large text box for 'What has led to this unborn baby, infant, child or young person being assessed?', and two sets of fields for individuals. Each set includes 'Name', 'Contact tel. no.', 'Relationship to unborn baby, infant, child or young person', 'Address', and 'Parental responsibility?' (Yes/No). Below these is a section for 'Current family and home situation' with a large text box and a note: '(e.g. family structure and who the child lives with and doesn't live with, including siblings, other significant adults etc.)'. A small number '2' is visible at the bottom right of the form.

The screenshot shows the 'Identifying details' section of the CAF form. It includes a header with 'Every Child Matters Change For Children' and 'Common Assessment Framework for children and young people (CAF)'. Below is the title 'CAF form' and 'Notes for use'. The form contains fields for 'Name', 'AKA/previous names', 'Male' (with checkboxes for Female, Unknown), 'Date of birth or EDD²', 'Address', 'Contact tel. no.', 'Unique ref. no.', 'Version no.', 'Postcode', and 'Religion'. An 'Ethnicity' section lists various backgrounds with checkboxes, including 'White British', 'Caribbean', 'Indian', 'White & Black Caribbean', 'Chinese', 'White Irish', 'African', 'Pakistani', 'White & Black African', 'Any other ethnic group*', 'Any other White background*', 'Any other Black background*', 'Bangladeshi', 'White & Asian', 'Not given', 'Any other Asian background*', and 'Any other mixed background*'. There are also fields for 'If other, please specify', 'Immigration status', 'Child's first language', 'Parent(s) first language', 'Does the child have a disability?' (Yes/No), 'Is an interpreter or signer required?' (Yes/No), and 'Has this been arranged?' (Yes/No). A section for 'Details of any special requirements (for child and/or their parent)' is also present. Footnotes '1 Also known as' and '2 Expected date of delivery' are at the bottom. A small number '1' is visible at the bottom left of the form.

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 responsibility¹ 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's family and home situation (e.g. 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.

¹ A definition of parental responsibility can be found at http://www.e-laws.gov.on.ca/DBLaws/Statutes/English/00p04_e.htm

Stage 6

Page 3: Services working with this infant, 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. Also complete the details of other services working with the child 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:

- **development of child:** how well a child is developing, including their health and progress in learning;
- **parents and carers:** how well parents are able to support their child's development and respond appropriately to any needs;
- **family and environmental:** the impact of wider family and environmental elements on the child's development and on the capacity of their parents.

i To note: To accompany the CAF form there is a *Guide to Definitions* 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, including the *APIR Framework*. The full definitions guide is included at **Annex A** and is also available online.

Details of person(s) undertaking assessment

Name Contact tel. no.

Address Role

Organisation

Name of lead professional (where applicable)

Lead professional's contact number

GP Details Tel.

Universal

Early years or education/training provision Details Tel.

Service Details Tel.

Service Details Tel.

Service Details Tel.

Other services

Service Details Tel.

Service Details Tel.

Service Details Tel.

3

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; rising/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; antisocial behaviour; sexual behaviour; offending; violence and aggression; restless and overactive; easily distracted; attention span/concentration

4

GO TO www.ecm.gov.uk/caf to download definitions guide

GO TO www.ecm.gov.uk/glossary

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 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, 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.

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

5

Don't be put off by the language in which some of the elements are expressed. These terms are used in existing assessment frameworks. We want the common assessment to be compatible with these, so other agencies can build on your 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 has said and what the family members have said. Opinions should be recorded and marked accordingly (for example *'Michael said he thinks his dad is an alcoholic'*).

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 (e.g. from health records) unless it is directly relevant and the child/parent explicitly agrees that you should.

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

6

Stage 8

Pages 7 and 8: Conclusions, solutions and actions

With the child or parent, record your overall conclusions and the evidence behind them. Agree what you say with the child or parent and record any major differences of opinion.

Identify solutions and actions. Try to focus on what the child 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 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.

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 parent's consent to record and share the assessment information with other agencies. Make sure they understand what is proposed. Use your own professional judgement to define what should be recorded and who should see it. Give a copy of the assessment to the child or family and explain that they can show it to other services if they wish to, so they don't have to keep repeating their stories.

Working with unborn babies

4.10 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 either enter 'not known' or 'not applicable'. In the name field state 'unborn baby' and the mother's name, e.g. 'unborn baby of Ann Smith'.

Conclusions, solutions and actions

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

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

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

Action plan (in order of priority)	Who will do this?	By when?

Agreed review date

How will you know when things have improved?

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

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

Consent for information storage and information sharing

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

Me

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

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

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

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

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

Signed Name Date

Assessor's signature

Signed Name Date

Exceptional circumstances: significant harm to infant, child or young person
If at any time during the course of this assessment you feel that an infant, child or young person has been harmed or abused or is at risk of harm or abuse, you must follow your local safeguarding children board (LSCB) procedures as set out in the booklet *What To Do If You Are Worried A Child Is Being Abused* (Department of Health, 2003).

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8

4.11 All pregnant women should have a named midwife to co-ordinate their pregnancy care. When completing a common assessment for an unborn baby you should contact the associated midwife.

Working with infants and very young children

4.12 You should try to involve and work directly with infants and very young children, 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

4.13 For older teenagers, you should consider possible current and future needs for adult services, and transitional arrangements. For example, you may need to consider 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.

4.14 The possibility that a teenage boy is a father is a question that should not be overlooked when assessing teenage boys, as their needs can be as complex as those of a teenage mother.

Working with children missing education

4.15 If you discover that a child is not receiving any form of educational provision, you should notify the person within your local authority responsible for children missing education. You should also try to identify why the child is missing education to assess whether there are needs that need to be addressed.

Working with privately fostered children

4.16 If you discover that a child is, or may be, privately fostered (though it is not always easy to tell), you should notify the social care team.

Step 3: Delivery

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

- **you will have resolved your concerns:** no additional action required;
- **you will have agreed some actions for you or your service and or the child/family:** delivery will involve you undertaking these actions, setting a date for review and monitoring progress;
- **you will have identified actions for you and actions required by other agencies:** delivery will involve you sharing your assessment with the agencies involved (subject to consent of the child/family); discussing and agreeing with the child/parent and agencies, who the lead professional will be (if appropriate). Along with other agencies, you agree a multi-agency plan for delivering the actions, which can be recorded on the CAF form. You undertake your actions; you (or the lead professional) refer to or broker actions by other agencies; you (or the lead professional) monitor overall progress.

GO TO

www.ecm.gov.uk/leadprofessional for information on when a lead professional is needed

4.18 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. Follow your local arrangements for multi-agency working and referral to do this. Share your common assessment with them (more and more services will expect a request for services to be supported by a CAF form). Contact the practitioner you wish to engage and **discuss your assessment** with them. Aim to pool your knowledge and reach a shared view of what should happen next. Better communications are vital to integrated services. You should not just use CAF as a means of referral and then 'sign off'.

4.19 Since resources to pay for services are finite, common assessment cannot offer a guarantee that services will be delivered. However, it should increase considerably the likelihood that services will be delivered, because decisions will be backed up by evidence and more referrals will be directed to the right place. If you are concerned that your service or another service is not responding to the needs identified, take the matter up through your manager or through any local partnership arrangements in which you are involved.

5. Consent and confidentiality



5.1 The CAF aims to enable and support better information sharing about the needs of children as part of preventative services. Practitioners sometimes express concern about how sharing of such information can be done lawfully.

5.2 Seeking consent should always be the first option. That is why the process of doing a common assessment has a strong emphasis on consent and the CAF form has boxes to record that consent has been given. In doing a common assessment, you should explain to the child and/or their parent how the information in the assessment could, or will, be shared, and seek their consent. See ***Information Sharing: Practitioners' Guide*** for more details.

GO TO www.ecm.gov.uk/informationsharing

Seeking consent

5.3 In most circumstances (but see paragraphs 5.6 to 5.8 for exceptions), you should only record and share CAF information with the informed consent of the child or parent. This should not be a significant barrier if you are working in partnership with them. You should also provide copies of relevant documents to the child and parent as appropriate. For common assessment, it is important that you:

- obtain informed consent;
- ensure that the 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;
- work with children and parents to agree how information is recorded, used and shared;
- where possible, obtain 'explicit' consent if the information held or shared is sensitive (explicit consent can be oral or written; written consent is preferable, e.g. through a signature on the CAF recording form) and, if you have ongoing contact, review this consent regularly;

- follow agreed local policies for recording and renewing consent.

5.4 A young person aged 16 or over, or a child under 16 who has the capacity to understand and make their own decisions about what they are being asked, may give consent. Children aged 12 or over may generally be expected to have sufficient understanding. Otherwise, you should ask a person with parental responsibility to consent on their behalf.

Confidentiality

5.5 Confidential information is information which is sensitive, not in the public domain or readily available, and which has been provided in a relationship where the person giving it understood that it would not be shared with others. For example, health information provided in a relationship between a patient and a health practitioner is confidential. Confidential information should only be recorded on the CAF form if the child/parent explicitly agrees to this. If there is particular information that the child/parent 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

5.6 During the course of a CAF 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). In this case, you will need to consider whether the information is confidential (see paragraph 5.5). If the information is not confidential, and you judge the disclosure to be **necessary** for you to fulfil a legitimate purpose, you may disclose the information. Note this should not be done routinely as a substitute for consent.

5.7 It is not possible to give guidance to cover every circumstance in which sharing of confidential information without consent will be justified. Practitioners must make a judgement on the facts of the individual case. Where there is a clear risk of significant harm to a child, 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.

It is possible however to identify 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 is suffering or is at risk of suffering significant harm; or
- where there is reasonable cause to believe that a child may be suffering or is at risk of suffering significant harm; or

- 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. 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.

5.8 In cases where you decide to share information without consent, you should record the reasons for doing so.

5.9 There is more guidance on these matters in ***Information Sharing: Practitioners' Guide***. 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 or a local authority the Caldicott Guardian may be helpful. For further information about handling confidential health information, see the Department of Health's ***Confidentiality: NHS Code of Practice***.² Advice can also be sought from professional bodies such as the General Medical Council or the Nursing and Midwifery Council.

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² To download document go to www.dh.gov.uk/publications and search on title.

Annex A: 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, conditions of relevance to an infant, child or young person, including 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 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, walking, running and climbing;
 - participation in football or other games;
 - ability to draw pictures, do jigsaws etc.

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

- preferred means of communication;
- use of first language;
- ability to gain attention and make contact, access positive relationships, be with others, encourage conversation;
- the impulse to communicate, exploring, experiment, 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.

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 class or other environments where the child or young person comes into contact with their peers;
- whether undiagnosed conditions may be impacting behaviour (e.g. 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;
- offending behaviour and risk of (re)offending;
- 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, 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.

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 and 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.

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 he/she is 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 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;
- 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 employment.

Guidance, boundaries and stimulation

Enabling the child or young person to regulate their own emotions and behaviour while promoting the child or young person's 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 ENVIRONMENTAL

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;
- 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;
- 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;
- sufficiency of 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.

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 etc;
- relationship with neighbours;
- availability and accessibility of universal services, including schools, day care, primary health care, 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.

Other resources:

www.everychildmatters.gov.uk Information and publications relating to all aspects of the *Every Child Matters: Change for Children* programme.

CAF training for practitioners: Includes an introduction to assessment and a training support pack. Available online at www.ecm.gov.uk/iwtraining

Training materials: National core training materials are available at www.ecm.gov.uk/iwtraining

The CAF form: The complete form for you to download and fill in. Available online at www.ecm.gov.uk/caf

The CAF pre-assessment checklist: Available online at www.ecm.gov.uk/caf

CAF supporting tools: Range of materials including case studies and example questions. Available online at www.ecm.gov.uk/caf

CAF managers' guide: Guidance for those implementing CAF. Available locally in hard copy or online at www.ecm.gov.uk/caf

Lead professional practitioners' guide: Guidance on being a lead professional. Available online at www.ecm.gov.uk/leadprofessional

Information sharing: Guidance for practitioners and supporting documents are available online at www.ecm.gov.uk/informationsharing

Confidentiality: NHS Code of Practice This guidance is available by going to www.dh.gov.uk/publications and searching on the title of the document.

Working Together to Safeguard Children

What to do if You're Worried a Child is Being Abused

Both of these documents can be accessed at www.ecm.gov.uk/safeguarding

You can download this publication online at www.everychildmatters.gov.uk/caf or search www.teachernet.gov.uk/publications using the ref: 0337-2006BKT-EN

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