

DRAFT 20.12.2011

A Review of the Common Assessment Framework

by a working group of the
Children, Young People and Learning
Overview and Scrutiny Panel



January 2012

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Acknowledgements

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1. Glossary

AFC	Action for Children
CAF	Common Assessment Framework
CAMHS	Child and Adolescent Mental Health Service
CH	College Hall (Pupil Referral Unit)
CSC	Children's Social Care
CYPL	Children Young People and Learning
DOH	Department of Health
EI&P	Early Intervention and Prevention
EYFIS	Early Years Foundation Stage Inclusion Service
FSA	Family Support Adviser
FSOW	Family Support Outreach Workers
GP	General Practitioner
ICP	Integrated Care Pathway
ICT	Information and Communication Technology
LAC	Looked After Children
LSCB	Local Safeguarding Children Board
LP	Lead Professional
MWF	Margaret Wells Furby Centre
NHS	National Health Service
O&S	Overview and Scrutiny
SALT	Speech and Language Assessment
SENCO	Special Educational Needs Co-ordinator
'The Council'	Bracknell Forest Council
'The Group'	The Overview and Scrutiny Working Group
YOS	Youth Offending Service

1. Executive Summary

- 1.1 Deciding which aspects of the council to review and consequently report on, with conclusions and recommendations can be difficult, but the strength of this report stems from the fact that it is a direct result of the review of Safeguarding Children and Young People that was completed in January 2011. The review recommended that 'the Common Assessment Framework processes should be reviewed'. There can be no greater responsibility than to make sure that our Children and Young People have the best possible start to their life.
- 1.2 The CAF process is aimed at making sure that assessments are carried out early in a child's life so that any interventions can be implemented early enough to impact positively on their life. My personal thanks to Debbie Greatrex who has steered us through learning about the CAF process with advice, help, honest insight and a huge amount of time. This is a new process, initiated only two years ago, with this council embracing this process fully for the advantage of our children.
- 1.3 We have endeavoured to put the interests of the Borough's children and young people at the forefront throughout our review, and this has been greatly helped by our Working Group including teachers, parents, grandparents, a representative of the voluntary sector active in this field, the Chairperson of the Council's Corporate Parenting Advisory Panel, and a serving officer in Children's Social Care.
- 1.4 The willingness of all parts of Children, Young People and Learning: Behaviour Support Team, Inclusion, CAF coordinator, Director, Performance and Governance, to engage with our partners in this review; NHS, Margaret Wells Furby, Action for Children and Connexions with enthusiasm and real drive to improve life chances for our children and young people has been exemplary and humbling to see.
- 1.5 I have been very impressed with the openness of the Director, schools, head teachers, voluntary sector, Children's Services, NHS and our legal team in responding to our questions.
- 1.6 My thanks to all the people who have helped us with this review, particularly Sandra Davies and her team.
- 1.7 This review would never have happened without the persistence and kind support of Richard Beaumont, the Lead Officer. He managed to bring together all the people we needed to engage with for research with patience and good humour. On behalf of the working group, my grateful thanks from us all.
- 1.8 In conclusion, this report has shown the dedication of our staff to ensure that our children have the best support during their life, their openness to suggestions, professionalism and dedication means that we deliver an exemplary service with enormous capacity to improve. Early Intervention is essential for our Children and Young People to achieve all they are capable of.
- 1.9 Finally I would like to thank my colleagues on the working group for their generous support, contributions and time in compiling this report. I am sure that, like me, they have been impressed by the duty of care that everyone has

for our children and young people. It is wonderful to see that all these professionals still regard their work as a vocation, not just a job.

1.10 The Working Group members were:

Councillor Mrs Gill Birch (Lead Member)
Councillor Ms Suki Hayes
Councillor Mrs Jennie McCracken
Councillor Mrs Mary Temperton
Mrs Catriona Mitchell, Director of Kerith in the Community

2. Background

Introduction

- 2.1 The Children Acts of 1989 and 2004, the Education Act of 2002 and other legislation place a general duty on local authorities to promote and safeguard the welfare of children and young people in their area. Children and young people sometimes encounter difficulties and obstacles to their development and well-being. Identifying and assessing those needs is a vital pre-requisite to delivering the right services in the best and most timely way, so as to help all children and young people to get the best start in life. The Common Assessment Framework (CAF) is the national standard approach to take to this assessment process.
- 2.2 This review has been carried out by a Working Group ('the Group') of the Council's Children, Young People and Learning Overview and Scrutiny (O&S) Panel. An earlier O&S review of Safeguarding Children and Young People, published in January 2011, made a number of recommendations concerning the CAF, from the perspective of the protection of children and young people. The O&S Panel, recognising the wider application of the CAF, decided to follow that up with a short, focussed review of the usage and application of the CAF in relation to the wider early intervention strategy, as well as following up the implementation of the actions undertaken by the Executive and others in response to the Safeguarding review.
- 2.3 The Panel's proposals were endorsed by the O&S Commission, in consultation with the Council's Executive and Corporate Management Team. Our review commenced in September 2011, and this report records the outcome of the review.
- 2.4 This background section of the report sets out the context for, and the base information for the review. Section 3 summarises what we found during the review, and that is used to support the conclusions we have reached in Section 4. Our conclusions have generated a number of recommendations to the Council's Executive, which we also set out in Section 4. At the front of the report we have included a glossary of the abbreviations used in the report, and at the end there are a number of appendices containing detailed supporting material we gathered during the review.
- 2.5 Throughout this report, in the interests of brevity we have used the term 'children' as encompassing babies and young people too.

What is the Common Assessment Framework?

- 2.6 The Common Assessment Framework (CAF) is a key part of the Government's *'Every Child Matters'*, *'Change for Children'* Programme. The CAF came into being nationally following the Victoria Climbié Inquiry, and the Government's ensuing *Every Child Matters* agenda, which included an emphasis on supporting integrated working and better information sharing. The CAF was fully introduced in Bracknell Forest on 1 April 2008, following a successful pilot stage.

- 2.7 The Common Assessment Framework is a key part of delivering integrated frontline services that are focused around the needs of children and young people. The CAF is a standardised approach to facilitating an assessment of a child's additional needs and considering how those needs should be met. It can be used by practitioners across children's services in England.
- 2.8 The CAF comprises:
- A pre-assessment checklist to help identify children who would benefit from a CAF assessment;
 - A process for gathering and understanding information about the needs and strengths of the child
 - A form to help record information and proposed actions.
- 2.9 The CAF process aims to promote more effective, earlier identification of additional needs. It is intended to provide a simple process that can be used by all universal service providers, ensuring a holistic assessment of a child's needs and strengths, taking account of the role of parents, carers and environmental factors on their development. Wherever possible, the CAF is undertaken with parental consent and both the child and their parents or carers are included in making the assessment.
- 2.10 The CAF is not designed to be a referral – i.e. a request or recommendation for an organisation to provide a service - and in itself it does not guarantee services. It enables an evidence based assessment which may lead to additional support / services being provided. If at any stage in the CAF process any concerns arise that a child or young person is at immediate risk of significant harm safeguarding procedures must be followed.

Who is the CAF for?

- 2.11 The CAF assessment can be carried out with any child or young person from pre-birth up to age 19 (up to the age of 24 if the young person has a learning difficulty or disability), where:
- There are worries about how well the child or young person is progressing. This might be about their health, development, welfare, behaviour, progress in learning or any other aspect of their well-being;
 - A child or young person or their parent/carer raises concerns with a teacher, health visitor or other 'practitioner'.
 - The child or young person's needs are unclear, or not being met by their current service provision.

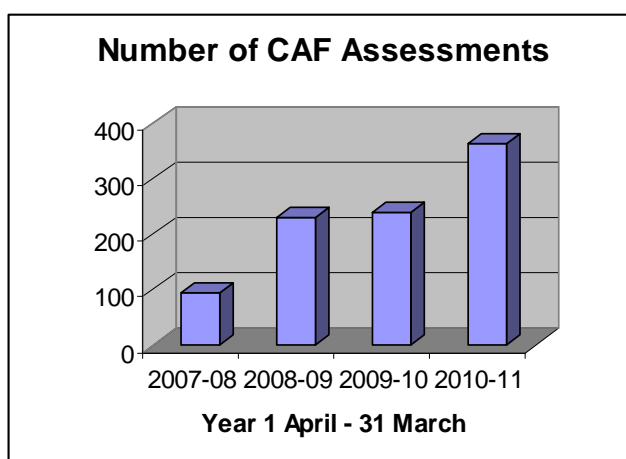
Who Originates Common Assessment Framework Forms?

- 2.12 The table below shows the number of CAF forms completed from October 2006 to January 2011.

CAF By Source	Number Completed
Primary Schools	455
Health Visitors	43
Secondary School	131
Voluntary Organisations	53
Education [Other]	55
Nursery / Pre School	12
Education Welfare Team	10
Behaviour Support Team	7
CAMHS	6
School Nurse	6
Connexions	7
Youth Offending Team	6

At September 2011, 281 CAF assessments were still 'live', the remainder having been actioned and closed.

- 2.13 The number of CAFs has grown as shown in the figure below, and this is expected to grow further.



Officers have stressed to the Working Group that the quality of the assessments and the action taken upon them are more important factors than the simple number of CAFs. We noted from Government Office of the South East research in 2010, that Bracknell Forest showed the fifth highest number of completed assessments in the South East Region.

What are the reasons for raising CAFs?

- 2.14 The reasons for raising CAFs in Bracknell Forest, from October 2006 to September 2011 are shown in the table below.

Reason for CAF	Female	Male	Total
Behaviour	100	266	366
Development / Learning Delay	12	23	35
Educational Concerns	26	60	86
Emotional Distress	34	49	83
Family Conflict	7	6	13
Health Concerns	11	15	26
Identity Issues	1	2	3
Parenting Capacity	22	24	46
Poverty Low Income	2	2	4
Social Inclusion	5	11	16
Speech and Language Problems	2	10	12
Other	39	46	85

The most common age at which children are assessed is 9, closely followed by 4-5 years old.

What action is taken on the Common Assessment Framework Forms?

- 2.15 The CAF forms are considered by the Integrated Care Pathways (see paragraphs 2.16 to 2.17 below), and the main outcomes are summarised in the table below.

Main types of Outcomes as a result of a CAF assessment being undertaken

Action Taken By	Number of CAFs
Multi Agency	239
Single Agency	112
CAMHS	62
Children's Social Care	49
Specialist Service (SEN, YOS)	16
No Further Action	2

The figures in the table are from April 2010 to September 2011. This shows that fewer than 20% of CAFs are referred to Children's Social Care, and were instead supported by actions involving other agencies.

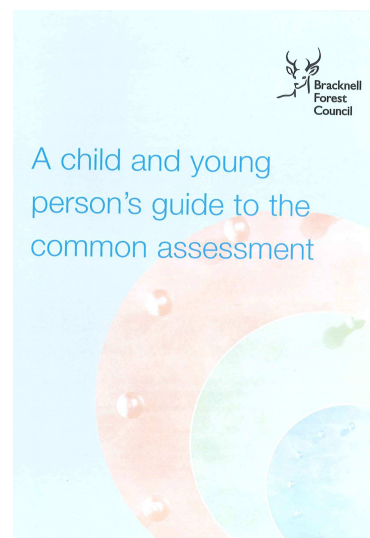
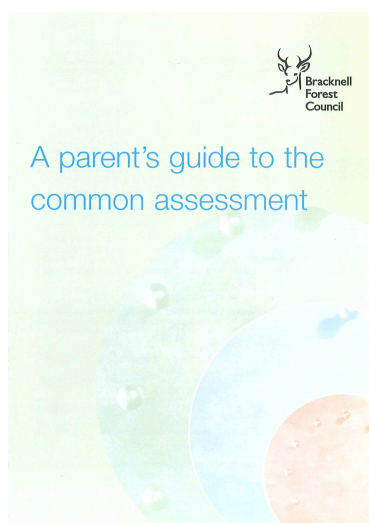
Integrated Care Pathways

- 2.16 Integrated Care Pathways (ICP) are multi-professional teams that meet regularly to review the referrals made by those working with children and their families, where there are concerns about a child's development, behaviour or well-being. ICP's make initial decisions about the next steps needed to support children, young people and their families. The ICP teams usually include representatives from the universal health service (for example health visiting) and specialist children's services (for example paediatrics, speech and language therapy), representatives from the local authority's Children's Social Care, Special Educational Needs and Educational Psychology teams, from its Early Years Foundation Stage Inclusion Service and the Children Centres, and the CAF Co-ordinator (see paragraph 2.22-2.23 below).

- 2.17 ICP's have been developed for three age ranges in Bracknell Forest. These are universal services – i.e. available to everyone – and were set up to ensure that for all children where a developmental or disability need has been identified through a CAF or other means, that appropriate provision is made from the variety of services to support the individual child and the family; delivered in a co-ordinated way that encourages partnership working across services and with families. The experience gained has been positive and has demonstrated the value of these multi-disciplinary forums in ensuring effort is focussed and children and young people's needs are not forgotten.
- The CHILD (Children's Holistic Integrated Learning and Development) Pathway assists children from 0 to 5 years.
 - Another ICP is devoted to children aged 5 to 11 years.
 - A separate multi-agency ICP exists for young people aged 11-18 with challenging behaviour. The CAMHS (Child and Adolescent Mental Health Service) is a key partner in this Pathway.
- 2.18 The action on a CAF is co-ordinated by the '**Lead Professional**'. When putting together a package of support for a particular child and their family, representatives from the various agencies involved will agree who would be the most appropriate to act as Lead Professional (LP). The LP may be based in any occupation within the children's workforce. They act as a single point of contact for the child and family, co-ordinating the delivery of the actions agreed by the practitioners involved. School-based staff who have commonly taken on the role are Special Education Needs Co-ordinators (SENCO) and Education Welfare Officers.

What Else has Bracknell Forest Council Done to Implement the Common Assessment Framework?

- 2.19 The Council has worked hard with its partner agencies in the public and voluntary sector to implement the CAF.
- 2.20 The Council has published guidance and other information on the CAF on its website, and produced guides to the CAF both for children and for parents.



Detailed guidance on the CAF process has been issued to practitioners, supplemented by extensive training and support.

2.21 The Council has also created a **Shared Processes Group** under the Children and Young People's Partnership (previously the Children's Trust). This group has overall responsibility for:

- Delivery of the Common Assessment Framework and ensuring effective systems and processes are in place to support delivery (for example, in raising awareness).
- Ongoing support and development of the Integrated Care Pathways which support effective integrated working across the 0 – 5, 5 – 11 and 11 – 18 age range.
- Ensuring effective sharing of information.
- Development of an Early Intervention Strategy and pathways model.
- Continued evaluation and review of integrated working and impact on outcomes for children, young people and families.

2.22 A valuable initiative has been the Council's creation of the **CAF Coordinator** post. The CAF Coordinator post reports into the Shared Processes Group and is managed by the Head of Performance and Governance who sits within the Strategy, Resources and Early Intervention branch of the Children Young People and Learning Directorate. The responsibilities of the Coordinator role have evolved as the CAF has developed. In addition to reporting to line management the CAF Coordinator has professional supervision with the Head of Safeguarding in Children's Social Care to ensure clear links to issues that relate to safeguarding.

2.23 The overarching priority of the CAF Co-ordinator role has been to support the implementation of the CAF locally, whilst promoting related areas of workforce reform; this includes the role of the lead professional and information sharing. Other key task areas include:

- Taking a lead on all CAF training, preparing materials and facilitating training sessions.
- Taking a lead in negotiating with professionals across agencies on the most effective and manageable ways of implementing CAF.
- Working in a consultative capacity across all services / agencies, offering advice and guidance to professionals considering a CAF for a child or young person presenting with additional needs, this aspect of the role remains in demand with a significant portion of time being spent providing support.
- Responding to enquiries from families regarding CAF.
- Administrative tasks which include logging all CAF assessments onto a central data system, ensuring that families' confidentiality and data protection rights are preserved.
- Attending appropriate meetings to raise awareness of CAF, and to network.
- Attending regional and national events as relevant to the role.
- Attending Pan Berkshire meetings of CAF Coordinators to secure improved cross border working.

Areas for Development

2.24 In our initial briefing , the Working Group was advised by officers that work was planned or underway on the following areas for development:

- Overall quality of assessments is good, however there are some small pockets where this could be better.
- Continued development of the links between the CAF and ICP process to support approach to early intervention.
- Work to ensure all agencies are engaging in completing the CAF, still some gaps.
- Development of the lead professional role. This is getting better but further work is needed.
- Review CAF forms to see where it may be more streamlined.
- Development of an Early Intervention Strategy.

On the basis of our review, we are supportive of these areas for development.

3. Investigation, Information Gathering and Analysis

What did the Working Group do in this Review?

- 3.1 In line with the normal practice of Overview and Scrutiny Working Groups, we determined the scope of our review in some detail at the outset, taking advice from officers and in consultation with the Council's Executive Member for Children and Young People, and Director of Children, Young People and Learning. The scoping document setting out our plans for this review is at Appendix 1.
- 3.2 This Section 3 of the report sets out the evidence we have obtained during our review. This largely comprise discussions with Council officers and representatives of partner organisations who are involved in the Common Assessment Framework (CAF) process:

2 September 2011	Sandra Davies* , Head of Performance and Governance Debbie Greatrex* , CAF Coordinator Cherry Hall , Inclusion and Development Officer Pauline Harper , Project Manager, Behaviour Support Team
22 September	Clare Martin , Team Leader at the Bracknell Connexions Centre
13 October	Marion Bent , Head Teacher, College Hall Sheila Davies , NHS Locality Lead Health Visiting and School Nursing Tricia Donkin , Head Teacher, Holly Spring Junior School David Watkins , Chief Officer: Strategy, Resources and Early Intervention
27 October	Elaine Allan , Service Manager, Action for Children Dr Janette Karklins , Director of Children, Young People and Learning
1 December	Councillor Dr Barnard , Executive Member for Children and Young People Simon Bull , Assistant Borough Solicitor

- Sandra Davies and Debbie Greatrex, as the officers centrally responsible for the CAF process were present at most of the Working Group's meetings

Also, representatives of the Working Group met the lead inspector from OFSTED during their inspection visit on the Council's Safeguarding arrangements, on 8 November, at his request, to explain what O&S work has been carried out in this field. We look forward to seeing the OFSTED report in due course.

- 3.3 At the first meeting on **Friday 2 September** the Working Group ('the Group') met with **Sandra Davies, Head of Performance and Governance; Debbie Greatrex, CAF Coordinator; Cherry Hall, Inclusion and Development Officer; and Pauline Harper, Project Manager, Behaviour Support Team.**
- 3.4 In addition to electing a lead member and discussing our approach to this review, the Group received a comprehensive briefing by **Sandra Davies** and **Debbie Greatrex** on the Common Assessment Framework (CAF) and Early Intervention, with particular reference to the Integrated Care Pathway (which we have drawn on in section 2 of this report). This included a presentation and case studies of three completed (but anonymised) CAF Forms, illustrating the collection and analysis of information, and action upon it.
- 3.5 **Pauline Harper (PH)** told the Group that Family Support Advisers, based in schools, had been very helpful with the CAF process, and supportive to Head Teachers. The Advisers are supported by a senior social worker in PH's team. PH is working to encourage schools to be represented at Integrated Care Pathway meetings, to present on their own cases. Around 12 cases are discussed at each review meeting. PH also described the 'Aiming High' programme, the evidence-based parenting programme [Webster Stratton] and other training and support available.
- 3.6 **Cherry Hall (CH)** described how the Child Pathway had been in operation for around one year, and this had been in response to a need to develop a more integrated approach to support for children, young people and families under the age of five years. Multi-agency work has been very successful, and this has been greatly helped by the team being co-located with Health Visitors at the Children's Centres. CH added that she is part of the Early Years team, and she chairs the CHILD Pathway group. Many parents had benefitted from early intervention support, particularly on parenting skills, building confidence, and helping parents to understand what can be normally expected in a child's development.
- 3.7 Other matters arising in discussion were as follows.
- a) The Children and Young People's Plan demonstrates that the CAF has a direct input to Early Intervention. The CAF and the Integrated Care Pathway (ICP) had been constantly evolving, and it was characterised by much inter-agency working.
 - b) Officers described how the CAF is not a referral form; it is a holistic assessment that may lead to support or intervention being provided from a range of agencies. It was noted that some families regarded the CAF assessment to be a sufficient intervention in itself.
 - c) If child protection issues arise at any time in the CAF process, then an immediate referral is made to Children's Social Care (CSC) following Safeguarding Procedures.
 - d) The Departmental work plan for 2011-12 included development of the Council's Early Intervention Strategy.
 - e) An issue reported by a school during the previous O&S review of safeguarding was that they felt the feedback arrangements for those people who originate CAFs needed improving. Debbie Greatrex (DG) explained that CAFs entailed a continual review with families over whether the action prescribed in each case was working satisfactorily, and every 12 weeks [as a guideline] a review was required. Lead Professionals are required to follow up any CAFs

they originate. The follow-through process was acknowledged to be an area still needing improvement. PH's team aim to ensure that the designated Lead Professional (LP) in each case follows the CAF through. The LP's are selected at the assessment meeting between the various agencies.

- f) In terms of there being any concern that some CAFs might go astray (as not all are sent directly to the CAF Coordinator), DG explained that there is thorough liaison with Children's Social Care, extensive cross-referencing of cases, and checks made on new cases to ascertain whether a CAF had been raised previously.
- g) In the last year, some 39 reviews led to cases being 'closed' (i.e. the CAF was made inactive) with further work being carried out as part of universal services. It was noted that some parents are reluctant to have their cases made inactive, however they are reassured that cases can be reactivated if necessary.
- h) Officers have tried to move people's focus away from a preoccupation with completing the CAF form towards achieving a good quality assessment, and following these through thoroughly.
- i) Officers commented that the current financial climate is challenging, and practitioners are confident that the investment in early intervention delivers sound benefits into the future.
- j) All CAF multi-agency training is free, and can be tailored and provided towards the specific needs of practitioners in different agencies. DG said she is prepared to run workshops, for example in the evening for child minders. Training is a particularly important issue for the voluntary sector as they tend to have a significant turnover of volunteers, and it was agreed that the training opportunities should be well publicised. It was noted that level 1 safeguarding training is available to all with no charge being made, level 2 safeguarding training which contains a section on CAF is available for practitioners, but there is a charge made for this.
- k) The important role of the voluntary sector in the CAF assessment process was recognised by the Working Group. SD added that it was recognised the communications links with the Voluntary Sector Forum needed further development.
- l) The Working Group complimented the very valuable work carried out by the Kerith Centre's Food Bank, where usage was increasing. It was noted that, due to financial constraints, fewer voluntary organisations were able to afford to run the 'Homestart' support programme.

3.8 On **Thursday 22 September** the Working Group met **Clare Martin (CM), Team Leader at the Bracknell Connexions Centre**. CM described to the Group the involvement of Connexions in the CAF process and early intervention. They have advisors who, if they identify barriers when meeting young people, will make use of the CAF and follow a multi-agency approach to dealing with the young person's issues. Connexions are fully involved in the Integrated Care Pathway (ICP). Connexions require their staff to undergo training on the CAF by the Council. It had taken a little while for Connexions to become accustomed to using the CAF – which at times could be confusing - and Debbie Greatrex (DG) had been very supportive.

3.9 CM mentioned a particular issue concerning 16-17 year olds who reported to Connexions that they are homeless, CM said that the Council Housing Officer requires a completed CAF to assist in dealing with the homelessness

application; so the CAF appeared to being used as a referral mechanism in some areas. The Working Group noted that the CAF needs to be built up from the earliest point possible, rather than when there is a crisis situation like homelessness; a young person would clearly not want to spend time filling in a CAF form when they have an urgent need to attend to. The Group decided to query this practice with the Council's Homelessness team¹.

3.10 CM explained to the Group that Connexions do not originate many CAFs, and they are often involved in the multi-agency approach to individual cases. In the period September 2010 - September 2011, Connexions initiated 8 CAFs; they received 5 CAFs requiring their services; and they contributed to 6 CAFs. We were also told that in their dealings with young people, Connexions frequently encountered issues around their self-esteem, confidence and aspirations. Occasional issues included substance misuse and youth offending. In Connexions' experience, the Council compared favourably against other councils in their CAF arrangements. CM observed that another Berkshire Unitary Authority uses a 'Pre-CAF' and a gateway panel. The Pre-CAF is designed to obtain a single service from a single agency. Other matters arising in discussion were as follows.

- a) Another Berkshire Unitary Authority uses 'e-CAFs'. DG had examined this possibility, and noted a number of advantages and disadvantages.
- b) A CAF form is normally completed for each child/young person, though the Council is considering developing a CAF for a whole family (Social Workers, in their safeguarding duties, are required to consider all children in the household concerned). The Council encourages collaboration between agencies who each have their own focus on an individual child/young person.
- c) In DG's absence, her line manager provides absence cover and has access to the CAF records. CAFs are stored in the Council's IT system, with very restricted access. Key details are entered onto the 'One' system, again with restricted access. The original CAFs are then destroyed.

¹ The Group was informed by officers subsequently that 'The CAF is used both as an assessment tool and a referral tool into duty. If the situation is not urgent then completing a CAF with the young person and the family sometimes mean that more information can be obtained which can resolve the situation without the need to refer to CSC. The family do need to be spoken to as part of any referral process by the referring agency and the CAF is the mechanism for ensuring that that takes place. If the CAF were not used in this way then CSC would still need the same information and assurance that the family as well as the young person were spoken to so any referral form that replaced it would be almost identical. The CAF is not needed for any urgent referrals including homelessness or child protection.

The duty team manager has commented that to her knowledge 'we haven't asked for a caf to be done in an urgent homelessness situation, and that would not be process, they would be given an appt (same day if they truly have nowhere to say). The Head of Service, Safeguarding advised that the case Connexions were concerned about 'does not appear to be an urgent homelessness case and I would have thought encouraging the workers to speak to the family was very appropriate and asking them to help her access benefits etc. to avoid becoming homeless has to be in the young person's best interest.

- d) CAFs are considered valid for one year, and the advice is that key details are often kept for six years from the date of the last contact. Basic details, such as who was involved, and outcomes, are retained until the individual reaches the age of 19 years.
- e) On being invited to comment on any shortcomings in the CAF arrangements, CM said that:
- Connexions would welcome more feedback on cases where they had been involved; an example being Children's Social Services, particularly on whether Connexions should provide support to the young person. We observed that feedback is important to motivate people outside the Council to join in on the extended CAF processes. DG said that the value of feedback had been stressed in training sessions, and commented that if someone asks for feedback on a CAF, there is a clear obligation to provide it. Social workers are very busy and could not always be expected to volunteer the feedback, but are happy to be contacted by a CAF originator if they want to know what has happened on a particular case. DG added that originators need to take the initiative in following-up CAFs, and some schools now did this routinely. DG noted that when she has asked for feedback it has been thorough. There is a risk that some people may be disinclined to complete a CAF, because the CAF is a long document, sometimes people are unwilling to share detailed information, and due to the prospect that the originator might be selected to be the lead professional for the case.
 - DG commented that there is scope for streamlining the CAF form and making the language more accessible. Members suggested there might be scope to make completion of some parts of the form optional, particularly where the individual's needs are less complex. DG explained that not all sections of the CAF do need to be completed; it depends on what is relevant regarding the needs and strengths of that particular child/young person and the impact of any issues on the child/young person and their progress.
 - CM commented that the CAF review process could usefully be improved, also that CAF training should be mandatory for all organisations involved.
- f) DG said that some 18% of CAFs are routed to Children's Social Care, showing that the CAF operates mostly towards the top of universal services, rather than primarily at the top of the complete 'service triangle'.
- g) Mrs Mitchell observed that there is sometimes a long time lapse between someone receiving CAF training and completing a CAF form. DG stated it is her role to support the process and practitioners will contact her regarding individual support at various stages in the process. Refresher workshops or sessions on particular aspects of CAF are offered to schools and agencies and DG is happy to respond to requests for additional training.
- h) Involving the Family Support Advisors in the CAF process had been of great assistance. It had been challenging for the Special Educational Needs Coordinators (SENCO) to do this alone.
- i) There are arrangements to share CAFs between councils when a child or young person moves address.

- j) CM commented that where children are prepared to complete a CAF form, in Connexions' experience a large majority of the older age group do not want to involve their family, particularly in cases of a broken home. Officers have commented that this is not the case elsewhere.
- k) DG said that the balance between data protection and information sharing is about right. DG observed that no Serious Case Reviews criticised the sharing of information; instead it was the failure to share information. She always checks before sharing information, for example it was not permissible to send basic CAF information on pupils to the schools they were transferring to until the pupils actually arrived at the school. We considered this prevented the schools from effectively planning for the pupils' needs, and particularly getting balanced tutor groups. The Group decided to query this with legal officers. We received the advice in footnote 2 below². The group decided to return to this further, at a meeting with the Assistant Borough Solicitor (see paragraph 3.28 below, and Appendix 7).

3.11 On **Thursday 13 October** the Working Group met **Marion Bent, Head Teacher, College Hall; Sheila Davies, NHS Locality Lead Health Visiting and School Nursing; Tricia Donkin, Head Teacher, Holly Spring Junior School; and David Watkins, Chief Officer, Strategy, Resources and Early Intervention.**

3.12 **Marion Bent** (MB), Head Teacher, College Hall (CH), is also Chair of the Secondary Integrated Care Pathway, receiving referrals and CAF Assessments. The CAFs received by College Hall relate mainly to behaviour and parenting support. There are some 30 young people in CH, and around one quarter to one half had previously had CAFs completed; if no CAF had been completed then CH completed one, with helpful assistance from the Council's CAF Coordinator. MB had found the CAF a thorough assessment tool and sees it as being very helpful. The CAFs often presented a number of complex issues, requiring a multi-agency approach. MB also manages the CH Pupil Referral Service, using CAFs as appropriate. MB suggested that it would be helpful if the CAF process was already underway for all new young people arriving at CH. New arrivals were usually from permanent exclusions at Key Stage 4, though there had been an increase in Key Stage 3 cases in the last year.

3.13 MB explained that the Safeguarding Children's Board had suggested that all schools should make use of the CAF but MB feels this should not be the only method of referring to the ICP and that schools should still be able to

² The Group was subsequently advised by a legal officer that : 'Initially it appears that there is not a lawful basis for sharing the information as if (in the view of the professional social worker) it is necessary for the school to know there is a CAF, this would be addressed as part of the outcome of the CAF. My concern is that without express consent there is no basis to share the information. I question whether it is possible to gain consent as a key element is that it must be freely given. Further, consent as a basis for sharing information could result in an incomplete list as some parents/guardians may not agree. In any event, I question the motives of requiring a list of new pupils with CAFs because if the pupil needed extra support, this is arranged through different channels (not the provision of a list). It is likely that some of the CAFs do not impact on the persons school life and therefore it would be a breach of the right to privacy to inform the school.'

complete an ICP referral form. Other matters arising in discussion were as follows:

- a) Parents were not always willing to participate in the completion of the CAF, but CH worked hard to achieve this and to build good relations with parents, even though some are disaffected. Over time, the vast majority of parents did participate, though some were not willing to engage in the outcome of the CAF, for example where there was a need to offer parenting support. DG stressed the value of involving the whole family in the CAF assessment.
- b) The quality of the CAFs had improved recently, which made a real difference. Sandhurst School, for example, produced good quality CAFs and the Family Support Adviser had clearly been very helpful in that regard. DW explained that schools had been allocated a budget for FSAs, and the vast majority had FSAs in place. One Member said that parents tended to view the FSAs more positively than the SENCOs as SENCOs are regarded as school personnel.
- c) The CAF is a key tool, drawing all relevant information together, and helping to make a positive difference to young people's lives.

3.14 **Tricia Donkin** (TD), Head Teacher, Holly Spring Junior School, said that many Primary School Head Teachers still regarded the CAF as a referral tool. In her view, the Council's Education Welfare Service was also using the CAF as a referral tool, causing some confusion. DG commented that a majority of people saw the CAF as a means of gaining access to a service.

3.15 TD commented that completing the CAF is onerous but useful. Sometimes the feeling is that parents and schools put a lot of effort into completing the CAF, only to have delayed feedback on the outcome. TD usually completes the CAFs with the SENCO, and to assist efficient handling, she completes the educational details in advance of the meeting with the parents to complete the remainder of the CAF. The meetings, which usually take 2-3 hours, do not include the class teacher, and the meetings occasionally reveal Autism Spectrum Disorder issues. The parents usually take the CAF form away to reflect on it and to add further details as necessary. TD had completed around 4 or 5 CAFs in the last year, which was an increase on the previous year, and other CAFs had been completed by the SENCO. TD had found the CAF to be a useful tool, and the process to be very helpful in drawing out all relevant information. DG commented that a good quality assessment takes time to complete; and that the Assessment Skills training covers the variety of approaches to take with parents. The earlier the CAF is completed, the easier it is to develop through review and updating.

3.16 TD said that some Primary Schools had reported that Health Visitors had spotted an issue, but had asked the school to complete the CAF. DG commented that Primary Schools are the largest originator of CAFs, also that Children's Social Care (CSC) occasionally asked schools to complete CAFs. DG added that Health Visitors do complete CAFs and Health professionals are the third highest facilitator of CAFs. Other matters arising in discussion were as follows:

- a) On completion of a CAF by the school, the school take the lead in involving other agencies.
- b) Some 80% of CAFs are not routed to CSC, and there is often some negotiation over which agencies need to take action on a CAF.

- c) MB commented that if there is no readily known referral mechanism to an agency, then people are inclined to use the CAF to seek access to services. College Hall have a referral form, but they do not insist on this if a CAF has been completed.
- d) DG said that where CSC have a Child Protection issue, it has to be followed up quickly and a CAF is not insisted upon. If it is not a level 4 crisis, then more information is sought at that time, usually with a CAF. CSC are currently reviewing this process. DG stressed the importance of everyone using the same terminology to establish, for example, whether a case concerned child protection or a child in need; and this is covered in the Safeguarding Toolkit.
- e) DW commented that the quality of the CAF is vital to obtaining the most appropriate service from a wide range of service providers, at the right stage. Some cases are complex, and took time to determine the needs. The CAF has a higher profile than previously, and as understanding of it increased and spread, it was being used more.
- f) MB explained that College Hall retained the responsibility for actioning the majority of CAFs they raised, but they do pass the lead to other organisations on occasions, for example to the Behaviour Support Team if parenting support is required.

3.17 **Sheila Davies** (SD), Locality Lead for Health Visiting and School Nursing, described to the Working Group the Health Visitors' involvement in the CAF process. Health Visitors had been well placed to take on the CAF process, as they are trained in assessment techniques and their role requires good communication skills. CAFs are lengthy but not too difficult to complete, taking around two hours, and in that regard it had been helpful having the previous CAF Adviser based at The Rowans Children's Centre. Face to face contact with parents had been a big improvement on the previous arrangement whereby parents were asked to complete a form. The new review programme for two-year olds (started from December 2010, when the Department of Health set out what health services a child could expect from birth to the age of 19) meant that the number of CAFs was likely to increase. The review of two-year olds included assessments of speech, language, socialisation and feeding skills, for example. DG commented that this work by Health Visitors is critically valuable to spotting any problems at an early stage.

3.18 SD said that children are usually seen by the Health Visitors in the Children's Centres, but some complete a CAF at the child's home, particularly when issues have already been identified. SD commented that it would be helpful if Midwives were more involved in the CAF process. DG said that there had been an increase in the number of CAFs from Midwives, also the Family Nurse Partnership.³ Other matters arising in discussion were as follows:

- a) We were told that not all sections of the CAF need to be completed and that further work is already underway to look at streamlining the form to make it more user-friendly. It was noted that the CAF form provides for closure/exit.

³ The Family Nurse Partnership is a very intensive programme aimed at mothers under the age of 20, expecting their first baby. It had been piloted in Slough and now operates across East Berkshire. Acting on referrals from Midwives, specially trained nurses see the mother weekly, later changing to fortnightly, continuing until the baby reaches the age of two. Nurses use motivational interviewing, and the programme is seen to be very beneficial.

- b) The Working Group regarded it to be important that the CAF process recorded outcomes in each case.
- c) The Working Group noted the value of early assessment and intervention, for example in preventing school exclusions in later years.
- d) It was noted that it is difficult to quantify the benefits of early intervention, particularly in the early stages. DG said that the ICP datasets are now of sufficient volume and quality to allow more detailed analysis to be carried out, which can inform future shared processes actions.
- e) DG tabled an example of a Pre-CAF form, which had been designed for practitioners. DG was unable to furnish an example of an E-CAF as these are only available on-line.

3.19 On **Thursday 27 October** the Group had a meeting with **Elaine Allan, Service Manager, Action for Children**, and **Dr Janette Karklins, Director of Children, Young People and Learning**.



Left to right: Richard Beaumont, Catriona Mitchell, Cllr Jennie McCracken, Dr Janette Karklins, Cllr Gill Birch, Elaine Allan, Cllr Mary Temperton

3.20 **Elaine Allan (EA)**, who is based at the Margaret Wells- Furby (MWF) Children's Resource Centre, explained that Action for Children is a national children's charity. MWF carry out all development assessments on pre-school children referred to them as part of a multi professional team which includes Paediatric assessment, Speech and Language (SALT) assessment and Early Years Foundation Stage Inclusion Service (EYFSIS⁴) educational assessment, and aimed at children who are not meeting their development milestones, or have medical concerns. MWF also have three groups for family support, with 8 families in each. Cases often involve families not coping well, or behaviour issues. Following assessment by MWF, Family Support Groups may be often to make a start on giving the help needed, as there is a waiting list for other services which includes SALT and EYFSIS. The Centre also

⁴ EYFSIS is Early Years Foundation Stage Inclusion Service. They are part of education overall managed by Karen Frost, Cherry Hall is the manager.

operates a Children-only group for vulnerable children in the age range 1-5, with 5 staff and 14 children; this is structured on a social care model, with nurturing at its heart and they have a minibus to collect families and bring them to the centre in Great Hollands. EA commented that support for disabled children is possibly much better in Bracknell Forest than elsewhere.

- 3.21 EA described how the Centre is a referral service and has its own referral form; though they are prepared to use a CAF (which contains more information than their own form) as an application for services. The Centre receives about 2 or 3 CAFs quarterly, and the system has worked well. EA and her staff team originates a CAF when the Centre want to refer a case to another organisation for service provision, and it is particularly useful when there is a multi-agency approach to a case. They contact the CAF Co-ordinator first to establish whether a CAF has previously been completed. In the Centre's experience, parents are more inclined to participate in the CAF process if they can see that service provision is in prospect. In the event that parents are unwilling to participate, the Centre would nonetheless progress its completion, if it was to be sent to CSC.
- 3.22 EA described how the Four Family Support Outreach Workers (FSOW), based at the Children's Centres, complete the CAF, and they are involved in taking action on other CAFs as necessary. Any CAFs they needed to complete would be routed through to EA to participate in the analysis and action planning. MWF primarily use the CAF to make a referral, but it is a useful assessment tool too. The CAF was effective in drawing out what action is needed on a case. EA said that there are some sections in the CAF – for example the information on other family members and home circumstances – which MWF do not have the information to complete, so they just complete those parts of the form which they are able to. Other agencies add information from their various perspectives, which serve to make up a more complete picture.
- 3.23 EA explained that in the normal course of MWF's work, after carrying out a development assessment on a child, they complete a one page summary of the assessment and the planned way forward; this is sent to the CAF Co-ordinator to update the CAF, in addition to the appropriate agencies for them to take action on it. Other matters arising in discussion were as follows:
- a) FSOWs occasionally complete the CAFs at people's homes, and they follow-up on the action taken over the assessment. MWF occasionally have to chase to get feedback, and they particularly need feedback if a case involves CSC.
 - b) When children cease receiving MWF services, the Centre completes a leaving report which is copied to the various agencies involved, in the same way as any periodic reviews. CAFs were occasionally referred to voluntary bodies of which the Centre had a fair degree of knowledge, such as Homestart, but in the main they were sent on to public sector organisations.
 - c) The CAF Co-ordinator is very approachable, which is a important. DG is part of the Integrated Care Pathway, and advises MWF whether CAFs have been completed for their new referrals. The Pathway can also identify whether a child is registered with a Children's Centre, Pre-School or Nursery. Pathway meetings are held every two weeks.
 - d) There are particular challenges with young people who have severe autism, notably as they approach adulthood. The Working Group

decided to refer this issue to the separate O&S Working Group which had been established to make an input to the new Health and Well-Being Plan.

e) The Group complimented Elaine Allen on the work of the Centre.

3.24 The Working Group met **Dr Janette Karklins** (JK) to obtain the Director of Children, Young People and Learning's perspective on the CAF, and its contribution to Early Intervention. This was based on written questions sent to the Director in advance of the meeting, as follows:

1. How is the Early Intervention Strategy progressing?

The Director informed the Group that a lot of work was already underway and the Council wants to combine that under one strategy for Early Intervention and Prevention. The Council will be consulting on the Early Intervention and Prevention Strategy, and the Group decided to make an input to that strategy.

2. What priority has been placed on improving and maintaining the Early Intervention Strategy in the budget process?

The Director explained that the Council's resources are stretched, and some front-line services are at risk of reductions in resources. Many services have a focus on early intervention and they include Children's Centres, Youth Services, Parenting and Family Support. It can be very difficult to identify direct outcomes from the EI&P work carried out. JK cited an example where the 'Aiming High' provision had enabled two young people to continue living at home rather than moving to a residential provision (which would otherwise have been a likely outcome). Work is underway to explore extending this model to people with Autism.

The Children and Young People's Strategic Plan also makes direct reference to embedding EI&P.

The Group observed that Nottingham Council had carried out some research which indicated that every £1 spent on early intervention saved some £4 in Council expenditure in the future, and £16 for the wider public sector. Members noted that this is a common challenge for the Children's Services of proving the benefit of intervention and that tracking cases might establish the benefits more clearly.

3. What is the support and priority awarded to the long term tracking of children given a CAF early in their life?

The Director responded that some longer term tracking of young people with a CAF was already underway, with particular reference to the transition from Primary to Secondary school, and the body of data was building up.

4. How do we support the transition of children with a CAF at the various stages throughout their school life, but particularly at the transition between Primary and Secondary School, and could these be improved?

JK explained that there is already much work in place to support the smooth transfer of young people at key transition points. A Transition Group including representatives from primary, secondary schools, Education Welfare Service, Behaviour Support Team and Family Support Advisers has been working on what more could be done to assist the transition from Primary to Secondary school, as it is known that young people benefit from support at that key time. The group have taken as their start point best practice in relation to transition. They identified that there could, for example, be even better co-ordination in the sharing of information.

The Group observed that from the school's perspective, having CAF information is very valuable in planning balanced tutor groups.

The work of the CAF co-ordinator was discussed and her work in relation to responding to queries, supporting schools with CAFs and providing training was recognised.

5. The Local Safeguarding Children Board made several recommendations about tracking and assessing children recently as a result of a serious case review. Can you outline any changes made and are they applicable to the use of the CAF?

The Director explained that much work had been done to make the CAF acceptable, and there had been improved training. CAFs are logged on the ICT system and can be viewed more readily. The CAF coordinator has regular meetings with Children's Social Care to ensure that there is joined up working.

6. Do you think that our Children's Social Services department is working effectively with partner organisations in using the CAF form? What is the process of referral and CAF assessments? Who commonly is the lead professional?

JK said that there was a clear and consistent message to everyone that the earlier the intervention, the better the likelihood of a successful outcome for the child. JK explained that if there is a child protection concern there is a clear referral process straight to CSC. When a concern is expressed in a school or setting then the CAF provides a helpful opportunity to gather information together so that the needs of the child can be considered and appropriate interventions made to address the concerns. The CAF does not have to be completed in one sitting but can be used to collect information on an ongoing basis which can be helpful when a judgement about assessing needs is to be made and enables decisions about how to address them to be made in a more considered way.

The person originating the CAF is not necessarily the lead professional, it is usually a practitioner from the universal or targeted services. Family Support Advisers often take on this role and it is often the health visitor for younger children.

7. What priority do you think that the assessment process has in safeguarding our children?

The Director viewed the assessment process as crucially important. The CAF had resulted in better assessments, it had strengths and it was hoped it could be improved on further.

Brighton & Hove Council for example had introduced a 'Family CAF', and other authorities had adapted the form and its usage. It was confirmed that in some cases it is acceptable to partly complete the CAF. JK added that it is understandable to commence with a concern, then add information cumulatively, escalating and de-escalating action as appropriate.

8. There seems to be some confusion about whether the CAF is an assessment or referral process. Do you think that the current training on assessment is sufficient?

JK said that before the CAF was introduced, different organisations used different assessment forms, and the general view was that a common form was an improvement. An assessment will necessarily take time to complete properly as it is an opportunity to gather all the relevant information and make an informed judgement. Completion should be a cumulative process rather than a one-off task. The CAF also facilitated reflection on what had been assessed, as well as assisting the referral process.

- 3.25 The Director observed that the SENCOs and the FSAs seemed to be completing more CAFs than other occupational groups, with FSAs usually taking the lead role. Some schools seemed reluctant to instigate a CAF and had concerns about the impact on the school's parental relations, but if an issue needed to be addressed they should raise it with parents.
- 3.26 JK said that the CAF Co-ordinator is very effective in her role, and is very hard-working. DG uses the 'One' system to record CAF details. DG works closely with the CSC Duty and Assessment Team also with schools, for example in showing them redacted examples of CAFs which had been completed to a high standard. DG had also identified gaps, for example on the low rate of completion of CAFs by midwives, and had addressed that with targeted training. Unfortunately, in the main, GP's had not engaged with the CAF process.
- 3.27 On **Thursday 1 December** the Group had a meeting with **Councillor Dr Barnard, Executive Member for Children and Young People**, and **Simon Bull, the Council's Assistant Borough Solicitor**.
- 3.28 **Simon Bull** (SB), Assistant Borough Solicitor had been invited to explain further to the Working Group the legal advice concerning the transfer of CAF information to a child's new school. SB tabled legal advice, which is at Appendix 7 to this report. He stressed that the CAF is a consensual process, and the CAF form asks the parent and 'Gillick competent'⁵ child to consent to

⁵ **Gillick competence** is a term originating in England and is used in medical law to decide whether a child (16 years or younger) is able to consent to his or her own medical treatment, without the need for parental permission or knowledge. The standard is based on a decision of the House of Lords in the case *Gillick v West Norfolk and Wisbech Area*

the release of the CAF information. Consequently, for Data Protection purposes, the only lawful way to pass on the CAF information is with the consent of either the parent or Gillick competent child. This consent could be sought in a blanket fashion by amending the CAF form, alternatively consent could be sought in individual cases as required. Transfer of the CAF could only be sensibly considered for 'active' CAFs. SB drew attention to punitive decisions by the Data Protection Commissioner against local authorities which had not protected data properly. Points arising in discussion were:

- a) Debbie Greatrex (DG) mentioned that some CAFs do record parental consents for release of information. Sandra Davies (SD) commented that the Council's IT system for recording CAFs would need to be developed to record consents.
- b) SB confirmed that the consent could be given either by a parent or a competent child. However, if a parent strongly objected to release of information about their own circumstances, the relevant sections should not be passed on.

- 3.29 **Councillor Dr Barnard** (GB) met with the Group to give his perspective, as the responsible Executive Member, on the Common Assessment Framework, and its contribution to Early Intervention. GB said he is confident that the CAF process significantly helps to safeguard children and young people, and it contributes in a major way to Early Intervention (EI) in Bracknell Forest (BF). He considered that more people are comfortable with the CAF as an assessment tool, to be used in a timely way, and noted that take-up is improving. He believed that the CAF is better understood and more widely known about, and that information is being collected over time, to good effect. He was aware of reported reluctance to take on the role of Lead Professional, but understood there to be less reluctance in BF than elsewhere.
- 3.30 GB regarded the CAF documentation to be more intuitive and user-friendly than when it was first started, and more people were gaining confidence in using the CAF. ICT solutions need to be cognisant of the needs of users. The full impact of the CAF was unlikely to be known for some 10-20 years. GB stressed the importance of the CAF to EI, and that earliest interventions are best for children, minimising new Looked After Children (LAC) cases. GB regarded EI to a strength at BF. The increase in CAF activity levels suggests that the Council and its partners are succeeding more in identifying children and young people who need help. In turn, this meant that needs should not escalate unduly, which was also of benefit to the Council's finances. Informed CAF assessments enabled targeted intervention and effective allocation of resources. Historically, the Borough had lower rates of LAC than nearby

Health Authority. Lord Scarman's test is generally considered to be the test of 'Gillick competency'. He required that a child could consent if he or she fully understood the medical treatment that is proposed. The ruling holds particularly significant implications for the legal rights of minor children in England in that it is broader in scope than merely medical consent. It lays down that the authority of parents to make decisions for their minor children is not absolute, but diminishes with the child's evolving maturity; except in situations that are regulated otherwise by statute, the right to make a decision on any particular matter concerning the child shifts from the parent to the child when the child reaches sufficient maturity to be capable of making up his or her own mind on the matter requiring decision.

boroughs, such that the increase in cases might be due to better and earlier identification of needs than previously. GB cited an example of a pupil with a history of short term school exclusions, where letters to the parents had been ineffective. Following a CAF assessment, support was rearranged and the situation was much improved. Another example of effective EI is the 'Aiming High' programme, providing support to disabled children to help them to live at home.

- 3.31 GB said the Council is building a confident dialogue with families on appropriate data – sharing, to assist the school transition process, an example being young carers. The transition to adult support and independent living is also important.
- 3.32 GB regarded the areas for improvement in the CAF as being:
- Developing the role of young people in 'owning' the CAF, and capturing their unfettered views.
 - Continuing to ensure that people see the value of the CAF, and recognising the value of every organisation's role in the CAF.
 - Finding ways of sharing positive outcomes from the CAF process.
 - Remediating the view held by some that the CAF is a referral tool. There is a growing understanding that it is an assessment tool.
- 3.33 GB considered that the CAF need not be an unduly onerous process. The CAF can be re-visited over time, evolving by adding more information and further developing engagement with the family. It was important to start the CAF process early, and the report that children were referred to College Hall without a CAF meant that the assessment process had been too late in those cases. GB expressed the view that the follow-up of CAFs is good in BF, and the closure of CAFs is well-evidenced.
- 3.34 Other matters arising in discussion were as follows:
- a) Resourcing the CAF is important.
 - b) More feedback on the impact of each CAF would be helpful. Sharing the wider benefits and good practice would encourage more people to participate in the process.
 - c) A risk for the future concerns the ability to commission EI work in a timely way.
 - d) The CAF encourages practitioners to look at a wide range of resources from all community sources; a lot of informal and voluntary sector support often accompanied the public sector support for individual cases.
- 3.35 Councillor Dr Barnard concluded by saying that sharing of accurate information is necessary and worthwhile. In his view, the CAF is not perfect, but a lot of progress had been made with it

Action Taken on the 2010 Overview and Scrutiny Review of Safeguarding Children and Young People

- 3.36 The Group decided to review progress on actioning the agreed recommendations relating to the CAF in the January 2011 report of the O&S review of Safeguarding Children and Young People. Officers provided the Group with the progress update at Appendix 4. The Group noted the action

taken. The Group endorsed the development of the Early Intervention Strategy, decided that they wished to make an input to it, and considered that EI should be a routine activity. The Group was encouraged to learn of the part-time assistance to the CAF Co-ordinator and was concerned over whether there was sufficient absence cover and support for the post, particularly as the number of CAFs was growing.

- 3.37 The Group also decided to ask for further information on the action summary, in terms of: who is looking at the review process; who is going to individual schools; and whether officers could provide a more comprehensive and precise summary. This information was subsequently provided to us.

Action taken on the Recommendations in the 2010-11 Annual Report of the Local Safeguarding Children's Board to the Children's Trust

- 3.38 The Group decided to review whether the actions promised by the Children and Young People Partnership in response to the CAF-related recommendations in the 2010-11 Annual Report of the Local Safeguarding Children's Board had been delivered. Officers provided the Group with the progress update at Appendix 5, which the Group reviewed and noted.

Other Views from Schools Concerning the Common Assessment Framework

- 3.39 The January 2011 O&S review of Safeguarding Children and Young People had included meetings with the Headteachers and designated Teachers for Child Protection at Easthampstead Park Community School and Kennel Lane Special School. Both schools raised concerns about the CAF arrangements, which the O&S Working Group drew attention to in its report. We therefore decided to ask both schools if they had seen any improvements to the CAF arrangements.
- 3.40 The response received from Easthampstead Park Community School is reproduced at Appendix 6. The Group was disappointed to note that the CAF arrangements were still unsatisfactory in a number of respects, from the school's perspective. The Group also considered that schools must be allowed some discretion to exercise their judgement in completing the CAF; they should be allowed to leave parts which are irrelevant to them, otherwise it might alienate their goodwill. The Group did not receive a response from Kennel Lane Special School.

4. Conclusions and Recommendations

From its review, the Working Group has drawn the following conclusions, on which we have based a number of recommendations to the Council's Executive.

General

- 4.1 A shared and common means of identifying and assessing what a child's issues are and how best to address them is necessary if the Council and its partners are to be able to give children the help they need to stay safe and grow. The majority of people we met saw the Common Assessment Framework (CAF) as being thorough and generally delivering good assessments. The Council and its partners are working well together, on the whole. The CAF has been applied to good effect, and its use and application is growing, both in quality and quantity. Nevertheless, we consider the arrangements could be usefully improved, so as to make it more usable to practitioners, make it more widely used, and hence improve the service the Council and its partners can give to help children overcome difficulties and develop themselves.

The Importance of Early Intervention

- 4.2 The CAF is an essential way of helping to deliver 'Early Intervention' services to children and young people. We fully agree with the practitioners we met that the investment by the Council and its partners in Early Intervention delivers sound and enduring benefits into the future. It is a lifetime investment, and it very rarely delivers its full benefits immediately. For example, investing resources in tackling emerging bad behaviour in young people, together with effective community engagement and other measures must have contributed to Bracknell Forest achieving continual reductions in most types of crime. Members of the Working Group have seen at first hand how valuable Early Intervention can be in improving children's lives, as well as seeing cases where the lack of early intervention has tragically blighted a young person's life chances. It also makes sense in cash terms. We note that a Council had carried out some research which indicated that every £1 spent on early intervention saved some £4 in Council expenditure in the future, and £16 for the wider public sector in the long term. We also note that in a research report by the Local Authorities Research Consortium dated March 2011, based on 80 indicative case studies, it was concluded that CAF process costs are mostly under £3,000 each, yet the benefits in cash terms ranged from £5,000 to over £150,000 each.

Recommendation 1 In *making its decisions over allocation of resources, the Council must recognise the long term return on the investment in Early Intervention, and the real and lasting benefits it has on the lives of children as well as the well-being of the Borough.*

Recommendation 2 The Council should continue to stress that *Early Intervention is essential, and as soon as a concern appears, a CAF should be started, as part of the Early Intervention process.*

Relations with schools

- 4.3 The Working Group commends the excellent work done by the CAF Coordinator and others to assist the schools to participate in the CAF assessment process. Schools are a vital part of the extended partnership for identifying and assessing children's needs and it is critically important that the Council achieves and maintains the schools' willing cooperation in the CAF process. We are concerned that schools are not all fully behind the CAF arrangements. For example, we were told that some schools very rarely originate CAF forms. Also, Easthampstead Park School said '*Whilst pulling all the information together is an excellent idea, in reality it is often a frustrating and very time consuming piece of work that, without proper feed back, results in unknown outcomes for the student and the school.*'

Recommendation 3 *The Council should report to the Children, Young People and Learning O&S Panel by mid 2012 on what it has done to thoroughly understand the reasons for schools' dissatisfaction with the CAF process, and how these have been resolved.*

Transfer of CAF Information

- 4.4 The transition of children between schools, for example on moving from Primary to Secondary school, is challenging, and commonly causes some stress for the child and a temporary drop in their school performance. The Group firmly believes that the Council and its partners should strive to make this transition process as successful and stress-free as possible. In the case of children who are the subject of a CAF, it would be sensible for the outgoing school to pass the CAF information to the successor school; this would not only help in ensuring the support to the child does not have a hiatus, but it would also help the successor school plan for balanced tutor groups.
- 4.5 The Group was encouraged to learn that officers are currently working with partners to see how the overall transition process can be improved. We were also reassured that some schools have taken the initiative in finding ways to achieve the safe, proper and timely transfer of information of CAF information between schools to assist a child's transition. But we were concerned to learn that the transfer of CAF information between schools is not universal, and we were told that this was because of legal restrictions. We took this up with the Council's legal team and were disappointed to be told that it appears that there is not a lawful basis for sharing the information. The Group regard this impasse to be wholly unacceptable and at odds with the over-riding principle that we should be putting the interests of the child first. The national experience has been that when things go seriously wrong, this is usually due to inadequate information sharing, and never due to too much information sharing. Parental and/or 'competent child' consent for individual cases might be a viable way of achieving early information sharing, and the legal advice is that this consent could be sought in a blanket fashion by amending the CAF form.

Recommendation 4 *The Council should resolve as a matter of urgency the need for schools to share CAF information to assist the transfer of children between schools, through obtaining the consent of the 'competent child' and parent as a matter of routine on the CAF form.*

Action Taken on the January 2011 Overview and Scrutiny Review of Safeguarding Children and Young People

- 4.6 The Group is generally satisfied with the action taken on the CAF-related aspects of the earlier O&S report, and the O&S Panel for Children, Young People and Learning can be expected to monitor this periodically in the future. The Group is nonetheless disappointed that the action taken in response to that earlier report has not been fully effective in all areas, as set out in this report.

Training

- 4.7 Training to encourage all partners working with children and young people to embed early intervention and the use of CAF into their routine activity is essential if there are to be adequate assessments of children's needs, contributing to timely and effective services. This is a much valued activity of the CAF Coordinator. Training is a particularly important issue for the voluntary sector as they tend to have a significant turnover of volunteers. The CAF training is free and it should be regularly offered to school governors and other practitioners.

Recommendation 5 *The Council should continue to deliver CAF training to everyone who needs it, and take every opportunity to promote and publicise the training opportunities.*

Support for CAF Co-Ordination

- 4.8 Everyone we met was very complimentary about the support provided by the CAF Co-ordinator, and it was clear to the Group that the role will be increasingly stretched with the growth in the number of assessments. The Group was encouraged to learn of the part-time assistance to the CAF Co-ordinator but given the importance of the function, we consider there needs to be better absence cover and support for the CAF Coordinator.

Recommendation 6 *The Council should provide full time staff support for the CAF coordinator, and organise succession planning for that post. We consider this is essential for a proper, professional approach to the critically important tasks of CAF training and co-ordination.*

Recognition for the Voluntary Sector

- 4.9 The Group considers that more needs to be done to recognise the role and value of the many 'unsung heroes' in the Voluntary Sector, who are contributing to the CAF process. The Council is already dependent on their good offices and this is set to grow with the pressure on local authority resources and the Government's 'Big Society' agenda. The expertise the Voluntary sector offers is important, and they are providing very good outcomes too. We were told by officers that it was recognised the communications links with the Voluntary Sector Forum need improvement. We endorse that, and we believe that working together is more important now than ever before.

Recommendation 7 The Council should continue to look for opportunities to recognise the role and value of the Voluntary sector in assessing children's needs and responding to them.

Clarity over the Purpose of the Common Assessment Framework

- 4.10 The CAF is an assessment tool which could lead to a referral, i.e. a request that services should be provided. However - and despite the Council's guidance and efforts of the CAF Co-Ordinator through training - it seems to the Working Group that there is still widespread misunderstanding about this. We were told that many Primary School Head Teachers still regard the CAF as a referral tool, and that most people see the CAF as a means of gaining access to a service. We have concluded that the efforts to reinforce the fact that it is an assessment device may be too purist and possibly distracted people from the CAFs ultimate purpose, of instigating well-informed and timely action to help children; and in that regard we heartily agree with the Director of Children, Young People and Learning, who told us the assessment process is crucially important in safeguarding the Borough's children.

Recommendation 8 The Council, in discussion with partner organisations, should modify the CAF form and guidance to make it clearer that it is an assessment form leading to a possible referral for services. We return to this in recommendation 14 below.

Involving Everyone Who Needs to be Involved in CAF Assessments

- 4.11 If the assessment of children's needs is to be timely and comprehensive, it is vital that the extended partnership across the organisations in the public, private and voluntary sectors are all engaged in the CAF process. Whilst there have been improvements in this, more needs to be done. For example, we were told that some schools use CAF assessments as a matter of course, others use it occasionally, and some schools do not make any use of the CAF. We need all schools to use the CAF as a matter of course. We were encouraged to hear that the Integrated Care Pathway Panel had already recommended that all schools should make use of the CAF, but disappointed to learn that General Practitioners are not all willing to be involved in CAF assessments; and midwives should be encouraged and supported to be involved more. This might be addressed through the Section 11 audit process⁶.

Recommendation 9 The Council should continue to work with all its partners in the National Health Service, the schools and elsewhere to better understand why they are not engaging fully with the CAF process and respond appropriately, to achieve more widespread participation in the CAF process.

⁶ Section 11 of the Children Act 2004 and the accompanying guidance document (*Working Together to Safeguard Children*) place a statutory duty, 'on key persons and bodies to make arrangements to ensure that in discharging their functions, they have regard to the need to safeguard and promote the welfare of children. The LSCB is required to periodically assess the level of compliance of all Partners with Section 11 responsibilities. The LSCB does this by asking Partners to complete a Section 11 self-assessment tool.

Establishing Who is the Lead Professional

- 4.12 For the CAF process to move ahead and be effective, it needs to be well led, by a clearly identified 'Lead Professional'. We were concerned to be told that the prospect of being designated as the Lead Professional was a deterrent to some people being willing to originate a CAF form. The Lead Professional is often the school. The Working Group consider the lead should be with whichever agency is most appropriate, in terms of their involvement in the case and their ability to keep an effective overview of all parts of the assessment. We would expect that GP's might be best placed to take on this role in some cases. There should also be a facility to change lead professional as appropriate, particularly when a CAF remains active for a long period and the child's needs can be expected to change.

Recommendation 10 The Council should ensure the arrangements for identifying and supporting Lead Professionals is clearly understood and robust. In particular, to ensure that the most appropriate person is chosen for each case, and that the designation is reviewed regularly (at least termly for school age children).

Feedback Arrangements

- 4.13 A common theme among the people we met was that, having invested time and effort in originating a CAF assessment, they needed – but rarely received as a matter of routine – feedback on what had happened after they had passed the CAF form onto some other organisation. For example, Connexions said they would welcome more feedback on cases where they had been involved, particularly from Social Services, who sometimes ask Connexions to produce a CAF. This was stated more strongly by a secondary school who told us, 'Whilst pulling all the information together is an excellent idea, in reality it is often a frustrating and very time consuming piece of work that, without proper feed back, results in unknown outcomes for the student and the school.'
- 4.14 The weaknesses in feedback arrangements were criticised in the January 2011 Overview and Scrutiny report on safeguarding and we are disappointed that more progress has not been made on this issue. The Working Group consider that feedback is important to motivate people – particularly those outside the Council - to invest their time by joining in on the extended CAF processes.

Recommendation 11 The Council should revise its protocol to ensure that everyone entering information onto the CAF has prompt and full feedback as to what action has been taken on the case. We return to this in our recommendation on the modification of the CAF form below.

Reviewing and following up CAF Assessments

- 4.15 We fully endorse the views of some people we met that a child's needs and circumstances change over time, and actions planned do not always have exactly the effect desired at the outset. Consequently, the Group think it is important that CAF assessments are regularly reviewed and followed up. We

were told that the follow-through process was acknowledged to be an area still needing improvement.

Recommendation 12 The Council should complete its improvements to review and follow-up arrangements, so as to track impacts, not just for the good handling of cases, but also to demonstrate the value of Early Intervention. We return to this in our recommendation on the modification of the CAF form, below.

Design of the CAF Form

- 4.16 A common theme among the people we met from outside the Council was that they found completing the CAF form rather arduous. In our recommendations above we have pointed to the way to make various improvements, which can be addressed by modifying the Common Assessment Form and accompanying guidance. Whilst this form has been issued nationally, we note that some councils have adapted it to suit their circumstances and we believe that Bracknell Forest should similarly make whatever adaptations are necessary to meet the needs of children and practitioners here.
- 4.17 There is a clear risk that some people may be disinclined to complete the CAF form because: the CAF is a long document; there is a widespread presumption that the originator has to fill in every part of the form knowledgeably; and due to the prospect that the originator might be selected to be the Lead Professional for the case (see paragraph 3.10(e) above). Officers informed us that there is scope for streamlining the CAF form and making the language more accessible; and we were encouraged to hear that work is already underway to look at streamlining the form to make it more user-friendly.

Recommendation 13 The CAF form and accompanying guidance should be amended so as to make completion of some parts of the form optional, particularly where the individual's needs are less complex. One size does not fit all, and professionals should be allowed to complete only those sections which they have knowledge about. The form should be clearly designed to show that it can be added to over time by different professionals; and that it is acceptable to start by just raising an issue for reflection and further thought, without necessarily jumping straight to the required action.

Recommendation 14 The CAF form should be modified to allow it to be completed in stages. It should also have clear sections for:

- a) Basic factual information
- b) An assessment section
- c) Make it clear that a Lead Professional does not need to be identified by the originator of the form, This can be determined later once all the relevant information has been collected and it has been worked out which organisations need to take action on the case. The form should also provide for designating a different Lead in the future.
- d) An action plan
- e) An outcomes/ feedback section, to be copied back to the originator of the CAF
- f) A review and exit/closure section.

- g) A section specifically asking all parents and 'competent children' to consent to sending the CAF information to the child's prospective schools.

Should the CAF form be used electronically?

- 4.18 The Working Group considers that the CAF form should be available to download and complete electronically, as this will make access easier. The possibility of an 'e-CAF', as used by some councils, has an initial attraction, however we are not persuaded that the completed form should be circulated electronically. It is not always practical to complete a form electronically when – as is often the case – the form necessarily passes between various people so as to achieve a comprehensive assessment. This would be the case when handing the form to a parent to take home and think over – not everyone has access to IT equipment. But we encourage officers to keep this under review.

Recommendation 15 The CAF form should be available to complete electronically, but not circulated electronically at this stage, this to be reviewed periodically.

The Overall Impact of the CAF Process

- 4.19 The value of the CAF process needs to be publicised regularly.

Recommendation 16 The Working Group would welcome an audit of the overall outcomes of the CAF process to be reported to Overview and Scrutiny on an annual basis.

BRACKNELL FOREST COUNCIL
CHILDREN, YOUNG PEOPLE AND LEARNING OVERVIEW AND SCRUTINY
PANEL
WORK PROGRAMME 2011 – 2012
COMMON ASSESSMENT FRAMEWORK - OVERVIEW AND SCRUTINY
WORKING GROUP

Purpose of this Working Group / anticipated value of its work:

The overall **purpose** is to review the arrangements by the Council and its partners for the Common Assessment Framework (CAF), as a means of early intervention for the social care of children and young people.

The anticipated **value** of this work is:

- 1) To raise the profile of early intervention for the social care of children and young people.
- 2) To follow up the commitments made by the Executive and others in their response to the 2010 Overview and Scrutiny Review of Safeguarding Children and Young People.
- 3) To identify any obstacles to the effective application of the CAF, and to make recommendations for action as appropriate
- 4) To engage with partner organisations

Key Objectives:

1. To build Members' knowledge and understanding of the CAF and early invention
2. To promote the value of effective early intervention for children and young people
3. To consider the adequacy of the CAF arrangements
4. To report publicly the findings of the review, including recommendations for action as appropriate

Scope of the work:

Common Assessment Framework arrangements by Bracknell Forest Council and its partners

Not included in the scope:

Anything unrelated to the Common Assessment Framework

Terms of Reference prepared by: R M Beaumont

Terms of Reference agreed by: The Working Group

Working Group structure:

Councillors Mrs Birch, Mrs McCracken, Ms Hayes, Mrs Temperton; and Mrs Mitchell

Working Group Lead Member: Councillor Mrs Birch

Portfolio Holder: Councillor Dr Barnard, Executive Member for Children and Young People

BACKGROUND:

The Council's Overview and Scrutiny (O&S) review of Safeguarding Children in 2010 made a number of recommendations concerning the Common Assessment Framework, from the perspective of the protection of children and young people. The Children, Young People and Learning O&S Panel Members have decided to follow that up with a short, focussed review of the usage and application of the CAF in relation to the wider early intervention strategy, as well as following up the implementation of the actions undertaken by the Executive and others in response to the Safeguarding review.

SPECIFIC QUESTIONS FOR THE PANEL TO ADDRESS:

1.	What is the Council's early intervention strategy, and how does the Common Assessment Framework contribute to that?
2.	Have the actions promised in response to the O&S review of Safeguarding Children and Young People been delivered?
3.	Does early intervention succeed in helping people to 'exit' the system of social care? What feedback is given to the people concerned when no action is taken on a CAF?
4.	Are any improvements needed to the CAF arrangements?

INFORMATION GATHERING:**Witnesses to be invited**

Name	Organisation/Position	Reason for Inviting
Dr J Karklins	BFC/ Director of Children, Young People and Learning	To exchange views on the scope for, and conclusions of this O&S review
David Watkins	BFC/Chief Officer: Strategy, Resources and Early Intervention	
Cherry Hall, Pauline Harper, Marion Bent	BFC/Integrated Care Pathway key personnel	To learn about the Integrated Care Pathway and exchange views on the arrangements for the CAF
Sandra Davies	BFC/ Head of Performance and Governance	Responsible Head of Service and Link officer for review
Debbie Greatrex	BFC/ CAF Coordinator	For detailed information on the CAF system
Clare Martin	Connexions (Berkshire)	To exchange views with key partners on the

Sheila Davies	Berkshire Healthcare Trust/ Health Visitors (representative)	arrangements for the Common Assessment Framework
Tricia Donkin	BFC/Headteacher, Spring Junior School	Holly

Site Visits

Location	Purpose of visit
None	

Key Documents / Background Data / Research

1.	Executive and Local safeguarding Children Board responses to 2010 Safeguarding Children and Young People Overview and Scrutiny Review
2.	Obtain updated views from staff of Easthampstead Park Community School and Kennel Lane Special School on their experience with the CAF process.

TIMESCALE

Starting: September 2011

Ending: November 2011

OUTPUTS TO BE PRODUCED

1. A brief report summarising the outcome of the review, with practical recommendations designed to assist further improvement of the Common Assessment Framework
2. Visible Member recognition of the value and importance of early intervention for children and young people

REPORTING ARRANGEMENTS

Body	Date
Children's Services and Learning Overview & Scrutiny Panel	At each public meeting
Draft report to Overview and Scrutiny Commission	At conclusion of review
Report to Council's Executive (and Partners as necessary)	At conclusion of review (estimated – November 2011)

MONITORING / FEEDBACK ARRANGEMENTS

Body	Details	Date
Children, Young People and Learning Overview & Scrutiny Panel	Progress reports to each Panel meeting, culminating with draft report	5 October 2011 18 January 2012
Overview and Scrutiny Commission	In six – monthly reports on O&S activity	15 September 2011 and subsequently



Common Assessment Framework for children and young people (CAF)

CAF form

Notes for use: If you are completing form electronically, text boxes will expand to fit your text. Where check boxes appear, insert an 'X' in those that apply.

Identifying details

Record details of unborn baby, infant, child or young person being assessed. If unborn, state name as 'unborn baby' and mother's name, e.g. unborn baby of Ann Smith.

Name	<input type="text"/>	AKA'/previous names	<input type="text"/>
Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
		Unknown	<input type="checkbox"/>
Date of birth or EDD ²	<input type="text"/>		
Address	<input type="text"/>		
Contact tel. no.	<input type="text"/>		
Unique ref. no.	<input type="text"/>		
CAF Version no.	<input type="text"/>		
Postcode	<input type="text"/>	Religion	<input type="text"/>

Ethnicity

White British	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>	Indian	<input type="checkbox"/>	White & Black Caribbean	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
White Irish	<input type="checkbox"/>	African	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	White & Black African	<input type="checkbox"/>	Any other ethnic group*	<input type="checkbox"/>
Any other White background*	<input type="checkbox"/>	Any other Black background*	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>	White & Asian	<input type="checkbox"/>	Not given	<input type="checkbox"/>
Gypsy/Roma	<input type="checkbox"/>	Traveller of Irish Heritage	<input type="checkbox"/>	Any other Asian background*	<input type="checkbox"/>	Nepalese	<input type="checkbox"/>	Any other mixed background*	<input type="checkbox"/>

*If other, please specify Immigration status

Child's first language Parent's first language

Does the child have a disability? Yes No Details

Young Carer? Yes No

Looked after child? Yes No Child Protection Plan? Yes No

If 'yes' give details

Is an interpreter or signer required? Yes No Has this been arranged? Yes No

Details of any special requirements (for child and/or their parent)

¹ Also known as'

² Expected date of delivery

Assessment information

People present
at assessment.

What has led to this unborn baby, infant, child or young person being assessed?

Details of parents/carers

Name

Contact tel. no.

Work/emergency
Tel no.

Relationship to unborn baby, infant, child or young person

Address

Parental responsibility?

Yes

No

Name

Contact tel. no.

Relationship to unborn baby, infant, child or young person

Address

Parental responsibility?

Yes

No

Current family and home situation

(e.g. family structure including siblings, other significant adults etc; who lives with the child and who does not live with the child)

Details of person(s) undertaking assessment

N.B It is important to complete the assessor / lead professional contact details in this section to enable agencies to ir on the progress. Please include telephone number and email address if possible.

Name Contact tel. no.
 Email address

Address Role
 Organisation

Name of lead professional and contact details (include email address)

Lead professional's contact number

Other Services working with this infant, child or young person - please give a name and when last available.

Name, address, Tel/email Date when last seen

Early years or education/training provision Name, address, Tel/email Date when last seen

Health Visitor Name, address, Tel/email Date when last seen

School Name, address, Tel/email Date when last seen

Other Name, address, Tel/email Date when last seen

Other Name, address, Tel/email Date when last seen

Other Name, address, Tel/email Date when last seen

Other

Name,
address
Tel/email

Date when
last seen

CAF assessment summary: strengths and needs

Consider each of the elements to the extent they are appropriate in the circumstances. You do not need to comment on every element. Wherever possible, base comments on evidence, not just opinion, and indicate what your evidence is. Where possible, record any incidents or events. If there are any major differences of view, these should be recorded too.

1. Development of unborn baby, infant, child or young person

Health

General health

Conditions and impairments; access to and use of dentist, GP, optician; immunisations, developmental checks, hospital admissions, accidents, health advice and information

Physical development

Nourishment; activity; relaxation; vision and hearing; fine motor skills (drawing etc.); gross motor skills (mobility, playing games and sport etc.)

Speech, language and communication

Preferred communication, language, conversation, expression, questioning; games; stories and songs; listening; responding; understanding

Emotional and social development

Feeling special; early attachments; risking/actual self-harm; phobias; psychological difficulties; coping with stress; motivation, positive attitudes; confidence; relationships with peers; feeling isolated and solitary; fears; often unhappy

Behavioural development

Lifestyle, self-control, reckless or impulsive activity; behaviour with peers; substance misuse; anti-social behaviour; sexual behaviour; offending; violence and aggression; restless and overactive; easily distracted, attention span/concentration

1. Development of unborn baby, infant, child or young person (continued)

Identity, self-esteem, self-image and social presentation

Perceptions of self; knowledge of personal/family history; sense of belonging; experiences of discrimination due to race, religion, age, gender, sexuality and disability

Family and social relationships

Building stable relationships with family, peers and wider community; helping others; friendships; levels of association for negative relationships

Self-care skills and independence

Becoming independent; boundaries, rules, asking for help, decision-making; changes to body; washing, dressing, feeding; positive separation from family

Learning

Understanding, reasoning and problem solving

Organising, making connections; being creative, exploring, experimenting; imaginative play and interaction

Participation in learning, education and employment

Access and engagement; attendance, participation; adult support; access to appropriate resources

Progress and achievement in learning

Progress in basic and key skills; available opportunities; support with disruption to education; level of adult interest

Aspirations

Ambition; pupil's confidence and view of progress; motivation, perseverance

2. Parents and carers

Basic care, ensuring safety and protection

Provision of food, drink, warmth, shelter, appropriate clothing; personal, dental hygiene; engagement with services; safe and healthy environment

Emotional warmth and stability

Stable, affectionate, stimulating family environment; praise and encouragement; secure attachments; frequency of house, school, employment moves

Guidance, boundaries and stimulation

Encouraging self-control; modelling positive behaviour; effective and appropriate discipline; avoiding over-protection; support for positive activities

3. Family and environmental

Family history, functioning and well-being

Illness, bereavement, violence, parental substance misuse, criminality, anti-social behaviour; culture, size and composition of household; absent parents, relationship breakdown; physical disability and mental health; abusive behaviour

Wider family

Formal and informal support networks from extended family and others; wider caring and employment roles and responsibilities

Housing, employment and financial considerations

Water/heating/sanitation facilities, sleeping arrangements; reason for homelessness; work and shifts; employment; income/benefits; effects of hardship

Social and community elements and resources, including education

Day care; places of worship; transport; shops; leisure facilities; crime, unemployment, anti-social behaviour in area; peer groups, social networks and relationships

Conclusions, solutions and actions

Now the assessment is completed you need to 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? (For example strengths, no additional needs, additional needs, complex needs, risk of harm to self or others)

What needs to change? (For example what outcomes, solutions and goals do the child/young person, parent/carer and you want to achieve)

Action plan (in order of priority)

Identify clear specific actions – if making a referral be clear about who will do this, and be clear about what action you want the agency to take.

Who will do this?

By when?

Agreed review date

How will you know when things have improved?

Child or young person's comment on the assessment and actions identified – where possible seek the views of the child / young person on their CAF.

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

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 infant, child or young person for whom I am a parent
- This infant, child or young person for whom I am a carer

I have had the reasons for information sharing explained to me and I understand those reasons

I agree to the sharing of information, as agreed, between the services listed below Yes No

(Practitioner to detail what information may be seen by which agencies)

Signed Name Date

Assessor's signature

Signed Name Date

Once you have completed the form:

- Check you have the relevant signatures and consent to share information
- Check you have provided your details so any agency may contact you to feed back or make further inquiries.
- Keep the original CAF for your records
- Provide a copy for the family
- Send copies of the CAF to identified agencies as part of the action plan
- Send a copy of the CAF to the CAF Coordinator – by post to CAF Coordinator, The Rowans Children's Centre, Pondmoor Road, Bracknell RG12 7JZ: By secure email to Debbie.Greatrex@bracknell-forest.gov.uk
- Set a review date so progress can be monitored.

Exceptional circumstances: significant harm to infant, child or young person

If at any time during the course of this assessment you feel that an infant, child or young person has been harmed or abused or is at risk of harm or abuse, you must follow your local safeguarding children board (LSCB) procedures as set out in the Berkshire Local Safeguarding Children's Board Child Protection Procedures



Every Child Matters Change For Children

Fact Sheet

Common Assessment Framework

Background

The CAF is a key component in the Every Child Matters: Change for Children programme. The aim of the programme is to ensure that every child receives the universal services to which they are entitled and any additional services they need at the earliest opportunity.

What is the CAF?

- a simple **pre-assessment checklist** to help practitioners identify children who would benefit from a common assessment;
- 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.

CAF elements and domains

The CAF has been developed from combining the underlying model of the Framework for the Assessment of Children in Need and their Families with the main factors used in other assessment frameworks. The elements that form the framework for common assessment are shown in the figure below. They have been grouped into the themes of development of the child, parents and carers and family and environmental elements.

Development of Child
<ul style="list-style-type: none"> ▪ Health: <ul style="list-style-type: none"> ▪ General health ▪ Physical development ▪ 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: <ul style="list-style-type: none"> ▪ Understanding, reasoning and problem solving ▪ Progress and achievement in learning ▪ Participation in learning, education and employment ▪ Aspirations
Parents and Carers
<ul style="list-style-type: none"> ▪ Basic care, ensuring safety and protection ▪ Emotional warmth and stability ▪ Guidance, boundaries and stimulation
Family and Environmental
<ul style="list-style-type: none"> ▪ Family history, functioning and well-being ▪ Wider family ▪ Housing, employment and financial considerations ▪ Social & community factors and resources, including education

Holistic approach

Assessing the needs of a child requires the systematic, holistic approach of a CAF, which uses the same processes for gathering and analysing information about all children and their families, but discriminates effectively between different types, and levels of need and strengths.

CAF benefits

The CAF provides an easy to use assessment that is common across agencies. It will help embed a shared language; support better understanding and communications amongst practitioners; facilitate early intervention; speed up service delivery and reduce the number and duration of different assessments that historically some children and young people have undergone.

Relationship to specialist assessments

Consultations are underway within DfES, across government and with the agencies responsible for other assessments to best determine how they should fit with the CAF and how to reduce duplication.

Where a referral to a more specialist assessment is required, use of the CAF should help ensure that the referral is really necessary, that it is the right service and that it is supported by accurate up-to-date information. The information gathered will follow the child and builds up a picture over time rather than a series of partial snapshots.

Implementation plan

Trialling of the CAF alongside the role of lead professional* is underway within a number of local authorities.

Detailed evaluation of the test will inform further refinement if required. All other local authorities will be making preparations for implementation from April 2006 with the CAF being fully embedded by March 2008.

Find out more

Through www.dfes.gov.uk/ISA or email mailbox.isadivision@dfes.gsi.gov.uk

www.dfes.gov.uk/ISA

mailbox.isadivision@dfes.gsi.gov.uk

June 2005

*see separate fact sheet

Progress On Actioning the agreed Overview and Scrutiny Recommendations in the January 2011 report on Safeguarding Children, in relation to the Common Assessment Framework

Officers provided the Working Group with the following update on the progress that has been made since the January 2011 report on the Review of Safeguarding Children and Young People:

In that report, the Working Group made the following recommendations:

'Whilst we recognise the positive progress made with the important Common Assessment Form in various ways, we recommend the CAF processes should be reviewed in the light of differing views as to its purpose, and the criticisms expressed to us. In particular, there is a lack of universal understanding about what the CAF process is actually for. The review should determine whether the processes could be improved to give a more appropriate and effective method for assessment and referral of cases (paragraph 4.15), particularly in relation to Special Schools, and feedback to those utilising the forms.'

The Executive responded:

'This recommendation is agreed. The Council has supported the development of the use of the Common Assessment Framework through the appointment of the CAF Co-ordinator who has led the implementation of the CAF. This is a slow process, to embed a new way of working, but Bracknell Forest is ahead of many other authorities in its use of the CAF. The Council has already recognised some of the difficulties identified by the Working Group and has developed a CAF Action Plan to address these issues as well as to continue the further implementation of the CAF.'

The Working Group also recommended:

'The Council and its partners should consider how to improve joint working and communication with schools, both on individual cases and on increasing schools' knowledge of thresholds and the appropriate use of the CAF.'

The Executive responded:

'This recommendation is agreed. A series of short workshops on the use of the CAF and on thresholds, specifically aimed at schools has been arranged for the Spring. Joint working with schools is being improved through a number of mechanisms, eg the Duty Team Manager is now attending the Kennel Lane School Liaison Meeting. Work has been underway to upgrade and improve the way in which information on CAF is collected, and detail recorded. This will allow for more detailed performance reporting, and information can now be broken down and reported to individual schools on the use of CAF and impact on outcomes for pupils in their schools.'

Update October 2011:

There is a review of the CAF process underway which began with carrying out a SWOT analysis about what was working well, and what was not working so well. This has helped to focus attention and limited resources in the most beneficial manner.

In recognition of the considerable tasks the CAF Coordinator currently undertakes, and to support an effective period of review some additional resource to build capacity has been identified, this will be in place until March 2012, and involves an

additional person working 14 hours per week.

The tasks currently underway include:

- Going into individual schools, identifying areas of concern and working with them to resolve. The individual who has been employed to build some capacity originates from a school background, and has proven to be a significant asset in engaging with and understanding the issues schools identify.
- Undertaking a review of the training materials to ensure they respond to the needs people have identified. [Note training is constantly under review to ensure it remains fit for purpose]
- Looking at the review process and developing a form that can be consistently used by practitioners across the range of partners.
- Identifying ways to support practitioners develop their skills in engaging young people in the assessment process, with the possibility of some tools being developed.
- A series of joint Children's Social Care / CAF consultations have taken place with schools and feedback has been noted and incorporated into ongoing development.
- The CAF Coordinator has worked with Kennel Lane School to address some of the concerns they have raised, this includes supporting a worker in the completion of some CAFs, attending a parent liaison group meeting, and chairing a practitioner meeting between KLS and Children's Social Care in relation to two students.
- The CAF Coordinator remains available for consultation and support when practitioners are experiencing difficulties in the CAF process.
- Further work is underway to look at the CAF form, and seek ways to ensure this is user friendly, it is important to retain the focus of the CAF as a holistic assessment of need, and therefore a careful balance needs to be considered in terms of the information gathered and the length of the form.

The Shared Processes Group retains overall responsibility for the development of the CAF within the wider framework of Early Intervention and an action plan for the group has been agreed [O&S received a copy of this in the original briefing information].

An Early Intervention Strategy is also being developed which will support the delivery of the priority in the Children and Young People's Plan with regards to embedding early intervention into the routine activity of all partners working with children and young people.

Progress On Actioning the Recommendations in the 2010-11 Annual Report of the Local Safeguarding Children's Board to the Children's Trust Relating to The Common Assessment Framework

Officers provided the Working Group with the following update on the progress on the Children and Young People's Partnership's Response to the LSCB Annual Report , relating to the recommendations which have an impact on the CAF process.

The recommendation made in the report was:

The Shared Processes and Children's Workforce Strategy Group are asked to note the development areas relating to information sharing and safer workforce practice and ensure that appropriate support / resources are made available locally to the children's workforce.

Update October 2011:

The Annual Report was presented to the CYP Executive Board in August 2011, and has yet to be presented to the wider Forum meeting on 24 November.

It is recognised that information sharing remains an issue in multi-agency working, although there is clear guidance available [and widely distributed] and a protocol is in place and agreed by the CYP Partnership Board.

An information sharing cue card is also available as part of the Safeguarding toolkit.

Information sharing is covered in the CAF training, and the revision of the Children's Workforce Strategy currently underway has identified the need for further training to be available on information sharing, this is now in the action plan for the Workforce Strategy.

A review of the Information Sharing protocol is identified as an action within the Shared Processes Group action plan, and this will be undertaken between November to January 2012. The protocol will need to go back to the CYP Partnership for approval.

It is intended to print and distribute a further batch of information sharing cue cards.

The CAF Coordinator provides ongoing advice and guidance to practitioners in relation to information sharing, and will continue to cover this within the training on CAF.

Response received from Easthampstead Park Community School, October 2011

Completing the CAF

There are different occasions when a CAF is completed.

1) If the school or a parent has a concern about a medical condition, speech, hearing, sight or their behaviour is affecting their learning. The parents are very pleased initially to cooperate with the school's request in completing the questions required to complete the CAF. However, many feel that it is irrelevant to disclose their financial situation, or any negative relationships in such a circumstance and feel the questioning is intrusive; then resentment and alienation develops. The school cannot afford to threaten its relationship with the parents. If one hour + is spent filling in the form, and then the parent refuses to sign, the form cannot be sent in - Precious time is therefore wasted and no support is given to the student.

A completed form is sent in to the CAF coordinator but the school often does not know where to signpost it. When they do not get any feedback, on receipt of the form, the school does not know if any action has been taken nor who is the lead practitioner.

2) The second use is when the CAF has to be completed as an urgent referral to get Social Services involved. The parents are then never invited in to complete their questions. Asking the child about their family increases their stress. The school can make judgment calls, but this may lead to the submission of inaccurate information. The child seeking help needs to trust the school and the school would find it difficult to tell the parent that these questions must be answered before they have involved Social services. Social services will accept the form with these sections uncompleted and, once the form has been sent off, then the school informs the parents of its actions.

The time needed to complete the necessary information accurately is a big concern for all involved.

It is often assumed that the school will take the necessary action and be the lead person because they have instigated the CAF. This is not always appropriate since they are not doing the work.

The training on how to complete the form has been excellent, but because of the time restraints, CAFs are often not filled in unless the issue is serious. It needs to be much more user friendly. Should there be a different form for primary children to secondary children? Many students arrive at secondary school without any form of support and without a CAF which should have been signposted during the Primary Education stage.

More feedback is needed when a CAF is submitted, confirming that action has been taken/not taken.

Whilst pulling all the information together is an excellent idea, in reality it is often a frustrating and very time consuming piece of work that, without proper feed back, results in unknown outcomes for the student and the school.

Sue Skilton
Easthampstead Park Community School.

Briefing Note to the Overview and Scrutiny Committee on CAF sharing with schools in advance of a child being placed upon the roll of the school, for the purpose of profiling and configuring classes.

A question has been asked whether the Common Assessment Framework Documentation can be sent to a school in advance of a child taking up their place at the school and the child being placed upon the roll / register of the school.

It may be helpful to outline the CAF process and purpose . The CAF has 4 stages :

- 1) identify a child's needs early
- 2) assess those needs holistically
- 3) deliver services to meet the needs
- 4) review the progress the services and intervention are having upon meeting the needs.

The Extent and nature of the Information

The information contained constitutes a total family and individual child profile , it contains both personal and sensitive data , the only other forms with similar details is either a S 47 child protection assessment or an assessment for compulsory detention under the Mental Health Act, the contents of which attracts the highest level of confidentiality.

CAF is a voluntary and consensual process

The process is entirely voluntary and informed consent is required from a parent and /or competent child . A competent child is determined by assessment of sufficient understanding rather than chronological age: child A aged 12 years may be competent whereas Child B 14 years old may not. To that end the CAF form itself (see copy attached) at page 9 contains an express consent and in the box above the signatures, the parent's and /or a competent child are asked to agree the list of recipients . The only exception identified is where the child is assessed as being at risk of significant harm .Significant harm is the first limb of the statutory grounds for care and supervision orders .

In addition there is a separate CAF form where the parents and/or competent children are asked a second time to sign against a list of organisations and agencies with whom the CAF will be shared .

The DH view on the CAF

The DH Guidance in support of the CAF which is : the Common Assessment Framework for the Assessment of Children and Families is clear that the CAF proceeds on the basis of consent and the CAF form follows the child.

Lawfulness of Sharing a CAF and Implications

The CAF form itself can be amended to reflect a move to a new school if the CAF is still active. However, without **express consent** the CAF cannot lawfully be forwarded to a prospective school prior to the child being admitted to the roll of the school . Were we to do so , the Council would not only be undermining the tenets on which the CAF process is based but would also be breaching the data protection

principles and the common law duty of confidentiality . It may also undermine the trust and confidence between families and the local authority with whom they are required to work in partnership. In recognition that a CAF form contains personal and sensitive information, the forms themselves record the parental and competent child's consent to who can see the forms, subject only to the significant harm caveat. The only lawful basis on which the local authority could send the CAF form to a prospective school in advance of commencing on the roll would be by express consent from a parent and/or competent child .

The Way Forward

In recognition of the Committee's desire to see this progressed . The CAF Co-ordinator has agreed that if school send her a list of children due for admission in September she will confirm whether they have an active CAF. Children's Services will develop a protocol for obtaining consent from parents and/or competent children where schools believe that they are receiving sufficient numbers that they need more details to plan effectively. However, this protocol will need to comply with the principles set out above .

Assistant Borough Solicitor
1 December 2011

SUMMARY OF THE OVERVIEW AND SCRUTINY REVIEW OF THE COMMON ASSESSMENT FRAMEWORK

What Was The Review About?

This review was by a Working Group of the Council's Overview and Scrutiny Panel for Children, Young People and Learning. It reviewed the arrangements for the Common Assessment Framework (CAF).

Children and young people sometimes encounter difficulties and obstacles to their development and well-being. Identifying and assessing those needs is a vital pre-requisite to delivering the right services in the best and most timely way, so as to help all children and young people to get the best start in life. The CAF is the national standard approach to take to this assessment process. We therefore thought it was important to review how well the CAF works in practice, and to see whether any improvements are needed.

Who We Saw

We brought a lot of knowledge to this review as our group included teachers, parents, grandparents, a representative of the voluntary sector active in this field, the Chairperson of the Council's Corporate Parenting Advisory Panel, and a serving officer in Children's Social Care.

In our review we met a lot of people inside and outside the Council who play key roles in making sure the CAF works properly. These included: the Executive Member for Children and Young People; Director of Children, Young People and Learning; the Head Teachers of College Hall Pupil Referral Unit and Holly Spring Junior School; the NHS Locality Lead for Health Visiting and School Nursing; the Team Leader of the Bracknell Connexions Centre; the Service Manager, Action for Children; the Project Manager of the Behaviour Support Team; the Inclusion and Development Officer; the Chief Officer: Strategy, Resources and Early Intervention; the Head of Performance and Governance; and the CAF Coordinator. We learnt a lot from these discussions and we are appreciative of everyone's time in meeting us.

What We Found

The review built Members' knowledge and understanding of the important CAF process, and the critically important contribution it makes to ensuring good 'Early intervention' services are provided by the Council and its partners to children and young people, to help them get the best start in life.

The majority of people we met saw the CAF as being thorough and generally delivering good assessments. We concluded that the Council and its partners are working well together, on the whole. The CAF has been applied to good effect, and its use and application is growing, both in quality and quantity. Nevertheless, we consider the arrangements could be usefully improved, so as to make it more usable to practitioners, make it more widely used, and hence improve the service the Council and its partners can give to help children overcome difficulties and develop themselves.

The report of this review of the Common Assessment Framework will be considered by the Children, Young People & Learning Overview & Scrutiny Panel, at a meeting in public, on 18 January 2012.

What Needs to Change?

Our recommendations to the Council's leadership (the 'Executive') are summarised as:

1. In making its decisions over allocation of resources, the Council must recognise the long term return on the investment in Early Intervention, and the real and lasting benefits it has on the lives of children as well as the well-being of the Borough.
2. Continue to stress that Early Intervention is essential, and as soon as a concern appears, a CAF should be started, as part of the Early Intervention process.
3. The Council should report to the Children, Young People and Learning O&S Panel by mid 2012 on what it has done to thoroughly understand the reasons for schools' dissatisfaction with the CAF process, and how these have been resolved.
4. Resolve as a matter of urgency the need for schools to share CAF information to assist the transfer of children between schools.
5. Continue to deliver CAF training to everyone who needs it, and take every opportunity to promote and publicise the training opportunities.
6. Provide full time staff support for the CAF coordinator, and organise succession planning for that post.
7. Continue to look for opportunities to recognise the role and value of the Voluntary sector in assessing children's needs and responding to them.
8. Modify the CAF form and guidance to make it clearer that it is an assessment form leading to a possible referral for services.
9. Continue to work with all partners in the National Health Service, the schools and elsewhere to better understand why they are not engaging fully with the CAF process and respond appropriately, to achieve more widespread participation.
10. Ensure the arrangements for identifying and supporting Lead Professionals are clearly understood and robust. Ensure that the most appropriate person is chosen for each case, and that designation should be reviewed regularly.
11. Revise the protocol to ensure that everyone entering information onto the CAF has prompt and full feedback as to what action has been taken on the case.
12. Complete its improvements to review and follow-up arrangements, so as to track impacts, not just for the good handling of cases, but also to demonstrate the value of Early Intervention.
13. The CAF form and accompanying guidance should be amended so as to make completion of some parts of the form optional. It can be added to over time by different people.
14. The CAF form should be modified to more clearly allow for all stages on each case. The form should also provide for designating a different Lead Professional in the future.
15. The CAF form should be available to complete electronically, but not circulated electronically at this stage, this to be reviewed periodically.
16. Audit the overall outcomes of the CAF process and report these to Overview and Scrutiny on an annual basis.

To see the full report of this review please see <http://www.bracknell-forest.gov.uk/your-council/yc-decision-making/what-is-overview-and-scrutiny/overview-and-scrutiny-reports.htm> or telephone us on 01344 352283. We welcome your comments on this review - please e mail these to Overview.Scrutiny@Bracknell-Forest.Gov.uk or telephone us on 01344 352283