

**TO: EXECUTIVE MEMBER CHILDREN, YOUNG PEOPLE AND LEARNING
9 SEPTEMBER 2014**

**COMMON ASSESSMENT FRAMEWORK ANNUAL REPORT 1 APRIL 2013 TO 31
MARCH 2014**

Chief Officer Strategy, Resources and Early Intervention

1 PURPOSE OF REPORT

- 1.1 The purpose of this report is to provide an account of the Common Assessment Framework activity in the year 1 April 2013 to 31 March 2014; and to seek the endorsement of the report by the Executive Member for Children, Young People and Learning.

2 RECOMMENDATION

- 2.1 **That the Executive Member Children, Young People and Learning notes and endorses the report attached as annex 1.**

3 REASONS FOR RECOMMENDATION

- 3.1 The Common Assessment Framework was introduced to Bracknell Forest in 2007 and has become well embedded across the borough. It is a central strand of the Bracknell Forest approach to early help and supports a high number of children and families each year. The main aim of the CAF is to identify and assess needs early, and support a child / family to prevent an escalation to Tier 3 high cost services (Children's Social Care). The report provides information on the activity, needs identified and outcomes being achieved.
- 3.2 The number of CAF / Family CAF assessments being completed remains high and in 2013 / 14; 345 assessments were completed, (273 in 2012/13) this is a significant increase of 26% in the last year. This is evidence of a strong commitment to early intervention and to the success of the CAF / EI Officer role in the ongoing development of this key action strand of the early help offer for Bracknell Forest.

4 ALTERNATIVE OPTIONS CONSIDERED

- 4.1 No alternative options considered.

5 SUPPORTING INFORMATION

- 5.1 The annual report provides a range of information on the way in which the CAF has developed in the last year and includes specific figures relation to key activity. Some key areas of progress to note are:
- The impact of a CAF Support Officer has been successful in terms of supporting a range of tasks associated with the Common Assessment Process.
 - The views of children are being sought and evidenced more consistently using the "Child's View Sheet" as part of the assessment process.

- The development of the Family CAF alongside ongoing improvements of the main CAF has been instrumental in supporting the Family Focus project, and also in enabling practitioners to assess whole family needs.
- The CAF / EI Officer has contributed significantly to a review of the thresholds of need and a new threshold document has been agreed which clarifies the threshold for CAF and the threshold for a referral to the Early Intervention Hub.
- A broad range of practitioners are completing CAF / Family CAF assessments and whilst primary schools remain the main completers, secondary schools have been increasing (44 assessments completed in 2012/13 and 73 assessments in 2013/14). There has also been an increase in referrals from early years (5 in 2012/13 and 29 in 2013/14).
- There has also been an increase in assessments completed by health (23 in 2012/13 and 43 in 2013/14) and includes assessments completed by midwives, physiotherapist and CAMHS practitioners.
- The CAF outcomes include a significant number of multi-agency responses (271 in total); the majority of those requiring a multi-agency response were referred to the Early Intervention Hub for a coordinated response.
- In the year 2013/14 16 CAF's were referred to Children's Social Care which is slightly less than the previous year where 19 CAF's were referred.
- The CAF / EI Officer undertakes a significant amount of activity to support and ensure the CAF remains high priority and in use by practitioners. In addition to many meetings, workshops and consultation sessions CAF training and Assessment Skills training are provided by the CAF / EI Officer and in the year 2013 / 14; 109 multi-agency practitioners attended CAF training and 64 attended Assessment Skills training. In addition to the planned training a range of bespoke sessions have also taken place including for childminders, senior teams in schools and school governors.
- Behaviour remains the main category for a CAF being completed, however information collected this year shows parental capacity and emotional wellbeing as key issues.
- There has been an increase in the number of reviews being carried out and during 2013/14; 221 reviews were completed (an increase on 207 in 2012/13). The increase is positive but has been incredibly resource intensive process to support and will be an area that requires further development and attention in terms of capacity and resources.
- The attached report identifies a number of priority actions for the coming year which aim to further refine and improve the CAF process as a key strand of early help in Bracknell Forest.

Resource Issues

- 5.2 The attached report identifies a very high level of activity and the success of the CAF in the last year. This work has been undertaken by the CAF / EI Officer alongside the management and ongoing development of the Early Intervention Hub and is a significant achievement which should be recognised.

- 5.3 It is important to note that there are some resource constraints moving forward given the increasing volume of CAF activity, the need to further develop and support the review process and the ongoing success and use of the Early Intervention Hub which is not sustainable with the current resource of one CAF / EI Officer and one CAF Support Officer and this is being considered by the Departmental Management Team as part of the 2015-16 budget setting process.

6 ADVICE RECEIVED FROM STATUTORY AND OTHER OFFICERS

Borough Solicitor

- 6.1 The relevant legal issues are addressed within the main body of the report.

Borough Treasurer

- 6.2 The Borough Treasurer is satisfied that no significant financial implications arise from this report. Any additional resources to continue the development of the CAF will need to be considered as part of the Council's 2015-16 budget setting process.

Equalities Impact Assessment

- 6.3 The CAF is an assessment that identifies additional needs for vulnerable children, young people and families. It is designed to target and support those most in need.

Strategic Risk Management Issues

- 6.4 N/A

Other Officers

- 6.5 N/A

7 CONSULTATION

Principal Groups Consulted

- 7.1 N/A

Method of Consultation

- 7.2 N/A

Representations Received

- 7.3 N/A

Contact for further information

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COMMON ASSESSMENT FRAMEWORK ANNUAL REPORT
April 2013 to March 2014

1. INTRODUCTION

- 1.1 This annual report provides information on the activity associated with the Common Assessment Framework (CAF) and covers the period of 1 April 2013 to 31 March 2014.
- 1.2 The CAF was introduced to Bracknell Forest in April 2007 and is well embedded across the borough. It is an assessment tool designed to enable practitioners working with a child or family to undertake a holistic assessment of need and is particularly helpful in assessing and understanding needs at an early stage and is an important tool supporting prevention and early intervention.
- 1.3 The CAF and EI Hub function sits within the Strategy, Resources and Early Intervention branch of the Children, Young People and Learning Department; the CAF / EI Officer reports to the Head of Performance Management and Governance.

2. KEY AREAS OF PROGRESS DURING 2013/14.

- 2.1 The investment in a CAF Support Officer to support the CAF and the implementation of the EI Hub has been very positive and has enabled the CAF and EI Hub to expand and develop to support early intervention assessment and multi-agency working.
- 2.2. The CAF and Family CAF forms have been kept under review and some minor amendments have been made as a result of practitioner feedback, this will enhance the information on the form and provide better assessment information for those receiving and supporting the child, young person and or family.
- 2.3. The views of children are being collected more consistently using a "Child's View Sheet", this is particularly positive in primary schools where the views of the child are completed by the child/young person involved in the assessment.
- 2.4. The CAF / EI Officer contributed significantly to the development of a Neglect Guide for Practitioners. This guide has been published and will be used to support ongoing CAF, and Assessment Skills Training. There has also been an undertaking to include neglect in the case studies used within the training to promote the awareness of neglect issues.
- 2.5. The Family Focus initiative has built on the use of CAF and the EI Hub, and the Family CAF is one of the tools now used where a Family Focus intervention may be needed.
- 2.6. The use of the Family CAF has been increasing as a means of assessment and referral to the EI Hub and the multi-agency contribution to these assessments has been positive and resulted in more effective "team around the family" working.
- 2.7. The CAF / EI Officer has contributed significantly to work undertaken to revise the threshold documents and levels of need which provides greater clarity

about the CAF / Family CAF and where they sit on the needs matrix. This document has been approved by the Local Safeguarding Children Board and has been published for professionals to access.

- 2.8. The clarification and agreement to single service referrals separate to the CAF process. This included a negotiated agreement with Community Paediatricians and the Margaret Wells Furby Resource centre, College Hall (Pupil Referral Service) and the Behaviour Support Team.
- 2.9. Consultation has taken place around the use of audit forms and some sample templates acquired. A mini audit was carried out following up from some of the LSCB learning and emphasis on the involvement of fathers and young people. This audit also looked at the identification of Lead professional and if a review had been specified. This audit needs is useful in acting as a baseline for future audits and further work.
- 2.10. The increased use of the CAF across a range of agencies including health, early years and secondary schools.

3 CAF DATA

- 3.1 The table below shows the number of CAFs completed annually between 1 April and 31 March and shows the last three years activity.

Months	No. of CAFs 2011/ 12	No. of CAFs 2012/ 13	No. of CAFs 2013/ 14
April	22	21	19
May	39	34	38
June	37	12	46
July	38	27	33
August	4	5	5
September	26	17	14
October	25	18	29
November	33	32	36
December	18	25	28
January	25	15	35
February	19	25	34
March	49	42	28
Total	335	273	345

- 3.2. This year has seen a return to high number of CAFs and Family CAFs being completed. There has been an increase of just over 26% in the number of assessments undertaken with children and young people.
- 3.3. Although at present Family CAFs are not logged separately, 80 Family CAFs were presented at the Early Intervention Hub. This is a positive indicator that the Family CAF is being well used and the "Think Family" approach is becoming well embedded in the way that practitioners work in a more holistic way with families.
- 3.4. The way that practitioners use the CAF assessment suggests that greater use is being made of single agency referrals where it is clear a multi-agency

response is not needed. The CAF / EI Officer provides support and advice where it may not be so clear and during the year 47 assessments were re-directed to a single agency referral as a result of advice given.

- 3.5. The introduction of the Fair Access Panel addresses the needs of some educational based provision and this may have had a slight impact on the reduction in CAF assessments completed in 2012/13, however in 2013/14 the highest number of CAFs received in one year has been recorded. August has consistently been a quiet month in relation to assessments being undertaken; this is most likely due to school holidays.

Who is completing CAF's?

- 3.6 A wide range of practitioners within agencies undertake the CAF assessment and the table below shows the breakdown.

Agency Completing CAF	Number Completed April 2012 to March 2013	Number Completed April 2013 to March 2014
Primary Schools	159	178
Health	23	43 **
Secondary Schools	44	73
Voluntary Organisations	7	3
Education [Other]	18	5
Nursery / Pre School	5	29
Education Welfare	8	5
CAMHs		3
Youth Offending Service	7	3

***22 completed by Health Visitors and 21 by other Health Practitioners.*

- 3.7 Primary Schools are consistently the lead completers of the CAF completing 52% of the total assessments, but the range of practitioners within the Primary School undertaking the CAF is varied for example the SENCO, the Head teacher or the Family Support Adviser (FSA). Due to the increase in the proportion of assessments from other areas such as health the overall percentage from primary schools is slightly reduced this year.
- 3.8. There has been a significant increase within the nursery/ pre-school setting (5 in 2012/13 and 29 in 2013/14). This follows a number of Early Years Practitioners undertaking the CAF and Assessment Skills Training and a proactive approach from the Early Years Foundation Stage Inclusion Support (EYFSIS) Manager.
- 3.9. Assessments completed by Health has seen an 87% rise from last year with Health Visitors completing just over half of the assessments. Health Assessments have also been completed by midwives, physiotherapists and CAMHs practitioners.
- 3.10. There has also been a significant rise in the completion of assessments on secondary aged young people (65% on last year) Although practitioners from secondary settings are able to refer directly to the Fair Access panel or the Pupil Referral Service for such requests as home tuition secondary schools are presenting their CAF assessments at the Early Intervention Hub where there are complex or multiple needs. This year this has been solely achieved by completing and presenting a CAF assessment rather than any other type

referral document which has helped to provide greater consistency in assessment and discussion.

- 3.11. The education “other” category includes assessments undertaken by the Pupil Referral Service and the senior family worker at College Hall.
- 3.12. This year the Educational Welfare Service, Youth Offending Team and CAMHS have undertaken the CAF with a view to supporting families at Tier 2 and prevent re referral to Tier 3 services.
- 3.13. The YOS and CAMHS are specialist services also operating at Tier 3 and they have used the CAF to refer to the Early Intervention Hub as part of their multi-agency working and stepping down strategy when they are closing cases.

Outcomes of CAF

- 3.14 It is important to identify the outcomes of a CAF, and the system used to record this is the Capita One System which records the outcomes under six main categories:

- Multi-agency response.
- No further action.
- Referred to specialist service.
- Single agency response.
- CAMHS (since October 2010).
- Children’s Social Care (since October 2010).
- SEN (new category introduced April 2012).
- YOS (new category introduced April 2012).

The table below shows the outcomes for CAF undertaken (N.B * indicates new recorded outcomes since 2012).

Outcome	Totals April 2012 to March 2013	Totals April 2013 to March 2014
Multi-agency Response	209	271
Specialist Service	3	4
Children’s Social Care	19	16
CAMHS	27	5
Single agency response	33	52
SEN*	1	1
YOS*	2	
No further action	1	1

**Please note although every attempt is made to record the main outcome some children are referred to more than one specialist service.*

- 3.15. Multi-agency response continues to be the main outcome of an assessment which reflects that a coordinated range of support is required, showing both the need for an integrated working approach and use of the Early Intervention Hub procedures. Some CAFs/Family CAFs have been directed to the Early Intervention Hub and further information on the outcomes from the Hub is contained within The Early Intervention Hub Report 2013/2014.

- 3.16. Whilst there has been an increase in the number of CAF's completed, the number that were referred to Children's Social Care reduced from 19 in 2012/13 to 16 in 2013/14. This is positive and may indicate that CAFs are being undertaken earlier before issues become more complex, the introduction of the Early Intervention Hub which has partner agencies around the table working together may have also contributed to this reduction.
- 3.17. The YOS did not receive any referrals as an outcome of CAF directly; this is likely to be because practitioners identified the Early Intervention Hub for such assessments considering the level of need and the complexity of the case.
- 3.18. The number of CAFs referred to CAMHS has declined. This may indicate in the case of CAMHS referrals that the Common Point of Entry form is being completed and direct referrals are taking place.
- 3.19. Single agency responses largely include work by the Behavioural Support Team or work within schools. This figure has also gone up reflecting that practitioners are correctly using the single service referral route if the need for that service is clear.
- 3.20. There is a close working relationship and dialogue between the CAF / Early Intervention Officer and the Duty and Assessment Team to ensure appropriate assessments are directed to CSC and others are supported at the targeted level.
- 3.21. There have also been consultation sessions undertaken by Children's Social Care and the CAF / EI Officer to increase awareness of practitioners in respect of thresholds (see also Training and Workshops section). During these sessions the consultation line has also been promoted to raise awareness and encourage appropriate dialogue before a referral is made.
- 3.22. The table below shows the main reasons for CAF and the Gender breakdown

Reason for CAF	Female 12/13	Male 12/13	Unborn 12/13	Female 13/14	Male 13/14	Unborn 13/14	Total 12/13	Total 13/14
Behaviour	24	92		33	90		116	123
Domestic Abuse				1	6			7
Development / Learning Delay	2	13		12	34		15	47
Educational Concerns	10	19		05	13		29	18
Emotional Distress	24	13		28	23		37	51
Family Conflict	1	2		02	02		3	4
Health Concerns	4	-		03	06		4	9
Housing	4	7		01	04		11	5
Neglect				1	1			2
Parenting Capacity	19	21	2	20	30	6	42	50
Poverty Low Income	2	1		03	02		3	5
School Attendance	1	2		02	06		3	8

Social Inclusion	4	3			04		7	4
Speech and Language Problems	-	3			01		3	1
TOTALS	95	174		111	222	6	273	345

Please note that more than one category may be assigned although this table shows the totals for the primary categories.

- 3.23 64% of the assessments have been undertaken on boys [this proportion of males to females is consistent across the country]. From year to year the proportion of girls to boys who have been the focus of a CAF assessment has approximately remained around one third girls to two thirds boys. Over the last two years there has been a slight increase in the percentage of assessments carried out with females.
- 3.24. Behaviour remains the predominant reason stated for undertaking the assessment. This is true for males and females. This year parental capacity issues are the third main reason for undertaking a CAF. This shows a transparency in working with parents to address the issue and also an increased recognition of the impact on the presenting issues of parental capacity.
- 3.25. Developmental and learning delay is the second highest reason for males while emotional well being is the second for female and the fourth for males.
- 3.26. Emotional distress is described at many levels within the assessments received including self harm, anxiety, bereavement, going missing from home and, threats to take own life. This year the level of emotional distress described has been of quite a high level including young people receiving a service from CAMHs and also those who have sought support from hospitals or been considered for an assessment under the mental health act.

Parental Comments

- 3.27. Outcomes and comments are also captured on the CAF through comments from parents and carers. Some examples of comments from parents on the CAF and CAF review forms are indicated below:
- Even though we haven't accomplished all the goals I feel very positive that we're all on the right track.
 - E's behaviour has dramatically improved and E is willing to go to school. His learning too has continued to improve as he has accepted he has to do it, and he is keen to bridge the gap between himself and his friends. The programme in school has been a success and I hope this will continue as he moves up to the next year group.
 - Parents feel that incentives and rewards put in place have made life at home easier in recent weeks
- 3.28. All of these examples show the importance of maintaining dialogue with parents through the CAF process and what can be achieved through having clear agreed goals.
- 3.29 The table to show the ages of the children when a CAF is completed.

Age	Unborn	Under 1	1	2	3	4	5
Number	6	8	7	14	30	23	31
Age	6	7	8	9	10	11	12
Number	27	33	37	18	20	12	20
Age	13	14	15	16	17	18	
Number	22	18	16	6	1	1	

- 3.30. This year the most common age at which children are currently assessed (modal value) is 8, followed by ages 7, 5 and 3 years. The most common age at which children are assessed is now slightly higher than last year but the most common ages are still between 3 and 8 years old. This is also in keeping with the fact that Primary Schools are the main initiators of a CAF.
- 3.31. The ages at which CAFs are completed also reflect the increase in CAFs being completed by Early Years and Health Visitors and aged 3 saw an increase of nearly 300%.
- 3.32. The peak ages are between 3 years and 8 years with a further peak at 13 years. This again highlights the needs of children at points of transition. For children under statutory school age the most common age for a child to be the focus of a CAF assessment is 3 years.

CAF Reviews

- 3.33. Reviews are an important part of the CAF process as they enable practitioners involved to monitor progress made against the action plan, and to identify any further support that may be required.
- 3.34. In April 2010 /11, 40 reviews were completed. April 2011/12 saw an increase from 40 to 207 reviews. During the same period this year April 2013/14 221 reviews were completed. This is the highest number of reviews to date and it is noted that schools in particular are completing more reviews and calling Team around the Child / Team around the Family meetings to review the CAF. The increase in secondary school use of the CAF and review process has also contributed to the increase.
- 3.35. Monitoring the review activity and maintaining an overview takes considerable time and resource and is an area that would benefit from additional resources to develop and embed further. Where practitioners review progress in a timely fashion there is a better chance that actions will be completed and steps taken to adapt the plan if the situation has changed. One parent commented after four reviews that they were now “completely satisfied” and that the goals of access education for their child and improving their child’s emotional and social awareness had been achieved.
- 3.36. There is an emerging capacity issue as the CAF Support Assistant has an increasing number of CAFs, Family CAFs and CAF Reviews to log and process. This is in addition to the ongoing support of the Early Intervention hub.
- 3.37. The Early Intervention Social Worker and the CAF / EI Officer have been invited to attend CAF reviews when there are discussions regarding thresholds, access to services and potential Hub presentation. The Early

Intervention Social Worker has also called a number of practitioners meetings to progress CAF plans and clarify progress and agency support. This is a positive step and allows for effective multi-agency working but it is also has an impact on CAF resources in respect of time to attend such reviews.

- 3.38 The Lead Professional role continues to be vital in this process to ensure that reviews are undertaken and reports gathered from all agencies involved with the family.

Cross Border Issues

- 3.39 The CAF / EI Officer meets regularly with CAF colleagues across Berkshire. These meeting have enabled closer working on cross border issues, and have enabled the sharing of practice and information. Each area has adopted a slightly different approach to the CAF and it is therefore important to ensure a clear understanding and establish clear protocols to support cross border working.
- 3.40. Between April 2013 and March 2014 there have been 23 communications between the relevant CAF co-ordinators and the practitioners supporting a child involving cross border issues. The majority of these have involved children living in Bracknell and being educated in Reading or Wokingham. There has also been increased liaison with Windsor and Maidenhead following the appointment of their CAF Co-ordinator. In addition there has been direct communication with school personnel in the Wokingham and Reading area that have attended the Hub to contribute to the discussions on cases presented where children attend schools outside Bracknell but where there have been identified needs within the household.
- 3.41. The CAF Cross Berkshire Networking meeting statistics are also shared with Bracknell Forest Council and partners presently completing more assessments per head of the child population that any other area within Berkshire.
- 3.42 It is positive to note that Bracknell Forest practitioners within school have been pro -active in logging CAFs on children about the move to other areas so that a smooth transition can be achieved. Practitioners have sought consent from parents/carers to log the CAF in readiness for any request from the new school or have specifically asked if the CAF Officer can transfer to the appropriate co-ordinator in the new area. This is excellent practice and ensures early identification of the child's needs through the CAF assessment is available to the new school where parents have consented.

4. TRAINING

- 4.1 It is important that ongoing multi-agency training is available to support practitioners in the understanding and use of the CAF process. This is in the form of two sessions both taking place over half a day each.
- 4.2 The first session is 'CAF in Practice' which looks at the process and promotes practitioners decision making skills as to whether to begin an assessment or not.

The objectives for the session are:

- To gain knowledge of the key aims and principles of the CAF.
- Using the CAF as an early intervention tool.
- To learn from good practice, sharing experiences.
- Engaging parents, children / young people in the process.

4.3 The second session is 'Assessment skills' which helps to develop practitioner's skills in assessing the strengths and needs of the child/young person and their family. It gives a greater understanding of what assessment is; taking the practitioner through the process. It promotes the use of SMART targets.

The objectives are:

- To share experience with other professionals
- To explore ways to engage families and young people in the process
- To receive Information of supporting tools e.g. cycle for change, solution focused therapy,
- To look at Analysis, Strength, Needs, Risk
- Completing a SMART action plan and reviewing

4.4 Training is also offered to agencies for 'in house' sessions. These have been delivered to:

- Child Minders
- Wooden Hill Primary school staff
- Children's Social care
- Family Centre
- Duty team (CSC)
- Health Visitors
- Garth Hill College Pastoral Staff

4.5 Details of attendees at the half day training sessions

Summary of training 2013/2014

CAF in Practice		Assessment Skills	
Agencies attending	No's	Agencies attending	No's
Early Years	32	Early Years	10
Children's Centres	1	Children's Centres	2
nursery schools	24	nursery schools	22
Infant schools	1	Infant schools	1
Primary schools	15	Primary schools	12
Secondary schools	4	Secondary schools	4
Connexions	12	DAAT	4

DAAT	4	Education Welfare Service	1
Family Intervention	4	Children's Social Care	7
Education Welfare Service		CAF team	1
Children's Social Care	4		
CAF team	1		
PACT	1		
Youth worker	4		
Total practitioners trained	109		64

- 4.6 Attendance at the training has been good, with a wide range of services participating including Family Support Advisers (FSAs), Health Visitors, Special Educational Needs Co-ordinators (SENCOs), Early Years Workers, Youth Workers, Connexions and Voluntary/Charity Workers. This year we have also had attendees from specialist services such as Youth Offending Service (YOS), the Drugs and Alcohol Action Team (DAAT) and Children's Social Care. During programmes between April 2013 and March 2014 - **173** practitioners attended the training. This is an increase from the 113 trained last year.
- 4.7. The training materials continue to be updated based on feedback, developments in the CAF or Hub processes, and messages from Serious Case Review and other learning events.
- 4.8. As a result of work completed within the Neglect Task Force the Really Useful Neglect guide is to be distributed during CAF training and a case study on Neglect included within the CAF training.
- 4.9. Further emphasis is put on including fathers' views within the assessment and ways of acquiring these if parents live in different households.
- 4.10. Following on from individual meetings with schools; discussions with Head Teachers, SENCOs, FSA's and other pastoral care staff and lead professionals the CAF in practice training was further updated to include more activities and examples of CAFs and CAF Reviews. This year examples of the Family CAF have also been incorporated.
- 4.11. The training for both CAF in Practice and Assessment Skills for CAF has been delivered a number of times and has been highly evaluated by practitioners attending. The Assessment Skills for CAF course looks in more depth at assessment skills and aims to provide practitioners with knowledge and skills about different assessment tools and to discuss more complex issues around good quality assessment. Information is also included about the EI Hub and a training pack is also distributed containing child friendly sheets, additional supporting materials and guidance.
- 4.12. The Workforce Development Group continues to support funding for CAF Training this year which has meant further multi-agency training can be offered free; thus supporting integrated working and quality assessments. Venues and dates have been arranged for the forthcoming year.

Evaluation of Training

- 4.13. CAF in Practice - **100%** of participants rated the revised training excellent to good feeling that they strongly agreed or agreed that objectives had been met.
- 4.14. Assessment Skills for CAF - **96%** rated training as excellent with a further 4% rated it as good and again 96% of participants strongly agreed that the training had met the objectives and was clear, knowledgeable and was responsive to participants needs.
- 4.15. Future training plans include:
- Refresher courses for those who have been using the CAF but need an update.
 - More 'in house' sessions for agencies that find it difficult to release a large number of staff.

Additional Targeted Workshops and Training Delivered

- 4.16 Whilst practitioners are encouraged to attend the multi-agency training, it is also possible to deliver more targeted workshops and training for specific services or professional groups. Some examples of these in the past year include:
- Training sessions with pastoral and staff teams in both primary and secondary schools.
 - School Governors.
 - Joint CSC/ Early Intervention and CAF Co-ordinator consultations with schools.
 - CSC Senior Management Team.
 - Senior Management Teams at schools including meetings to discuss particular cases with pastoral support team in school including CPLO/H of Year and FSA.
 - Children's Centres – Managers and Staff.
 - Childminders.
 - FSA Team Meetings.
 - Family Centre staff.
 - Presentation at the Parenting Café for Practitioners
 - The Team manager of Duty and Assessment along with the Family Support Adviser Co-ordinator and the CAF / EI Officer are now also implementing a clinic session periodically for FSAs to present any cases where they feel stuck or would like supervision to problem solve and consider next steps.

5. SUMMARY

- 5.1 The number of CAFs undertaken has increased significantly this year and practitioners now seem familiar with the new forms developed last year. Family CAFs and CAFs are also being presented at The Early Intervention Hub in increasing numbers.
- 5.2 Agencies working with the 11+ age group are undertaking a higher proportion of CAFs than in the past and this year more CAFs have been completed with younger children under the age of five.
- 5.3 Although the completion of reviews has increased the need to ensure this is sustained and further improved is important. It is resource intensive and requires constant monitoring and follow up which is not sustainable within the current resource available and needs further consideration.
- 5.4 An increasing amount of time has been spent working in a consultative capacity across services/agencies either; offering advice and guidance to professionals considering as CAF for a child or young person, supporting the assessments of needs and risk and the level of appropriate intervention as well as identifying relevant resources. This is indicated in the fact that the CAF staff re directed 47 CAFs from the Hub to individual services such as BST and CAMHs. There has also been consultation with schools and liaison with the Team Leader for Safeguarding.
- 5.5 The uptake and increasing use of the Family CAF indicates the trend for a more holistic and family approach. Agencies and schools have worked together to complete both adult and child profiles. This has also been useful in engaging fathers not living within the household and allowing for both parents to contribute to the assessment process. The use of the Family CAF has also been promoted by the Early Years Inclusion Manager it is also used by Health Visitors. However this means adult needs are also more likely to be highlighted leading to the need for multi-agency support and co-operation with adult services.
- 5.6 Adaptations and changes in training continue to be evaluated highly with the majority of participants commenting they were useful, informative and helpful. The new activities including involving young people, asking sensitive questions, and looking at actual CAF examples were particularly mentioned as good.
- 5.7 The high volume of CAF activity requires some additional quality assurance systems in place and this will be an area for development in the coming year.
- 5.8 The attendance of some adult services such as housing personnel at the training is encouraging for working with the whole family and working collaboratively with action plans.

6 PRIORITY ACTIONS FOR 2014 / 15

- To seek resources to enable capacity to further develop and embed the review process.
- To identify resources and methods to monitor and track reviews more robustly and to consider if an IT reminder system solution is able to be set up.
- Support the understanding and awareness of the revised threshold document and further clarify referral routes.

- Provide ongoing support for the joint CSC and CAF / EI Officer consultation for schools and Family Support Advisers and to evaluate the impact of these sessions on practice.
- Further develop recording categories within the ONE recording system in order improve recording and reporting on key areas of activity, for example to differentiate between a CAF and Family CAF, to identify Young Carers in line with the responsibilities under the Family Act and to expand some sources of referral in order to reflect the increasing numbers of CAFs from Early Years.
- To establish a performance indicator for referral to the Early Intervention Hub in order to demonstrate demand and need.
- To undertake additional training/workshops on the role of the Lead Professional as this role is crucial to the step down process and to the undertaking of reviews.
- To design a shorter refresher type workshop for practitioners who are familiar with CAF but would like to refresh their skills, be updated and bring any barriers based on their individual experiences.
- To continue to liaise with the Common Point of Entry in respect of CAMHS referrals and the role of CAF assessments in supporting these referrals in order to streamline referral routes and avoid duplication.
- To complete the design of an audit template to look at some key elements of good practice within CAF assessments such as the identification of a Lead professional and also to contribute to the LSCB Learning and Improvement Sub Group.
- To investigate capacity issues in respect of the increase of CAF assessments, reviews the need for further facilitation of training and the monitoring of reviews. At present there are stresses within the system around the staffing capacity and the ability to fulfil all of these objectives.

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