

## CAF form

Date assessment started

23/8/09

Notes for use: If you are completing form electronically, text boxes will expand to fit your text  
Where check boxes appear, insert an 'X' in those that apply.

## Identifying details

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

Given name(s)	<input type="text" value="James ( training example)"/>	Family name	<input type="text" value="Young"/>	
Male	<input checked="" type="checkbox"/>	Female	<input type="checkbox"/>	
		Unknown	<input type="checkbox"/>	
Address	<input type="text" value="Flat 1&lt;br/&gt;High Towers&lt;br/&gt;Town"/>		AKA <sup>1</sup> /previous names	<input type="text"/>
		Date of birth or EDD <sup>2</sup>	<input type="text" value="22/9/06 ( 2 yrs 5 months)"/>	
		Contact tel. no.	<input type="text" value="1234567"/>	
		Unique ref. no.	<input type="text"/>	
Postcode	<input type="text" value="XX1 YY2"/>	Version no.	<input type="text" value="1"/>	

## Ethnicity

White	Black or Black British	Asian or Asian British	Mixed/Dual Background	Chinese & Other					
White British	<input checked="" 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"/>		
Traveller of Irish Heritage	<input type="checkbox"/>	Any other Black background*	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>	White & Asian	<input type="checkbox"/>	Any other ethnic group*	<input type="checkbox"/>
Gypsy/Roma	<input type="checkbox"/>			Any other Asian background*	<input type="checkbox"/>	Any other Mixed background*	<input type="checkbox"/>	Not given	<input type="checkbox"/>
Any other White background*	<input type="checkbox"/>								

*If other, please specify	<input type="text"/>	Immigration status	<input type="text"/>
Child's first language	<input type="text" value="English"/>	Parent's first language	<input type="text" value="English"/>
Is the child or young person disabled?	Yes <input type="checkbox"/>	No	<input checked="" type="checkbox"/>

If 'yes' give details

Details of any special requirements (for child and/or their parent) eg signing, interpretation or access needs	<input type="text" value="James's mother has MS so this will need to be taken into consideration when arranging venues for meetings if Clare is relapsing."/>
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<sup>1</sup> 'Also known as'

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

## Assessment information

People present  
at assessment

Joan Collins- Health Visitor  
Clare Young- Mother

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

James and his mother Clare have recently moved to the area after experiencing domestic abuse from James's father. Clare has recently been diagnosed with MS and is worried how her symptoms may impact on James. James currently does not have a pre-school place. They are in a second floor apartment with no outside play area. James is displaying increasingly aggressive behaviour towards his mother who is finding it difficult to cope along with her recent diagnosis. James is a lively 2 year old.

## Details of parents/carers

Name

Contact tel. no.

Relationship to unborn baby, infant, child or young person

Address

Parental responsibility?

Yes  No

Postcode:

Name

Contact tel. no.

Relationship to unborn baby, infant, child or young person

Address

Parental responsibility?

Yes  No

Postcode:

## Current family and home situation

(e.g. family structure including siblings, other significant adults etc; who lives with the child and who does not live with the child)

Clare and James currently live a 2 bedroom flat owned by the local housing trust. They have been living there for 6 months. James's father lives in Newcastle and is unaware of the family's current address. Clare's parents live in Newcastle, her cousin Lisa lives nearby.  
James had a close relationship with his maternal grandparents and spent a lot of time with them.

### Details of person(s) undertaking assessment

Name	<input type="text" value="Joan Collins"/>	Contact tel. no.	<input type="text" value="1234 889900"/>
Address	<input type="text" value="1 The Surgery&lt;br/&gt;Hope Lane&lt;br/&gt;Town"/>	Role	<input type="text" value="Health Visitor"/>
		Organisation	<input type="text"/>
	Postcode:	<input type="text" value="2HH 3GG"/>	

Name of lead professional (where applicable)	<input type="text"/>
Lead professional's contact number	<input type="text"/>
Lead professional's email address	<input type="text"/>

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

Universal	GP	<input checked="" type="checkbox"/>	Details	Dr Who 1 The Surgery Hope Lane	Tel.	1234 776655	
	Early years/education/FE training provision	<input type="checkbox"/>	Details		Tel.		
Other services	Service		Health Visitor	Details	Joan Collins 1 The Surgery Hope Lane Town	Tel.	1234 889900
	Service			Details		Tel.	
	Service			Details		Tel.	
	Service			Details		Tel.	
	Service				Details		Tel.

## 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

James's immunisations are not up to date. The family are not yet registered with a dentist, and James teeth are slightly decayed due to drinking juice from a bottle. James recently visited the GP with an ear infection and was prescribed antibiotics: Clare followed the course prescribed and he quickly recovered. James does have a history of recurrent ear infections. Clare states that apart from the ear infections she has no worries over his health. James has been referred to the hospital for his ear infections. Clare is keen to update James immunisations.

**Physical development**

Nourishment; activity; relaxation; vision and hearing; fine motor skills (drawing etc.); gross motor skills (mobility, playing games and sport etc.)

James is a lively and very active 2 year old; he is constantly running around the flat and climbing on furniture. He can ride a sit on bike, kick and throw a large ball. James doesn't always respond to his name or when asked questions, this may be due to the ear infections. Clare states she is finding it difficult to cope when he is like a 'whirlwind'. Clare has found it difficult to get out recently as her MS has made her fatigued. Therefore James is spending most of the time in the flat with little opportunity for physical play.

**Speech, language and communication**

Preferred communication, language, conversation, expression, questioning; games; stories and songs; listening; responding; understanding

James is sometimes difficult to understand. Clare worries that sometimes he does not appear to hear her. Clare says James loves signing along with her especially actions songs. He loves to share books and Clare reads to him at bedtime. Clare states she often has to get his full attention when asking him a direct question i.e. 'do you want a drink', if she does this he is able to respond appropriately. He appears to have comprehension and understanding consistent with his age.

**Emotional and social development**

Feeling special; early attachments; risking/actual self-harm; phobias; psychological difficulties; coping with stress; motivation, positive attitudes; confidence; relationships with peers; feeling isolated and solitary; fears; often unhappy

James expresses his feelings as most 2 year olds through crying, laughing, shouting and saying no. He becomes frustrated easily and will have a tantrum, kicking and screaming on the floor. Recently he has started to smack and kick Clare, this has upset Clare as she is worried he is copying his fathers aggressive behaviour as he often witnessed incidents of violence.

James and Clare are affection towards each other. On my visit they often shared cuddles and hugs with each other. Clare said James has been 'clingy' since moving. Lisa has visited and James appears to like her. Lisa has taken James to the park a few times when Clare has been tired; however she is expecting her own child in 4 months.

**Behavioural development**

Lifestyle, self-control, reckless or impulsive activity; behaviour with peers; substance misuse; anti-social behaviour; sexual behaviour; offending; violence and aggression; restless and overactive; easily distracted, attention span/concentration

Clare has stated that James's behaviour has changed since moving; he is now more lively and outgoing, but he is more difficult to control and gets angry easily. Clare states that he is still very affectionate but is hitting her which he never did before. Clare is worried that if her MS symptoms get worse she will find it difficult to manage him. Currently her symptoms are mild and she only occasionally feels tired and fatigued. Clare stated she feels James needs to mix with other children but doesn't know where to start.

**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

James and Clare appear to have a close relationship; they are affectionate towards one another, and James will seek Clare out for comfort and reassurance. Clare stated that James was not close to his father, and often seemed frightened of him as he would become quiet and withdrawn when Simon was in the house. When Simon was not around he was his usual noisy and lively self. Simon would sometimes play with James but would quickly become impatient. Clare states Simon was never directly violent to James.

**Family and social relationships**

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

Clare's extended family, mother, step-father, brother and two sisters all live in Newcastle. They were aware of the abuse and encouraged her to make this move. James saw them often and had a particularly close relationship with his uncle. Clare's cousin Lisa has been very supportive in helping Clare to move and has since visited regularly.

**Self-care skills and independence**

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

Clare encourages James to be independent; he feeds himself with a spoon and Clare is thinking about James using a cup instead of a feeder cup, but wasn't sure if he was too young. He is mostly dry in the daytime but still needs a nappy at night.

**Learning****Understanding, reasoning and problem solving**

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

James has some toys and books to play with, but most had to be left in Newcastle. Clare has been to charity shops to buy some more. James plays appropriately with his toys and appears to have the attention span consistent with his age, although he does become frustrated at times.

**Participation in learning, education and employment**

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

Clare is worried about the lack of opportunity to play with other children as she doesn't know anyone in the area apart from her cousin. Clare and James didn't go out much when they lived in Newcastle or to any parent and toddler groups. This was mainly due to the domestic abuse and not wanting people to ask questions. She has thought about going to a group now but feels shy and anxious about making the first move. James has seen other children in the park but doesn't try to play with them; he just watches. Clare states that James can be shy with other adults until he gets to know them.

**Progress and achievement in learning**

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

Generally James appears to be making progress however he needs to have opportunities to learn and practice his social skills with other children and adults. His speech appears to be slightly delayed, but this may be due to the problems with his ears.

**Aspirations**

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

Clare states she wants James to be happy, she feels guilty at moving him away from everything that was familiar and also the violence that he witnessed. Clare hopes he can get a place at a pre-school and that they can make friends in the area.

## 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

The flat is a housing association property. It is clean, safe and warm although in need of some modernisation and redecoration. Unfortunately there is no outside space. James has appropriate clothing and a varied diet. James has a good appetite and will eat most foods. Clare says his favourite are broccoli, bananas, cheese and beans on toast. James has some slight tooth decay due to drinking juice from a bottle; Clare is now using a feeder cup and buys sugar free juice. Clare & James are not yet registered with a dentist.

### Emotional warmth and stability

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

As stated Clare and James have a loving stable relationship. There is a reward for good behaviour usually in the form of cuddles and praise. However both James and Clare have lived in a stressful environment and experienced the recent disruption in order to change their life. Clare is happier now she is no longer with Simon, but worries about coping on her own along with the unknown outcomes of her MS diagnosis.

### Guidance, boundaries and stimulation

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

Clare states that before if James was 'naughty' she would try to ignore the tantrum, but now he has started hitting her she doesn't know what to do. She has tried telling him no and shouting at him, but he just gets more 'wound up' and becomes hysterical with crying. Clare is very worried that 'he'll end up like his dad'.

## 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

Clare met Simon when she was 19, before falling pregnant with James a year later, Simon was very possessive and jealous, but he didn't become violent until she became pregnant. Then the violence grew worse and continued after James was born. Clare finally told her family who contacted her cousin Lisa and supported her through the process of leaving and moving away.

### Wider family

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

Clare stated that before she met Simon she lived with her mother, brother and two sisters, her father died when she was 12. At 14 her mother remarried and she continued to live at home until marrying Simon. She has a good relationship with all her family but is very close to her mum and found it very difficult to tell her about the abuse. James enjoyed a very close relationship with her family and she feels guilty about moving him away from them. James was very close to her brother, who spent a lot of time with him. Clare and James regularly speak to the family on the phone and her mother and brother are planning a visit soon. Her mum doesn't know about the MS diagnosis yet.

### Housing, employment and financial considerations

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

Clare is currently receiving benefits. She feels she is 'managing ok' but not sure if there is anything else she should be claiming. Clare would like to return to study as before she met Simon she was studying to be a hairdresser. She's not sure if her MS might not make it possible to return to this but she would like to work in something similar.

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

Day care; places of worship; transport; shops; leisure facilities; crime, unemployment, anti-social behaviour in area; peer groups, social networks and relationships; religion

Clare and James are currently socially isolated. Although she has occasionally taken James to the park, she has not accessed any wider services and is worried about going to things. She would like to go to the library but is worried that James may have a tantrum and upset others. Clare states she constantly worries about Simon finding them and has nightmares about this. Clare would like James to have a pre-school place so he can play with other children, but worries she may not be able to afford this.

## Conclusions, solutions and actions

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

### What are your aims?

*(What are the key aims the child, young person and/or family would like to address?)*

**James to have opportunity to develop his social skills and improve his speech and language development through play.**

**James hearing, immunisations and teeth are being addressed.**

**Clare and James to have a local support network and the confidence to access local services**

**Clare to receive counseling for the abuse and then have a better awareness of the impact on James.**

**What are your conclusions?** *(What are the child/young person's/families strengths and resources, what are their needs – e.g. no additional needs, additional needs, complex needs, risk of harm to self or others?)*

### Strengths & Resources:

Cousin living locally. Supportive, loving family although at a distance.

Clare has recognised James needs social contact.

Clare wants support before things get worse.

Clare, despite recent diagnosis & background of abuse has moved to a place of safety & created a new home for both of them.

Clare has transferred to a local consultant for her MS.

### Needs/ worries:

Neither Clare nor James have received any form of support or counseling for experiences of domestic violence.

Both are socially isolated and need support to access local services and develop a support network.

Clare needs support to manage James's behaviour in a more effective way.

James needs to have his hearing investigated.

James needs to be registered at a dentist and have possible treatment for the decay.

**What changes are wanted?** *(Include the child/young person's, parent/carer's and practitioner's views)*

**James' speech and language needs development to reach the appropriate milestones .**

**James' to have developed his social skills.**

**James' to develop his physical skills**

**Clare to feel more confident to access services and manage James's behaviour.**

**How can change happen?** *(Include the child/young person's, parent/carer's and practitioner's views)*

**James to have support to progress his speech and language development.**

**James needs the opportunity to socialise with his peers and have an outlet for his physical energy.**

**James needs to access his appointments with audiology and get his immunisations up to date.**

**Clare would like support in managing James's behaviour.**

**Clare would like to feel more confident and able to access services, make friends and get support for James and herself.**

**Agreed Actions** *(in order of priority list the actions agreed for the people present at the assessment)*

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

**Agreed review date**

**Goals** *(e.g. How will you know that things have improved? What will things look like at review?)*

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

Too young to comment

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

I feel this is a good picture of me and James. Moving to a new area has been hard & I would like support in making a good life for us both.

**Consent statement for information storage and information sharing**

"We need to collect the information in this CAF form so that we can understand what help you may need. If we cannot cover all of your needs we may need to share some of this information with the other organisations specified below, so that they can help us to provide the services you need. If we need to share information with any other organisation(s) later to offer you more help we will ask you about this before we do it."

"We will treat your information as confidential and we will not share it with any other organisation unless we are required by law to share it or unless you will come to some harm if we do not share it. In any case we will only ever share the minimum information we need to share"

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

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

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

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

Any services or people who need to know.

Signed  Name  Date

**Assessor's signature**

Signed  Name  Date

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

If at any time during the course of this assessment you are concerned that an infant, child or young person has been harmed or abused or is at risk of being harmed or abused, you must follow your Local Safeguarding Children Board (LSCB) safeguarding children procedures. The practice guidance *What to do if you're worried a child is being abused* (HM Government, 2006) sets out the processes to be followed by all practitioners.

If you think the child may be a child in need (under section 17 of the Children Act 1989) then you should also consider referring the child to children's social care. These referral processes will be included in your local safeguarding children procedures and are set out in Chapter 5 of *Working Together to Safeguard Children* (2006) ([www.ecm.gov.uk/workingtogether](http://www.ecm.gov.uk/workingtogether)). You should seek the agreement of the child and family before making such a referral **unless to do so would place the child at increased risk of significant harm.**