This document sets out the Common Assessment Framework (CAF) for Children and Young People, for implementation in a selection of local areas from April 2005. We will monitor and evaluate early implementation with a view to issuing the CAF in final form in March 2006.
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1. INTRODUCTION

1.1 INTRODUCTION

This document explains how to use the Common Assessment Framework (CAF) for Children and Young People. It is for managers and practitioners in all agencies working with babies, children, young people and families. These agencies include health, childcare, early years settings, schools, education, Connexions, social care and crime reduction.

The CAF has been designed for use with unborn babies, new babies, children and young people. In this document, the terms “child” and “children” have been used as shorthand to represent all these age groups.

This document sets out the main features of the CAF, describes when and how to undertake a common assessment and provides recording forms and other supporting documentation.

1.2 WHAT THE COMMON ASSESSMENT FRAMEWORK IS

The CAF is a new, more standardised approach to assessing children’s needs for services. It is for children with additional needs, i.e., those at risk of poor outcomes. A fuller definition is at 2.1. It has been developed for practitioners in all agencies so that they can communicate and work together more effectively. It is particularly suitable for use in universal services, so as to tackle problems before they become serious.

The CAF is part of a wider programme to provide more integrated services and should:

- **support earlier intervention**, by providing methods to help practitioners who come into day-to-day contact with children and families, such as those providing ante- and post-natal services or those in early years settings and schools, to identify and meet unmet needs at an earlier stage;

- **improve multi-agency working**, by enabling lead professionals to maintain a single, overview record of the needs and progress of a child in contact with several agencies; embedding a common language of assessment, need and response; and improving trust, communications and information sharing between practitioners;

- **reduce bureaucracy for families**, by providing practitioners (including lead professionals) with a fuller overview of a child’s needs and responses, thereby reducing the number of inappropriate inter-agency referrals, separate assessments and different agencies working with the child.

The CAF will help practitioners undertake assessments in a more consistent way. In many cases, it will just formalise current practice. With the right attributes and/or training, we expect that practitioners in any agency will be capable of undertaking a common assessment. Where the assessment indicates that the child has urgent or complex needs, requiring specialist assessment and intervention, the common assessment information will feed into the specialist assessment process.

The CAF consists of:

- A simple **pre-assessment checklist** to help practitioners identify children who would benefit from a common assessment. The checklist can be used on its own or alongside specialist universal assessments, such as those done by midwives and health visitors.
A process for undertaking a common assessment, to help practitioners gather and understand information about the needs and strengths of the child, based on discussions with the child, their family and other practitioners as appropriate.

A standard form to help practitioners record, and, where appropriate, share with others, the findings from the assessment in terms that are helpful in working with the family to find a response to unmet needs.

1.3 BACKGROUND

The Green Paper, *Every Child Matters*, proposed the introduction of a national common assessment framework as an important part of a strategy for helping children, young people and their families to achieve the five priority outcomes to:

- Be Healthy
- Stay Safe
- Enjoy and achieve
- Make a positive contribution
- Achieve economic well-being

We want every child and young person, with the support of their family parent or carer, to meet these outcomes to the best of their potential. To help achieve that, we want every practitioner in contact with children and families to notice when a child may not be progressing as well as they should and, when that happens, to do something to help. Where the child has additional needs that are not apparent, or where more than one agency needs to be involved, we want them to undertake or arrange a common assessment, and then act on the result.

The CAF pre-assessment checklist should help practitioners decide when to do a common assessment. The checklist can be completed at any time. It can also be used to complement more specialist assessments. During the first year of CAF trialling (2005-2006), we intend to test use of the CAF checklist with ante- and post-natal assessments and with the Foundation Stage Profile in schools.

We also want the CAF to become the main assessment tool to support inter-agency referral and multi-agency working. The CAF will help embed a common language of need, and response, which will support communication between agencies. Where a child is being supported by more than one agency, possibly involving specialist assessment, the CAF will provide the structure to summarise information from different agencies into a single, simple format. As such, the CAF should become the main tool to support lead professionals and practitioners working in multi-agency teams.

Implementation of the CAF will help agencies meet the new obligations set by sections 10 and 11 of the Children Act 2004. These create duties to co-operate to improve well-being and make arrangements to safeguard and promote the welfare of children below the age of 18. They also apply to young people over 18 who require certain services. The new Joint Inspection Framework will inspect the effectiveness and coherence of assessment arrangements across children’s services in local areas.

1.4 CHILDREN AND YOUNG PEOPLE THE COMMON ASSESSMENT IS AIMED AT AND WHEN IT SHOULD BE USED

The CAF can be used for any unborn baby, new baby, child or young person who has additional, unmet needs. It is not necessary to do a common assessment on every child. Those who are progressing satisfactorily, or already having their needs met, do not need
A common assessment is also unlikely to be needed if the child’s needs are clear and can be met by the child or their parent/carer or by the assessing agency (although we would encourage practitioners to look beyond the presenting problem).

A common assessment is likely to be of most help when:

- there is reason to think that a child is not making the progress they should be at their age but it is not clear what the underlying causes are or what would help;
- the child is likely to need the support of another agency.

The decision to undertake an assessment is a matter for professional judgement in the light of local practice – the CAF does not lay down a blanket threshold at which a common assessment must always be completed. Neither does it intend to introduce an extra layer of bureaucracy – a common assessment should be completed only when it will help the child. It should not duplicate existing assessments. It should be done only when the child or their parent and/or carer agrees. The detail of how common assessment is operated locally is something that will need to be agreed between the local agencies concerned.

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 baby;
- where there are concerns that a baby is significantly behind on developmental milestones or a child is not progressing in learning as expected;
- 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 another agency (e.g. to local authority children’s social services, Child and Adolescent Mental Health services or a youth service); (note that if the child is at risk of harm or it is self-evident that specialist assessment is necessary, an immediate referral should be made);
- to provide more holistic information to augment decision-making at School Action or School Action Plus in cases where needs are not such as to require a statutory SEN assessment;
- 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 abuse/misuse\(^1\));

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\(^1\) Substance abuse/misuse includes alcohol and volatile substances as well as illegal drugs.
• 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.

Where a practitioner considers that a child is a child in need, which includes being at risk of significant harm, they should follow established ACPC/LSCB procedures immediately. Common assessment does not mean these procedures are not followed.

Since resources for services are finite, doing a common assessment cannot guarantee that services (especially those involving another agency) will be delivered. However, agencies should agree their priorities locally so as to maximise the outcomes for children and minimise the risk that identified needs will not receive an adequate response. Gaps between needs and responses should be identified through monitoring and feed into local commissioning and strategy discussions.

We will use the monitoring and evaluation of the local areas trialling the CAF in 2005-6 to test the number of children for whom common assessment is undertaken.

1.5 THE CAF AND OTHER ASSESSMENTS

We expect the CAF to be adopted by all agencies working with children and families. Completing a common assessment will provide practitioners with a good overview of a child’s needs. In doing so, it will obviate the need for some specialist assessments to take place. The CAF cannot replace specialist frameworks, such as the Framework for Children in Need and their Families (the Assessment Framework or AF), the SEN Code of Practice or assessments that measure the risk of offending, but we are consulting within DfES, across government and with the agencies responsible for those assessments to determine how they should fit with the CAF and how to reduce duplication. At the same time, we want to build upon existing universal assessments, such as ante- and post-natal checks through the National Child Health Promotion Programme and the Foundation Stage Profile (FSP), to identify and meet needs at an earlier stage. This may best be achieved by use of the checklist.

We intend to consult within DfES, across government and with relevant agencies and practitioners, to agree the interface between the CAF and assessments including:

- the Initial Assessment of the Framework for the Assessment of Children in Need and their Families (the Assessment Framework)
- the Connexions Assessment, Planning, Implementation and Review Framework (APIR)
- the Young Offender Assessment Profile (ASSET) operated by Youth Offending Teams (YOTs) and the ONSET assessment and referral framework operated by Youth Inclusion and Support Panels (YISPs) and Youth Inclusion Programmes (YIPs)
- the SEN Code of Practice
- Birth to Three Matters
- the Foundation Stage Profile and Key Stage 2 assessment tests
- assessments done by health visitors and other health professionals, e.g. as part of the National Child Health Promotion Programme
- drug screening and assessment tools.
1.6 WHO SHOULD USE THE CAF

Our aim is that:

- every practitioner working with children, young people and families will:
  - understand the outcomes we want for children, e.g. by using the CAF checklist to identify children who need a common assessment to identify their additional needs;
  - know about the CAF, when and how to have a common assessment completed, or how to complete one themselves;
- every agency offering services to children and young people and their families (whether from statutory, community or voluntary sectors) will train at least some of its staff to complete common assessments. The relevant services include health, schools, education, Connexions, childcare, early years, social care, police and youth justice. It is not expected that every practitioner working with children will be trained in completing a common assessment;
- relevant agencies will embed the CAF as appropriate within their workforce development plans, business processes, performance management and quality assurance systems, and ICT developments;
- there will be an awareness of the CAF among those who provide relevant services to adults, such as adult health and social care services, housing, the probation service and the immigration service.

In agencies where practitioners are already undertaking assessments e.g. through the Assessment Framework, Connexions Assessment, Planning, Implementation and Review (APIR) Framework, ASSET or ONSET, we would expect all or most of the staff to be able to use the CAF with only a relatively small amount of extra training.
2. **THE CAF MODEL**

This chapter describes the CAF model. It covers:

- Identifying Children with Additional Needs (CWAN)
- The role of (common) assessment
- The principles underpinning effective common assessment
- The elements to be assessed in the common assessment
- How the CAF should be operated by agencies

### 2.1 IDENTIFYING CHILDREN WITH ADDITIONAL NEEDS

The CAF is aimed at identifying and intervening to help Children with Additional Needs (CWAN). The working definition of this group is that they are children who need additional support to enable them to progress satisfactorily to the five outcomes to:

- **Be Healthy** - This means babies, children and young people are physically healthy, mentally and emotionally healthy, sexually healthy, living healthy lifestyles, and choosing not to take illegal drugs. We also want to help parents, carers and families to promote healthy choices.

- **Stay Safe** - This means babies, children and young people are safe from maltreatment, neglect, violence and sexual exploitation, safe from accidental injury and death, safe from bullying and discrimination, safe from crime and anti-social behaviour in and out of school, and have security, stability and are cared for. We also want to help parents, carers and families to provide safe homes and stability, to support learning and to develop independent living skills for their children.

- **Enjoy and achieve** - This means young children are ready for school, school-age children attend and enjoy school, children achieve stretching national educational standards at primary school, children and young people achieve personal and social development and enjoy recreation, and children and young people achieve stretching national educational standards at secondary school. We also want to help parents, carers and families to support learning.

- **Make a positive contribution** - This means children and young people engage in decision making and support the community and environment, engage in law-abiding and positive behaviour in and out of school, develop positive relationships and choose not to bully or discriminate, develop self-confidence and successfully deal with significant life changes and challenges and develop enterprising behaviour. We also want to help parents, carers and families to promote positive behaviour.

- **Achieve economic well-being** - This means young people engage in further education, employment or training on leaving school, young people are ready for employment, children and young people live in decent homes and sustainable communities, children and young people have access to transport and material goods, and children and young people live in households free from low income. We also want to help parents, carers and families to be economically active.

Some form of further intervention could be considered for any child who has additional unmet needs. Common assessment is likely to be most helpful when:

- it is not clear what the needs are, where the common assessment will help the practitioner look beyond the presenting issues;
• another agency will need to be involved, where the assessment will help effective multi-agency working.

The checklist, which is based around the five outcomes, will help practitioners decide whether a common assessment would help. It can also be used alongside specialist assessments.

2.2 THE ROLE OF (COMMON) ASSESSMENT

Assessment is simply the process of gathering and interpreting the information needed to decide what help the child (or their parent or carer) needs. In many cases, it is simply a conversation with the child or young person and/or their parent and carer. The common assessment provides a structure to help practitioners undertake and record this process and decide, with the child and family as appropriate, what to do next.

The assessment is not an end in itself but a key part of providing support through case-working that is illustrated in Figure 2.1. Where agencies already have well-defined processes for working with children (including those defined in statute), they should continue to operate them. **CAF does not override any statutory requirement for assessment or intervention.**

Figure 2.1 – Effective Case-working Process

2.3 THE PRINCIPLES UNDERPINNING COMMON ASSESSMENT

The principles underlying the approach to common assessment are that it:

- looks at the whole child, not just the policy focus and statutory obligations of a particular service;
- takes account of strengths as well as needs and understands the role of parents/carers and a wide range of family and environmental factors on child development;
is simple to use and geared towards the practical delivery of support to children, young people and their family members;

is empowering for families, completed in partnership with children and families at all stages, where possible enabling them to take the lead, and ensuring they have a copy of all the relevant documentation;

enables and encourages information held by agencies to follow the child, e.g. as they get older, change schools or move house, subject to controls to protect confidentiality;

is a tool to support practice; is not used mechanistically or when it adds little value; and supports and enhances ongoing and effective communication within and between agencies. Communication should not end with the completion and forwarding of the common assessment.

2.4 THE ELEMENTS TO BE ASSESSED UNDER COMMON ASSESSMENT

In undertaking a common assessment, we want practitioners to consider each of three themes or ‘domains’:

- how well a child is developing, including in their health and progress in learning
- how well parents or carers are able to support their child’s development and respond appropriately to any needs
- the impact of wider family and environmental elements on the child’s development and on the capacity of their parents and carers.

Within each of these domains (these are defined in Appendix B), we want practitioners to consider the elements set out in Figure 2.2 below. They have been developed by combining the underlying model of the Framework for the Assessment of Children in Need and their Families with the main elements used in other assessment frameworks, including the Connexions APIR.

Figure 2.2 – CAF Assessment Elements and Domains

Development of Child

- Health - General health, physical development and speech, language and communications development
- Emotional and social development
- Behavioural development
- Identity, including self-esteem, self-image and social presentation
- Family and social relationships
- Self-care skills and independence
- Learning - Understanding, reasoning and problem solving, participation in learning, education and employment, progress and achievement in learning, aspirations

Parents and Carers

- Basic care, ensuring safety and protection
- Emotional warmth and stability
- Guidance, boundaries and stimulation

Family and Environmental

- Family history, functioning and well-being
- Wider family
- Housing, employment and financial considerations
- Social & community elements and resources, including education
Use of the CAF does not mean that each element needs to be assessed to the same level of detail or that the elements should be followed mechanistically. Practitioners should always consider the possibility of needs and strengths within each element to the extent it is relevant to the child at the time. The level of detail and the questions asked will vary according to the child’s circumstances and the skills and knowledge of the practitioner. It will not always be appropriate for practitioners to assess all areas but they should consider the whole child, not just their own agency focus. As with other Frameworks, CAF relies on practitioner judgement and will only work if practitioners use it as tool to support practice rather than as an administrative process. More information on each domain and element is in Appendix B.

2.5 HOW AGENCIES SHOULD OPERATE THE CAF

2.5.1 The common assessment process

The CAF process is shown in Figure 2.4 overleaf. It is not meant to be applied rigidly, but to demonstrate how common assessment could work in practice. Agencies that already conduct (statutory) assessments should embed the CAF process within their existing processes. The CAF does not change the statutory obligations of agencies. Statutory interventions are not shown in Figure 2.4.
Worry / concern about a child?
Consider what you can do to help. Discuss your action with colleagues, supervisors and parents / carers

Child at risk of harm?
Follow ACPC / LSCB guidance

Check if a common assessment has been done and who else is involved

Propose common assessment (to parents)

Parents agree?
Seek resolution or NFA

Child at risk of harm?
Follow ACPC / LSCB guidance

Is a common assessment required?

Child at risk of harm?
Child has additional needs?
Agree best way forward

In-house solution?

Agree plan and agree review timescales

NFA

Follow ACPC / LSCB guidance

Seek resolution

Interagency review

Actions agreed?

Referral

Interagency solution

Single agency solution

NFA

This may best be achieved in consultation with the local Service Directory

This may best be achieved through line management

This may be an updated or new common assessment

This may arise as the result of a completed checklist

Check if a common assessment has been done and who else is involved

Contact other practitioners to share concerns.
Agree lead professional (if appropriate)

Yes

No

Yes

No

Yes

No

Yes

No

Yes

No

Yes

No

Yes

No

Yes

No

Yes

No

This may best be achieved by searching the IS Index and in consultation with the CAF co-ordinator, in areas where this role is present

Child at risk of harm?
Follow ACPC / LSCB guidance

Seek resolution or NFA

No

Parent(s) agree?
Yes

Undertake common assessment

Trigger statutory CIN processes

No

Yes

Follow ACPC / LSCB guidance

NFA

Yes

No

This may best be achieved in consultation with the local Service Directory

Referral

Interagency solution

Single agency solution

NFA

Review

Implement appropriate service

This may arise as the result of a completed checklist

Is a common assessment required?

Child has additional needs?
Agree best way forward

In-house solution?
2.5.2 Co-ordinating common assessments

Local areas will need to consider how to coordinate their common assessments, so that information is shared and not duplicated.

In the longer term, we expect this coordination role to be achieved through the proposed information sharing indexes. They will carry basic information about whether, when and by whom a common assessment has been undertaken. They will also provide details of the agencies working with a child and, if appropriate, their lead professional. In some cases, a measure of coordination may be achieved asking the child or young person or their parent for the information.

2.5.3 Creating and storing common assessment records

The results of all common assessments should be recorded on the standard CAF form (see Appendix A2). A copy should be given to the child their parent or carer (unless to do so could put the child at risk of harm), who should be encouraged to take it with them when they are in contact with services. Common assessment records may be stored securely in filing systems or as part of agency case-working systems.

2.5.4 Sharing assessment information with other practitioners

Subject to the views of the child, or parent or carer, and it being in the best interests of the child, common assessment information should be shared between practitioners and services where it is necessary to enable joint working or in support of a referral. Practitioners will need to be aware of and, where appropriate, check with families for specific individuals with whom sharing this information would place the child at risk of harm.

All information sharing must comply with the Data Protection Act 1998 (see paragraph 2.5.9). In most cases the decision about whether and how information is shared will be taken by the lead professional in consultation with the child or their parent/carer. Guidance about sharing CAF information will be included the Department’s forthcoming information sharing guidance, due for issue in autumn 2005.

2.5.5 Receiving and updating common assessment records

Practitioners considering doing a common assessment should check with the child or their parent/carer whether one has previously been undertaken and, if it has, try to obtain a copy. They can also check with the local agency responsible for co-ordinating the CAF, who should know which children have had a common assessment. Consent should be sought from the child or their parent. Depending on the results, the practitioner may wish to review and, as appropriate, update the assessment. The CAF form has a space for recording that a previous common assessment is available.

Agencies to whom children are referred following a common assessment should discuss the assessment with the referring practitioner. Where it is sensible and appropriate to do so, they should use the common assessment as a starting point for their own assessment or work with the child.

2.5.6 IT and database issues

The CAF will work most effectively when the form can be generated, stored and transmitted electronically within and across the IT systems in agencies providing services to children. We are establishing a national work strand to work with users and service managers to scope the requirements for electronic enablement of the CAF, and agree technical
solutions and implementation plans with the owners of existing and developing systems including the NHS Care Record Service, which is part of National Programme for IT in the NHS.

This work strand will explore the feasibility of embedding the CAF form as a template within agencies' systems, and the integration of assessment information within agency case-working systems such as the Integrated Children's System in children's social care. Since CAF information may be sensitive, electronic transmission requires secure messaging links to have been established. These are currently not well developed between different agencies. The work strand will seek to identify solutions, for example including the scope for utilising the potential of the introduction of the proposed information sharing indexes also to introduce a secure messaging facility between users.

2.5.7 Local service directories

Local service directories are potentially a powerful source of information to help practitioners to identify sources of services in support of identified needs. Local authorities have the lead role for implementing local service directories.

2.5.8 Managing and Monitoring CAF operation

All agencies operating the CAF will need to embed it within their existing systems and processes, and train their staff appropriately. All practitioners should know how to complete an assessment or how to get one completed. Agencies should ensure that enough staff are trained in common assessment to enable those who need one to access it, whether this is through practitioner referral, self referral or family referral.

Local authorities and partner agencies will need to undertake quality assurance and operational monitoring, audit and review of CAF systems and practice, to augment the work done by Inspectorates. As well as looking at outcomes generally, monitoring should pick up any situations where identified needs are not being met. Such situations should be fed back into the planning and commissioning of services, e.g. through Children's Trusts. The views of children and parents/carers should be sought.

2.5.9 Data Protection Act

All agencies and practitioners operating the CAF must comply with the Data Protection Act (DPA) 1998. The Act applies irrespective of whether common assessments are held on IT or paper systems. It applies to all processing of assessment information, including collection, use, disclosure and destruction. Merely holding the data will amount to processing. To meet the requirements of the DPA, agencies who are processing assessment information (“data controllers”) must:

- notify the Information Commissioner of the purposes for which they are processing personal data. Their notification will appear on the Commissioner’s website; and

- comply with the data protection principles. The key principles for the purposes of this guidance are that the data must be:
  - fairly and lawfully processed
  - processed only for specified, lawful and compatible purposes
  - adequate, relevant and not excessive
  - accurate and where necessary kept up to date
  - kept for no longer than necessary
  - shown to the individual when they request it (“subject access”)
  - kept secure

In undertaking these responsibilities, agencies should bear in mind the likelihood that:
they will be processing information about parents and carers as well as children or young people; and

some of the information is likely to be sensitive and therefore subject to more stringent control.

To meet DPA requirements, the practitioner undertaking the assessment should always explain to the child or family what the information held on the CAF form means and how it may be used.
This chapter describes how to complete a common assessment. It covers:

- situations where a common assessment might be initiated
- preparing to do a common assessment
- completing a common assessment
- delivering support and follow-up action
- monitoring and review

3.1 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 abuse/misuse¹, domestic violence, 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
- presenting challenging or aggressive behaviours (e.g. bringing a knife into school), abusing/misusing substances¹ or committing offences
- experiencing physical or mental ill health or disability (either their own or their parents’)
- exposed to substance abuse/misuse¹, 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 and disability
- homeless
- teenage parents or the child of teenage parents.

The list 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, by skilled practitioners operating in line with local policy and practice. The CAF pre-assessment checklist may also help.
All children who are or are considered to be at risk of significant harm\(^2\) should be referred directly to social services or the police in accordance with the local ACPC/LSCB procedures. There is no change to this procedure.

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.

### 3.2 PREPARING TO DO A COMMON ASSESSMENT

In most cases, where a practitioner is concerned about the progress of a child, the first stage would be to discuss things with the child or young person and/or their parent or carer. If necessary, this might be followed up by discussions with the practitioner’s manager, colleagues or other staff. The CAF checklist might also be helpful.

If the practitioner is still concerned they should (normally with the consent of the child/young person or parent/carer) find out who is else is working with the child and their family before doing a common assessment. This might be done by asking the family or consulting local databases/coordinators as appropriate. It is important to remember that some children, e.g. those with a learning or physical disability, will also certainly already be working with other agencies. It is unlikely that these children and young people will also require a common assessment, though they may do if practitioners believe that additional needs are not being addressed. It is likely that most babies and their parents or carers will have at least some contact with the midwife, health visitor and/or GP. Anyone completing a CAF for a baby should contact these practitioners.

### 3.3 COMPLETING A COMMON ASSESSMENT

#### 3.3.1 Consent and Confidentiality

In most circumstances (see the exceptions in 3.3.2 below), common assessment information should be shared only with the informed consent of the child, or their parent or carer. This should not be a significant barrier if the practitioner is working in partnership with the child or their family. Copies of relevant documents should also be provided to the child and parent or carer as appropriate. For common assessment, it is important that:

- all practitioners operate within the Data Protection Act 1998
- consent is obtained where it is sensible and practical. Even where the Data Protection Act does not demand it, operating with consent is good practice
- practitioners work with children and parents or carers to agree how information is recorded, used and shared; this must include making them aware of circumstances where information may be shared without consent and where confidentiality cannot be maintained
- if the information held or shared is sensitive or beyond what might normally be expected, where possible, consent should be obtained in writing, e.g., through a signature on the CAF recording form and, if there is on-going contact, reviewed regularly. However, the arrangements for recording, sharing and renewing consent should be determined locally.

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\(^2\) The Children Act 1989 introduced the concept of significant harm as the threshold that justifies compulsory intervention in family life in the best interests of children. The local authority is under a duty to make enquiries, or cause enquiries to be made, where it has reasonable cause to suspect that a child is suffering, or likely to suffer significant harm (s.47). There are no absolute criteria on which to rely when judging what constitutes significant harm.
In some circumstances the child will be able to give consent without referral to their parents or carers i.e. if they are judged to be Fraser competent\(^3\). Children under 16 should always be encouraged to involve their parent or carer unless to do so could put them at risk of harm. Particular care should be taken with children with a disability, who are sometimes wrongly assumed not to be able to give consent.

Local protocols may be required to ensure there is clarity amongst practitioners, as to the issues involved in obtaining consent from children and families.

### 3.3.2 Disclosing Information Without Consent

It may be necessary to share information without obtaining consent from the child or parent/carer when:

- the disclosure prevents the child from committing a criminal offence that could place others in jeopardy or places the assessor or any other person at risk of collusion
- the child is at risk of significant harm or harming someone else
- the child needs urgent medical treatment
- information is required as part of a legal proceeding e.g. by order of the Court
- information is requested by the police if investigating a serious crime
- sharing that information is required to undertake a statutory function.

Where these situations apply and it is necessary to share information without consent, the reasons for doing so should be recorded. The record must contain details of any third parties and full details of all the information or evidence they have been given. However, it is important to understand that children and their parents or carers have the right to refuse a common assessment, refuse any services on offer and refuse to consent to their information being shared. In these circumstances, their views must be respected.

### 3.3.3 Completion of the Common Assessment

The common assessment form is simply a way of recording the conversation that a practitioner has with a child and/or their parent/carer, together with any knowledge they may have. In having such a conversation with the child or family, practitioners should:

- seek to build a working partnership with the child, or family, being clear about the nature and goals of the assessment and issues of consent and confidentiality
- be aware that families (including those members who have parental responsibility) may not agree between themselves about the child’s needs and solutions
- work with the child and/or their parent/carer to understand the issues and develop solutions
- conduct the interview in a child-centred way, e.g.:
  - in an appropriate environment within which the child and parent/carer are likely to feel more secure and confident and where assessors have a more direct opportunity to observe behaviour in context

---

\(^3\) The courts have stated that under 16s will be competent to give valid consent to a particular intervention if they have "sufficient understanding and intelligence to enable him or her to understand fully what is proposed"
The common assessment discussion is divided into six areas:

i) explanation of the purpose of the assessment, what information will be recorded and why, issues of confidentiality and consent

ii) collection of basic information about the child, including their demographic and contact details. If appropriate this will also include basic information on family members relevant to the child

iii) assessment of each of the three assessment domains and their component factors. Practitioners should not adopt a mechanistic process, rather they should concentrate on the areas where needs and strengths are identified. They need not record comments against all elements. Although they should concentrate on the presenting issues, they should try to look beyond them to identify needs that may be hidden (e.g. substance abuse/misuse issues). They should look at the whole child, not just their own agency focus. They should consider strengths as well as needs and base their assessment on evidence (what they have observed or what the child/young person or parent/carer has said) rather than opinion.

iv) recording, with the child and/or their parent/carer, overall conclusions and the evidence behind them. This should be agreed with the child or their parent/carer and any major differences of opinion recorded.

v) identification of solutions and actions. Practitioners should work with the child or their parent to identify what assistance is needed for the child and their family and what action should be taken. They should where possible focus on what the child and family can do for themselves. If more help is needed, they should see whether it can be provided from within their agency. If external help is needed, the service directories may help practitioners find something appropriate.

vi) agreement of who will do what and when progress will be reviewed. Practitioners should work with the child or their parent/carer and other practitioners as necessary to agree roles, responsibilities and review dates. The child or their parent’s consent should be recorded, in particular regarding the sharing of information with any agencies. Where appropriate a lead professional should be agreed.

Practitioners do not need to be experts to do a common assessment. If there are areas they do not feel equipped to assess, they should record what they can, leaving others to add to it later if necessary.

The common assessment recording form is at Appendix A2. Definitions of the CAF elements are included in Appendix B. Practitioners should note that the CAF form will is also available electronically with expandable fields. In due course, the information presented in Appendix B will appear as a drop-down cue within the electronic form.

3.3.4 Working with Disabled Children

The CAF is suitable for assessing disabled children, as their basic needs are no different to those of any other child. Disabled children may face additional barriers which prevent them
achieving their full potential, e.g. lack of access to loop systems and/or signing, wheelchair access, etc. Practitioners should consider these issues when planning a common assessment involving a disabled child. Practitioners should ask whether a disabled child has a preferred means of communication (e.g. symbols, BSL, voice synthesiser, aide/interpreter) and ensure this is used.

3.4 DELIVERING SUPPORT AND FOLLOW-UP ACTION

The purpose of the assessment is simply to lead to the next stage of intervention:

- no further action – the practitioner’s concerns have been resolved and no further needs have been identified
- single agency support (may be multi-disciplinary) – the needs identified require action by child and/or their parent or carer, or by the practitioner’s agency
- multi-agency support – the needs identified require multi-agency intervention

Any outcome or part of an outcome could include action by the child and/or their parent or carer. Practitioners should be mindful that:

- babies and very young children should be involved and worked with directly (e.g. through observation, play and thoughtful conversations)
- for those with English as an additional language or some disabled children and young people, English language is not the only means of communication. Interpreters may be required.

Following the assessment the practitioner (or lead professional if the child has one), should deliver their actions and/or broker access to services. Where there is nothing further the practitioner (or their agency) can do, they should refer to another agency of practitioner. In these cases the practitioner should:

- Discuss the assessment and the referral with the receiving agency including, if appropriate, agreeing a lead professional
- Agree the referral with the child and/or their parent/carer and seek their consent to appropriate information sharing
- Where there is consent, share the content of the assessment (and/or send the CAF form to the receiving agency).

3.5 MONITORING AND REVIEW

Assessment is not an end in itself but a means to more effective intervention. It is important, therefore, that the child’s progress is monitored and the effectiveness of interventions reviewed⁴. All agencies should put in place mechanisms for such reviews, or embed them within their existing arrangements. This may require a re-assessment of against the CAF elements or may simply entail a quick progress check on agreed actions. The more complex or serious a child’s situation, the more time it may take to understand thoroughly what has been happening to the child and the impact of the provision of services, and the more it is also likely to involve several organisations in that process.

⁴ Review timescales should be determined by the needs assessment and outcomes, services and plan and the timescales attached to these. They should be consistent with the current statutory review frameworks and agreed in writing with the child or young person and their parent or carer as appropriate.
## COMMON ASSESSMENT FRAMEWORK FOR CHILDREN AND YOUNG PEOPLE
### Pre-Assessment Checklist

Identifying details of baby, child or young person (i.e. name, date of birth) and contact with them/their family.

<table>
<thead>
<tr>
<th>Does the baby, child or young person appear to be …</th>
<th>Yes</th>
<th>No</th>
<th>Not Sure</th>
<th>Evidence / Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>• healthy?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• safe from harm?</td>
<td></td>
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<tr>
<td>• learning and developing?</td>
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<tr>
<td>• having a positive impact on others?</td>
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<td></td>
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<tr>
<td>• free from the negative impact of poverty?</td>
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</tr>
</tbody>
</table>

If you answered "no", what additional services are needed for the baby, child or young person or their parent(s), carer(s) or family?

Can you provide the additional services needed?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

If you answered “no" or "not sure", or if it is not clear what support is needed, would an assessment under the Common Assessment Framework help?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

Who will do this assessment?

<table>
<thead>
<tr>
<th>I will</th>
<th>Another practitioner will</th>
</tr>
</thead>
</table>

Name of practitioner

Agency

Date completed form
FIVE PRIORITY OUTCOMES

The Green Paper, *Every Child Matters*, proposed the introduction of a national common assessment framework as an important part of a strategy for helping children, young people and their families to achieve the five priority outcomes to:

- **Be Healthy** - This means babies, children and young people are physically healthy, mentally and emotionally healthy, sexually healthy, living healthy lifestyles, and choosing not to take illegal drugs. We also want to help parents, carers and families to promote healthy choices.

- **Stay Safe** - This means babies, children and young people are safe from maltreatment, neglect, violence and sexual exploitation, safe from accidental injury and death, safe from bullying and discrimination, safe from crime and anti-social behaviour in and out of school, and have security, stability and are cared for. We also want to help parents, carers and families to provide safe homes and stability, to support learning and to develop independent living skills for their children.

- **Enjoy and achieve** - This means young children are ready for school, school-age children attend and enjoy school, children achieve stretching national educational standards at primary school, children and young people achieve personal and social development and enjoy recreation, and children and young people achieve stretching national educational standards at secondary school. We also want to help parents, carers and families to support learning.

- **Make a positive contribution** - This means children and young people engage in decision making and support the community and environment, engage in law-abiding and positive behaviour in and out of school, develop positive relationships and choose not to bully or discriminate, develop self-confidence and successfully deal with significant life changes and challenges and develop enterprising behaviour. We also want to help parents, carers and families to promote positive behaviour.

- **Achieve economic well-being** - This means young people engage in further education, employment or training on leaving school, young people are ready for employment, children and young people live in decent homes and sustainable communities, children and young people have access to transport and material goods, and children and young people live in households free from low income. We also want to help parents, carers and families to be economically active.

#### Exceptional Circumstances – Significant Harm and Putting Others at Risk of Harm

If at any time in the course of this assessment you consider that a baby, child or young person is a child in need, which includes being at risk of significant harm, you must follow your local ACP/LSCB procedures in the normal way and as set out in the booklet *What To Do If You Are Worried A Child Is Being Abused*. Similarly, children or young people putting others at risk of harm e.g. by their threatening behaviour, should be dealt with immediately using established procedures operated locally.
COMMON ASSESSMENT FRAMEWORK
FOR CHILDREN AND YOUNG PEOPLE

Complete this assessment when you feel that a baby, child or young person may have additional needs which their current level of provision is not addressing. The purpose of the assessment is to gather evidence of the baby, child or young person’s strengths and needs, taking account of their family circumstances. The assessment will provide the basis for decisions about the scale and nature of any additional support the baby, child, young person or their family/carer may require. You are not required to complete all assessment elements – concentrate on the presenting issues. Follow your local ACPC/LSCB child protection procedures as soon as any requirement to do so is identified.

Baby, child or young person being assessed
Name_______________________________ Contact phone no.___________________________
Male or female _________________________ Date of birth_______________________________
Unique Ref. No. (if known)___________________ Update / version no. (if known)___________________
Address________________________________________________________________________

All persons with parental responsibility

<table>
<thead>
<tr>
<th>Name and relationship to child:</th>
<th>Name and relationship to child:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address and contact details:</td>
<td>Address and contact details:</td>
</tr>
</tbody>
</table>

Parent or carer present at the assessment (name)________________________________________

Person(s) undertaking the assessment
Name_______________________________ Contact phone No.___________________________
Address_______________________________ Agency__________________________________
Name of lead professional (where applicable) _________________________________________

Assessment Information
Date of assessment______________________________
What has led to this baby, child or young person being assessed? ______________________
______________________________________________________________________________
Is the child disabled or are there any language or communication issues? ____________________
______________________________________________________________________________

Agency involvement with this baby, child or young person
Early years or educational provision _________________________________________________
GP______________________________________________________________________________
Other agencies working with this baby, child or young person ____________________________
## ASSESSMENT SUMMARY - Identify strengths and needs.

<table>
<thead>
<tr>
<th>Element</th>
<th>Comment – identify strengths and needs. There is no need to comment on all elements</th>
</tr>
</thead>
<tbody>
<tr>
<td>General health</td>
<td></td>
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<tr>
<td>Health</td>
<td></td>
</tr>
<tr>
<td>Physical development</td>
<td></td>
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<tr>
<td>Speech, language and communications</td>
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<tr>
<td>Emotional and social development</td>
<td></td>
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<tr>
<td>Behavioural development</td>
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<tr>
<td>Identity, including self-esteem and self-image and social presentation</td>
<td></td>
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<tr>
<td>Family and social relationships</td>
<td></td>
</tr>
<tr>
<td>Self-care skills and independence</td>
<td></td>
</tr>
<tr>
<td>Understanding, reasoning and problem solving</td>
<td></td>
</tr>
<tr>
<td>Progress and achievement in learning</td>
<td></td>
</tr>
<tr>
<td>Participation in learning, education and employment</td>
<td></td>
</tr>
<tr>
<td>Aspirations</td>
<td></td>
</tr>
<tr>
<td>Basic care, ensuring safety and protection</td>
<td></td>
</tr>
<tr>
<td>Emotional warmth and stability</td>
<td></td>
</tr>
<tr>
<td>Guidance, boundaries and stimulation</td>
<td></td>
</tr>
<tr>
<td>Family history, functioning and well-being</td>
<td></td>
</tr>
<tr>
<td>Wider family</td>
<td></td>
</tr>
<tr>
<td>Housing, employment and financial considerations</td>
<td></td>
</tr>
<tr>
<td>Social &amp; community elements and resources, including education</td>
<td></td>
</tr>
</tbody>
</table>
EVIDENCE SUPPORTING STRENGTHS AND NEEDS IDENTIFIED - Provide evidence to support your assessment. Work with the baby, child or young person and / or parent or carer and take account of their views. Record any major differences of opinion.

What evidence is your assessment of strengths and needs based upon?

CONCLUSIONS, SOLUTIONS AND ACTIONS - Now you have completed the assessment, 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 conclusions? E.g. strengths, no additional needs, additional needs, complex needs, risk of harm to self or others. What action is needed immediately?

<table>
<thead>
<tr>
<th>What actions do you recommend? e.g. no further action, continue to work with the baby, child or young person or multi-agency meeting</th>
<th>What are we going to do? e.g. you, your agency, other agencies, the child or young person and their family? By when?</th>
</tr>
</thead>
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</tbody>
</table>

How will you review progress, and what is the date for the review? How will you know when things have improved?

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

Parent / carer’s comment on the assessment and actions identified (delete as appropriate)
**Consent for information storage and information sharing**

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 baby, child or young person for whom I am parent / carer. (Delete as appropriate)

I agree to the information recorded on this form being shared with the other people / services listed below who may be able to help provide services to me / this baby, child or young person for whom I am parent / carer. (Delete as appropriate).

The information may be shared with the following people / services:

Signed________________________Name_________________________Date___________

----------------------------------------------------------------------------------------------------------------------------

**Completing a Common Assessment**

**Why the CAF Assessment is Important**

Completion of this assessment will ensure whenever a baby, child or young person is assessed, whoever completes the assessment, that assessment follows an established assessment model. This means that evidence is consistently recorded to high, credible standards and practitioners work together and share information more effectively.

**Additional Information**

The guidance supporting this form contains examples of what evidence to look for. However, they are for your guidance only and are not presented as an assessment "script" for you to work through mechanistically. As someone who knows the baby, child or young person, you are best placed to determine the best way to address each of the elements for each individual child in unique, sometimes complex, circumstances.

For children or young people with significant levels of disability, be careful to take account of the real progress being made. For example, comments on “speech, language and communication development” should, for a child with a disability in this area, refer to their preferred means of communication, where relevant.

**Exceptional Circumstances – Significant Harm and Putting Others at Risk of Harm**

If at any time in the course of this assessment you consider that a baby, child or young person is a child in need, which includes being at risk of significant harm, you must follow your local ACPC/LSCB procedures in the normal way and as set out in the booklet *What To Do If You Are Worried A Child Is Being Abused*. Similarly, children or young people putting others at risk of harm e.g. by their threatening behaviour, should be dealt with immediately using established procedures operated locally.

**Completing the Assessment**

**Form template** - This form will be available as an electronic template and therefore the fields will be expandable.

**Assessment Summary** – As a minimum you should provide an indication that you have considered all three domains listed. Note you are not required to deal with all elements, rather concentrate on the presenting need(s).

**Assessment Evidence** – Practitioners should take care about how they present the different types of evidence they may use in assessment. All those providing information should take care to distinguish between fact, observation, allegation and opinion. "Views, wishes and intentions" need to be noted alongside areas of agreement and disagreement.

Conclusions, Solutions and Actions - Lastly, you will need to complete what needs to be done, by whom and by when. If more than one practitioner is involved, a lead professional should be identified.

**Sharing the Assessment**

In most circumstances, the child or young person (if they are of sufficient age) or their parent / carer should be provided with a copy of the assessment. This must not be done where to do so could put the baby, child or young person at risk of harm.

If, as a result of your assessment, you conclude that it will be beneficial to work with other agencies, and the child / young person or their parent / carer agrees, you should forward them a copy of this assessment.
## Appendix B

### CAF ELEMENTS AND DEFINITIONS

#### ELEMENTS

<table>
<thead>
<tr>
<th>Element</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Health</strong></td>
<td>General health, Physical development, Speech, language &amp; communications development</td>
</tr>
<tr>
<td><strong>Emotional and social development</strong></td>
<td></td>
</tr>
<tr>
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<td></td>
</tr>
<tr>
<td><strong>Identity, including self-esteem, self-image and social presentation</strong></td>
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</tr>
<tr>
<td><strong>Family &amp; social relationships</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Self-care skills &amp; independence</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Learning</strong></td>
<td>Understanding, reasoning and problem solving, Progress &amp; achievement in learning, Participation in learning, education &amp; employment, Aspirations</td>
</tr>
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<tr>
<td><strong>Housing, employment and financial considerations</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Social &amp; community elements &amp; resources, including education</strong></td>
<td></td>
</tr>
</tbody>
</table>
DEFINITIONS

1. DEVELOPMENT OF THE BABY, CHILD OR YOUNG PERSON

A Health, including general health, physical development and speech, language and communications development

**General health** - The baby, child or young person’s current health condition e.g. conditions of relevance to a baby, child or young person, including growth, development, physical and mental wellbeing.

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 including diet, sexual health and management of any health condition such as diabetes or asthma

**Physical development** - The baby, child or young person’s means of mobility, level of physical or sexual maturity / delayed development.

Also includes consideration of:

- 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.

**Speech, language and communications development** - The ability to communicate effectively, confidently and appropriately with others.

Also includes consideration of:

- 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
- ability to communicate meaning, influence others, negotiate and make choices, understanding of others
- vision and hearing
- 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 e.g. body language, excessive use of expletives or inappropriate language e.g. brusque manner

**B Emotional and Social Development**

The emotional and social response the baby, child or young person gives to parents and 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
- temperament, coping and adjusting abilities e.g. after experiencing domestic violence, bereavement or family relationship breakdown
- disposition, attitudes and motivation to change

**C Behavioural Development**

The behaviour of the child or young person.

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 comes into contact with their peers
- substance abuse/misuse\(^1\)
- anti-social behaviour e.g. destruction of property, aggression towards others, harm or risk of harm to others
- sexually inappropriate behaviour and attempts to manipulate or control others
- offending behaviour and risk of (re) offending
- violent or aggressive behaviour at home or school
- attitudes to offending

### D Identity, including Self-Esteem and Self-Image and Social Presentation

<table>
<thead>
<tr>
<th>The growing sense of self as a separate and valued person.</th>
</tr>
</thead>
</table>

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

### E Family and social relationships

<table>
<thead>
<tr>
<th>The ability to empathise and build stable and affectionate relationships with others, including family, peers and the wider community.</th>
</tr>
</thead>
</table>

Also includes consideration of:

- stable and affectionate relationship with parents or care givers
- 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 abusing/misusing friends/peer groups
**F  Self-care skills and independence**

The acquisition of practical, 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 e.g. 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 e.g. appropriate use of social problem solving approaches

**G  Learning, including Understanding, Reasoning and Problem Solving, Participation, Progress and Aspirations**

**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 sense 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 e.g. 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 e.g. 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 opportunities to take part in activities in the community and / or develop particular strengths or skills e.g. 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 needs help to catch up when education has been disrupted
- disability – whether the child 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 e.g. 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
2 PARENTS AND CARERS

A Basic care, ensuring safety and protection

The extent to which the baby, 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 e.g. doctor, dentist, optician
- provision of a safe environment, where family members and other carers act to safeguard the safety and welfare of the baby, child or young person and the baby, child or young person is not exposed to domestic violence, substance abuse/misuse, sexual exploitation or other abusive experiences
- recognition of hazards and danger both in the home and elsewhere
- quality of care
- parental substance abuse/misuse

B Emotional warmth and stability

Provision of emotional warmth in a stable family environment, giving the baby, child or young person a sense of being valued.

Also includes consideration of:

- parent or carer’s feelings about looking after this baby, child or young person
- ensuring the baby, child or young person’s requirements for secure, stable and affectionate relationships with significant adults, with appropriate sensitivity and responsiveness to the 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 baby, 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

C Guidance, boundaries and stimulation

Enabling the baby, child or young person to regulate their own emotions and behaviour while promoting the baby, child or young person’s 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 baby, child or young person can develop a positive internal model of value and conscience

- appropriate stimulation of learning
- effective discipline
- ensuring the baby, child or young person’s safety while encouraging independence and avoiding overprotection
- encouraging their children to participate in and benefit from education and leisure activities
- supporting children’s personal and social development so they are independent, self-confident and able to form positive relationships with others.

3 FAMILY AND ENVIRONMENTAL ELEMENTS

A Family history, functioning and well-being

| The impact of family situations and experiences. |

This element 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 baby, child or young person
- impact of problems experienced by other family members such as physical illness, mental health problems, bereavement or loss
- allowing the baby, child or young person to witness 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 baby, child or young person e.g. 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 abuse/misuse
- whether anyone in the family presents a risk to the child

B Wider family

| The family’s relationships with relatives and non-relatives. |
It includes consideration of:

- formal and informal support networks for the baby, child or young person
- formal and informal support networks for the parents or carers
- wider family roles and responsibilities e.g. including employment and care of others
- appropriate level of support from family members

C **Housing, employment and financial considerations**

**Housing** – What are the living arrangements? Does the accommodation have appropriate amenities and facilities?

This element includes:

- who has the baby, child or young person been living with
- the exterior of the accommodation and immediate surroundings
- the interior of the accommodation with specific reference to the baby, child or young person’s individual living arrangements
- water, heating, sanitation, cooking facilities, sleeping arrangements, cleanliness, hygiene, safety
- reasons for homelessness

**Employment** – who is working in the household, the pattern of their work and any changes.

This element also includes:

- the impact of work upon the baby, child or young person
- how work or absence of work is viewed by family members
- how does work affect the family’s relationship with the baby, child or young person?

**Financial considerations** – income available over a sustained period of time.

This element also includes:

- the family’s entitlement to and receipt of benefits
- sufficiency of income to meet the family’s needs
- the ways in which the family’s income is used
- how the family’s financial circumstances affect the baby, child or young person e.g. inadequate legitimate personal income
- whether the family is suffering financial hardship due to an emergency, e.g. loss of possessions/homelessness

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

Explores the wider context of a baby, child or young person’s neighbourhood and its impact on the baby, child or young person, including details of the facilities and services available.

Also includes consideration of:
- neighbourhood characteristics e.g. levels of crime, disadvantage, employment, high levels of substance abuse/misuse\(^1\), trading of illegal drugs, 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 baby, child or young person's social integration or isolation
- the influence of peer groups, friendships and social networks e.g. substance abuse/misuse\(^1\)