The CAF is a standardised approach to gathering information about a child’s or young person’s strengths and needs and identifying how those needs could be met.
**THE CAF PROCESS**

**PREPARATION:**
- Engage & build a relationship with the family
- Take into account practical consideration: time, location of meetings, child care issues etc

**ANALYSIS**
*Remember:*
- It is the child/YP's assessment
- Families are the most important factor in a child/YP's life
- Professional assessments can diminish a family's competence and confidence therefore the CAF must respect and include the views of the child/YP/parent
- Most families have resources and strengths which can support the child/YP
- The welfare of the child/YP must always remain the prime focus

*The CAF process must empower families to access resources which will result in better outcomes*

**CONCLUSION**
- What are your concerns?
- Which areas do you need to target?
- What can the family do to affect change?
- What can services already involved do?
- What additional services do you need to bring in?

**DISCUSSION**
- Take time to find out the actual concerns
  *Bearing in mind that the:*
- Families concerns may be different to your own

*Failing to do this could result in ineffective actions*

**WHEN SHOULD A CAF BE USED?**

*You are concerned about how well a child, unborn baby or young person is progressing*

*The child's needs are unclear, or broader than your service can address*

*The support of more than one agency is needed*

**GATHERING INFORMATION:**
- Familiarise yourself with the CAF triangle* this will enable you to assess which info goes where on the form and avoid duplication
- Info needs to be balanced and include risks/concerns and positive/protective factors

*CAF Triangle can be found at the back of this guide*
Check whether there is a CAF in place already. By calling the CAF Administrator on 01628 685650 or emailing CAF@rbwm.gov.uk

Perform the CAF assessment with the child (if appropriate) /YP and their parent(s)/carer(s) - A definition of the elements of the form can be found at the back of this guide (remember you can make your own assessment by being creative and using mind maps, drawings, flipchart etc or you can use your service’s own assessment)

Write or type up the form or place a copy of your assessment between the front and back pages of the form, making sure the child/YP/family have read, agreed what has been written and have signed consent. (remember the form can be added to, basic info initially required is a completed front and signed back page, a clear reason for the assessment (page 2) and needs, strengths and actions clearly stated within the CAF

Give a copy of the completed and signed CAF to the family. Retain the original CAF form in the Child/YP’s file in accordance with your agency’s data retention policy

Send copies of the CAF form to those agencies identified in your CAF action plan. This will inform who will be part of your team around the child (TAC): Not sure what services are out there?
Please see the Local Services Supporting Children & Young People booklet attached with this guide
You can also contact RBWM Customer Services on 01628 685632, Email:Fis@rbwm.gov.uk, or visit: http://fsd.rbwm.gov.uk/kb5/rbwm/fsd/home.page
Please be aware that the above information may not always be up to date therefore you can always contact: The CAF Coordinator: 01628 685614, Louise.Crow@rbwm.gov.uk for more information.

Organise a TAC as soon as possible (try to keep to a minimum amount of practitioners, therefore more chance all can commit). An invitation TAC letter template will be emailed to you on receipt of your CAF.

Email a copy of the CAF Form to the CAF Administrator: CAF@rbwm.gov.uk or send a hard copy marked Private & Confidential by post:
Family Support Service (Ellington), Royal Borough of Windsor & Maidenhead, West Dean, Off Ray Mill Road West, Maidenhead, Berks, SL6 7JB
Please be aware that You Are Responsible for Coordinating your CAF, the CAF Administrator requires a copy of your CAF for recording purposes only

For monitoring and recording purposes Keep the CAF Administrator informed of progress by sending a summary of actions and timescales agreed at TAC meetings and inform the CAF Administrator when Closing the CAF giving a clear reason for closure

If at any time during the CAF process you become concerned that a child is suffering significant harm, always contact the Referral & Assessment Team: 01628 683150
If a child or young person is at risk of significant harm, the child protection procedures must always be followed: http://proceduresonline.com/berks
**THE MEETING**
- ensure welcome & introductions are made
- explain the process and objective of the meeting
- ensure that the child/young person and parent/carer(s) are comfortable and understand what is happening throughout the meeting
- discuss the main themes of the CAF undertaken, addressing areas of strength and need
- consider how needs can best be met by focusing on desired outcomes
- confirm agencies already working with the child/family
- identify realistic timescales to meet the needs
- create an achievable action plan
- identify the Lead Professional (LP), let the child/YP/family have a say on who they would like as LP
- the LP’s role can be fulfilled by a practitioner from any discipline and will be the person best positioned to coordinate the action plan

*It is not always the CAF Assessor*

- agree the date of the next TAC meeting to review the action plan
- ensure that participants sign up to the action plan
- send a summary of the TAC minutes to the CAF Administrator

**PREPARATION**
- be clear on the purpose of the meeting, the first TAC meeting after a CAF has been completed should result in an agreed, detailed action plan. Subsequent meetings will review progress and amend the action plan as required.
- consider the involvement of both the child/young person and parent/carer(s) when setting the time and venue of the meeting (do parent’s carers work? Are there other children who will require childcare? Are there accessibility or language issues?)
- ensure the venue is suitable - private and comfortable
- balance the pressures of convening a meeting promptly with availability of people you want to attend
- ask people who are not able to attend the meeting to write a short report

**THE EARLY INTERVENTION PANEL (EIS Panel)**
Meets every three weeks and:
- acts as a resolution mechanism where the TAC has failed to deliver change or has encountered difficulties by engaging identified agencies
- where a young person’s needs are complex and are not being met by a TAC.
(The Panel will ensure an action plan is developed, a lead professional is appointed and progress is regularly reviewed and needs reassessed).

For more info on the Panel please contact the CAF Coordinator

You can call the CAF Co-ordinator for advice if you need any help with any aspect of the CAF and TAC process:

Contact details: Louise Crow, 01628 685614, 0786 7781453
Louise.Crow@rbwm.gov.uk
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 misuse inc alcohol, domestic abuse, 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:

- 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, 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 such as domestic situations or health which are not necessarily related to SEN
- where a practitioner is considering a referral to DIRECTIONs as the CAF Form is used as a referral route into this service
- 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 misuse, affected by domestic abuse)
- 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.
Please be aware that the 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.

If you are unsure whether a CAF is appropriate please contact the CAF Coordinator for further advice.

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 and the CAF Administrator informed.
GUIDE TO DEFINITIONS USED IN THE CAF FORM:

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).

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

**Speech, Language and Communications Development:** The ability to communicate effectively, confidently and appropriately with others. *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;
- 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.
- 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;
- vision and hearing;
- Ability to communicate meaning, influence others, negotiate and make choices, understanding of others;
- 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 and 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.

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 their learning and intellectual development through encouragement and stimulation and promoting social opportunities. Also includes consideration of:

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

**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.

*The Dept of Education & Skills:*
*The Common Assessment Framework for children & young people:*
*Supporting tools, Integrated working to improve outcomes for children and young people, 2006*