**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**

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|  | **Child 1** | | **Child 2** | | **Child 3** | | **Child 4** | | **Child 5** | | **Child 6** | | **Child 7** | | **Child 8** | |
| **First Name** |  | |  | |  | |  | |  | |  | |  | |  | |
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| **Surname** |  | |  | |  | |  | |  | |  | |  | |  | |
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| **Date of Birth** |  | |  | |  | |  | |  | |  | |  | |  | |
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| **Sex** | M | F | M | F | M | F | M | F | M | F | M | F | M | F | M | F |
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| **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**

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|  | **Parent / Carer** | |  | **Parent / Carer** | |  | **Parent / Carer** | |  | **Parent / Carer** | | |
| **First Name** |  | |  |  | |  |  | |  |  | | |
|  |  | |  |  | |  |  | |  |  | | |
| **Surname** |  | |  |  | |  |  | |  |  | | |
|  |  | |  |  | |  |  | |  |  | | |
| **Date of birth** |  | |  |  | |  |  | |  |  | | |
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| **Relationship** |  | |  |  | |  |  | |  |  | | |
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| **Do they have Parental Responsibility** | Y | N |  | Y | N |  | Y | N |  | Y | N | |
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| **Address if different from above** |  | |  |  | |  |  | |  |  | | |
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| **Religion** |  | |  |  | |  |  | |  |  | | |
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| **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 framework   1. 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

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| --- |
|  |

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.

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| 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?

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**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**](mailto:CAF@gateshead.gov.uk)  **Secure E-mail** - [**CAF@gateshead.gcsx.gov.uk**](mailto:childrenscommissioning@gateshead.gcsx.gov.uk) | | | | | | | | | | | | | | | | | | | | | | | | | |