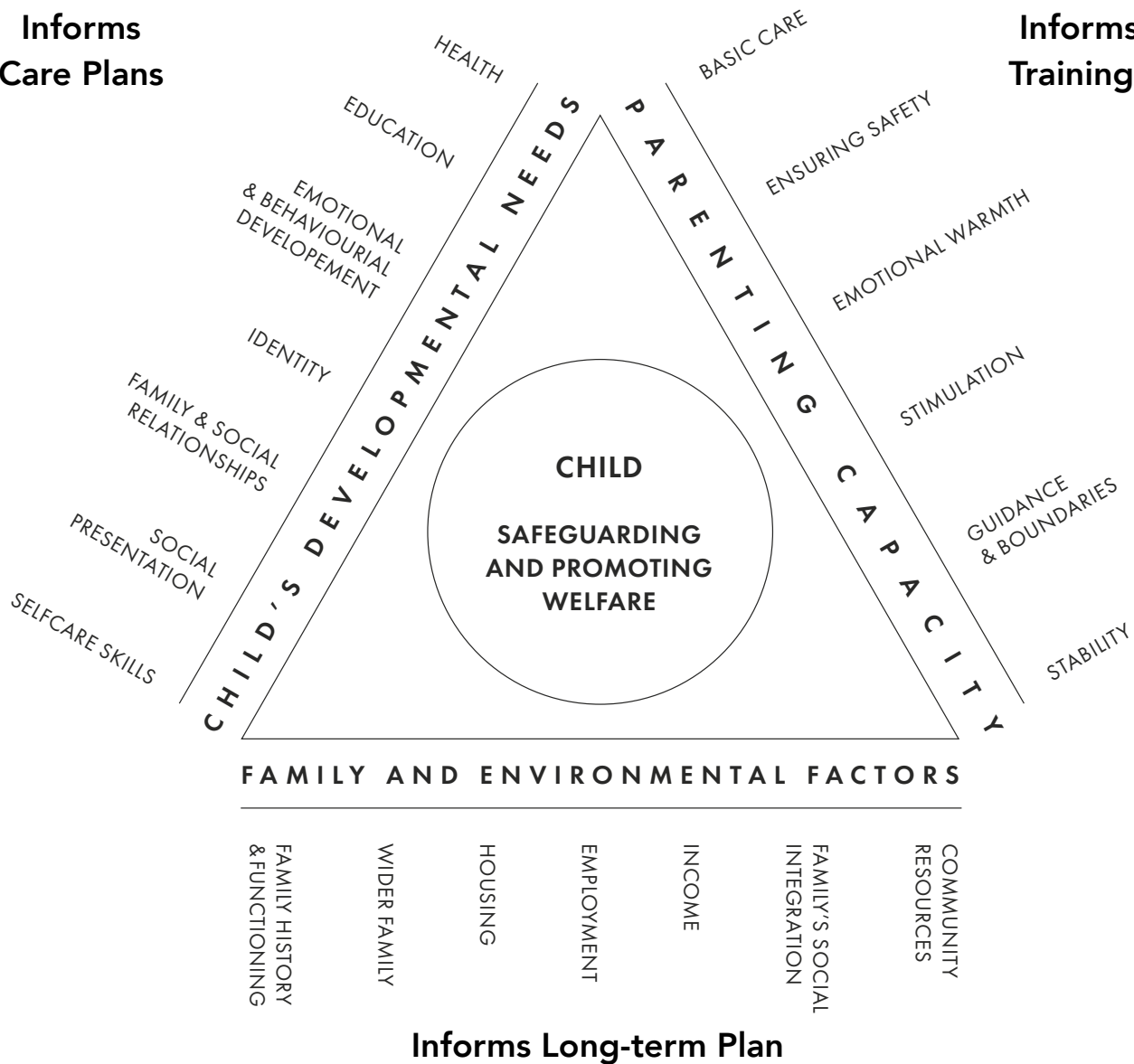


Common Assessment Framework

Children and Families

**Informs
Care Plans**

**Informs Carer
Training Needs**



Name of organization	
-----------------------------	--

Position and name of the specialists completing the CAF	1.
	2.

Assessment begun on (date):		Assessment completed on:	
-----------------------------	--	--------------------------	--

Full name of child:	
----------------------------	--

Date of birth:		Present age in years:		Sex: M	Sex: F
----------------	--	-----------------------	--	--------	--------

Actual address where the child is currently living and contact telephone number:	
Address where the child is officially registered: *	
Full names and dates of birth of parents:	1.
	2.
Full names and dates of birth of parents:	1.
	2.
Address(es) where the parents are registered:	1.
	2.
Full name and DOB of the child's legal representative, relationship to the child:	
Actual address where the legal representative is currently living and contact telephone number:	
Address where the legal representative is registered:	

Other children in the family

Full name	Date of birth	Actual current address

Other persons of significance to the child (relatives, neighbours, family friends, etc.)

Full name	Relationship to child	Actual current address

Reasons why your organization is carrying out an assessment of the child

1. Referring agency/institution, reason for referral and expected results (assistance). (Indicate where the referral/information came from, the reason for the approach and request.)
2. How do the child and the parents regard the referral?
3. Why is your organization is carrying out an assessment of the child?

Educational institution attended by the child

Type and name (kindergarten, school (give the class), other)	Address	Contact person (name, position)	Telephone number

Dates of contacts between specialists and the family

Date	Name of family member involved

Specialists and other who have provided information about the child (medical workers, social workers, caregivers, teachers, neighbours, family friends, etc.)

Nº	Organization	Name	Contact details
1.			
2.			
3.			
4.			
5.			
6.			

Has an assessment / diagnosis of the child been carried out by other specialists or organizations (CAF or other)? All relevant documents, reports, etc. should be attached (originals or copies)

	Yes		No		not known
--	-----	--	----	--	-----------

Date of assessment and summary of information provided by the other specialists / organizations

1.
2.
3.
4.

Genogram

Briefly summarize all the known circumstances of the child's life from birth to the present

1. Housing / work / income	Yes / No / Not Applicable (n/a)	Comments (give specific facts) / Is more information needed?
Needs of the child		
1.1. Does the child have a stable place of residence?		Indicate whether owned by the family, state-owned, municipal, privately rented, or other
1.2. Does the child's place of residence change frequently?		
1.3. Does the child have his/her own place to play, to do homework, to sleep?		Is its condition satisfactory?
1.4. Does the child have personal belongings (i.e. toys, books)?		
Capabilities of the parents (or those acting in their stead)		
1.5. Are there frequent changes in the composition of the family?		
1.6. Is the housing in a satisfactory state? (Indicate if dangerous, unfit for the purpose, fails to meet health and sanitation standards, etc.)		What steps have the parents taken to improve the living conditions?
1.7. Does the family have access to basic amenities? (gas, water, heating, etc.)		
1.8. Does the neighborhood have adequate infrastructure? (nearby educational institutions, polyclinic, park, etc.)		
1.9. Are the parents (or those acting in their stead) in work?		If not, are they actively seeking employment?
1.10. Does their work schedule allow them to care for the child?		
1.11. Does the family have other sources of income?		
1.12. Are the sources of income stable?		
1.13. Does the family claim benefits, concessions, etc.?		
1.14. Is the family in debt or arrears? Why?		
1.15. Is the family making payments? (loan repayments, child support, or other)		
1.16. Does the family need help in obtaining necessary documents?		If so, specify which documents are lacking

The family has _____ members and occupies (mark and complete as relevant)

☐ an apartment with _____ rooms, total floor area _____ m², area of rooms _____ m²

☐ part of a communal apartment, in which it has _____ room(s), with an area of _____ m²

☐ the whole apartment is _____ m², total No of rooms _____ No of neighbours _____

☐ a house, total floor area _____ m², rooms _____ other info _____

☐ other housing (describe) _____

Total family income:		Living space per person:	
Income per person:		Number of persons living in the same room as the child (what relation are they to the child)	

Analysis of information in the Housing / Work / Income section

Strengths:
Weaknesses:
Conclusions:

Family's level of functionality in respect of this section:*

☐ Critical ☐ Poor ☐ Satisfactory ☐ Good

2. Health and safety	Yes / No / Not Applicable (n/a)	Comments (give specific facts) / Is more information needed?
Needs of the child		
2.1. Is the child's physical development in accordance with her/his age? (height, weight, motor development, etc.)		
2.2. Does the child have any health problems? (hearing or sight impairment, physical or mental disorders)		
2.3. Does the child's health condition necessitate special care or equipment?		If so, specify what is needed
2.4. Is the child being monitored by any health specialists?		
2.5. Does the child require medical examination?		If so, give the reason
2.6. Are there any indications of cruelty towards the child? (physical, emotional or sexual abuse, neglect)		If so, specify
2.7. If so, are urgent measures required to protect the child and preserve his/her health?		Indicate what measures are needed
2.8. Does the child drink alcohol, use drugs or similar?		Includes cigarettes, alcohol, solvents, glue, drugs
Capabilities of the parents (or those acting in their stead)		
2.9. Are the conditions being provided for the child's healthy development in accordance with her/his needs? (including questions 2.3, 2.4 and 2.5)		
2.10. Can the parents* provide details of the medical history of the child's biological family?		
2.11. Is the family/child covered by state health insurance? (with the required paperwork)		
2.12. Is the child having the necessary medical check-ups? Have all the necessary vaccinations been done?		

2.13. If required, has the child been registered as disabled and does she / he have an individual programme of rehabilitation?		If not required, put «Not applicable»
2.14. Are the parents able to react appropriately to a medical emergency?		
2.15. Is the child left at home unsupervised?		If so, specify how often, for how long, how the child's safety is ensured for that time, etc.
2.16. Do any family members have problems with physical or mental health, mental handicap, behaviour, alcohol or drug abuse?		

Analysis of information in the Health and safety section

Strengths:
Weaknesses:
Conclusions:

Family's level of functionality in respect of this section:

☐ Critical
 ☐ Poor
 ☐ Satisfactory
 ☐ Good

3. Selfcare and social skills	Yes / No / Not Applicable (n/a)	Comments (give specific facts) / Is more information needed?
Needs of the child		
3.1. Is the child's standard of personal hygiene normal? (tidiness, teeth, hair, nails, etc.)		
3.2. Has the child properly mastered the selfcare skills appropriate to her/his age?		
3.3. Does the child follow advice from adults?		
3.4. Is the child dressed appropriately?		Consider whether clothing is right for the weather, neat and clean, appropriate for school , and so on.
3.5. Does the child get pocket money?		
3.6. Does the child understand the value of money?		
3.7. Can the child use public transport?		
3.8. Does the child have an adequate sense of danger?		
3.9. Is the child able to spend time with other children and their families?		
3.10. Does the child have a close friend?		
Capabilities of the parents (or those acting in their stead)		
3.11. Are the parents' selfcare skills normal?		
3.12. Do the parents take proper care of the child in accordance with his/her age and condition?		
3.13. Do the parents encourage the child to develop her/his skills?		

Analysis of information in the Selfcare and social skills section

Strengths:	
Weaknesses:	
Conclusions:	

Family's level of functionality in respect of this section: *

- ☐ Critical ☐ Poor ☐ Satisfactory ☐ Good

4. Education (including stimulation for pre-school children)	Yes / No / Not Applicable (n/a)	Comments (give specific facts) / Is more information needed?
Needs of the child		
4.1. Does the child attend kindergarten, school or another establishment regularly?		
4.2. Does the child regularly arrive there on time?		
4.3. Is the child coping with the educational programme?		
4.4. Does the child have a favourite teacher or subject?		
4.5. Does the child have difficulty concentrating?		
4.6. Is an assessment of the child's educational level required?		
4.7 Does the child have a good attitude to his / her studies?		
4.8. Is the child involved in extracurricular activities?		
4.9. Are the child's relations with teachers good?		
Capabilities of the parents (or those acting in their stead)		
4.10. Do the adults show an encouraging attitude to the child's education?		
4.11. Does the child have everything necessary for his / her studies?		
4.12. Do the parents encourage the child to study / develop in keeping with her / his capabilities?		
4.13. Do the adults take steps to overcome any difficulties with the child's studies?		
4.14. Do the parents have any contact with the staff of the educational institution?		
4.15 Do the parents push the child to achieve good results?		
4.16. Do the adults provide the stimulation and interaction necessary for the child's development, especially at an early age?		

Analysis of information in the Education section

Strengths:	
Weaknesses:	
Conclusions:	

Family's level of functionality in respect of this section:

- ☐ Critical ☐ Poor ☐ Satisfactory ☐ Good

5. Identity (including self-concept, sense of belonging to the family, to society, and so on)	Yes / No / Not Applicable (n/a)	Comments (give specific facts) / Is more information needed?
Needs of the child		
5.1. Does the child show self-confidence?		
5.2. Is the child proud of his / her achievements?		
5.3. Is the child aware of his / her sex? *		Is there a disparity between the child's sex and his / her behavior?
5.4. Is there a contradiction between the child's sex and the style of upbringing?		
5.5. Does the child have an attachment to any family member?		
5.6. Does the child know relatives who do not live with his / her immediate family?		
5.7. Does the child know her/his family history?		
5.8. Does the child consider himself / herself a member of any grouping or religious sect?		
Capabilities of the parents (or those acting in their stead)		
5.9. Do the parents treat the child with respect?		
5.10. Is the child always addressed by name?		
5.11. Is the child's opinion considered?		
5.12. Does the family have its own traditions?		
5.13. Are the roles in the family firmly defined?		
5.14. Is there a head of the family?		Indicate who it is
5.15. Is the family religious?		
5.16. Do the family member recognize the rights and obligations of the parents?		
5.17. Does the family take steps to enable the child to realize her/his abilities?		

Analysis of information in the Identity section

Strengths:	
Weaknesses:	
Conclusions:	

Family's level of functionality in respect of this section: *

- ☐
- Critical
- ☐
- Poor
- ☐
- Satisfactory
- ☐
- Good

6. Emotional development (including warm emotional relationships)	Yes / No / Not Applicable (n/a)	Comments (give specific facts) / Is more information needed?
Needs of the child		
6.1. Are the child's emotional reactions within the norm for her/his age?		If not, give details
6.2. Is the child withdrawn, unsociable?		
6.3. Does the child have strong outbursts of anger, beyond the bounds of normal behaviour?		If so, how often, in what circumstances?
6.4. Does the child cope with failure and anger? How?		
6.5. Does the child show an interest in violence and cruelty?		
6.6. Does the child self-harm?		
6.7. Does the child have suicidal thoughts?		
6.8. Does the child need in-depth psychological examination?		
Capabilities of the parents (or those acting in their stead)		
6.9. Was the child wanted?		
6.10. Do the parents know about the child's emotional needs?		If not, give details
6.11. Do the parents provide the child with emotional support in all life situations?		
6.12. Is the child encouraged when wanting to share her/his fears, anxieties or problems?		
6.13. Is the child encouraged to be self-confident?		
6.14. Do family problems get settled without violence?		
6.15 Is the child criticized or subjected to hostility?		

Analysis of information in the Emotional development section

Strengths:	
Weaknesses:	
Conclusions:	

Family's level of functionality in respect of this section: *

- ☐
- Critical
- ☐
- Poor
- ☐
- Satisfactory
- ☐
- Good

7. Family and social relationships	Yes / No / Not Applicable (n/a)	Comments (give specific facts) / Is more information needed?
Needs of the child		
7.1. Are the child's social surroundings stable? (a limited number of familiar adults)		
7.2. Does the child show attachment to the person who looks after him/her most of all?		Primarily important for infants and pre-school children
7.3. Does the child feel unconstrained in the presence of family members?		
7.4. Is the child taken to visit relatives who live separately?		
7.5. Does the child have normal relationships with other children in the family and with her/his peers?		
7.6. Does the child frighten other children or is he/she frightened by them?		
7.7. Is the child involved in caring for family pets?		
7.8. Does the child witness or get drawn into family conflicts / violence?		
7.9. Is there an adult that the child trusts and tells about her/his feelings?		
Capabilities of the parents (or those acting in their stead)		
7.10. Do the parents play with the child?		
7.11. Does the child get enough bodily contact with the parents?		
7.12. Is the child's leisure time organized?		
7.13. Does the family have the support of a social network? (relatives, friends, social services, and so on)		
7.14. Do the parents have a positive experience of childhood to draw upon when bringing up their own children?		Consider whether the parents suffered abuse, were brought up in an institution, whether a parent has a mental disorder, regular arguments and the like.
7.15. Has the family suffered a traumatic loss or crisis in the past six months?		If so, has the family coped? Is support needed?
7.16. Do the adults looking after the child have agreed approach to bringing him/her up?		
7.17. Is there trust between members of the family?		
7.18. Does the family have common interests and enthusiasms?		
7.19. Do the parents have a positive attitude to the child's friends?		
7.20. Does the family maintain relations with the neighbours?		

Analysis of information in the Family and social relationships section

Strengths:	
Weaknesses:	
Conclusions:	

Family's level of functionality in respect of this section: *

- ☐ Critical ☐ Poor ☐ Satisfactory ☐ Good

8. Behaviour (including boundaries and discipline)	Yes / No / Not Applicable (n/a)	Comments (give specific facts) / Is more information needed?
Needs of the child		
8.1. Is the child's behaviour appropriate to his/her age?		
8.2. Can the child control her/his behaviour?		
8.3. Does the child engage in destructive behaviour?		(For example, aggression, hysterics, etc.)
8.4. Does the child behave adequately with other people?		
8.5. Does the child cope on his/her own with age-appropriate tasks?		
8.6. Does the child have particular behavioural difficulties?		If so, specify
8.7. Can the child tell good from bad?		
8.8. Does the child behave in public in keeping with the socially accepted norms and is she/he aware of those norms?		
8.9. Does the child have a police record?		
8.10. Is the child absent from home for long periods?		If so, indicate how long, how often, and where she/he spends that time
Capabilities of the parents (or those acting in their stead)		
8.11. Does the family have precise rules and boundaries for behaviour?		
8.12. Is there a consistent approach to setting rules and boundaries for behaviour?		
8.13. Do the parents react appropriately to any kind of behaviour on the child's part?		
8.14. Are the parents instilling respect for the law in the child?		
8.15. Do family members participate in criminal activity?		
8.16. Do the adults always know where the child is?		
8.17. Do the parents know the reason for the child's difficult behaviour?		

Analysis of information in the Behaviour section

Strengths:	
Weaknesses:	
Conclusions:	

Family's level of functionality in respect of this section: *

- ☐ Critical ☐ Poor ☐ Satisfactory ☐ Good

Summary table of assessment results

Family's level of functionality (by section)

Family's level of functionality *	Critical	Poor	Satisfactory	Good
1. Housing / work / income				
2. Health and safety				
3. Selfcare and social skills				
4. Education				
5. Identity				
6. Emotional development				
7. Family and social relationships				
8. Behaviour				

Main conclusions on the profile of the family's level of functionality *

--

What is the child's opinion of the conclusions made on the basis of the assessment (taking into account age and level of development)?

What is the parents' opinion of the conclusions made on the basis of the assessment?

What is the child's legal representatives' opinion of the conclusions made on the basis of the assessment?

LONG-TERM AIMS AND TASKS to ensure the achievement of the best possible results for the child up to coming of age.

Aim: _____

Child's developmental needs	Tasks	Responsible person / agency	Timetable	Aims and tasks met / Progress achieved / Changes agreed
1. Housing / work / income				
2. Health and safety				
3. Selfcare and social skills				
4. Education				
5. Identity				
6. Emotional development				
7. Family and social relationships				
8. Behaviour				

SHORT-TERM AIMS AND TASKS FOR THE CHILD, for 3 or 6 months (underline the relevant period)**Aim 1:** _____**Aim 2:** _____

Child's developmental needs	Tasks	Responsible person / agency	Timetable	Aims and tasks met / Progress achieved / Changes agreed
1. Housing / work / income				
2. Health and safety				
3. Selfcare and social skills				
4. Education				
5. Identity				
6. Emotional development				
7. Family and social relationships				
8. Behaviour				

The child is acquainted with the aims and tasks (if appropriate for his / her age and level of understanding)	
---	--

Important: the senior staff member who approved the aims and tasks must sign below:

Name(s) of the specialist(s) who completed the form	1.	Date ____ _	Signature _____
	2.	Date ____ _	Signature _____

Name of the senior staff member who approved the aims and tasks		Date when the aims and tasks were drawn up ____ _	Signature _____
---	--	---	--------------------

Name of mother/ father/ those acting in their stead, acquainted with the list of aims and tasks	1.	Date ____ _	Signature _____
	2.	Date ____ _	Signature _____