

# The Common Assessment Framework for children & young people: Supporting tools

Integrated working to improve outcomes  
for children and young people



Every Child Matters  
Change For Children

This document seeks to provide extra supporting tools to practitioners who use the Common Assessment Framework for children and young people (CAF).

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 these supporting tools, a practitioners' guide, a managers' guide, electronic versions of the forms 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 0-19.**

# Contents

1.	Examples of when to initiate a common assessment	3
2.	What makes a well completed form	6
3.	Example CAF on unborn baby	7
4.	Example Form to Request Other Services (or Make Referrals)	15
5.	Process flowchart	16
6.	Example questions	17
7.	Case studies	26
8.	What to do if you are concerned about.....	31

# 1. Examples of when to initiate a common assessment

## Situations where a common assessment might be initiated

The situations that might lead to a common assessment include where a practitioner has observed a significant change or worrying feature in a child's appearance, demeanour or behaviour; where a practitioner knows of a significant event in the child's life or where there are worries about the parents or carers or home; or where the child, parent or another practitioner has requested an assessment. A common assessment might be indicated if there are parental elements (e.g. parental substance abuse/ misuse<sup>1</sup>, domestic violence, or parental physical or mental health issues) that might impact on the child. For example, common assessment may be appropriate when significant changes have been observed in children who are, have been or are at risk of (being):

- missing developmental milestones or, e.g., making slower progress than expected at school, regularly missing medical appointments and immunisations etc;
- presenting challenging or aggressive behaviours (e.g. bringing a knife into school), abusing/misusing substances or committing offences;
- experiencing physical or mental ill health or disability (either their own or their parents');)
- exposed to substance abuse/misuse<sup>1</sup>, violence or crime within the family;
- undertaking caring responsibilities;
- bereaved or experiencing family breakdown;
- bullied or are bullies themselves;
- disadvantaged for reasons such as race, gender, sexuality, religious belief or disability;
- homeless (or being threatened with eviction), and those living in temporary accommodation;
- becoming a teenage mother/father or the child of teenage parents;
- not being ready to make the transition to post-16 services;
- truanting persistently.

Some more examples of situations where a common assessment might be appropriate include:

- where a routine post-natal visit causes the practitioner to be concerned about the living circumstances of a newborn;
- where a practitioner believes a child may have additional needs and wants to understand better what they are and what the appropriate response is, for example, where a school or early years setting perceives a child is being affected by elements

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<sup>1</sup> Substance abuse/misuse includes alcohol and volatile substances as well as illegal drugs.

such as domestic situations or health which are not necessarily related to SEN;

- where a practitioner is considering a referral to another service (e.g. to local authority children's social services, Child and Adolescent Mental Health services or a youth service); (note that if the child is at risk of harm or it is self-evident that specialist assessment is necessary, an immediate referral should be made);
- to provide more holistic information to augment decision-making at School Action or School Action Plus in cases where needs are not such as to require a statutory SEN assessment;
- as the basis for integrated case-working within multi-agency teams or targeted support in universal services, e.g. within extended schools or children's centres and other early years settings;
- to support lead professionals by enabling them to build up and maintain an overview of needs and strengths; or where it is likely that several agencies are or need to be involved in supporting the child;
- where a child is displaying aggressive behaviour, e.g. carrying a knife, or in relation to bullying, truancy, withdrawal or other behavioural and emotional issues;
- where a child is exhibiting problematic or anti-social behaviour and where the underlying cause may be hidden (e.g. substance abuse/misuse);
- where a child appears to have additional needs, but is unlikely to be eligible for support under existing threshold criteria for specialist services e.g. local authority children's social services or a statement of SEN.

The lists above is not meant to be exhaustive. Also, the presence of one or more of these elements does not in itself mean that the child has additional needs – each case should be considered on its own merits, by skilled practitioners operating in line with local policy and practice. The CAF pre-assessment checklist may also help.

All children who are or are considered to be at risk of significant harm<sup>2</sup> should be referred directly to social services or the police in accordance with the local ACPC/LSCB procedures. There is no change to this procedure.

A common assessment should not be completed if the child and/or their parent/carer does not want one. In these circumstances and assuming there are no concerns for the child's safety, case working systems should simply record the fact that a common assessment has been refused.

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<sup>2</sup>The Children Act 1989 introduced the concept of significant harm as the threshold that justifies compulsory intervention in family life in the best interests of children.

Under s.31(9) of the same Act: 'harm' means ill-treatment or the impairment of health or development; 'development' means physical, intellectual, emotional, social or behavioural development; 'health' means physical or mental health; and 'ill-treatment' includes sexual abuse and forms of ill-treatment which are not physical. Under s.31(10) of the Act: Where the question of whether harm suffered by a child is significant turns on the child's health or development, his health or development shall be compared with that which could reasonably be expected of a similar child.

## 2. What Makes a Well Completed Form?

### **Quantity of information**

Sets the scene well - comments made on all 3 domains,  
Something in every box but OK to only complete information known  
Enough detail but not too much  
Not too many gaps left  
Compromise between enough and fit for purpose

Well-ordered  
Issues weighted appropriately  
Information sources are clear and comments attributed and clearly explained, for example, the comment "Mum says" (this also indicates involvement)  
Jargon/sector-specific acronyms avoided  
Well-presented: bullet points  
Frequency/duration qualified, rather than terms such as 'often' or 'sometimes'

### **Approach**

Whole family engaged; this helps trust	Positives included; strengths before needs
Purpose made clear	Detail included if necessary and relevant (explain why something is relevant <u>now</u> )
Evidence – informed by fact and opinion	Child's views given enough prominence
Non-judgemental	Comments indicate that it has been discussed with child
A one-off: a snapshot in time	'Not known' distinguished from 'not relevant'
Owned by the author (= "data controller")	Analysis shown
Observations linked to analysis	Conclusions are strong and clear; well pitched and achievable
Child involved throughout (not just at end)	
Comments made specific e.g. who said what	
Focus is on impact on the child, not others	

### **Action Planning**

Clear plan of action with dates and who is responsible for what  
Action plan tailored to next stage of the process  
Actions prioritised  
Timings included, where actions are to be taken within a reasonable time

An example of a CAF form completed for an unborn baby is outlined on the following pages.

### 3. Example CAF on an unborn baby

Every Child Matters

Change For Children

Common Assessment Framework  
for children and young people (CAF)

## CAF form

Notes for use: If you are completing form electronically, text boxes will expand to fit your text

Where check boxes appear, insert an 'X' in those that apply.

### Identifying details

Record details of unborn baby, infant, child or young person being assessed. If unborn, state name as 'unborn baby' and mother's name, e.g. unborn baby of Ann Smith.

Name	<input type="text" value="Unborn baby (mother: Dawn Crouch)"/>	AKA <sup>1</sup> /previous names	<input type="text"/>
Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
	<input type="checkbox"/>	Unknown	<input checked="" type="checkbox"/>
Address	<input type="text" value="1 Paradise Gardens&lt;br/&gt;Sheffield"/>	Date of birth or EDD <sup>2</sup>	<input type="text" value="2/7/2006"/>
Postcode	<input type="text" value="S1 1LL"/>	Contact tel. no.	<input type="text" value="07130 278912"/>
		Unique ref. no.	<input type="text" value="n/k"/>
		Version no.	<input type="text" value="1 (April 06)"/>
		Religion	<input type="text" value="n/k"/>

### Ethnicity

White British	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>	Indian	<input type="checkbox"/>	White & Black Caribbean	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
White Irish	<input type="checkbox"/>	African	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	White & Black African	<input type="checkbox"/>	Any other ethnic group*	<input type="checkbox"/>
Any other White background*	<input type="checkbox"/>	Any other Black background*	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>	White & Asian	<input type="checkbox"/>	Not given	<input type="checkbox"/>
Any other Asian background*	<input type="checkbox"/>	Any other mixed background*	<input type="checkbox"/>						

*If other, please specify	<input type="text" value="Mother: White British;&lt;br/&gt;Father: n/k"/>	Immigration status	<input type="text"/>
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Child's first language	<input type="text" value="n/k"/>	Parent's first language	<input type="text" value="English"/>
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Does the child have a disability? Yes  No

If 'yes' give details

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

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

<sup>1</sup> Also known as

<sup>2</sup> Expected date of delivery

## Assessment information

People present  
at assessment

Dawn Crouch (mother)

What has led to this unborn baby, infant, child or young person being assessed?

Dawn is 7 months pregnant; she will be a single parent. She feels she has little support. She has hidden her pregnancy. She is a drug user and has friends who are drug users.

## Details of parents/carers

Name Dawn Crouch

Contact tel. no. as above

Relationship to unborn baby, infant, child or young person

mother

Address as above

Parental responsibility?

Yes

No

Name Father n/k

Contact tel. no.

Relationship to unborn baby, infant, child or young person

Address

Parental responsibility?

Yes

No

## Current family and home situation

(e.g. family structure and who the child lives with and doesn't live with, including siblings, other significant adults etc.)

Dawn lives alone. The only other significant adult is Dawn's mother: Maureen Crouch, who lives at: 1 Wath Road, Parson's Cross, Sheffield, S5 1LJ; telephone: 0114 287 1234.

## Details of person(s) undertaking assessment

Name	<input type="text" value="Fred Bloggs"/>	Contact tel. no.	<input type="text" value="0114 266 6666"/>
Address	<input type="text" value="Children's Hospital&lt;br/&gt;Sheffield"/>	Role	<input type="text" value="Community Midwife"/>
		Organisation	<input type="text" value="Sheffield PCT"/>

Name of lead professional (where applicable)

Lead professional's contact number

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

<b>Universal</b>	GP	<input checked="" type="checkbox"/>	Details	<input type="text" value="Dr J Smith&lt;br/&gt;Paradise Health Centre&lt;br/&gt;Sheffield 1"/>	Tel.	<input type="text" value="0114 264 8910"/>
	Early years or education/training provision	<input type="checkbox"/>	Details	<input type="text"/>	Tel.	<input type="text"/>
<b>Other services</b>	Service	<input type="text" value="Youth Offending Team"/>	Details	<input type="text" value="F Johnson"/>	Tel.	<input type="text" value="0114 288 5555"/>
	Service	<input type="text" value="Midwife"/>	Details	<input type="text" value="F Bloggs - as above"/>	Tel.	<input type="text"/>
	Service	<input type="text"/>	Details	<input type="text"/>	Tel.	<input type="text"/>
	Service	<input type="text"/>	Details	<input type="text"/>	Tel.	<input type="text"/>
	Service	<input type="text"/>	Details	<input type="text"/>	Tel.	<input type="text"/>
	Service	<input type="text"/>	Details	<input type="text"/>	Tel.	<input type="text"/>

## CAF assessment summary: strengths and needs

Consider each of the elements to the extent they are appropriate in the circumstances. You do not need to comment on every element. Wherever possible, base comments on evidence, not just opinion, and indicate what your evidence is. However, if there are any major differences of view, these should be recorded too.

### 1. Development of unborn baby, infant, child or young person

#### Health

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## 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

n/a

### **Family and social relationships**

Building stable relationships with family, peers and wider community; helping others; friendships; levels of association for negative relationships

n/a

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

Becoming independent; boundaries, rules, asking for help, decision-making; changes to body; washing, dressing, feeding; positive separation from family

n/a

## **Learning**

### **Understanding, reasoning and problem solving**

Organising, making connections; being creative, exploring, experimenting; imaginative play and interaction

n/a

### **Participation in learning, education and employment**

Access and engagement; attendance, participation; adult support; access to appropriate resources

n/a

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

Progress in basic and key skills; available opportunities; support with disruption to education; level of adult interest

n/a

### **Aspirations**

Ambition; pupil's confidence and view of progress; motivation, perseverance

n/a

## 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

Dawn uses alcohol (alcopops) at weekends, often drinking until she passes out. She also uses cannabis recreationally and smokes 20 cigarettes a day.

### Emotional warmth and stability

Stable, affectionate, stimulating family environment; praise and encouragement; secure attachments; frequency of house, school, employment moves

Initially, the pregnancy was unwanted. Dawn is anxious about how to become a good parent; she doesn't know what she needs to do.

### Guidance, boundaries and stimulation

Encouraging self-control; modelling positive behaviour; effective and appropriate discipline; avoiding over-protection; support for positive activities

Dawn needs to consider her diet and drug intake to look after the baby's health.

## 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

Dawn's father died when she was 9 and she was brought up by her mother. She didn't get on with her step-father due to her drug misuse, and now realises that she was a difficult teenager. She loves her mother but has had no contact for 18 months, and now doesn't know how to make contact.  
According to Dawn's YOT worker, she was convicted of shoplifting 5 years ago but has not re-offended.

### Wider family

Formal and informal support networks from extended family and others; wider caring and employment roles and responsibilities

Dawn has 2 sets of aunts and uncles but has had no recent contact with them. She doesn't know who the father of the baby is.

### Housing, employment and financial considerations

Water/heating/sanitation facilities, sleeping arrangements; reason for homelessness; work and shifts; employment; income/benefits; effects of hardship

Dawn lives in private rented accommodation, which is in poor condition - it is damp and poorly heated. There is multi-occupancy in the building, with little lighting. Dawn is unemployed, in receipt of state benefits. She has no debts.

### 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

Dawn lives in a deprived area with few resources. She finished school with 5 GCSEs.

## 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)

Strengths: mother (Dawn) acknowledges the pregnancy and wants to be a good mother. She is frightened the baby will be taken away. She understands the issues regarding her drug abuse. The baby would benefit if Dawn rebuilds her relationship with her mother and step-father and engages in parenting classes; Dawn would like to do these things.  
 Areas of additional need: Dawn is underweight and this may be impacting on the growth of the baby. Dawn finds it hard to distance herself from friends who are drug users and give little support to her. Dawn is aware that the baby will suffer from a poor housing situation.

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

Ante-natal care, including dietary advice; parenting support and guidance;  
 Re-establish Dawn's relationship with her mother; address housing problems re damp, heating and lighting;  
 Reduce/remove intake of drugs, alcohol and cigarettes.

### Action plan (in order of priority)

Enrol onto ante-natal classes

### Who will do this?

I will arrange

### By when?

by end of the we

Arrange specialist help with drug and alcohol problems

To be arranged throu

meeting to be ar ged

Introduction to Sure Start

I will arrange

by end of April

Investigate what can be done about Dawn's housing situation; and to help Dawn re-establish links with her mother

Discuss at multi-ager

meeting to be ar ged

### Agreed review date

19 May 2006

### How will you know when things have improved?

The baby will have developed well as the EDD approaches  
 Dawn will have reduced (if not stopped) her intake of drugs and alcohol  
 Dawn will be confident of entering parenthood and feel supported - by her mother and others  
 Dawn's housing situation will have improved

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

n/a

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

Dawn agrees with the assessment. She is nervous and wary about Social Services being involved.

**Consent for information storage and information sharing**

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

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

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

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

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

All agencies relevant to the issues above except for Social Services and the Police

Signed  Name  Date

**Assessor's signature**

Signed  Name  Date

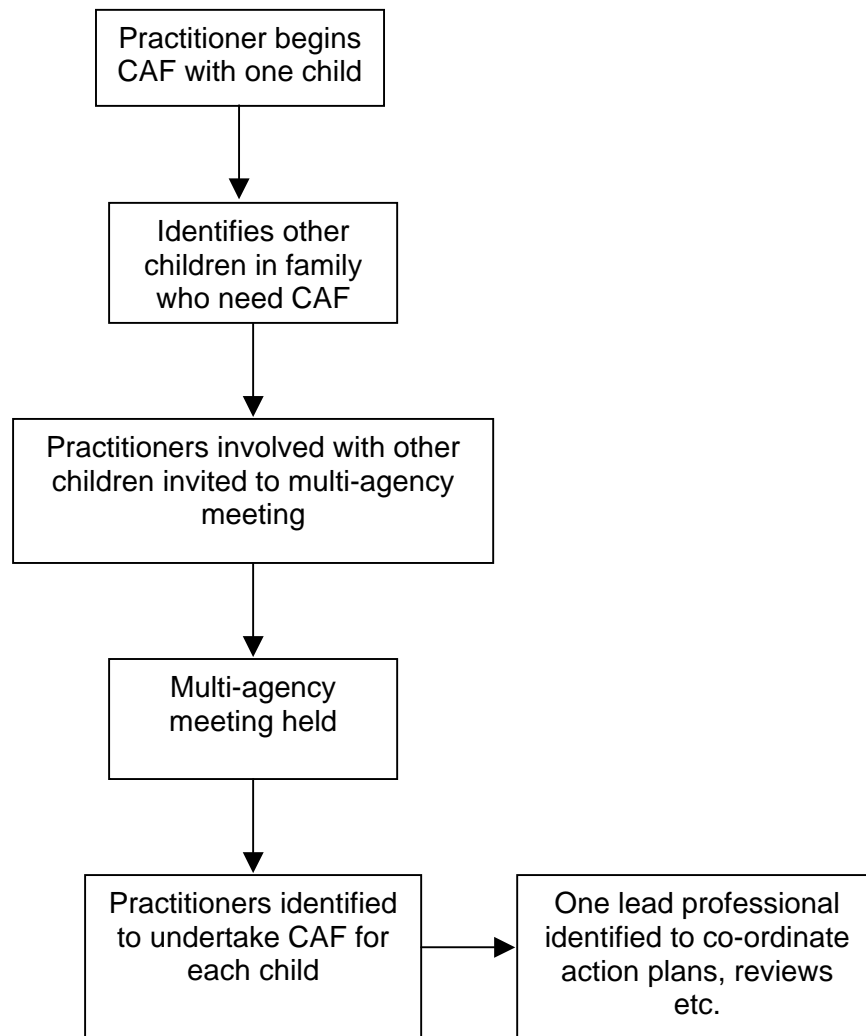
**Exceptional circumstances: significant harm to infant, child or young person**

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).



## 5. Process flowchart

Suggested flowchart for situations where more than one child in a family requires a CAF



## 6. Example Questions

### Introduction

The purpose of this document is to provide practitioners completing a common assessment with example questions. The example questions featured here have been developed as a result of consultations with a wide range of practitioners, and reflect what they have found to work well with children, young people and families, enabling the necessary information and evidence to be collected.

The example questions presented here are **NOT** intended to be seen as a 'script' for assessment (and not all questions will need to be asked), but will aid thinking in respect of the type and style of questions that a CAF practitioner might use in each domain. The questions may be of particular use to new or less experienced colleagues approaching assessment for the first time.

It is not intended, appropriate or desirable that assessment should be a mechanical process through the use of stock questions and a rigid, overly formal style of presentation. Practitioners will need to use their experience and professional judgement, guided by these examples and local CAF training, to determine how best to select questions in order to explore and evidence areas of strength and need with children, young people and their families. The CAF is not intended to impinge on professional practice in this respect, but to offer a context for greater consistency and clarity between professionals and agencies working with children, young people and families.

The example questions presented here can be used by practitioners as a starting point for discussion in local CAF awareness raising and training, with the aim of ensuring that local guidance reflects local circumstances and the approach of local practitioners. The style of questioning and methods of communication will need to be adapted to suit children and young people of different ages, those unable to answer questions directly, and in respect of children unborn at the point of assessment. Many of these questions can also be applied to parents/carers and, where this is appropriate, should be phrased accordingly.

A number of toolkits, resources and training materials are available to help children and young people contribute to assessments, reviews and planning meetings, e.g. the *I'll go first* toolkit produced by the Children's Society

<http://www.widgit.com/symbols/publications/publications/gofirst.htm>.

### The context of CAF assessment

In order for assessment to be a useful and positive experience for everyone involved, it is important that careful thought is given to the context as well as content of the assessment discussion. Where assessment takes place in families' own homes, for example, assessors may be able to better contextualise what is said, and families may feel more secure and in control of events than might be the case in a more sterile office setting. Clearly, care must be taken to ensure the privacy of assessments, as these will almost inevitably raise personal, sensitive and confidential matters. Where it is necessary to ask adults to represent the views of children, for example if the child is unborn or is too young or unable to speak for themselves, it is vital to establish that the adult you talk to is the person who can best do this, and not just the person who happens to be available on the day.

It is also likely that assessors will need to be flexible with the ordering and level of the questions they ask, and how they address each of the assessment domains, using their experience and professional judgement to respond creatively to what they find.

Importantly, whilst the focus of the CAF rests on the child or young person in the context of their family and community, practitioners will need to remain sensitive to the impact that other, possibly undisclosed, issues such as domestic violence, may have in relation to how easy it will be for children, young people or their parents/carers to respond to CAF questions. It is important to acknowledge that in some families there may be issues (such as the undisclosed ill health of a parent or financial difficulties) where parents may not wish to comment in front of their children or

vice versa. In many cases children or young people and parents/carers will both be present at a CAF meeting, but it should be made clear that both have the right if they choose to see the assessor separately. If “private time” is requested, this should be presented positively. Finally, in addition to using professional judgement and experience to determine what questions to ask, and in what order, practitioners will need to reflect on how best to include their observations and professional opinions as part of the assessment. This may pose challenges, for example, if what a practitioner observes, or already knows, contradicts what they are told. Observations and professional opinion are likely to be a vital part of assessment, but must be recorded in a way that clearly differentiates between opinion and what has been seen, said, or is otherwise implied by the child, young person or family. Although the focus is on the child, practitioners should take care to note factors affecting the parents or carers, or wider family, which may have an effect on the child or young person.

### Example Questions for Practitioners

The number of example questions in respect of each of the CAF assessment domains reflects what professionals have told us. Consequently, where a greater number of example questions are listed for one domain, this should **NOT** be taken to imply that domain is worthy of greater questioning, or somehow more important than the others.

You will notice that, wherever possible, the example questions are phrased as if asked directly of a child or young person, as in all circumstances practitioners have advised us not to underestimate the contribution that children and young people can usually make for themselves, even where others suggest that the child is unable to do so.

Additionally, at the bottom of each section there are some questions in italics. These are intended specifically for parents of unborn children and parents or carers of babies, toddlers and young children.

## 1. DEVELOPMENT OF THE INFANT, CHILD OR YOUNG PERSONAL

### 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).

How far the infant, child or young person appears healthy and well, is growing and developing normally and is accessing health services (such as GP, dentist or optician) appropriate to their age.

- Who is your family doctor? When did you last see them?
- Who is your family dentist? When did you last see them?
- Have you had all the immunisations and health checks you should have had?
- What food do you like to eat? What have you eaten today?
- Are you feeling well today? Do you usually feel well?
- Are you taking any medication at the moment? Do you regularly take medication?
- Would you describe yourself as having a disability or special need?
- Do you feel you are the right weight for your height?
- Are you presently receiving or waiting for specialist medical services like a hospital consultation or operation?
- Do you see any other doctors, therapists or nurses on a regular basis?
- Do you feel you are getting all the health services you need? If not, what do you think you are missing and why do you think you are not getting them?
- What things do you do to keep healthy?
- *Are you seeing your midwife/health visitor regularly?*
- *Does anything concern you about the general health of your baby?*

**Physical development:** The infant, child or young person's means of mobility, level of physical or sexual maturity/delayed development.

How far the infant, child or young person's physical skills seem to be developing normally for their age, for example whether they are crawling, walking and running as expected and whether their vision and hearing seems normal.

- Do you do any physical activities like walking, swimming, running or playing [wheelchair] sport?
- What activities do you like doing best?
- Do you need to wear glasses/hearing aids etc.. If so do you have them?
- Do you think you are a similar weight and height to others of your age?
- *Does your baby, toddler, child have access to a play group or play facilities, for example a mother and toddler group or play area?*
- *What types of physical skills has your baby acquired?*
- *If your child has any form of developmental delay have any referrals been made so far?*

**Speech, language and communications development:** The ability to communicate effectively, confidently and appropriately with others.

How far for their age the infant, child or young person seems able and willing to speak, communicate, read and write, and express their feelings.

- What is your address?
- How is your writing and reading?

- How are you at filling in forms?
- Do you sometimes worry that your spoken English lets you down?
- Do you sometimes find it hard to talk to people?
- Do you have enough support with speech, language and communication? If not, what would help you?
- *How does the child communicate? Do they cry when unhappy? Are they making noises or words yet?*
- *How do you communicate with your child?*
- *If your child has a visual or hearing impairment or possible developmental delay difficulties have any referrals been made so far?*

### *Emotional and social development*

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

How well the infant, child or young person copes with everyday life, e.g. their disposition, attitudes and temperament, any phobias or psychological difficulties.

- What makes you happy or sad? Tell me who you go to for help if you feel unhappy.
- When you are frustrated, angry or upset, how would people around you know that something was wrong?
- Do you ever do things because they are exciting without thinking about what might happen or that it might get you into trouble?
- Do you find it easy to talk to people about how you feel? How do you feel?
- Have you ever been bullied?
- Tell me who you spend most of your time with
- What sort of things do you do with other people?
- What do you like doing best?
- How much time do you spend on your own?
- Tell me who you feel close to.
- *What types of sounds and facial expressions does your baby make in response to your attention?*
- *In what ways does your baby express their feelings?*

### *Behavioural development*

The behaviour of the child or young person.

How well behaved the infant, child or young person is and, for example, any anti-social or aggressive behaviour.

- How would you describe your behaviour today/usually?
- How do you think other people would describe your behaviour today/usually?
- If you sometimes get into trouble because of your behaviour, tell me what happened last time.
- Can you tell me about a time when you helped somebody?
- *How do you know what your baby likes and dislikes?*
- *Are you worried about any aspect of your baby or child's behaviour?*

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

The growing sense of self as a separate and valued person.

How far the infant, child or young person seems to be developing the right measure of confidence and self-assurance, and how far they have a sense of belonging.

- Who is the most important person in your life?
- If you had to name one special thing about yourself, what would that be?
- Is there anything about yourself that you don't like?
- What do you think other people most like about you?
- Do you feel you are different from other people?
- Do you feel you "fit in" with family and friends?
- *Can the child point to family on a picture or respond to their own name?*
- *Does the child respond differently to different family members or siblings?*
- *How does your baby demonstrate individual preferences?*

### *Family and social relationships*

The ability to empathise and build stable and affectionate relationships with others, including family, peers and the wider community.

How far the infant, child or young person is building stable and affectionate relationships with others, including family, peers and the wider community.

- Whom do you call family? How often you see them?
- What do you enjoy doing with your family?
- How important are your friends to you?
- Do you have a 'best friend'? If so, who is that and why are they so special for you?
- Do you have to help to look after anyone?
- *Does the child respond to their name?*
- *Can the child identify their mother's and/or father's voice?*

### *Self-care skills and independence*

The acquisition of practical and emotional competences to increase independence.

How independent the infant, child or young person is for their age – how far they can do routine tasks for themselves and make their own decisions.

- How independent are you? What can you do for yourself?
- Do you need any help with day to day living? How do you feel about the help you receive?
- Who will help you learn to be more independent as you grow up?
- Do you get to do what you like to do?
- How do you cope with big changes in your life?
- *How does your baby express their feelings or preferences?*

### *Learning*

**Understanding, reasoning and problem solving:** The ability to understand and organise information, reason and solve problems.

How well for their age the infant, child or young person is able to understand and organise information, reason and solve problems.

- Tell me what you did yesterday?
- Are your friends mostly the same age as you, or are they mostly younger or older than you?
- Imagine someone treated you unfairly; what would you do?

- Do you like reading? If so what do you like to read?
- How are you at sorting out day to day problems?
- *What types of resources/toys are provided for your baby?*
- *How does your baby respond to the environment around them?*

**Participation in learning, education and employment:** The degree to which a 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 reason for this.

How far the infant, child or young person is engaged in and attending learning appropriate to their age, whether through play, early years settings, school or college/employment.

- What school or college do you go to? How regularly do you attend?
- Do you enjoy school/college/training?
- What might stop you going to school/college?
- If you don't go to school/college at all, why is that, and how long have you been out of school/college?
- What are you studying?
- What do you think you are good at doing?
- If you need help and advice about education and learning who can you go to?
- If you are working, what is your job? Do you enjoy your job?
- What do you want to do long term?
- *Does the child attend a nursery or play group?*
- *How does your baby interact with others of a similar age?*

**Progress and achievement in learning:** The child or young person's educational achievements and progress, including in relation to their peers.

The infant, child or young person's educational achievements and progress, including ability to read and write, compared with what would normally be expected from someone of their age.

- How well do you think you are doing at school/college/with your learning?
- What is your favourite subject and why?
- Is English your first language?
- Do you have any qualifications in maths or English?
- If you lack qualifications or confidence with reading, writing or maths, do you think that this is holding you back?
- If you think you need additional help, how would you like to get this?
- *What learning opportunities does the child have?*
- *Do they have a favourite game or book?*
- *Does anyone read books to the baby/child?*

**Aspirations:** The ambition 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.

- What do you hope that learning will help you do?
- What help do you need with learning to make sure you do your best?
- Do you give up easily if you find something hard?
- What are your goals for the future?
- *What do you want for your baby/child?*

## 2. PARENTS AND CARERS

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

The extent to which an infant, child or young person's physical needs are met and they are protected from harm or danger, including self-harm.

How far the infant, child or young person is safe from harm or sexual exploitation, is well-fed and cared for, and living in a safe, warm and clean home.

- Is the place where you live warm enough for you not to need to wear outdoor clothes (like coats and hats) when you are inside?
- Can you make warm food and drinks where you live?
- Can you keep yourself clean where you live?
- Do you have a least one other set of clothes, which are the right size for you, and suitable for this time of year?
- Is there anything about the place you live that makes you feel unsafe?
- If you share the place you live with others, can you be in private when you need to be?
- In an emergency how would you call the services you need?
- *Do you feel able to look after your baby, toddler, child and make sure they're safe?*
- *Do you feel your home is in good repair and a safe place to bring up children? If not, what would make your home a better place to live?*

### *Emotional warmth and stability*

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

How far the infant, child or young person is loved, in a stable environment, and in contact with those who are important to him/her.

- Who lives with you at home? How long have they lived there?
- Who cares for you and takes responsibility for you?
- If you were upset or frightened who would look after you, and make sure you were all right?
- If you do something well, who would be proud, and praise you?
- How long have you lived where you do now, and how many times have you moved home in the last year or so?
- *How often do you give your baby, toddler a cuddle?*
- *How are you coping/managing at the moment?*
- *How are you coping with looking after your baby/toddler?*

### *Guidance, boundaries and stimulation*

Enabling the infant, child or young person to regulate their own emotions and behaviour while promoting the infant, child or young person's learning and intellectual development through encouragement and stimulation and promoting social opportunities.

How far the infant, child or young person is subject to, and provided with, appropriate guidance and discipline at home and elsewhere, and helped to learn.

- In general are your parents/carers interested in you and involved in what you do?
- Do your parents/carers usually encourage you with your learning; for example, giving you the space and time you need to complete school or college work?
- Do you have a quiet place where you can do your college or school work?

- Do you think your parents/carers sometimes overprotect you, and treat you as younger and as less able than you are?
- If you do something wrong, what happens, and how do the people around you respond?
- How do you react when people ask you to do the things that you don't want to do?
- *Does the child respond to NO?*
- *What rules or boundaries do you think are important for young children?*
- *Who plays with the child?*
- *Do you enjoy playing with the child? If so, what do you play?*
- *What do you do to communicate with your unborn baby?*
- *Does your unborn baby respond to different music or noises or voices?*

### 3 FAMILY AND ENVIRONMENTAL FACTORS

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

The impact of family situations and experiences

Who lives in the household and how they relate to the infant, child or young person, including any changes since the child's birth; family routines; and anything about the family history, such as family breakdown, illnesses (physical or mental) or problems with alcohol or other substances that are having an impact on the child's development.

- When you want to know something about your family, whom might you ask?
- Is there some predictable routine to your family life at home, for example, in relation to meal times, bed times and who will be at home when?
- Tell me what you did for your last birthday?
- Think about a really good time you enjoyed with your family. What was it, and what made it so special for you?
- Is there someone in your family that you know and trust that you could turn to for help if you needed to?
- Is there someone in your family that your parents/carers know and trust that they could turn to for help if they needed to?
- *How does your baby indicate what he/she needs?*
- *How does your baby respond to different family members?*

#### *Wider family*

The family's relationships with relatives and non-relatives.

Whether there is an appropriate level of help for the infant, child, young person or parents/carers from relatives and others.

- Other than your family, who is important to you in your life?
- Are there people in your neighbourhood or community that you know and trust that you could turn to for help if you needed to?
- Are there people in your neighbourhood or community that your carers know and trust that they could turn to for help if they needed to?
- Can someone who is not really a member of your family, feel like family and be just as important, and do you have anyone like that in your family?

### *Housing, employment and financial considerations*

What are the living arrangements? Does the accommodation have appropriate amenities and facilities? Who is working in the household, the pattern of their work and any changes. Income over a sustained period of time.

Whether the accommodation has everything needed for living safely and healthily, and the effect on the infant, child or young person of the work and financial situation of the family or household.

- What is it like to live in the area you do?
- At home, who is working and what do they do?
- Does anyone in your family work away from home or at night, such that you don't see them very often?
- Does their work mean that your family are always too tired to give you the attention you need?
- Is there enough money, from work and any benefits, to meet your family's needs?

### *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 them, including local services and facilities available.

Impact on the infant, child or young person of the local area, including crime levels, availability and quality of shops, schools/colleges etc. This includes how well the child or young person fits in with neighbours, friends and others.

- Tell me what local facilities you use (for example schools, day nurseries, sports, play and leisure centres, nurseries, libraries etc).
- Are there any local facilities that you would like to use but can't for some reason?
- If so, why can't you use these facilities (for example cost, transport, inaccessible to disabled people) ?
- When you are out and about locally with friends or family, what sort of things do you do?
- What is the best thing about living where you do?
- What is the worst thing about living where you do?
- Are you aware if drugs are bought and sold in your area?
- Do you think there is a lot of crime in your area?
- *What local facilities like pre-natal clinics, child care services such as day nurseries or play schemes, support groups or Sure Start programmes are available? Do you use them?*

## 7. Case studies

### Assessing the needs of the unborn child

#### Background

Telford & Wrekin and Shropshire is testing ways of working to improve information sharing amongst practitioners working with children. They have developed a working model focussed on early intervention, using common assessment to bring together a 'team around a child' to provide early support. Selbie, a senior midwife, provides a case study that illustrates how the programme has improved the delivery of children's services.

#### Early intervention

Susan was referred to Selbie when she was 12 weeks pregnant. Selbie was concerned that Susan's learning difficulties may contribute to a need for extra support in fulfilling a parenting role. After the consultation, Selbie contacted her local information sharing and assessment coordinator to discuss her concern, and it was agreed that it would be helpful to complete a common assessment to define Susan's needs and work out a solution. They also agreed that early intervention was necessary to ensure Susan was ready to cope with the demands of parenthood, and that the well-being of the child, even the unborn child, must drive decisions.

#### Common assessment process

Selbie met with Susan and her mother, explained the assessment process and sought consent to share the assessment information with other practitioners. The completion of the common assessment meant that all Susan's needs were identified at an early stage, she did not have to repeat information to different agencies and she had ongoing support. The assessment process highlighted Susan's complex needs and as a result a team of practitioners, including a community midwife, social worker, health visitor, GP, Sure Start and community parenting worker, was formed to develop a plan to address Susan's needs.

#### Lead professional

It was agreed that the health visitor should assume the role of lead professional as her involvement with the family would be ongoing. Support was provided for Susan to attend appropriate antenatal care and to provide one-to-one support to help her develop her parenting skills. The health visitor provided a link with Susan and the other professionals, both during her pregnancy and in the early stages of parenthood.

#### Outcome

The support network offered helped Susan understand the need to look after her unborn child and facilitated the development of her parenting skills. She has the continued support of her health worker, with whom she has built trust and can call on if she needs further help with her child.

## Improving a young life by working together

### Background

The Leicester team works closely with the Junior Youth Inclusion Project (JYIP). Their key focus was setting up an information system and practices to support the delivery of co-ordinated multi-agency services. The JYIP idea of intervening early to prevent young people from having escalating difficulties that result in them offending, fitted in well with their strategy.

### Leicester City Youth Group

Jamie was referred to the youth group by the police. He had been involved in fire setting and other anti-social behaviour in his neighbourhood. He was 13 years old and lived with his Mum who was a single parent. Kate who ran the group was concerned that Jamie's attendance was infrequent, and was concerned that Jamie was at risk of ending up in more serious trouble. She had a discussion with Jamie and got his agreement for her to contact his school and speak to his mum.

### Common assessment process

Kate met with Jamie to complete a common assessment framework to document the range of his needs and to identify his areas of strengths. Jamie agreed that Kate could share the results of the assessment with his new school and that she should send a copy to his mum.

### Multi agency approach

A multi-agency panel was convened to establish the past and current involvement of services working with Jamie and agree how to address the range of needs identified. The information sharing process linked-up information held by different agencies into a more complete picture of Jamie's needs.

### Addressing Jamie's needs

The multi-agency panel put together a comprehensive action plan in consultation with both Jamie and his mum. The multi-agency approach ensured that there was a holistic and co-ordinated approach to addressing his needs, including assigning a mentor in his new school and youth group work to address his anger management.

### Lead professional

Jamie and his mum wanted Kate to be their lead professional since they had got to know her well. Kate was happy to perform the role, supported by the multi-agency panel.

### Outcome

Jamie's confidence has improved, he is making friends at his new school and attending regularly, and the physical activity has helped his body image. His mum's parenting course has helped her deal better with Jamie's behaviour and she is helping him come to terms with his dad's lack of support.

## Addressing the needs of the whole family

### Background

Camden has a key focus on development of integrated front-line delivery practices and processes. This case study demonstrates the importance of taking a family centred approach to addressing the needs of the child.

### Family centred approach to addressing the need of the child

The family composition is mother (pregnant with third child), father and two children (son 17, daughter 6). Originally from central Europe, the oldest child was 3 when his father was murdered. The boy then moved to London with his mother who remarried.

### Common assessment process

The 6-year-old child had a Statement of Special Educational Needs (Language and Communication Needs, with autistic features). The Educational Psychologist (EP) in consultation with the Special Educational Needs Coordinator (SENCO) recognised that there were additional difficulties facing the child and decided to complete a common assessment to provide a holistic appraisal of needs of the whole family.

### Multi-agency approach

Using the common assessment, a team case discussion explored the range of needs and considered the past and current involvement of services working separately. This facilitated the planning of a coordinated multi-agency intervention addressing all five *Every Child Matters* outcomes.

### Lead professional

It was agreed that the Child and Adult Mental Health Service (CAMHS) worker was best placed to take the lead role, as she had developed a supportive relationship with the family and was in a good position to liaise with the school.

### Action plan

An overall action plan was devised involving a range of practitioners to address the range of needs with the lead professional taking the coordinating role. The plan included addressing the child's educational and parenting and relationship difficulties.

### Outcome

Children's services tended to operate independently of each other. Information sharing depended on individual practitioners making contact and in many instances they were not aware which other services were involved with same child. The multi-agency approach promoted in Camden ensures that the full range of the child's needs is addressed. The role of lead professional ensures that the action plan is coordinated and that all involved practitioners are kept informed of the child's progress.

## Managing isolation for a young person

### Background

This case study emerged during the evaluation of CAF and lead professional trialling in 2005-6. A Connexions Personal Adviser (PA) decided that it would be helpful to do a common assessment to clarify the young person's needs. 17 year old Darren had left school a year ago and was isolated at home with very few social contacts and no plans for work or education.

### Common assessment process

The PA invited Darren to a Connexions centre near to his home. During discussions, the PA gathered the information needed for the assessment. She learnt about Darren's mental health problems, his serious emotional problems and his difficulties in expressing himself. The PA was able to put information about Darren in all sections of the CAF form.

It was apparent that Darren had a number of strengths – he was personable, approachable, was happy to engage, and had a supportive family. He also had good self presentation skills, appeared mature and responsible and it was apparent that he had taken on caring responsibilities for his father. Darren's needs related to his poor emotional health and his isolation at home. Darren had only one friend, and wasn't involved in any local activities (the local area was highly deprived with few facilities). The PA made enquiries about what activities and opportunities were available locally for him.

### Lead Professional

The PA discussed the completed CAF with her Line Manager and sent it to the CAF coordinator. The Connexions PA became the lead professional as they had established a good rapport, and agreed to meet with Darren for an hour a week to help him to get into employment or training.

### Outcome

The PA felt that the structure of the CAF made doing the work easier and quicker than the APIR process. Previously as a PA, she would have waited to build up a relationship before getting information. Darren felt that doing the CAF gave him a sense of choice and options. The PA will continue gathering information from the young person at each appointment and will log it on to the CAF system to review the action plan and ensure that the outcomes are tracked.

## Managing continual exclusion through assessment and discussion

### Background

This case study also emerged during the evaluation of CAF and lead professional trialling.

### Common assessment process

Alana had continual exclusions from school since the start of year 8. The decision to complete an assessment was taken by a project worker and co-worker in a voluntary organisation who had both visited Alana and her family at their home, and their manager.

Separate sessions were held with Alana and her mother, and with consent, some information was gained from the school. Alana's mother provided a lot of information and once the form was written up, both Alana and her mother read through it and gave consent to share the information.

Both mum and Alana were happy to go through the process of completing the CAF, and the result was a detailed assessment full of information in all the child domains and clear information about parents and carers and about family and environment in each of the domains.

Alana clearly had a close relationship with both parents. Boundaries were in place at home and even though Alana may test them, she does accept them. No additional needs were identified at that time, but Alana talked with the practitioner about why and when her behaviour changed. Parents, school and children's centre have a copy of the CAF. Recommendations and actions were confirmed at a multi-agency exclusion meeting at which a lead professional was also chosen.

### Lead Professional

The lead professional felt the process gave a clearer picture of what was going on and that instead of an additional service, those already involved needed to work more effectively together. It revealed that Alana did not have significant mental health issues and showed some flaws in the working together system. It helped to get to grips with unresolved matters like the reasons behind the exclusions.

### Outcome

The assessment showed that it was vital that services and family needed to work together to establish a clear plan for supporting Alana's behaviour at school. There was no need for another service but there was a need for the professionals involved to communicate better and to work together much better to support Alana's behaviour in school. Actions were agreed by all and contributed to by Alana and her mum and dad.

## 8. What to do if you are concerned about.....

### Drugs & Alcohol

Although many young people will try drugs at some time, most do not progress beyond experimentation. However, research indicates that many factors can increase the risk of a young person moving from 'drug use' to 'drug misuse', whilst some protective factors can reduce these risks. Many children are also affected by their parents/carers' drug misuse.

#### Signs to look for:

#### Children and Young People

- Sleepiness/drowsiness, weight loss, loss of appetite, neglect of personal hygiene;
- Loss of interest in school, hobbies, sports, friends;
- Changes in behaviour, lying, aggressiveness;
- Truancy, lack of money, involvement in crime.

#### Children of Problem Drug Users

- Withdrawn, secretive, lack of friendships;
- Caring responsibilities for parents and siblings including anxiety for their welfare;
- Poor school attendance/poor concentration.

It is important to remember that many of the signs could also be indicators of problems other than drugs. Signs of drug use may also be more difficult to spot if their use is occasional.

#### Useful tools:

To support practitioners in making a proper assessment of drug misuse, all local areas have a local screening tool designed for use with children and young people where there are identified concerns regarding drug/alcohol use. Contact your local Drug Action Team (DAT) for more details.

#### Example Questions:

*For use with young people:*

- Are you worried that you are using too much drugs/alcohol/solvents?
- Is anyone in your family or friends concerned about your drug/alcohol/solvent use?
- Does your drug/alcohol/solvent use affect your attendance/performance at school?

*For use with parents/carers:*

- Are you or anyone in the family using drugs or alcohol which affects the care of the children?

Note: over time we will add further material to section 5 to cover other specific issues.

## Other resources:

**[www.everychildmatters.gov.uk](http://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](http://www.ecm.gov.uk/iwtraining)

**Training materials:** National core training materials are available at [www.ecm.gov.uk/iwtraining](http://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](http://www.ecm.gov.uk/caf)

**The CAF pre-assessment checklist:** Available online at [www.ecm.gov.uk/caf](http://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](http://www.ecm.gov.uk/caf)

**CAF managers' guide:** Guidance on being a lead professional. Available online at [www.ecm.gov.uk/caf](http://www.ecm.gov.uk/caf)

**Lead professional practitioners' guide:** Guidance on being a lead professional. Available online at [www.ecm.gov.uk/leadprofessional](http://www.ecm.gov.uk/leadprofessional)

**Information sharing:** Guidance for practitioners and supporting documents are available online at [www.ecm.gov.uk/informationsharing](http://www.ecm.gov.uk/informationsharing)

**Confidentiality: NHS Code of Practice** This guidance is available by going to [www.dh.gov.uk/publications](http://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](http://www.ecm.gov.uk/safeguarding)