**Gateshead CAF Form**

**Gateshead Children’s Trust**

Common Assessment Framework (CAF) for children and young people and their families

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| **Date of Assessment** |  |

**Details of Children with in the family**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Child 1** | **Child 2** | **Child 3** | **Child 4** | **Child 5** | **Child 6** | **Child 7** | **Child 8** |
| **First Name** |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Surname** |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Date of Birth** |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Sex** | M[ ]  | F[ ]  | M[ ]  | F[ ]  | M[ ]  | F[ ]  | M[ ]  | F[ ]  | M[ ]  | F[ ]  | M[ ]  | F[ ]  | M[ ]  | F[ ]  | M[ ]  | F[ ]  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Ethnicity** |  |  |  |  |  |  |  |  |
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| **Religion** |  |  |  |  |  |  |  |  |
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| **1st Language** |  |  |  |  |  |  |  |  |
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| **Disability** |  |  |  |  |  |  |  |  |
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| **P Number Office use only** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| --- | --- |
| **Address**  |  |
| **Postcode** |  |
| **Telephone Number** |  |

**Details of Parents / Carers**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Parent / Carer** |  | **Parent / Carer** |  | **Parent / Carer** |  | **Parent / Carer** |
| **First Name** |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Surname** |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Date of birth** |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Relationship** |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Do they have Parental Responsibility** | Y [ ]  | N [ ]  |  | Y[ ]  | N[ ]  |  | Y [ ]  | N [ ]  |  | Y [ ]  | N [ ]  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Address if different from above** |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Religion** |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **1st Language** |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Disability** |  |  |  |  |  |  |  |
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| **P Number** **Office use only** |  |  |  |  |  |  |  |
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**Current family & home situation**

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

**Details of person undertaking assessment**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of person (LP) | Role | Organisation | Address | Telephone Number | Email |
|  |  |  |  |  |  |

**Other professionals involved with the family**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Name | Role | Organisation | Address | Telephone Number | Email |
| Educational Provision |  |  |  |  |  |  |
| Educational Provision |  |  |  |  |  |  |
| Educational Provision |  |  |  |  |  |  |
| GP |  |  |  |  |  |  |
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**Why is this assessment needed**

(Presenting issues)

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| **Assessment Guidance**The CAF assessment features analysis supported by the 4 domains of the assessment framework1. Child Developmental Needs
2. Parenting Capacity
3. Family and Environment
4. Risk analysis and Evaluation

**Guidance**The CAF assessment should identify the support needs of the family and determine which services need to be involved in and contribute to the Team Around the Family Support Plan. |

**Assessment of Child’s Development Needs**

* Health
* Education (including their understanding, reasoning and problem solving, their participation in education or training / employment, their aspirations and their progress / achievement in learning)
* Emotional & behavioural development
* Identity (including self esteem & self image)
* Family and social relationships
* Social presentation
* Their self care abilities and skills

Needs, issues, concerns

|  |
| --- |
|  |

Strengths

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|  |

**Assessment of Parenting Capacity**

* Ability to provide basic care
* Ability to ensure the child is safe
* Ability to give and demonstrate emotional warmth
* Ability to provide appropriate stimulation
* Ability to provide appropriate guidance and boundaries
* Ability to provide stability and security

Needs, issues, concerns

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Strengths

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|  |

**Assessment of Family and Environmental Factors**

* Who’s who and significant in or to the family
* The community and community resources
* The family’s social integration in the community
* The family’s income, employment and housing
* The extended family network
* The family’s history and how they function as a family

Needs, issues, concerns

|  |
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Strengths

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**The Assessment of Risk**

With reference to the 3 previous domains this section should outline the probable impact on the child/ren, now and in the future, if their identified needs are not addressed.

|  |  |
| --- | --- |
| What is going wrong?What are the dangers? | What is the potential impact on the child/ren?What will happen if nothing changes? |
|  |  |

**Conclusions and Analysis**

This should be a clear summary of the key issues and pressing needs as currently identified, written in simple jargon free language.

This section should also outline what the family and child/ren would like to change. What are the family goals?

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**Next Steps**

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| --- | --- | --- | --- | --- |
| Action |  | Who will be doing this? |  | By when? |

**Have you arranged a Team Around the Family (TAF) meeting?**

(1st TAF meeting should be arranged within 20 working days of this assessment)

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** [ ]  | Date  | Time  | Location  |
| **No** [ ]  | Reason |  |

**Child or Young Person’s view of the assessment and identified goals**

Does this capture your views and give a way forward?

|  |
| --- |
|  |

**Parent or Carer’s view of the assessment and identified goals**

Does this capture your views and give a way forward?

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|  |

**Consent for information storage and information sharing**

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

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  | Me | [ ]  | Or Infants, children or young people named in this assessment for whom I am a parent or carer |

|  |  |  |
| --- | --- | --- |
| I agree to the sharing of information, as agreed in order to provide appropriate services | Yes [ ]  | NO [ ]  |

If ‘No’, please give details of the people / services you do not want this information shared with.

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| --- |
| Please sign below |
| Young Person |  | Name |       | Date |       |
| Parent / Carer |  | Name |       | Date |       |
| Parent / Carer |  | Name |       | Date |       |
| Lead Practitioner |  | Name |       | Date |       |
|  |  |  |  |  |  |  |  |  |  |
| **Signed Copy on file** [ ]  | **Please tick to confirm there is a signed copy on file if sending electronically** |
|  |  |  |  |  |  |  |  |  |  |
| Copy to Child, Young Person or Family, copy to practitioner and copy (for secure storage) to: CAF Team, Early Help Hub, Gateshead Council, Civic Centre, Regent Street, Gateshead, Tyne and Wear, NE8 1HH**Tel - (0191) 433 2764 Fax - (0191) 490 1168** **E-mail -** **CAF@gateshead.gov.uk****Secure E-mail** - **CAF@gateshead.gcsx.gov.uk** |