

Notes for use: Individual CAF forms must be completed for each individual child.
If you are completing form electronically, text boxes will expand to fit your text. Where check box appears, double click and select checked.

Identifying details:

Record details of unborn baby, child or young person

Name	<input type="text"/>	Other names	<input type="text"/>
Male <input type="checkbox"/>	Female <input type="checkbox"/>	Unknown <input type="checkbox"/>	Date of birth/EDD
Address	<input type="text"/>	Postcode	<input type="text"/>
NHS No:	<input type="text"/>	Contact Telephone No.	<input type="text"/>
CAF Reference No	<input type="text"/>	Date CAF Commenced	<input type="text"/>

Lead Professional Details:

Name	<input type="text"/>	Contact tel. no	<input type="text"/>
Address	<input type="text"/>	Job Title	<input type="text"/>
		Agency	<input type="text"/>
		Email	<input type="text"/>

Reason for Closure:

- Single Agency Decision – Needs Met
- Multi Agency Decision – Needs Met
- Child moved out of area
- Death of Child
- Step Up – Children Social Care
- Step Down – Universal Services
- Family not co-operative
- Family withdraw consent
- Other – please specify

Universal Services working with this infant, child or young person – *add other services to the blank rows*

Service	Name	Contact Details and telephone number
GP		
Midwife		
Health Visitor/School Nurse		
Dentist		
EY Setting/School/College		
Other		

Closure Assessment

CAF Closure

Identifying details:

Name Date of Birth/EDD:
Male Female Unknown NHS No :

Details of person(s) undertaking this assessment:

Name Contact tel. no
Address Job Title

1. Does the baby, child or young person appear to be healthy? Yes No Not sure

*(Be healthy – physically, mentally, emotionally and sexually healthy, living a healthy lifestyle, any health needs met)

Evidence/comments:

2. Does the baby, child or young person appear to be safe from harm? Yes No Not sure

*(Safe from harm – being protected from harm, maltreatment, neglect, violence, sexual exploitation, accidents, bullying, crime, discrimination)

Evidence/comments:

3. Is the baby, child or young person learning and developing? Yes No Not sure

*(Learning and developing – ready for and enjoying play, recreation, stimulation and education, develop skills for adulthood, developing personal and social skills)

Evidence/comments:

4. Does the baby, child or young person have a positive impact on others? Yes No Not sure

*(Positive impact – engage in positive decision making, support the community/environment, engage in positive and law-abiding behaviour, develop positive relationships, choose not to bully or discriminate, develop self-confidence)

Evidence/comments:

5. Is the baby, child or young person free from the negative impact of poverty? Yes No Not sure

*(Free from negative impact of poverty – live in a decent home, in a sustainable community, have access to transport and material goods, have opportunities to engage in further education, employment or training)

Evidence/comments:

Signature of Assessor:

Date:

* Examples of assessment guidance, please see CAF 1 guidance sheet for more detailed information

Outcome:

- No Further Action
 Step Down - Universal Services
 Step Up- First Contact Referral

Email copy to CAF Team at: CAF@stockton.gcsx.gov.uk

OR Send paper copy to: CAF Team, 1st Floor Alma House, Alma Street, Stockton. TS18 2AP

OR Fax Number: (01642) 528797

OR Contact Number: (01642) 526123/527241