

Powys Child And Family (CAF) Assessment

First name(s):	Disability? Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> If Yes, please provide further details	Medical diagnosis? Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> If Yes, please provide further details
Surname (of child or young person):		
Previous names:	Address (include postal code):	Is the child/young person taking medication? Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> If Yes, please provide further details
DOB/EDD	Any other address and reason why:	
Is the child/young person a Young Carer? Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>	Additional learning needs? Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> If Yes, please provide further details	
Date of this assessment	Other assessment / tools used	First language
		Ethnic origin
Gender Male <input type="checkbox"/> Female <input type="checkbox"/> Unborn <input type="checkbox"/>		
Home Tel if this may be used for first contact	Mobile if this may be used for first contact	
Email address	Work telephone number	

Name of practitioner completing this assessment	Contact telephone number
Role	Agency

Household members

Name	Relationship	Age/DOB	Parental responsibility? (Y/N)	Aware of this assessment (Y/N)	Household member (Y/N)

Significant others

Name	Relationship	Age/DOB	Parental responsibility? (Y/N)	Aware of this assessment (Y/N)	Household member (Y/N)

Key agencies involved: (GP, midwife, nursery, school, education welfare officer, other)

Name	Agency	Role	Contact Details	Took part in assessment (Y/N)

Name of school, college or child care setting	Name of contact person	Aware of this assessment (Y/N)

Please show primary reason for CAF by highlighting in red or adding No. 1 in the appropriate box.

Please show any secondary reasons by highlighting in yellow or adding No. 2 in the appropriate box.

Health issues - Young person	Family Health	Healthy lifestyle issues	Speech/language delay	Sexuality issues	Sexual health concerns	Young person - mental health	Family mental health
Emotional wellbeing issues	Low self esteem	Behavioural issues/concerns	Additional learning and development needs - Family	Additional learning and development needs - Young person	Please specify a) ADHD b) ASD c) Dyslexia or dyspraxia	Physical disability - Young person	Physical disability - Family
Sibling of a child with a disability	Poor/non-school attendance	Excluded from school	Exclusion risk a) fixed term b) permanent	Home/ school liaison difficulties	Anti-social behaviour	Offending behaviour (current)	Offending behaviour (risk of)
Bullying (victim of) a) racist?	Bullying (of others) a) racist?	Substance misuse - Young person	Substance misuse - Family	Domestic Violence - Young person	Domestic Violence - Family	Family relationship difficulties	Other relationship difficulties
Parenting concerns	Young Carer	Teen parent or pregnancy	Pregnancy - Parent/carer	Young person at risk of homelessness	Young person is homeless	Family housing	Ethnicity/heritage
Finance issues	Social isolation	Transition	Learning needs	Bereavement	Self-harm	Other, please specify:	

Section 1. Please score 1 to 5 for each of the following Child or Young Person issues (according to age-relevance):

- 1: no concerns 2: some early concerns 3: obvious negative effect starting to show
 4: evident, longer term negative impact 5: crucial negative effect
 (use TAF cards for more detailed guidance on scoring)

Growing and Developing		What I need from those looking after me		Wider World	
H1 I have good physical health and development.		R1 I am given routines, boundaries and guidance from my family.		A1 My attendance at school/college/work is good. I take part when I am there.	
H2 I can express and deal with my feelings. I am generally happy about myself.		R2 I am given stimulation, opportunities to play, pursue interests and am encouraged to be curious.			
H3 I behave well & responsibly.		R3 I receive good health care and check-ups as needed.		A2 I am making progress and am achieving.	
H4 I communicate well with others.					
H5 I feel good about who I am. I feel I have a positive view of myself and good self esteem.		R4 My home is warm, safe and secure.			
H6 I can take care of myself in ways that are right for my age.		R5 I am safe and protected by my parents (or carers).		A3 I have hopes and plans for the future and am supported to make the right choices.	
H7 I enjoy good family relationships.					
H8 My family has friends, good relationships with neighbours and enjoys supportive community relationships.		R6 I have a stable home life. I feel loved by my parents (or carers).		A4 I can make and understand reasoned points of view. For my age, I can solve problems OK	

Please detail here any child or young person concerns scoring 3, 4 or 5:

What are the strengths and the unmet needs of the child/young person, including interests, ambitions and positive relationships?

Child/Young Person Strengths:

Child/Young Person Needs:

Section 2. Please score 1 to 5 for each of the following Family issues
1: no concerns **2:** some early concerns **3:** obvious negative effect starting to show
4: evident, longer term negative impact **5:** crucial negative effect
 (use TAF cards for more detailed guidance on scoring)

R9 Family concerns about someone drinking excessively or misusing drugs				
E1 Family manages income		R8 Parent/carer enjoys good emotional well-being or mental health		E3 Parent/carer is engaged in education, training or employment
E2 Family has few debts				
E4 Parent/carer looking for work		R7 Parent/carer has good physical health		E5 Parent/carer has chosen not to work, to raise children (always scores a 1 or is not applicable)

Please detail any family concerns scoring 3,4 or 5

What are the strengths and the unmet needs of the family?

Family Strengths:	Family Needs:
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1. What have you already tried to help/support and how effective has this been?

2. What overall change would you like to see?

- Does the child/young person agree with what is written in this form? Yes No N/A
- Does the parent/carer agree with what is written in this assessment? Yes No N/A
- Does the child/young person and /family have a copy of the assessment Yes No

If no, please state why

Child/young person/parent/carer's comments: (include any areas of disagreement, with reasons)

Consent to share information

Checks will be undertaken with relevant agencies to ascertain any previous involvement.
We will not keep information about you for longer than necessary to comply with relevant legislation.

- I have read the information recorded in this assessment and confirm I have had my views listened to and recorded and I **consent** to this information being stored
-
- I **consent** to this information being shared and used for purposes of providing services to myself and family
-
- I **consent** for my family to be discussed at the TAF panel
-
- I would like a TAF meeting to be convened
-
- I **consent** to agencies sharing relevant information they hold about me or my child
-
- I **consent** to agencies sharing information, except for those agencies listed below

1
2
3
4

I understand that once information is shared, it cannot be withdrawn.

Your attendance at the TAF panel is not required. However if you feel strongly that you wish to be present, arrangements can be made. Please tick here if you want arrangements made so that you are able to attend the TAF Panel.

Please note that your own or your family's TAF meetings can only take place with you present.

Child/young person's signature	Child/young person's name	Date
Parent/carer's signature	Parent/carer's name	Date

For Practitioners

I confirm that I have jointly completed this assessment with the child, young person and/or family Yes No

I have assessed the young person as competent to give his or her own consent, without parent's consent Yes No

This form is being submitted electronically and I confirm my agency holds the original signed copies Yes No

Practitioner's signature	Please print name below	Date

ALL CAFs should be sent to the TAF Co-ordination Team, from where they will be forwarded as necessary.

Please send the completed CAF to caf.admin@powys.gov.uk or by post to:

TAF Co-ordination Team, Mezzanine Floor,
County Hall, Llandrindod Wells, LD1 5LG

Tel: 01597 826246

For office use only

Next steps	Yes/No	Date
Received by TAF Co-ordination Team		
Is this a first CAF?		If No, dates of previous CAFs
Direct to TAF?		
Direct to IDS?		
Direct to Single Agency?		
Direct to TAF Panel?		