

# Bromley CAF Form

CAF Team, Central Library, Bromley High Street, BR1 1EX  
 Tel: 020 8461 7174 Fax: 020 8466 0587

**Notes for use:**

The CAF form should be typed, text will re-size to fit.



**Family details including significant others**

Date assessment started

*This form can be completed in respect of more than one child but the expectation is that the Action Plan will have individual actions for each child as appropriate. If unborn, state name as 'unborn baby' and mother's name, e.g. unborn baby of Ann Smith.*

Name	Main Focus of CAF Y/N	DOB or EDD	Gender M/F	RELATIONSHIP e.g. Mother, Father, Child	ADDRESS & CONTACT TELEPHONE No. (include postcode)	ETHNICITY (use code letter from lists below)

**White:**

- A.English/Welsh/Scottish/Northern Irish/British
- B.Irish
- C.Gypsy or Irish Traveller
- D.Any other white background

**Black/African/Caribbean/Black British:**

- N.African
- O.Caribbean
- P.Any other Black/African/Caribbean background

**Mixed/multiple ethnic groups**

- E.White and Black Caribbean
- F.White and Black African
- G.White and Asian
- H.Any other mixed/multiple ethnic background

**Other ethnic group:**

- Q.Arab
- R.Any other ethnic group

**Asian/Asian British:**

- I. Indian
- J. Pakistani
- K.Bangladeshi
- L.Chinese
- M.Any other Asian background

**Who has parental responsibility?**

**First language of each parent/carer**  
(if not English)

**First language of each child**  
(if not English)

**Immigration status of each family member** (if happy to share information)

**Are any family members disabled?**

If yes please give details

**Is an interpreter or signer required?**  
If yes, for whom?

**Assessment information**

People present at assessment

What has led to this unborn baby, infant, child or young person being assessed? For guidance about the threshold criteria for CAF level support, please see the [Bromley Safeguarding Children Board \(BSCB\)](#) partnership model for providing services to support children and families in Bromley.

**Details of person undertaking assessment**

Name	<input type="text"/>	Telephone	<input type="text"/>
Address	<input type="text"/>	Role	<input type="text"/>
		Organisation	<input type="text"/>
Postcode	<input type="text"/>		

Name of Lead Professional

(where applicable)

Lead Professional's contact number

Lead Professional's email address

**Services currently working with this infant, child or young person**

List the details of other professionals/agencies currently involved with the child/young person

	Name	Address	Contact No.
GP			
Health Visitor			
Midwife			
School			
Early Years Setting			
Bromley Children Project			
Other Agency (please state)			
Other Agency (please state)			
Other Agency (please state)			

Consider each of the elements to the extent they are appropriate in the circumstances. **You do not need to comment on every element, they are for guidance only.** 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, child or young person (include any child relevant to this assessment)

### HEALTH AND DEVELOPMENT

#### General health and Physical development

For example:

- ◆ Conditions and impairments
- ◆ Access to health care and use of services
- ◆ A&E and hospital admissions
- ◆ Mobility
- ◆ Nutrition
- ◆ Communication
- ◆ Self care
- ◆ Attention span and concentration

#### Behaviour, Emotional and social development/difficulties

For example:

- ◆ Attachments
- ◆ Self esteem
- ◆ Emotional difficulties
- ◆ Risk taking
- ◆ Violence and aggression
- ◆ Sexual behaviour
- ◆ Substance misuse

#### Social relationships

For example:

- ◆ Friendships
- ◆ Relationships with family, peers and wider community

### EDUCATION AND LEARNING

#### Progress, participation and achievement in learning

For example:

- ◆ Attendance
- ◆ Exclusions
- ◆ Participation
- ◆ Progress in basic and key skills
- ◆ Motivation
- ◆ Any special educational needs
- ◆ Parental engagement and support
- ◆ Transition needs

School attendance less than 85%  At risk of exclusion/excluded from school

## CAF assessment summary: strengths and needs

### 2. Parents and carers

#### Basic care, ensuring safety and protection

For example:

- ◆ Provision of food, drink, warmth, shelter, appropriate clothing
- ◆ Safe and healthy home
- ◆ Personal and dental hygiene
- ◆ Engagement with services

#### Emotional warmth and stability

For example:

- ◆ Stable, affectionate, stimulating family environment
- ◆ Praise and encouragement
- ◆ Secure attachments
- ◆ Frequency of house, school, employment moves

#### Guidance, boundaries and stimulation

For example:

- ◆ Effective and appropriate discipline
- ◆ Modelling positive behaviour
- ◆ Over-protection
- ◆ Support for positive activities

### 3. Family and environmental

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

For example:

- ◆ Culture
- ◆ Bereavement
- ◆ Physical disability
- ◆ Criminality, anti-social behaviour
- ◆ Domestic abuse, parental mental illness, parental substance abuse
- ◆ Absent parents, relationship breakdown
- ◆ Support networks from extended family or others

Anti-social behaviour e.g. ASBO

#### Housing, employment, financial considerations

For example:

- ◆ Water/heating/sanitation facilities
- ◆ Sleeping arrangements
- ◆ Work and shifts
- ◆ Employment; income/benefits
- ◆ Effects of hardship
- ◆ Debt/finances

Adult receiving workless benefits

**CAF assessment summary: conclusions, solutions, actions**

**What are the conclusions of the assessment?** *(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 and resources**

**Needs/worries**

**Agreed Actions** *In order of priority list the actions agreed for the people present at the assessment. At least one action must be entered*

<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**

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

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

**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 or any other person 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 and information storage explained to me and I understand those reasons

I agree to the sharing of information, as agreed, between the services listed below:

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. 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**. For guidance about the threshold criteria for referrals to Children's Social Care, please see the [Bromley Safeguarding Children Board \(BSCB\) partnership model for providing services to support children and families in Bromley](#).