



Everyone's Business:

Review and Development of the Common Assessment Framework



A report from Overview & Scrutiny





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Preface

By Councillor Neville Summerfield

Chairman Vulnerable Children's Overview and Scrutiny Committee



Services for vulnerable children are currently undergoing transformational change.

The reasons for these changes include shortcomings in safeguarding which have been well documented and discussed. Children's Services, all City Council Directorates and Partner Agencies have signed up to the 'Birmingham Safeguarding and Children in Care Improvement Plan'. The full implementation of this plan will bring about those changes and Members of the Vulnerable Children's Overview and Scrutiny Committee have been carefully monitoring its progress.

An important element in the plan is the Common Assessment Framework process. In essence, the use of this process involves a full assessment of a child's needs and identifies the appropriate level of support required. By listening carefully to the views of many frontline workers including those from schools, voluntary sector agencies and health services this review examined current practice. We have found that this valuable process is used inconsistently across the City Council and partner agencies.

The recommendations that have emerged, when implemented, will have a significant impact on improving the support for vulnerable children. It is especially important that our findings are taken forward by all agencies. We all have a responsibility to ensure that the right help can be put in place to change, for the better, the lives of children, young people and families in this City.

N.A. Summerfield



Summary

The vision for Birmingham is that families are supported effectively by the provision of planned and co-ordinated services and information sharing across agencies. The process that is fundamental to this vision and can be used by any agency in the City working with children, young people and families, is called the Common Assessment Framework (CAF).

The majority of children have their health, learning, developmental and basic care needs met by their families and by accessing universal services such as health care, education, leisure facilities and voluntary sector services. Some children and young people have more complex needs that require intensive support from a single agency and in some cases would benefit from the combined help offered by more than one agency. The CAF process is vital in identifying a child's needs, how to meet those needs and co-ordinating a multi-agency response when this is required.

This review has examined the practicalities of using the CAF process. Key findings include that in Birmingham:

- Although some services have replaced their standard paperwork with the CAF paperwork, different systems to identify need, share information, access services and make referrals continue to exist.
- For many agencies the CAF process can be time consuming as paperwork has to be filled in and if the full CAF process is in place, multi-agency meetings have to be arranged.
- Agencies can be reluctant to use the CAF process because it is a tool and not a resource and does not provide additional funding or services. Even when a child's needs are identified, services are not always available to meet those needs in a timely fashion.
- Although there is a central CAF Team to promote the CAF and train and support all frontline workers to use the process, the City Council spends less on the CAF per child than any other West Midlands Authority. The CAF Team is overstretched, with each of the Co-ordinators supporting a caseload of over 1200 each, in addition to training over 2400 people between them each year.

This review has also explored the relationship between Children's Social Care and the CAF process. Key findings include that in Birmingham:

- There is not a single City Council contact point to support professionals in their decision to start the CAF process or make a referral to Children's Social Care.



- Although the majority of agencies working with children and young people have signed up to using the CAF, hardly any referrals to Children's Social Care include CAF paperwork. Completed paperwork would provide Social Workers with useful background details for each case.
- The CAF process is a consensual one, but there is a lack of shared understanding about what should happen if a family refuses to consent or engage with the process. Often in this situation a referral is made to Children's Social Care, however the case does not always meet the level of concern for statutory intervention.
- When professionals have made a referral to Children's Social Care and are then advised to use the CAF process, they often feel that Children's Social Care is ignoring their professional judgement and is using the CAF to gate keep the service. Social Workers on the other hand, whilst acknowledging that the thresholds for intervention have got higher, express frustration at the numbers of 'inappropriate' referrals that they receive.
- When statutory intervention comes to an end, families often benefit from continued multi-agency support, co-ordinated through the CAF process. Although there are procedures in place, the transition back to the CAF process from statutory intervention is not always handled smoothly and is inconsistently applied.

It is clear that there are a number of barriers to be addressed, but the evidence presented showed that there are many benefits for individual professionals, agencies, children, young people and their families in embedding the CAF process in Birmingham. This review therefore strongly endorses the use of the CAF and has made a number of recommendations to increase its use.

Significantly this review has identified that using the CAF process to identify a child's level of need, how to meet that need and to co-ordinate multi-agency support early on, can result in substantial financial savings in the long term. Failure to embed the CAF Process in Birmingham will therefore not only prove costly for children, young people and their families, but also for public services and society as a whole.



Summary of Recommendations

	Recommendation	Responsibility	Completion Date
R01	<p>That the Cabinet and Executive Member work with partners to:</p> <ul style="list-style-type: none"> i. Identify the capacity and optimum working arrangements required within the local authority and partner agencies to ensure that the Common Assessment Framework (CAF) team can provide a Strategic Lead and also support to frontline workers on CAF (e.g. including area co-ordinators' roles) and that these are properly resourced and monitored; ii. Determine the potential for expanding the central CAF team on a multi-agency basis to include administrative support for agencies involved in carrying out the CAF and take steps to develop this; and iii. Ensure through the Children's Trust (or future joint body) that the pooled budget arrangements for CAF are formalised. 	Cabinet Member for Children, Young People and Families.	April 2012 With RO1i being achieved by October 2011
R02	That the Cabinet and Executive Member with partners, determine how the Birmingham CAF process can be supported and improved via existing, ongoing and future IT solutions including consideration of the evaluation of the national e-CAF pilot	Cabinet Member for Children, Young People and Families.	April 2012
R03	<p>That the Cabinet Member works with the Governor Support Unit and School Workforce Development to ensure that:</p> <ul style="list-style-type: none"> i. All school governors are made aware of the importance of CAF; ii. The schools heads' forum is used to engage with schools on CAF; iii. CAF is included within inductions for new schools staff and other relevant Teaching Continuing Professional Development courses organised by the City; and iv. Schools embed CAF within a good 	Cabinet Member for Children, Young People and Families.	April 2012



	Recommendation	Responsibility	Completion Date
	pastoral care structure to ensure the wellbeing of children and have a named CAF lead and CAF champion.		
R04	<p>That the Cabinet Member raises the profile of the CAF process within the Housing and Constituencies Directorate by:</p> <ul style="list-style-type: none"> i. Identifying a CAF Champion within each local housing team; ii. Ensuring that 100% of Integrated Working Assessment Groups (IWAGs) are attended by managers from the Accessing Need Service; iii. Recording non attendance at Integrated Support Plan (ISP) meetings and ensuring that the meeting chair notifies the relevant housing manager so that this is addressed by Heads of Service; iv. Completing the toolkit for those involved in the CAF process to help them understand when Housing Officers can assist in the ISP process; and v. Incorporating CAF into the core offer provided by the Social Housing Partnership. 	Cabinet Member for Housing	October 2011
R05	<p>That the Cabinet Members and Executive Member work with the voluntary sector to increase their engagement in all elements of the CAF process, by for example:</p> <ul style="list-style-type: none"> i. Including the use of CAF and being proactive in the promotion of CAF, in commissioning arrangements; and ii. The CAF Team engaging with the voluntary sector in each of the areas as defined in the Future Operating Model. 	<p>Cabinet Member for Children, Young People and Families.</p> <p>Cabinet Member for Adults and Communities (as Third Sector Assembly champion)</p>	April 2012
R06	That the Cabinet and Executive Member revise the referral process to Children's Social Care (CSC) so that completed CAF paperwork is sufficient and generally necessary for referral unless there is concern that a child is at risk of significant harm when safeguarding procedures should be followed.	Cabinet Member for Children, Young People and Families.	April 2012
R07	That the Cabinet and Executive Member develop a single point of access and co-	Cabinet Member for Children, Young People	April 2012



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	Recommendation	Responsibility	Completion Date
	ordination on an area basis for CAF and CSC so that consistent advice is provided to support professional judgement.	and Families.	
RO8	That the Cabinet and Executive Member take steps to facilitate shared ownership of CAF and CSC interface procedures in order that they are consistently understood and implemented by all.	Cabinet Member for Children, Young People and Families.	April 2012
RO9	That the Cabinet and Executive Member build on the commitment to make CAF part of core business for every agency in the City by developing a clear plan for a staged transition to making CAF paperwork mandatory for access to services for children, young people and their families.	Cabinet Member for Children, Young People and Families	April 2012
R10	Progress towards achievement of all these recommendations should be reported to the Vulnerable Children's O&S Committee in November 2011. The committee will schedule subsequent progress reports thereafter until all recommendations are implemented.	Cabinet Member for Children, Young People and Families.	November 2011



1 Introduction

1.1 The Birmingham approach

- 1.1.1 The 2003 enquiry by Lord Laming into the tragic death of Victoria Climbié identified the following weaknesses in safeguarding: interventions only happening when the family's situation had escalated to a critical level; support being sequential and intermittent; poor communication between agencies; and weak supervision and accountability. Although the report examined one particular case in London it made recommendations regarding safeguarding for central and local Government and all agencies working with children.
- 1.1.2 The vision developed in Birmingham to remedy these defects is a preventative approach whereby the needs of children and families are supported by flexible and responsive services. Children and families need to be supported effectively, by agencies sharing information with one another and planning and delivering services in a co-ordinated way.
- 1.1.3 In Birmingham the Children's Wellbeing Model 2010-13 outlines the "integration of systems and processes so that the needs of children and families are met in the most appropriate way". The model outlines the approach to identify the intervention required for children with different levels of needs. The interventions are categorised as; level 1 no intervention required as child's needs are met by universal services; level 2 single agency intervention; level 3 multi-agency intervention and level 4 immediate intervention from a statutory service, often Children's Social Care (CSC, previously Social Services).

1.2 What is the Common Assessment Framework (CAF)?

- 1.2.1 The CAF facilitates the prevention agenda through early intervention, and is a key element in the co-ordination of level 3 support. It is a standard assessment process which can be used by all agencies working with children and young people to identify a child's needs. Use of the CAF is aimed at children and young people with additional needs not currently being met by universal services or a single agency.¹ It is fundamental to the delivery of the preventative approach as it is the key driver towards more collaborative multi-agency working.
- 1.2.2 The basic process can be described as follows:
- a) **Explain** the CAF process to children, young people and their families and gain consent from them.

¹ Children's Workforce Development Council (on behalf of the Department for Children, Schools and Families) (2009) *Early identification, assessment of needs and intervention. The Common Assessment Framework for Children and Young People: A Guide for Managers*. At: <http://www.education.gov.uk/publications/eOrderingDownload/CAF.pdf>



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- b) **Complete the CAF Pre-assessment.** This is largely a tick box exercise to determine if a CAF would be appropriate. If no intervention or single agency intervention is the proposed outcome a full CAF is not required. (See 2.5 for further details.)
- c) **With the parent/guardian/client complete the CAF Form.** This details the child's or young person's strengths and needs, taking into account family circumstances. It includes information about what changes are needed and the list of agencies that will be contacted to help meet the child's needs. There is space on the form for the parent/guardian/client's signed agreement for information to be shared with other agencies.
- d) **Hold an Integrated Support Plan (ISP) Meeting.** During this meeting, if possible with the parent/guardian/client present, agencies come together and agree the needs of the child and what the desired outcome of the CAF should be. An Integrated Support Plan is put together which details what actions are required, by whom and the timescales for completion. A Lead Professional is agreed, who will have responsibility for progressing the CAF process and liaising with the family.
- e) **Hold an Integrated Support Plan Review Meeting.** This provides an opportunity to check the progress on actions against the Integrated Support Plan. All need to agree on whether the action has been completed and if more or less than the desired outcome has been achieved. The review meetings need to continue until all needs have been evaluated. When only one agency is involved the CAF process can be closed.

1.2.3 The CAF process requires consent from parents and carers and children and young people themselves should be also involved in the process. The practitioners' guide for the CAF reminds professionals of the need to really hear what the child or young person is saying.² Copies of the CAF pre-assessment form and the CAF form are attached to this report.

1.3 When is the CAF appropriate?

- 1.3.1 There are some key pointers which can be used in deciding whether the situation is appropriate for the CAF process, or not:
- CAF is **not** appropriate if a child is 'Looked After', or has a Child Protection Plan in place or has a Child in Need Plan from CSC.
 - CAF is **not** appropriate if a young person or parent/guardian is not willing to engage in the process or does not want the assessment.

² Children's Workforce Development Council (on behalf of the Department for Children, Schools and Families) (2009) *Early identification, assessment of needs and intervention. The Common Assessment Framework for Children and Young People: A Guide for Practitioners*. At: <http://www.education.gov.uk/publications/eOrderingDownload/CAF-Practitioner-Guide.pdf>



- The full CAF process is **not** appropriate if a child's needs can be met by a single agency. CAF paperwork however can still be used by a single agency as it is a useful tool to identify and record a child's needs.
- CAF is **not** appropriate if the child is at risk of serious harm. If a professional has concerns that a child is being harmed or at risk of significant harm, Birmingham Safeguarding Children's Board's procedures need to be followed as the situation may have reached the threshold for intervention from statutory services.

1.4 Purpose of the Review

- 1.4.1 The purpose of this review was to examine how the CAF can be used as an early intervention tool to ensure that issues are not left to escalate to a level where there is a need for intervention from CSC. The review examined the support and intervention available from a range of appropriate agencies when the threshold for CSC intervention is not met.
- 1.4.2 The initial terms of reference focused attention on the interface between CSC and the CAF. As we examined this topic it became clear that we had to understand the barriers and perceived barriers that frontline services face in using the CAF. Without this it would have been difficult to make recommendations about how to embed the CAF process across the City.
- 1.4.3 A number of issues prompted this examination of how the CAF is used and whether its use could improve the delivery of services for children and young people:
- The need to embed the CAF to provide appropriate support to children young people and families with needs at an earlier stage, and to ensure that their needs are met;
 - The high levels of referrals to CSC and the assertion that a very large proportion of cases do not meet the threshold for intervention;
 - The lack of background information on cases available to CSC Referral and Advice Teams and Duty and Assessment Teams and;
 - The current workloads of social workers.
- 1.4.4 Our report in October 2009 "*Who Cares?*" addressed the CAF process and this review provided an opportunity to investigate whether there had been improvements. It reported that the use of the:
- 'CAF is progressing, but remains considerably under-developed (particularly for school age children) in terms of reach, and consideration needs to be given to ensuring that the criteria set out in the protocol are followed and that the most appropriate agency most actively involved with the child takes responsibility for the CAF. It is most important that this occurs as services for children in need are sparse at present.'



1.5 Methodology

- 1.5.1 The review was conducted by a cross party Group consisting of Councillors Neville Summerfield (Chairman), Jon Hunt and Tim Evans. Due to the need for this work to influence the Future Operating Model for CSC we prepared an interim report for the Executive in December 2010 setting out our initial findings. In order to complete the work in a timely manner we used a variety of approaches.
- 1.5.2 We gathered evidence through two evidence gathering sessions. We also asked for written evidence from extended schools clusters and, through Birmingham Voluntary Services Council (BVSC) voluntary sector organisations. In addition, scrutiny research and policy officers Iram Choudry and Louise Barnett spent time with the CAF Co-ordinators, visited schools, voluntary sector agencies and CSC offices and the lead review officer attended a meeting of voluntary sector representatives at BVSC and reported back. Finally, Heads of Service from the Children, Young People and Families Directorate, the Housing and Constituencies Directorate and representatives from Birmingham Community Healthcare Trust contributed their expertise and evidence to the review. Details of witnesses are in Appendix 1.



2 The Common Assessment Framework in Birmingham

2.1 Potential impact

2.1.1 This chapter outlines who the frontline professionals who use and support the CAF are, the initial CAF process (the CAF pre- assessment) and the area based groups who moderate the process for quality and identify concerns. To bring the subject to life we start with two examples of how CAF interventions can impact on children, young people and families.

Case Study 1: A family were re-housed at short notice and the property they were allocated had no furniture whatsoever and the family were sleeping on mattresses on the floor. This obviously was having a detrimental affect on the children. The school was able to use the CAF process to engage with other agencies and access community grant to pay for family beds.

Case Study 2: A new family started at the school. The class teachers noticed that the children were very withdrawn and had difficulties interacting with children within the class. They carried out a CAF pre-assessment listing some of their concerns. A member of staff and the home care worker visited the mother at home. On speaking to the mother, they found out she was a victim of ongoing domestic abuse (which had been witnessed by the children) and consequently found it very difficult to interact with the children. Via the CAF process the school were able to get support for the family via a women's domestic abuse project and also able to access activities for the children.

2.2 Who can use the CAF?

2.2.1 The CAF can be used by any professional working with a child or young person whose needs are not being met by universal services. By using the CAF process, professionals can identify a child's needs and what can be done to meet those needs.

2.2.2 The CAF training observed as part of this review was attended by 37 people from a diverse range of agencies and disciplines, listed overleaf. The agencies who should be engaged are wider than this list, for example the Police and other health professionals.



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Table 1: Range of Agencies Attending a CAF Training Session³

Health	Education	Children's Centres (Early Years)	Voluntary Organisations	Childcare
<ul style="list-style-type: none"> Community staff nurse Clinical psychologist Occupational therapist School Nurse Domestic violence support worker Principal Nurse – nutritional care 	<ul style="list-style-type: none"> Primary school Community Family Worker Education Welfare Officer Senco Assistant Head teacher Designated Senior Person for a Post 16 College 	<ul style="list-style-type: none"> Fathers' Worker Play work Co-ordinator Teaching Assistant Deputy Manager 	<ul style="list-style-type: none"> Action for Children National Childminding Association Refugee support Gilgal Refuge 	<ul style="list-style-type: none"> Childminder Nursery Nurse

2.2.3 There are benefits for all agencies and individual practitioners that use the CAF process and most importantly for the children and families involved. These benefits are discussed in detail in section 3.5 and 5.1.

2.3 Support for the CAF – the Central CAF Team

2.3.1 The key activities of the Council's central CAF team are to train city council and other partnership staff on the CAF process, to support them in engaging in the CAF process and to keep data on CAF cases and progression centrally. They do not undertake the assessments.

2.3.2 The team consists of:

- City CAF Co-ordinator - 1 FTE
- Area CAF Coordinators - 4.4 FTE which includes 1.4 FTE post on a fixed term Service Level Agreement with Birmingham Voluntary Services Council (BVSC) which will not continue beyond June 2011.
- Training Co-ordinator - 1 FTE
- CAF Administrator - 0.6 FTE.

2.3.3 The team provides support to frontline practitioners using the CAF Process. In December 2010 there were 5078 open cases; meaning each CAF co-ordinator was supporting a caseload of over 1200. They will also have delivered training to over 2,400 people in 2010/11.

2.3.4 Key funding strands agreed for 2010/11 to date are:

- £103,942 City Council base budget
- £90,000 Direct Schools Grant
- £51,000 Primary Care Trust.

2.3.5 Additionally, some funding, to cover printing costs and specific activities have been secured on an ad hoc basis. On these figures, if the BVSC post continues, with no additional staff being put in

³ Attended by Scrutiny Officers



place, a deficit of £54,000 is anticipated. Bids to address the deficit have been submitted and are awaiting response.

- 2.3.6 The evidence collected from schools, extended schools clusters and the voluntary sector was generally extremely positive about the support and advice provided by the central team. It was felt that the advice available for professionals was good, although it was suggested that information for families could be strengthened.
- 2.3.7 Although we came across an example of a voluntary agency not being aware of the training and support which is available, in general, it was thought that the material, training and advice was helpful.

2.4 Integrated Working Assessment Groups

- 2.4.1 Across the city there are ten Integrated Working Assessment Groups (IWAGs) with representation from local service providers. The CAF team act as secretariat to these groups which should meet at least six times a year. Issues identified by using the CAF process are fed into the local area's IWAG. The IWAG can then moderate the quality of local CAF action plans and evaluate the process. With the local CAF information, IWAGs are also used as an opportunity to identify gaps in local services and to find local solutions. If there are any issues that need to be addressed to ensure that the CAF process can work effectively in a local area these can be reported to an IWAG.
- 2.4.2 IWAGs can escalate issues up to the city-wide Integrated Assessment Steering Group so that problems can be dealt with at a strategic level.

2.5 Use of the CAF Pre-Assessment tool

- 2.5.1 Section 1.2 outlined the stages in the CAF process. One of these steps needs further explanation. To start the CAF process, where there is a concern about the well being of a child or young person a CAF pre-assessment should be carried out. This will determine whether multi-agency interventions are required or not. It also provides an opportunity to determine which agencies should be involved in a case. If only one agency is involved then the CAF process is not required and this is deemed to be a level 2 intervention. If more than one agency is involved then this process determines who needs to be asked to attend the first Integrated Support Plan meeting.
- 2.5.2 The CAF pre-assessment is important in determining quickly what interventions are required and who needs to be involved. Since the beginning of 2009/10 in the region of 100 CAF pre-assessment forms have been completed each quarter across the city.

2.6 Increased use of the CAF

- 2.6.1 There has been a steady rise in the use of the CAF between 2006/07 when there were 31 assessments completed using the CAF to 2009/10 when there were 1488 completed across the



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city. These statistics include the pre-assessment form cases. The biggest number of cases was in Quarter 4 of 2009/10 when almost 400 new cases were assessed using the CAF paperwork.⁴

2.6.2 A similar rise has been seen nationally with there being 33 assessments using the CAF per 10,000 under 18 population in 2007/8 to 88 in 2009/10.^{5 6}

2.6.3 The CAF is used across the whole of the City, but not consistently. At the time of writing, there were 41 extended schools clusters across Birmingham and the CAF process had been initiated in all these areas, although not evenly. The clusters from which there have been over 60 uses of the CAF since 2006/7 are: Flightpath (in Hodge Hill constituency), Kings Norton (Selly Oak), SAFE (Erdington), Longbridge (Northfield) and Saltley Plus (Hodge Hill). The majority of clusters have used the CAF process for 20-60 children over the total period of its operation. There are seven cluster areas where the CAF process has been used in fewer than 20 cases.

⁴ CAF report to Vulnerable Children's Overview and Scrutiny Committee, June 2010. *Update, Trends and Next Steps in Integrated Assessments Citywide 2009/10*

⁵ Association of Directors of Children's Services Ltd (2010) *Safeguarding Pressures Project Phase 2: Exploring Reasons and Effect. Final Report*. At: <http://www.adcs.org.uk/download/news/adcs-sg-pressures-p2-report-final.pdf>

⁶ Birmingham's figure of 1488 equates to 53 CAFs per 10,000 under 18 population



3 Partners use of the Common Assessment Framework

3.1 Agencies Involved and the Lead Professional Role

- 3.1.1 This chapter summarises the available statistics on agencies which have been involved in the CAF process. It outlines the roles that various agencies such as schools, the health service, Housing and Constituencies Directorate and West Midlands Police can play. The voluntary sector also has a key role to play and their views were considered.
- 3.1.2 Schools have been most active in the city in initiating assessments using the CAF, initiating over 1500 since the process was introduced. CSC have initiated almost 400 assessments using the CAF. Other services which have initiated 100 or more include: Early Support, Youth Inclusion and Support Panels (YISP) and the Youth Inclusion Programme (YIP), Birmingham Signposting Service (BSS), Children's Centres and the Voluntary sector.⁷
- 3.1.3 There are a number of services which have initiated a negligible number of assessments using the CAF process. These include Adult Services, Family Support, Child and Adolescent Mental Health Service (CAMHS) and the Police and the Youth Offending Team (YOT). Some of these may come as no surprise, but one might expect more initiation from some of these services. Evidence indicates that children, young people and their families themselves do not initiate this process and it is therefore important for professionals to take the lead in doing so.
- 3.1.4 The patterns differ across the city which may indicate the different support services which are available, but are also likely to indicate where key individuals are embedding the process in service provision.
- 3.1.5 As noted in section 1.2.2 (d) the role of the Lead Professional is important. The Lead Professional is often chosen because they have an existing relationship with the family. In many cases it is therefore the professional who is already supporting a family and initiates a CAF assessment who takes on the Lead Professional role, but this is not always so. For example, Children's Social Care (CSC) have initiated many CAF assessments, but have not taken on the CAF Lead Professional role because statutory involvement has come to an end.
- 3.1.6 Across the City the main agencies which have been Lead Professional more than they have initiated cases are Youth Inclusion and Support Panel (YISP)/ Youth Inclusion Programme (YIP), the voluntary sector and the Integrated Family Support (IFS) team. The new IFS team, which is a

⁷ Data to quarter 3 2010/11. From *CAF Key Statistics* report obtained from the CAF team.



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pilot team working on 'step down' cases from the CSC Aston Office have been using the CAF process and have recently been taking on the role of Lead Professional.

3.2 The Role of Schools

- 3.2.1 Given the universal nature of the service for four year olds and over it is no surprise that schools carry out the largest number of assessments using the CAF. Primary schools have initiated over 500 and secondary schools over 1000.⁸
- 3.2.2 In the course of the visits and evidence gathering it became very apparent that the schools where the CAF is embedded were the ones that had a 'CAF Champion'. These individuals were very much the driving force in establishing the framework across their schools. The support of the head teachers and the senior leadership team were also seen as a crucial factor in this. It is apparent that the local champion does not have to be schools based. We were given an example of an education social worker who had made a real difference. Additionally, it would appear that success breeds success and positive outcomes through the use of the CAF can lead a school to consider using it again.

3.3 The Role of Statutory Agencies

Health

- 3.3.1 We were informed by the CAF Team that 7% of all CAF assessments have been generated by Health Services and, as there are often health needs identified by the CAF process, Health Services are often involved in delivering CAF Integrated Support Plans. There is currently work underway to ensure that the Health Service initiate the CAF more often.
- 3.3.2 We heard that in Birmingham Community Healthcare Trust, efforts have been made to increase use of the CAF by Health Visitors who, although not always leading on all CAF assessments, do support those led by the Children's Centres. It was felt that as many as three quarters of cases involving active intervention by Health Visitors could benefit from the CAF process and CAF paperwork is now being incorporated into universal services' core paperwork.
- 3.3.3 There has been a project to embed the CAF into universal health services through a small pilot programme. Following this pilot, work has now been undertaken to ensure that the CAF pre-assessment replaces the existing health care needs analysis assessment tool across the Trust area with the next stage being the introduction of the full CAF process.
- 3.3.4 It was noted that multi-agency working is not new to Health Visitors. They are trained to address the holistic needs of families and to engage with other agencies, but adoption of CAF paperwork was not quickly accepted by all Health Visitors. This is because the CAF process in Birmingham is

⁸ Ibid



still reliant on paper based systems and in some cases the use of the CAF itself is felt to slow down responses to children and families due to the difficulty in arranging many meetings and the increasing additional paperwork required. Mainstream Health Visitors with heavy caseloads have found the process particularly time consuming, but the CAF has been accepted more easily in specialist areas where caseloads tend to be lighter and services are more integrated on a day to day basis.

- 3.3.5 There is a continued commitment to using the CAF process by Health Services in Birmingham. Work is currently underway by the multi-agency Birmingham Operational Steering Group for assessing child risk in domestic abuse cases to ensure that the CAF is embedded in the screening process. Health services currently contribute to this screening process in partnership with the Police and Children's Services.

West Midlands Police

- 3.3.6 West Midlands Police has been slow to engage, but we were informed by the CAF Team that following recent guidance from the Association of Chief Police Officers (ACPO) this position has changed.⁹
- 3.3.7 The CAF Team told us that under the direction of a Detective Superintendent each Local Policing Unit (LPU) across the West Midlands has identified a senior ranking officer to act as the CAF champion and the partnership inspectors/sergeants have identified LPU CAF leads, including a small number of staff who will do full CAF training. School based officers, Youth Offending Team (YOT) officers, youth diversion/engagement officers and police community support officers (PCSOs) will be the most likely staff to require full CAF training to complete a CAF form.
- 3.3.8 In conjunction with the Birmingham CAF Team, West Midlands Police supported six additional training days in January, February and March 2011 where 250 officers were trained in the CAF process, delivered by the Birmingham CAF team. 100 of these officers were from Birmingham LPUs. In addition, CAF awareness raising is being put into the core induction/annual training update for all frontline staff across the West Midlands.

Housing

- 3.3.9 We were frequently informed that the City Council Housing and Constituencies Directorate is difficult to engage with, both in terms of identifying the right contact and also getting a representative to a CAF / ISP meeting.
- 3.3.10 The Housing and Constituencies Directorate informed us that they recognise the impact that housing conditions have on children. The Directorate does have a CAF champion and frontline staff have had training on the CAF and should be able to use the CAF process. We were pleased with the steps the Directorate has taken so far to embed the CAF process.

⁹ Association of Chief Police Officers (July 2010) *Children and Young People Business Area CAF Advice*. At: <http://www.acpo.police.uk/documents/children/2010/201007CYPCAF01.pdf>



- 3.3.11 One issue for clarification and further discussion is about identifying when Housing and Constituencies Directorate staff can add value to the CAF process. For example, families wanting a larger house may just need pointing to the process in place through Home Choice. However, an ongoing repair issue causing ill health may require attendance from a housing representative to resolve.
- 3.3.12 Senior managers expect staff to attend Integrated Support Plan meetings when there is an appropriate invitation and for the Housing and Constituencies Directorate to be represented at all Interagency Assessment Working Group (IWAG) meetings.

3.4 The Role of the Third Sector

- 3.4.1 We heard from several voluntary sector organisations. Voluntary agencies are not generally the Lead Professional where the CAF process is being used but they have carried out this role in a number of cases. Voluntary agency funding can be tied to specific interventions and processes. We were told they are often at full capacity in delivering this work and cannot therefore take on the Lead Professional role, but can contribute to the CAF process.
- 3.4.2 One voluntary sector organisation who does have experience of using the CAF is Malachi who are often funded by schools to carry out family intervention and to lead on the CAF process. They led on 45 CAF cases between April 2010 and January 2011. Malachi have their own CAF co-ordinator to help with the administrative process and they say that this is invaluable.
- 3.4.3 One example of a voluntary organisation which does not take on the Lead Professional role is Birmingham and Solihull Women's Aid (BSWA) as there are concerns that it would be too time-consuming and create time management issues. All BSWA workers have received training in the CAF process and it is the intention that it will be embedded within the organisation. BSWA are regularly called upon to contribute to situations where the CAF is being used to ensure support for families affected by domestic violence. BSWA would be willing to undertake a consultancy role at CAF meetings in cases of domestic violence, but this again would be dependent on funding and time constraints.
- 3.4.4 We heard that BVSC has attempted to integrate the CAF into its safeguarding training, but this needs to be strengthened and it is necessary for organisations already familiar with the CAF to advocate the process to smaller organisations. There was a need to re-market the benefits of the CAF within voluntary sector organisations, to provide more tailored training. There is potential to use voluntary sector CAF champions to raise the profile of the CAF amongst the voluntary sector and also to ensure that other stakeholders see the voluntary organisations as equal partners in service provision. Organisations should be encouraged to include a web page on the CAF on their websites and to make use of mail distributions to raise the profile of the CAF. As the CAF is not a statutory responsibility many organisations do not feel the need to be proactive and it was necessary to change this mindset.



3.5 Strengths and Weaknesses

3.5.1 The potential and actual strengths of the CAF process are recognised by many agencies and professionals working in the field of children's services in Birmingham.

Strengths

3.5.2 For children, young people and their families, involvement in the CAF process provides an opportunity to choose one contact (Lead Professional) so that they do not have to repeat their story to numerous professionals, but their voices are heard. The CAF process makes all professionals come together to plan ways to support a child in a co-ordinated way. This can help families by, for example, preventing situations where they are expected to attend two different appointments with different services at the same time. There is clear evidence that children, young people and families benefit from the CAF process and that families are satisfied with the outcomes of the CAF process (see 5.1).

3.5.3 For frontline professionals, the use of the CAF process ensures that:

- There is written evidence of their involvement with a family in a format which is understandable to all other professionals. Once they are used to using the CAF paperwork, we are told it only takes around 45 minutes to complete and for that small investment of time professionals provide accountability and transparency for all parties involved;
- They can share information with other agencies, when necessary, without data protection worries as the CAF can only be used with the consent from the parent/guardian/young person. This can be particularly helpful when multi-agency support is required, when a child moves on from a service provider or a family relocates to a different area;
- They are empowered to seek support for a child by using the CAF process to formally request the involvement of other agencies. If this involvement is not forthcoming and/or an agency fails to engage, they have the back up of the CAF Team Co-ordinators and the CAF procedures;
- It is clear what is required from all professionals and when actions have to be completed. This can help them to prioritise their workload, hold others to account no matter how senior they are and to co-ordinate support for a child or family;
- There are opportunities to network with other professionals and learn about local support services;
- Through the Integrated Working Assessment Group (IWAG) meeting there is an opportunity to feedback to the City Council the needs of children, young people and their families in each area which could be used in the commissioning process; and



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- The outcomes of services can be improved as co-ordinated support is being provided for a family to meet a child's needs. This may for example, result in improved attainment and attendance levels for a school.

3.5.4 In summary use of the CAF process has the potential to:

- Identify the needs of children and ensure that an appropriate, co-ordinated response is provided in a timely fashion;
- Prevent problems escalating, therefore prioritising resources to meet the needs of the most vulnerable children;
- Embed multi-agency working across the City;
- Improve the outcomes for children and young people; and
- Aid the strategic commissioning process.

Barriers / weaknesses

3.5.5 Although there are many benefits of the CAF, professionals also identified a number of barriers to the use of the CAF process. The reasons why the CAF is not embedded in many organisations include that:

- The CAF process is time consuming and has resource implications for the organisation (e.g. filling out paperwork, finding a location to hold a meeting and identifying and contacting other agencies);
- Integrated Support Plan meetings which are a key part of the CAF process can be hard to co-ordinate, are often poorly attended and from the outset it is difficult to determine what services should be represented at the meetings;
- It is hard to get the most appropriate agency to act as Lead Professional and Lead Professionals do not always fulfil their role;
- The CAF process continues to be too dependent on individual professionals, rather than a key part of core business, even when agencies and departments have signed up to using the process;
- The CAF has its own vocabulary which can be mystifying for some;
- Parents do not always understand the process. This makes it difficult to manage expectations or ensure that they are fully engaged in the process;
- In areas where there is good local multi-agency working or expertise there are often quicker ways of achieving outcomes for the family and child than using the CAF process and paperwork;
- The CAF process is limited in its ability to co-ordinate all encompassing family intervention as separate assessments have to be completed for each child.



3.5.6 A warning was also sounded by organisations working with children about the CAF's ability to secure resources. For example:

'CAF is a process and not a resource.'

'While the CAF process assists in identifying needs it can be frustrating if resources are not available to address those needs.'

3.5.7 Lack of parental consent can be a barrier to progressing a CAF assessment. In such circumstances a referral to CSC may be required. Most organisations said that once the process was explained to families refusal was rare. A number of organisations stressed that this depended on relationships already being in place with the families and that the process was consensual. It was recognised that the CAF couldn't be seen as a 'stick to beat parents with', it has to be used in partnership with parents, with the benefits made clear right from the very start.



4 The relationship with Children's Social Care

4.1 The interface between Children's Social Care and the CAF

4.1.1 The interface process, agreed in May 2009, covers the following situations:

- A referral is made to CSC and the threshold for intervention has not been met, but the child might benefit from a multi-agency support package. This generates a CAF interface notification to the CAF team from CSC;
- The CAF process has identified that an input is required from CSC; and
- CSC has ceased their specialist involvement, but multi-agency support is still needed from targeted and universal services – stepping down.

4.2 Referrals to CSC

4.2.1 The first issue to examine is whether the CAF is being used to support referrals to CSC. A snapshot of three months' referrals to CSC (April – June 2010) indicates that a quarter of referrals come from the Police. Around a fifth of referrals come from health services and a similar proportion from schools.

4.2.2 Referral and Advice Officers in CSC dealt with 9,381 cases in the first 4 months of 2010/11¹⁰. Of these over half (5,254) cases required an initial assessment which meant that CSC had sufficient concerns to investigate the child's needs and safeguarding issues. Of all the referrals just one in ten (1050) children and young people were considered to be suffering, or likely to suffer significant harm which required a statutory investigation by a social worker (a section 47 enquiry¹¹).

4.2.3 These statistics indicate that the majority of referrals to CSC (referred to as duty screening episodes) do not meet the threshold for CSC intervention and almost half do not even merit an initial assessment. The report these statistics come from concludes:

'If the CAF process was effectively embedded in the city the majority of the duty screening episodes which became initial assessments would have had a CAF prior to referral, and may not then have required referral.'

¹⁰ Report to Children & Families DLT (October 2010) *Duty and Assessment and Care Management Services*

¹¹ Children Act 1989



- 4.2.4 Social Workers informed us that thresholds have got higher over the years and they only become involved in cases when there are clear safeguarding issues - Level 4 intervention. They feel that their role is unclear to people in the wider community and that people do not understand that they only deal with level 4 cases as thresholds for intervention have risen over time.
- 4.2.5 Of the referrals dealt with by CSC it has been suggested that only 2% already have a CAF completed.¹² We were informed that of the 2000 referrals each month to CSC fewer than five included CAF paperwork in the referral.
- 4.2.6 This data would indicate that the CAF needs to play more of a role. It would appear that half of referrals where an initial assessment is not carried out should have been managed through the CAF process. For the cases which do have an initial CSC assessment a referral with completed CAF paperwork in place would make social workers more effective in the short time they have to carry out enquiries.
- 4.2.7 These concerns over levels of referrals are not unique to Birmingham and are reflected nationally. Across the country the statistics indicate that around 22–23 percent of referrals to social workers receive a core assessment and just six percent became or continued to be the subject of a child protection plan.¹³ The Munro report advocates managing the judgement stage better to reduce costs and the distress to families of being investigated.

4.3 Referrals between the CAF Team and CSC

- 4.3.1 Since May 2009 when a referral is made to CSC, but the threshold for intervention has not been met, the original referral service is asked to carry out an assessment using the CAF. The CAF team is informed of this through a CAF Interface notification.
- 4.3.2 Data is available for cases in 2009/10 when CSC thresholds have not been met, but an assessment using CAF is recommended and a CAF Interface notification generated.¹⁴ During this period only 205 cases (amounting to 1.5% of referrals to CSC) led to a CAF interface notification. This would indicate that using the CAF process is not being routinely considered as a response during the initial screening carried out by CSC. If the CAF process does not pick up more of these cases the situation may be left to escalate with no appropriate services being offered.
- 4.3.3 By the end of this period one in five cases were still awaiting an overdue CAF assessment, a quarter of the cases had been closed with no action and one in ten cases were referred back directly to CSC.

¹² Report to Children and Families DLT (October 2010) *Duty and Assessment and Care Management Services*

¹³ 2008/09 and 2009/10. Professor Munro (2010) *The Munro Review of Child Protection Part One: A Systems Analysis*.

At: <http://www.education.gov.uk/munroreview/downloads/TheMunroReviewofChildProtection-Part%20one.pdf>

Professor Munro has produced two reports to date and is expected to publish a final report in April 2011. It is expected that steps will then have to be taken to ensure all child protection and safeguarding activities are "Munro compliant".

¹⁴ Data for cases May 2009 to February 2010 analysed at the end of that period. From: CAF Team (2010) *Audit of Interface between CAF Processes and CSC Referral and Advice Services – May 2009- February 2010*



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- 4.3.4 Subsequent review of the CAF interface notification cases closed with no action, has shown that 40% of them were additionally re-referred to CSC. It would seem likely that for many of these, the situation had been left to escalate without appropriate interventions.
- 4.3.5 Data over a slightly longer period (2009/10 and quarter 1 2010/11) indicates that around half of the cases notified by CSC to the CAF Team do not go on to have a CAF assessment.
- 4.3.6 The role of the CAF central team in this process is very important. On each notification referred back by CSC they offer support to the initial referrer and work to ensure the process begins within the set timescales. If there is no progress after 30 days the CAF team write to the line manager of the original referrer and ask that the manager holds a case review to ensure that no action is the appropriate response.
- 4.3.7 One particular area of concern raised in the CAF team's report as well as in our evidence gathering is schools. They feel that they only refer to CSC when cases are too serious for the CAF process and that the CAF notification process does not take into account their knowledge of the child or their experience.

4.4 Thresholds for intervention by CSC

- 4.4.1 In order for the interface between the CAF and CSC to work it is necessary to have as much clarity about thresholds for intervention by CSC as possible. The threshold guide describes potential triggers of concern for children, young people and their families and is set out in a way that reflects the structures of the CAF and should be used to inform good practice. It is not a definitive statement of thresholds for intervention and ultimately it will always rely on the professional judgment of frontline workers. Social Workers are clear that thresholds are high.
- 4.4.2 CSC will only become involved in cases where there is a clear safeguarding issue i.e. level 4 intervention. This is where the needs of the child or young person are acute and they are at risk of significant harm and they require immediate intervention from the appropriate specialist service. Other level 4 interventions include the Child and Adolescent Mental Health Team and the Youth Offending Team.
- 4.4.3 It is important to have clarity amongst all agencies about the thresholds for CSC and the support that social workers can practically offer to families. For some the solution is to define thresholds even tighter.
- 4.4.4 The Munro Review reminds us of the importance of professional judgement being part of this process. Her interim report acknowledges that although judgements can be fallible and situations within families can change rapidly, that:

‘There is always the risk that a sign that is fairly benign might occasionally be the surface appearance of serious harm. There is also the risk, for example, that



parents who are neglectful may become more harmful. Professionals need the ability to make an expert judgment about which cases should be referred.’¹⁵

4.5 Current pressures within CSC

- 4.5.1 When a child is referred to CSC a Referral and Advice officer records the referral, with decisions made by a qualified team manager. Taking a four month period in 2010 (April – July) a total of 9128 referrals were screened. This amounts to 113 cases a day.
- 4.5.2 A report in October 2010 identified that with just 3.6 qualified managers and 20 Referral and Advice Officers to manage the initial screening workload there was clearly pressure on the service. Officers had on average 68 minutes (between 46 and 76 minutes according to which area of the city they are covering) to gather background information to assess each case, provide advice to professionals on thresholds and feedback on the outcome of the referral. This pressure may be eased if CAF paperwork is provided with the referral (see 4.2.6) or if referrals that do not meet the threshold for intervention by CSC are managed through the CAF process initially to prevent problems escalating.
- 4.5.3 To manage the current workload of social workers and social work assistants within CSC, it is important that children and young people's needs are dealt with by appropriate agencies early on and that cases can be returned to the appropriate agency when statutory intervention ends. At the end of September 2010 an average current workload was over 25 cases per person (social worker, senior social worker and senior practitioner). When a 20% absence rate is calculated allowing for leave, training, supervision and team meetings the average caseload increases to 32 cases for a qualified worker.¹⁶
- 4.5.4 The report from which this data is taken notes that caseloads of under 20 for Duty and Assessment Team social workers and 16 for Care Management Team social workers would 'give a much improved safeguarding service to the Children of Birmingham.'

4.6 Stepping Down from CSC involvement

- 4.6.1 Intervention from CSC can come to an end when the risk to the child is removed or has diminished. As children will still generally have vulnerabilities and challenges following statutory intervention their needs move from a level 4 (statutory) to a level 3 (multi-agency) intervention. Such cases according to procedures should be handed to a Lead Professional under the CAF.

¹⁵ Professor Munro (2010) *The Munro Review of Child Protection Part One: A Systems Analysis*.

At: <http://www.education.gov.uk/munroreview/downloads/TheMunroReviewofChildProtection-Part%20one.pdf>

¹⁶ Report to Children & Families DLT, 5th Oct 2010. Sickness is not taken into account in this analysis. Therefore the reality must be that case loads are higher.



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- 4.6.2 According to the agreed protocol when there is a step down from Level 4 to Level 3 the transfer of Lead Professional role should follow a planned process with the responsibility remaining with the social worker or other lead worker in CSC until this is completed. The expectation is that the social worker arranges an Integrated Support Plan (ISP) meeting at least three weeks before the planned end of the Specialist involvement. This can be incorporated into a child protection conference or other multi-agency meeting.
- 4.6.3 The decision about who would be best placed to become the CAF Lead Professional depends on the circumstances. Currently if an agency was involved prior to the referral to CSC the agency would normally be contacted and the possibility of transfer back to this practitioner at the ISP meeting should be discussed. If there was no previous CAF Lead Professional this role will be identified at the initial ISP meeting before the end of statutory involvement. It is intended that the ISP meeting uses the Child in Need Plan or Child Protection Plan as the lead assessment with the intention of drawing up an Integrated Support Plan.
- 4.6.4 This is a contested area. The evidence from the Child Protection Review Conference minutes and evidence we heard is that other agencies are hard pressed staffing-wise and do not want to take on the responsibility of the Lead Professional role. This becomes an issue for the workload of social workers as they are often asked to complete work even when a Child Protection Plan is completed and they should be withdrawing and passing responsibility onto other agencies.
- 4.6.5 From the other side, organisations feel that the CAF is not always and routinely put in place for these children. There was also criticism of social workers for setting up an initial ISP meeting and then not turning up.
- 4.6.6 Another area of concern is that 30% of families withdraw from the CAF process following the step down. We assume this is often because they were not expecting further interventions following level 4 ceasing.

4.7 Perceptions

- 4.7.1 Concerns were raised about the CAF being used to gate-keep in access to CSC. Feedback from schools, for example was that 'if you try and make a referral - they will just tell you to CAF it'. It was suggested that although this gate-keeping approach takes some of the load off CSC it pushes an increased workload on other agencies.
- 4.7.2 In addition, it was felt that the lack of a single point of referral and support within the City Council led to conflicting advice being given by the CAF team and CSC. The advice over thresholds to CSC was seen by some as being inconsistent. Currently practitioners working with children and young people ring the CAF Team or CSC for advice on thresholds and to determine the appropriate response to a case. Neither contact has combined Child Protection and CAF expertise and, as a result, there is a lack of accountability for the advice provided by the local authority and conflicting advice may be given.



- 4.7.3 From the above it appears that frontline professionals see social care professionals as questioning their judgement. The issue of thresholds is a significant area of conflicting perceptions. There remains a lack of clarity amongst all agencies about the thresholds for CSC and the support that CSC can practically offer to families. As a result there is significant mistrust of CSC as agencies may expect an intervention to take place and when this doesn't happen they feel that they are being left to pick up the pieces.
- 4.7.4 It was suggested that the separation of CSC from the CAF process means that social workers lack vital background information that could help them make informed decisions about cases presented to them.
- 4.7.5 There was a frequently articulated concern about the inadequate engagement of CSC when cases step up from levels 3 to 4 or, particularly, step down from level 4 to 3 from many of the organisations consulted. In addition, we were told in some areas social workers are absent partners at the Integrated Working Assessment Group (IWAG) meetings.
- 'Getting Social Care to a CAF is virtually impossible, unless you have a worker that is willing to work preventatively. CAF and Social Care do not sit together, CAF and the Police are far easier to work with.' (Voluntary sector)
- 4.7.6 One positive comment about the relationship between the multi-agency approach and CSC was that:
- 'Children's Social Care are more inclined to share information about a family when they know a CAF is being initiated'. (Extended schools cluster)
- 4.7.7 The views of social workers, of course differ. One Duty and Assessment Team was visited and in this team's view very few cases that have been through the CAF process progress to a level 4 intervention as many of the issues of concern have been dealt with at an early stage. The team would welcome some additional support and guidance from the CAF Team. There was quite a strong view that the CAF processes are not as well established /embedded as they should be as they still receive numerous 'inappropriate referrals' predominantly from schools within the City. In their view if the CAF process had been used, they would not have to phone up CSC.
- 4.7.8 Social Workers find that the numbers of referrals from schools go up dramatically in the week before school holidays, indicating, in their view, that schools had put off exploring issues and initiating the CAF process beforehand.
- 4.7.9 Although Duty and Assessment Social Work Teams have a clearer knowledge of the CAF, there was some concern that Care Management Social Work Teams are not as knowledgeable about the CAF process, primarily due to high staff turnover rates.



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- 4.7.10 Social workers expressed frustration and reluctance to respond to cases even when an assessment using the CAF has not been possible due to a lack of parental consent. The response to how these referrals are dealt with to needs to be clarified.



5 Costs and Benefits of the Common Assessment Framework

5.1 Outcomes

- 5.1.1 The impact for children and families is recorded against each of the Every Child Matters outcomes and there is ample evidence of positive outcomes from the use of the CAF process against each of these areas. The most frequent of these are Enjoy and Achieve (over 1500 cases) and Economic Wellbeing.
- 5.1.2 There is evidence that parents who take part in the CAF give positive feedback and the process appears to be very successful when measuring satisfaction. Most importantly, almost 90% of parents agreed that the process had had a good impact upon their child's life. Over nine out of ten parents felt involved with the CAF process and almost all felt that it was easy to contact the Lead Professional.
- 5.1.3 The areas where over 80% of parents felt there had been an improvement as expected or better than expected were child care, finance, school based intervention and emotional health. Areas where 20% or more parents felt that their expectations were not met were aspirations, housing, health, and family support.
- 5.1.4 The data available indicates overall parental satisfaction and what percentage of the child's needs were met through the CAF process for each quarter. The targets for parental satisfaction (98%) and for needs met (87%) have been consistently met.

5.2 Resources available to support the CAF Process

- 5.2.1 In terms of the overall workload and value for money of the central CAF team it is instructive to compare the regional data in Table 2. This places Birmingham as having the lowest funding per child (0-18) across the whole region based on amount of funding per young person resident in the area and on funding for numbers of cases completed. In Birmingham spend per child is around £1, whilst regionally it is over £2.50.



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Table 2: Comparison of Local Authority Funding for CAF

Local Authority	Available Funding	Spend per child	Spend Ranking
Wolverhampton	£237,000	£4.16	1
Herefordshire	£148,000	£4.09	2
Dudley	£250,000	£3.53	3
Worcestershire	£345,000	£2.76	4
Walsall	£165,000	£2.70	5
Stoke	£131,000	£2.63	6
Sandwell	£162,000	£2.41	7
Warwickshire	£291,000	£2.35	8
Coventry	£223,000	£2.28	9
Solihull	£90,000	£1.96	10
Staffordshire	£249,000	£1.25	11
Birmingham	£262,000	£1.06	12

Table 3: Comparison of Funding Available for CAF within the West Midlands¹⁷

	Regional Average	Birmingham	Regional Ranking
CAF funding per child / young person	£2.54	£1.06	12 th out of 12
CAF funding per completed assessment	£230.59	£85	12 th out of 12
Case load each year per CAF team member	323 cases	667 cases	12 th out of 12

5.2.2 Data from the same report also places the Birmingham CAF team below the regional average for team size, but with a significantly higher caseload per team member (see Table 3). Caseloads are double the average of other authorities:

¹⁷ Comparison of funding available to the Common Assessment Framework within the West Midlands Region – November 2010. It is important to note here that data is taken from 2009 figures and the number of CAF assessments in the City has since increased. In addition, if you exclude the administrative, training and management roles within the CAF team, the 4.4 FTE CAF Co-ordinators have a much larger caseload than 667 each (see 2.3.3).



- Average caseload per regional CAF team member 323 CAF assessments to support per year.
- Birmingham caseload per CAF team member 667 CAF assessments to support per year.

5.2.3 It comes as no surprise having examined the above figures that the council's External Support Team from PWC reported in 2009 that:

'The CAF appears positive, but it requires urgent growth in order that it can respond to the requirements of Children in Need.'¹⁸

5.3 Value for money – Training

5.3.1 The central CAF team is responsible for training all of the children's workforce in Birmingham from all agencies and run a range of courses. The CAF Interface audit indicates that up until February 2010, 3664 practitioners from universal, targeted and voluntary services across the city had attended training. The target for 2010/11 was to train 880 delegates and at the end of November 2010, almost three quarters of the way through the year, the total numbers trained to date and already booked on courses amounts to 2,496.

5.3.2 Comments we received on training were generally positive:

'We have had no problems in accessing training. We are emailed on a regular basis. We have good relationships with the area CAF co-ordinators, and we see them as key posts in the process. Seen as very good training which can be oversubscribed.' (voluntary sector)

'The agency values the training provided by the CAF Team.' (voluntary sector)

5.4 Potential cost saving of the CAF

5.4.1 Appendix 2 has a summary of seven cases that Birmingham has contributed to the Local Authority Research Consortium research programme (LARC 3) which looked at the cost effectiveness of the CAF.¹⁹ It looked at potential cost savings if the CAF was to be embedded.

5.4.2 Birmingham contributed seven scenarios which were all written from real, but anonymised, assessments that used the CAF. These set out the key issues for the child and the costs of the CAF assessment and between one and six meetings for the Integrated Support Plan (ISP). For each case study the report also sets out scenarios for what the child's future may have been like if intervention had not occurred. These have been moderated by a panel of experts from five agencies.

¹⁸ Comparison of Funding Available to the CAF Within the West Midlands Region – November 2010

¹⁹ Local Authorities Research Consortium. Data provided by CAF team. Information in the LARC research projects available at: <http://www.nfer.ac.uk/research/projects/larc/about-larc3.cfm>



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5.4.3 The data sets out the costs and benefits of the CAF process. Of the seven case studies provided the average cost of each CAF episode was just £1,379. The cost of the future scenarios without CAF intervention was calculated to be, on average, £21,999. On these figures the average cost savings of carrying out the CAF is £20,620. Thus the total notional savings over those seven cases amounted to over £144,000 on an expenditure of under £10,000 for the CAF process.



6 Conclusions and Recommendations

6.1 Findings

- 6.1.1 The Common Assessment Framework (CAF) is a standardised approach to carrying out assessments of the additional needs which children, young people and families have. It provides a mechanism for a multi-agency approach to meeting those needs which clearly identifies responsibilities and formally monitors agreed actions. The framework is a key element in delivering integrated, frontline services, but it does not replace current processes for dealing with statutory child protection cases.
- 6.1.2 We support the principles behind the CAF and the wish to embed it much more into the key services for children and young people in the city. The case studies have shown many examples of the benefits of the multi-agency approach of the CAF. The data indicates high rates of satisfaction from parents and carers and the professionals involved. It has also been demonstrated that the early intervention which can be achieved through the CAF does lead to nominal savings. For these reasons we feel it is imperative to embed the CAF into the work of the Council and of the key stakeholders working in the city with children.
- 6.1.3 We also need to add some caveats to our support. The CAF fits well with cases that are at level 3 of need. Although it can contribute to Level 4 children in need and child protection work in ensuring that useful background information is collated, it does not replace the work of CSC (Children's Social Care).
- 6.1.4 The CAF is not the solution to all pressures on services for children and young people. It is a process not a resource or service. Although the CAF is frequently referred to as a tool to identify early intervention, a recent study determined that some children's needs, due to their complexity and sometimes inter-generational nature, are not easily resolved just because they are identified at an early stage. The development of a continuum of services is required and many children and families are likely to need continuing support, and interventions at a number of points.²⁰
- 6.1.5 During the evidence gathering a representative from a voluntary sector organisation used a metaphor about the differing roles which interventions can play. The CAF, he said, only sorts out the damp patches on the walls and does nothing to mend the hole in the roof. The hole in the roof has to be dealt with through interventions such as family support services which require substantial resources and time. The CAF process only identifies the needs and does not provide the tools. We see that the CAF can have a role to play as the foundation for this metaphorical

²⁰ C4EO (2010) *Grasping the Nettle: Early Intervention for Children, Families and Communities*. At: http://www.c4eo.org.uk/themes/earlyintervention/files/early_intervention_grasping_the_nettle_full_report.pdf



house, providing some stability and helping to identify what the particular repair required is at any point in time.

- 6.1.6 Although a working assumption has been that increased use of the CAF would take some pressures off CSC this issue will require careful monitoring. Research carried out for the Association of Directors of Children's Services considered why pressure on CSC has been increasing nationally. It found that 17% of authorities regarded the implementation of the CAF as contributing to this pressure (compared to 97% who felt that increased media reporting of cases had caused this). The researchers concluded that the "effect of CAF could be to increase referral rates" to CSC.²¹ The more we raise the awareness of safeguarding across the city we would expect the greater use of the CAF and more referrals to CSC.

6.2 Barriers to the CAF

- 6.2.1 The CAF Co-ordinators work hard on training to convince people of the benefits of the CAF, but it is clear that there are certain intrinsic barriers which need to be overcome in persuading agencies of the benefits of engaging with the CAF process. Scrutiny Officers were shocked by the levels of initial hostility to the CAF process from many of the participants at the beginning of a CAF training course.²² However, they noted that the training which provided knowledge of the process and its aims did significantly reduce the hostility for most participants. It points to possible high levels of resistance from many people across the city who need to be engaged in this process to make it work.
- 6.2.2 **Completing the CAF Form** in itself can be a barrier if agencies perceive this to be time consuming.
- 6.2.3 **The administrative time** required in organising a meeting, liaising with the other participants, finding a venue and taking minutes also gives rise to concerns from agencies involved. The CAF team can support the first meeting by, for example, attending or offering telephone advice.
- 6.2.4 **The Integrated Support Plan meeting** itself can also be a barrier in the sense that some agencies can struggle with the concept of moving from a signposting exercise to one where agencies have to work together to agree what actions will be performed.
- 6.2.5 **There would appear to be some misconceptions about the role of a social worker** giving rise to the notion that CSC should be taking on certain cases when it should be clear that the case will not meet the threshold for intervention by CSC. We need to stress that agencies which are already working with and which have an existing relationship with the family are best placed to undertake the CAF assessment.

²¹ Association of Directors of Children's Services (2010) *Safeguarding Pressures Project Phase 2: Exploring Reasons and Effect*. At: <http://www.adcs.org.uk/download/news/adcs-sg-pressures-p2-report-final.pdf>

²² Section 1.4.3 notes the range of attendees



- 6.2.6 **The importance of gaining consent** from parents, guardians or the young person and clarity about what action should take place where consent is refused need to be clear across the city.

6.3 Cost Benefits of the CAF

- 6.3.1 In spite of the current budgetary pressures we feel strongly that this is an area where investment should occur, both due to the nominal long term savings, and as a mechanism for identifying needs to meet the Every Child Matters outcomes. In terms of the cost effectiveness of using the CAF, the figures speak for themselves. It makes total sense to shift the focus towards lower level early intervention and support for children, young people and families in order to prevent issues escalating to an extent where intervention is required from CSC. However, this is dependent on resources being available to meet the needs which are identified.
- 6.3.2 The data from the LARC3 report which looks at the cost effectiveness of the CAF (referred to in paragraph 5.4) shows the average notional cost saving of carrying out an assessment using the CAF. The data provided for Birmingham sets out the costs and benefits of the CAF process. Of the seven case studies provided the average cost of each CAF episode was just £1,379. The cost of the future scenarios without CAF intervention was calculated to be, on average, £21,999. On these figures the average notional cost savings of carrying out a CAF is £20,620. Thus, the total notional savings over those seven cases amounted to over £144,000 on an expenditure of under £10,000 for the CAF process.
- 6.3.3 At a national level too, the evidence for early intervention, to which the CAF can contribute, is strong. For example, the costs to the NHS alone of pregnancy of under 18 year olds is estimated to be £63 million, due to the additional support required. If effective early intervention had been in place for just one in ten young people sentenced to Young Offender Institutions it is estimated that public services would save £100 million annually. The additional lifetime costs to society of being not in education, employment or training (NEET) at 16-18 are over £8 billion.²³

6.4 Embedding the CAF

- 6.4.1 It is clear that three fundamental elements need to be in place to make the CAF work successfully. Firstly, it is necessary to have a small, centralised development and co-ordination team in place within the local authority, which has the resources to actively support frontline workers around the CAF process. This team should not undertake the assessments, but co-ordinate the assessment process, help to organise the action planning support meetings and ensure high quality appropriate assessments. Secondly, the CAF needs to be firmly embedded in and owned by all partner organisations for the process to work to support children, young people and families.

²³ HM Treasury (2007) *Policy Review of Children and Young People: A Discussion Paper*. At: http://webarchive.nationalarchives.gov.uk/+/http://www.hm-treasury.gov.uk/media/B/B/cyp_policyreview090107.pdf



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There is a role for the local authority in making sure that this happens. Finally, clear and consistent advice needs to be available about when it is appropriate to use the CAF process.

- 6.4.2 Birmingham has the lowest funding per child across the West Midlands region. Birmingham compares unfavourably against all other West Midland Councils on the amount of funding for numbers of cases completed. The data places the Birmingham team below the regional average for team size and with a significantly higher caseload per team member. In Birmingham, spend per child is around £1, whilst regionally it is over £2.50.
- 6.4.3 The 2010 Ofsted report for Birmingham noted that 'there is a clear process for the delivery of the CAF and a robust central CAF team' and this view is supported.²⁴ An urgent review of the capacity of the team needs to be undertaken, particularly in the light of the fact that future funding arrangements are uncertain. Adequate capacity needs to be provided so that appropriate support can be offered to frontline staff to enable the proposed 'Gateway' function of the Future Operating Model to work.
- 6.4.4 Turning to the issue of how to embed the CAF, the evidence we gathered pointed to inconsistent engagement of different agencies and City Council directorates and some lack of clarity as to where the Lead Professional role should sit. We would urge all relevant agencies that the Lead Professional role should not be seen as an added burden, but as part of a core role in working with children and young people. The benefits of the CAF are many and need to be explicitly articulated and explained to professionals.
- 6.4.5 Linking these issues is training as this is a key role of the central CAF team. We have heard many examples of good practice and seen how the CAF can be embedded and be of benefit to some organisations. CAF awareness should also be incorporated in core inductions and annual training programmes for all frontline staff dealing with children, young people and families.

Reference Recommendation R01

6.5 Administration

- 6.5.1 One blockage to increasing the use of the CAF is the administrative burden in terms of both paperwork and arranging the multi-agency Integrated Support Meetings.
- 6.5.2 There are various references and comments in the evidence gathered to form filling, to staff typing up their own forms, to there being no dedicated administrative support and to the fact that a more streamlined form would be welcomed. In response to such feedback the CAF team have already shortened the form by removing three pages and the revised and shortened version of the form went live in January 2011.

²⁴ Ofsted (2010) *Inspection of Safeguarding and Looked After Children Services: Birmingham*. At: [http://www.ofsted.gov.uk/oxcare_providers/la_download/\(id\)/5387/\(as\)/LAC/lac_2010_330.pdf](http://www.ofsted.gov.uk/oxcare_providers/la_download/(id)/5387/(as)/LAC/lac_2010_330.pdf)



6.5.3 We note that CAF forms are being integrated within the core paperwork for both Health Visitors and Children's Centres and would urge the Council and other agencies to explore the opportunities for simplifying paperwork and using the CAF pre-assessment and CAF paperwork as the basis for other processes. There may be further pressure to do this as the Munro Review report is

'considering whether, when a child is referred to CSC, any existing assessment is continued by social workers, rather than the current system which starts a new bureaucratic process of initial and core assessments.'²⁵

6.5.4 We welcome the simplification of paperwork that is currently in place in the health service to reduce duplication. **We would welcome a report to the Vulnerable Children's Overview and Scrutiny Committee on this to aid in assessing the impact that such changes can make.**

6.5.5 An HM Treasury review of Children and Young People recommended that to identify risk better, the Government should develop an electronic Common Assessment Framework (e-CAF)

'to allow services, particularly universal services such as schools, health services and children's centres, to quickly and easily assess children they think may be at risk, and to help draw in more targeted support to help meet additional needs.'²⁶

6.5.6 Birmingham was part of a pilot for the e-CAF, but has withdrawn from the implementation phase of the pilot. We feel it is important that we consider the evaluation of this national pilot and of other electronic systems already in place elsewhere.

6.5.7 This possibility or any other options for an electronic system or solution to make the process easier for practitioners to use needs to be explored further. Such a system might allow for standard data such as names and addresses already being pre-completed on the form, which would take less time for practitioners to complete.

6.5.8 We also note the pressure facing some agencies in attending meetings, especially when the contribution they can make may not be clear initially. We would encourage any steps that could be taken to streamline the CAF process in terms of the number of meetings partners were required to attend in order to effectively engage agencies.

6.5.9 We believe that there is a case for the City Council providing some administrative support to facilitate the smooth running of the CAF process. There may be a technological solution/system

²⁵ Munro, E (2011) *The Munro Review of Child Protection: Interim Report, The Child's Journey*. At: <http://www.education.gov.uk/munroreview/downloads/Munrointerimreport.pdf>

²⁶ HM Treasury / DfES (2007) *Aiming High for Children: Supporting Families*. At: http://webarchive.nationalarchives.gov.uk/+http://www.hm-treasury.gov.uk/media/9/9/cyp_supportingfamilies290307.pdf



which could be used to make filling in the forms less time consuming and assist in the coordination of meetings.

Reference Recommendation R01 ii and R02.

6.6 Embedding the CAF in Schools and Extended Schools Clusters

6.6.1 Schools are crucial to embedding the use of the CAF in the city. Whilst some schools provide excellent examples of the CAF playing an essential part of the everyday school process, other schools are not using the CAF process at all. Schools are ideally placed to use the CAF as they already have day to day contact with parents and children and have an existing relationship with the family. It is no surprise that schools already initiate the largest number assessments using the CAF.

6.6.2 We have identified key factors in achieving good practice:

- The support of a committed head teacher or person in a senior leadership role is vital to enable the CAF to be embedded in schools. It was suggested that it might be possible to incorporate a module covering the use of the CAF into the leadership training.
- Having the right person responsible for the CAF in schools, including having a dedicated non-teaching member of staff or a teacher with some dedicated non-teaching time allocated for the CAF process is key to ensuring “buy in” from both the professionals and the parents.
 - ❖ E.g. One extended schools cluster pools resources to employ a parent school advisor to work with parents to offer advice and guidance on a wide range of issues. She is in a position to build a relationship with the parents.
 - ❖ E.g. In one school there is an onsite multi-agency team which includes their school nurse and a student social worker. The school also has a good working relationship with the local Child and Adolescent Mental Health (CAMHS) worker.
- Ensuring all school staff are aware of the CAF process and have received CAF awareness training and are trained to carry out pre-assessments. This is useful as classroom teachers are the first point of contact for the pupils.
 - ❖ E.g. In one school CAF pre-assessment forms are placed in staff pigeon holes at the beginning of each term.

6.6.3 From the good practice we have seen we would recommend to schools, irrespective of their status, that they ensure that at least one member of staff has non-teaching time each week to be a CAF champion and respond to CAF issues.

6.6.4 Data indicates that 768 school staff were trained in the CAF process between 2007-2010. Opportunities should be used for providing training to Deputy Heads who are developing their



skills with the aim of achieving headship and also at Head Teachers' annual events. School governors can also be targeted. The possibility of having a governor as a "champion" for child safeguarding and of incorporating training or awareness raising on the use of the CAF into governor training should be explored.

- 6.6.5 There are opportunities to promote the benefits of embedding the CAF within strong pastoral care and of providing non-teaching time to support children and families through the CAF. This should also be linked to the discussions with the emerging replacement for extended schools clusters.

Reference Recommendation R03.

6.7 Embedding the CAF in Statutory Agencies and the Voluntary Sector

- 6.7.1 Within the Council's services we heard some concerns about the role of housing in this process. However, we also heard that the Housing and Constituencies Directorate are taking steps to embed the CAF, in particular training up the family support workers to be the key links.

- 6.7.2 There are checks with frontline staff each year to ensure that they can report safeguarding issues. Following discussion, a check on implementing the CAF will be added to these.

- 6.7.3 Information is being developed to help non-housing staff, including the CAF team, understand the Housing and Constituencies Directorate's policies and procedures and clarify when it is appropriate to invite housing staff to an ISP meeting. Following discussion it was agreed that this information pack should include a standard letter template to be used to invite Housing and Constituencies Directorate staff to an ISP. It should have a statement from a senior housing manager outlining the Directorate's commitment to the CAF and expectation regarding attendance.

Reference Recommendation R04.

- 6.7.4 The data which we examined suggested that the West Midlands Police had initiated a negligible number of assessments using the CAF. The data also showed that, for the period examined, a quarter of the referrals made directly to CSC were from the Police and about a fifth were from Health. This suggested that the police (and possibly also health) were making referrals directly to CSC instead of using the CAF. These may relate to referrals relating to domestic violence.

- 6.7.5 In June 2010 the Association of Chief Police Officers issued new guidance about Police engagement with the CAF. We have been informed that West Midlands Police have now fully taken up the challenge of integrating the CAF process into their frontline practice. Specified frontline officers will initiate the CAF and contribute to the Integrated Support Plans – but only in exceptional circumstances undertake the Lead Professional role.

- 6.7.6 **We would be interested in a report back to the Vulnerable Children's Overview and Scrutiny Committee on the impact of the new guidance and the police training on West Midlands Police engagement with CAF in the future.**



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- 6.7.7 In relation to health, the Improvement Plan identifies the need for mentoring and quality assurance arrangements to be put in place to ensure the active engagement of health visitors in the CAF process.
- 6.7.8 There is also ongoing work in progress as part of a West Midlands response to the incidence of domestic violence across the City. Currently the Police, Health and Social Care staff meet on a weekly basis to screen police notifications of domestic violence incidents. They use an adapted tool that requires a specialist or single agency response, or where more than one agency is involved, calls for a CAF to be undertaken. Work is ongoing on this project, particularly on how to include education in the screening process and how to ensure that when the use of the CAF is identified as an appropriate response agencies take this forward.
- 6.7.9 Turning to the voluntary sector, evidence from BVSC and voluntary organisations indicated a wide range of understanding and engagement with the CAF from across the third sector. Two of the employees within the CAF central team are employed by BVSC and seconded to the team. This was a result of a funding stream intended to embed the CAF within the voluntary sector. It was felt this focus was very beneficial, but since the funding streams have changed this focus has been removed and there are a lot of unmet needs (in terms of training and engagement) within the third sector. We were also reminded of the diversity of the sector and the differing needs and availability of internal support of large national organisations compared to small local ones.

Reference Recommendation R05.

6.8 Improving referrals to CSC

- 6.8.1 Almost half (44%) of the referrals to CSC during a four month period examined did not require any involvement from CSC and are often referred to as 'inappropriate referrals'. Fewer than 2% of referrals had CAF paperwork completed.
- 6.8.2 It would seem clear that these referrals should generally be managed through the CAF process instead. Embedding the widespread use of the CAF in all our partner organisations would provide an extra level of safeguarding. It would help prevent issues from escalating unnecessarily and would reduce the level of referrals to CSC. In addition, it would provide CSC Referral and Advice Teams and Duty and Assessment Teams with useful background information to assess cases in the short time they have to do this.
- 6.8.3 Building a relationship with families is vital with both level 3 and level 4 interventions. Care will need to be taken if completion of the CAF process starts to be an expectation rather than an anomaly in a referral to CSC as already we are told:

'Many parents/carers see the CAF as social services or a threat and so schools do not want to suggest it and gain consent for a referral as they fear the family will disengage from the school.' (Extended schools cluster response)



- 6.8.4 We acknowledge that this is a contested area and that many agencies, in particular schools, have complained that their real concerns about safeguarding issues are not fully acknowledged by CSC. The issue of professional judgement is important here. It is important to look at ways to ensure that professionals working in communities have access to social work advice so that appropriate referrals can confidently be made.
- 6.8.5 The final Munro Report is expected to give "consideration ... to ways in which professional dependence on prescriptive rules can be replaced by a mixture of 'best professional principles' and 'guided judgment'."²⁷

Reference Recommendation R06.

6.9 Managing the interface between CAF and CSC

- 6.9.1 It is important that frontline professionals receive consistent advice as to whether to undertake a CAF or refer a child or young person to CSC. The role of the CAF team in managing the interface is very important. Cases which do not meet the threshold for CSC intervention should be notified to the CAF team. A significant minority of these cases are re-referred back to CSC by the CAF team at which point they meet the threshold.
- 6.9.2 The CAF team's audit of the interface process raised schools as an area of concern. Schools refer to CSC when they consider the cases are too serious for the CAF, but they often feel their knowledge of the child and their experience is not taken into account. The evidence from the school visits would tend to support this. Some teachers feel that the CAF is being used as a 'gate keeping' mechanism which allows CSC to refuse referrals. Teachers and head teachers said that they only make referrals to CSC based on their professional judgement and feel that they are not being listened to.
- 6.9.3 There appears to be a weak relationship between the central CAF team and CSC. Steps should be taken to strengthen this and opportunities investigated for reducing barriers, such as having a single point of access for both. Currently there is a CAF phone line and CSC referral and advice phone lines. Instead, there could be one designated children in need phone number for the city council. This could be staffed by people with child protection and CAF expertise and would help people determine the level of need and therefore the response required more quickly and would support professional judgement. Some authorities also integrate police and health expertise. This could ensure a single front door to appropriate interventions.
- 6.9.4 This has been noted as good practice elsewhere. Knowsley Council made changes in 2009 to form a duty desk and co-locate the CAF team with the CSC duty desk. This was highlighted as good

²⁷ Professor Munro (2010) *The Munro Review of Child Protection Part One: A Systems Analysis*.
At: <http://www.education.gov.uk/munroreview/downloads/TheMunroReviewofChildProtection-Part%20one.pdf>



practice in the interim Munro review report²⁸ and in a recent Ofsted report of safeguarding which concluded safeguarding there was good with an excellent chance of improvement.²⁹ This enables their duty service to respond to professionals concerned about children and families with a lower level of need.

Reference Recommendation R07

- 6.9.5 The other issue of concern relating to the interface between the CAF process and CSC was that the procedures which should be in place for enabling a smooth handover to the CAF process once statutory level 4 interventions are no longer required, are often not happening. Agencies feel that social workers are failing to engage at the crucial initial multi-agency Integrated Support Plan meeting to enable this smooth transition. Social workers feel agencies are reluctant to pick up responsibility for these children.
- 6.9.6 We would like to ensure that procedures are understood and consistently implemented by all social workers so that a smooth transition from level 4 to level 3 interventions can be achieved. This may be supported if, from the outset of any level 4 statutory intervention the agency who would go on to take on the Lead Professional role at the step down from statutory intervention is identified according to clear criteria and this is regularly reviewed. The criteria need to be defined. The statutory Lead Professional (often the Social Worker) should organise the first integrated support meeting, but this should not be an arduous task as it can follow on from the final case meeting, at which the key agencies should already be present.
- 6.9.7 In addition, it would aid the transition process if families understood from the outset of statutory intervention that a CAF is likely to be put in place when statutory intervention comes to an end and that they would benefit from engaging with the CAF process. Procedures should make it very clear what action should take place if a family/child refuses consent to a CAF assessment or an agency refuses to take on the Lead Professional role.

Reference Recommendation R08

6.10 Birmingham Safeguarding and Children in Care Improvement Plan

- 6.10.1 The Improvement Plan recently produced by the Birmingham Safeguarding and Children in Care Improvement Board, which describes Birmingham's planned actions to strengthen safeguarding of children and young people, makes it clear in theme 4 (integrated child and family services) that

²⁸ Munro, E (2011) *The Munro Review of Child Protection: Interim Report, The Child's Journey*. At: <http://www.education.gov.uk/munroreview/downloads/Munrointerimreport.pdf>

²⁹ Ofsted (March 2010). *Inspection of Safeguarding and Looked After Children Services: Knowsley*. At: [http://www.ofsted.gov.uk/oxcare_providers/la_download/\(id\)/5444/\(as\)/LAC/lac_2010_340.pdf](http://www.ofsted.gov.uk/oxcare_providers/la_download/(id)/5444/(as)/LAC/lac_2010_340.pdf)



embedding the use of the CAF is a fundamental part of the longer term plans to secure sustainable organisational and cultural changes in the system. We welcome this.

6.10.2 The Improvement Plan sets out the need for clarity on thresholds and sets targets around the CAF. It refers to this committee's review and the need to take account of the findings and identifies three other actions in relation to increasing the use of CAF:

- Promoting the CAF as the common assessment tool across all agencies and practitioners working with children, young people and families;
- Ensuring the CAF is used to address needs and ensure thresholds are adhered to by all services and agencies and in particular health visitors; and
- Developing a process including mentoring and quality assurance for health visitors' active engagement in and use of the CAF process.

6.10.3 **Vulnerable Children's Overview and Scrutiny Committee will receive feedback on these issues through the regular reporting against progress on the Improvement Plan.**

6.11 Future Operating Model

6.11.1 We welcome steps taken to improve services to children, young people and families through the emerging Future Operating Model. We were informed that the Family Support Strategy was being revised and the audit tool was being refined to assist with identifying ownership. The aim was to provide a single point of access as part of the new operating model which would be operational by September 2011.

6.11.2 We were advised that within the emerging Family Support Strategy there is a robust process in place for engaging CSC. If a child does not meet the criteria for a CSC assessment, the CAF process is used and an integrated support plan produced. The improvement plan requires a specific process to be followed and the CAF will be the interface. The proposal is to develop 16 area based teams around the family which will lead on the CAF with a social worker in each of these. The role of the CAF team will be to co-ordinate activities, including training.

6.11.3 We feel it important that the future model emphasises the need to tackle the underlying cause of a problem and to avoid wasting resources on superficial interventions which do not tackle the root cause.

6.11.4 We urge the Cabinet Member and Executive Member to consider the recommendations of this report and the evidence relating to early intervention and the potential long term savings of the CAF when finalising the Future Operating Model.

6.11.5 We recognise that whilst there are strong reasons to embed and encourage the use of CAF some children will always need the support and protection of statutory services and this should not be forgotten. In addition, a number of organisations (schools and the voluntary sector) told us that many more of the children they deal with could be assessed under the CAF. They prioritise those



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in most need as the administrative burden of the CAF means it is not possible to carry one out for every child who might benefit. It is important to remember that the Department for Children, Schools and Families (now known as the Department for Education) guidance states that the:

'CAF is not a pre-requisite to referrals and should not hold up access to other services; but it can provide a helpful generic, holistic assessment to support referral.'³⁰

6.11.6 The statutory guidance on safeguarding and promoting the welfare of children and young people also clearly states that the absence of a CAF should not be a barrier to accessing services.³¹

6.11.7 We support the recommendations from a recent national study which states that:

'In order to consolidate use of the Common Assessment Framework (CAF), rapid progress should be made in making it the standard mechanism for conducting assessments and accessing additional support for both children and families.'³²

6.11.8 In Southend, as one example, the CAF is the only assessment tool used to identify additional needs. In January 2007, all other referral mechanisms were integrated into the CAF framework and the CAF is now mandatory to access any form of additional support services in the area.³³ Already in Birmingham a referral to the Child and Adolescent Mental Health Service (CAHMS) requires no additional paperwork if the CAF paperwork is in place for the individual case. The Future Operating Model needs to work towards the CAF process being the way to access services in order to embed the CAF in all agencies and departments. It also needs to provide clarity about actions required when parental consent has not been obtained for an assessment.

Reference Recommendation R09

6.11.9 There needs to be recognition within the Future Operating Model that the CAF can only work if there are resources in the city to respond to needs of children, young people and families needs. To show genuine commitment to the CAF there has to be clear investment and provision of family support services and other relevant interventions.

6.11.10 The CAF could also be incentivised by the availability of funding to help those organisations using it to respond to the needs raised. We note that some local authorities (including Warwickshire and

³⁰ Children's Workforce Development Council (on behalf of the Department for Children, Schools and Families) (2009) *Early identification, assessment of needs and intervention. The Common Assessment Framework for Children and Young People: A Guide for Practitioners*. At: <http://www.education.gov.uk/publications/eOrderingDownload/CAF-Practitioner-Guide.pdf>

³¹ DCSF (2010) *Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children*. At: <http://www.education.gov.uk/publications/eOrderingDownload/00305-2010DOM-EN-v3.pdf>

³² C4EO (2010) *Grasping the Nettle: Early Intervention for Children, Families and Communities*. At: http://www.c4eo.org.uk/themes/earlyintervention/files/early_intervention_grasping_the_nettle_full_report.pdf

³³ Ibid



Blackpool) have a budget available for interventions identified through the CAF process. We strongly suggest that such examples are examined and costed.

6.12 Next steps

6.12.1 It is fitting to finish with the words of one voluntary agency representative:

‘Don’t give up it takes years to change.’

6.12.2 Birmingham does not have the luxury of years to embed change. We would urge all frontline professionals and managers working with children and young people to recognise that the CAF has the potential to improve the lives of children and families. Equally, we stress that the CAF is just what it claims on the tin – an assessment process. Adequate resources have to be in place to enable CAF to make a difference to the children of Birmingham.

Reference Recommendation R10.



Appendix 1: Witnesses

Organisation	Names	Written Evidence	Verbal Evidence	Visit by Scrutiny Office
Virtual College	Jenny Oslow Alison Rogers			✓
Kings Norton Cluster	Graeme Phillips			✓
St Paul's Catholic Primary	Mary Daniels			✓
Robin Hood Primary	Debbie Walker			✓
Baverstock School	Kim Peckover		✓	✓
Sweet Project	Jayne Hulbert Jayne Cresswell			✓
Great Barr School	Kate Abbott Ben Hunt		✓	
Birmingham and Solihull Women's Aid	Fiona O'Reilly		✓	
Birmingham Voluntary Service Council	Caroline Anson		✓	
Malachi Community Trust	Gordon Lee Laura Evans		✓	
Birmingham Community Healthcare Trust	Clare Edwards Elaine Meredith		✓	
BVSC Matters Representatives meeting	Jason Wright & Tracey O'Brien - BVSC Lisa Martinelli - Third Sector Assembly Champion Jan Channer - Action for Children Sophie Lawson - SOVA (youth offending mentoring programme) Marian Webb - Barnardos			✓



	Matthew Green - Crisis			
Children, Young People and Families Directorate	Jon Needham Sue Butler Matt Sparling Rachel Easter Donna Bowes-Mcleggan Graham Wheeler Yvette Waide Sandra Douglas Chrissie Garrett	✓	✓	✓
Housing and Constituencies Directorate	John Hardy		✓	



Appendix 2: Cost Effectiveness of the CAF ³⁴

Case	Issues	No. of ISP meetings held	Costs of CAF process	Future scenarios	Cost of future scenario	Savings made
A	14 year old with drink, drug and behavioural issues. Mum given up	2	£886	Police, court and Youth Offending Team involvement. Hospital treatment due to alcohol use.	£26,549	£25,663
B	5 year old with diagnosis of behavioural issues. Has had previous involvement with CSC	3	£659	Disruptive behaviour. Mother's mental illness due to distress. Re-involvement of CSC. School Exclusion. Referral to mental health services.	£15,202	£14,543
C	5 year old. History of not finding suitable school places. Undiagnosed behavioural issues.	3	£3,897 (This includes costs of a mental health (CAMHS) intervention)	Exclusion from school. A statement for special educational needs. Mother's mental health issues. Mental health referral for sister too due to situation. Increasing social isolation.	£26,432	£22,535
D	4 year old with Severe behavioural issues. Living with grandparent as mother unable to cope. Not achieving at school.	5	£873	Grandparent unable to cope. Child taken into care. Possible school exclusion.	£25,872	£24,999
E	4 year old. No longer sees father. Living in extended overcrowded family home. Has had a child protection order. Although no continuing need it was agreed a CAF assessment should be in place.	6	£1,328	Referral to mental health services due to witnessing domestic violence. Ongoing bedwetting leading to hospital referral. Mother socially isolated. Escalation to Children's' Social Care.	£21,519	£20,191
F	6 year old. Parents separated, but contact with father. Disruptive behaviour and sleeping patterns.	6	£1,246 (Includes costs for counselling sessions and school nurse client contact)	School exclusion. Deterioration of mother's mental health. Temporary foster care or placement with father.	£6,905	£5,659
G	2 year old. Mother subject to domestic violence. Father still in same block of flats.	2	£767 (Includes costs of counselling sessions)	Mother subject to domestic violence and hospitalisation. Temporary foster care.	£31,516	£30,749

³⁴ Birmingham City Council. LARC3 – Cost effectiveness of CAF, Birmingham (Submission to Local Authority Research Consortium report)

This information is collected in compliance with the Data Protection Act 1998 and will be used to support the Common Assessment Framework within Birmingham. Anonymised data only will be shared with partner organisations including health and welfare practitioners and other local authorities

PRE-ASSESSMENT CHECKLIST

IDENTIFYING DETAILS OF CHILD OR YOUNG PERSON

Name:		Address:	
DOB:			
Parent/Carer Name:		Ethnicity:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Disability: Yes <input type="checkbox"/> No: <input type="checkbox"/>

DOES THE CHILD OR YOUNG PERSON APPEAR TO BE.....	YES	NO	NOT SURE	EVIDENCE/COMMENT
▪ Healthy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Safe from harm?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Learning and developing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Having a positive impact on others?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Free from the negative impact of poverty?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

If you answered “no”, what additional services are needed for the child or young person or their parent(s), carer(s) or family? – Please note if the family speak a community language and an interpreter is required.

- Can you provide the additional services needed? Yes No
- If you answered “no” or “not sure”, or if it is not clear what support is needed, would an assessment under the Common Assessment Framework help? Yes No
- Who will do this Assessment? I will Another practitioner Name - Role -

Name of Practitioner:	Telephone:
Agency:	Email:
	Date completed: / /

PLEASE ENSURE A COPY OF THIS FORM IS SENT TO: CAF COORDINATOR: JON NEEDHAM – Private & Confidential
G39 MARTINEAU EDUCATION CENTRE, 74 BALDEN RD, HARBORNE, BIRMINGHAM, B32 2EH.



INFORMATION SHARING CONSENT FORM – DATA PROTECTION ACT 1998

IN ORDER THAT WE MAY BEST SERVE YOUR INTERESTS, AND IN ACCORDANCE WITH THE ABOVE ACT. WE REQUIRE YOUR CONSENT IN ORDER TO, SHARE AND STORE INFORMATION.

I am completing this form on behalf of:

- Myself
 Or
 My Child/Young Person
 (as their Parent/Carer with Parental Responsibility)

Details of young person	Name of child/ young person:		Date of birth:	
	Address & Postcode:			

I agree to any relevant information that is currently held, or that may be collected, stored in either electronic or paper based format, be shared / not shared between the partner agencies listed below:

✓/x	Partner Agency	Add	Remove	Date	Initial	Additional Information:
	Health	<input type="checkbox"/>	<input type="checkbox"/>			
	Child & Adolescent Mental Health Services	<input type="checkbox"/>	<input type="checkbox"/>			
	Connexions	<input type="checkbox"/>	<input type="checkbox"/>			
	Housing	<input type="checkbox"/>	<input type="checkbox"/>			
	West Midlands Police	<input type="checkbox"/>	<input type="checkbox"/>			
	Probation Service	<input type="checkbox"/>	<input type="checkbox"/>			
	Fire Service	<input type="checkbox"/>	<input type="checkbox"/>			
	Voluntary /Community Org Name.....	<input type="checkbox"/>	<input type="checkbox"/>			
✓/x	BCC Children's Services	Add	Remove	Date	Initial	
	School	<input type="checkbox"/>	<input type="checkbox"/>			
	Integrated Services	<input type="checkbox"/>	<input type="checkbox"/>			
	Children's Social Care	<input type="checkbox"/>	<input type="checkbox"/>			
	Youth Service	<input type="checkbox"/>	<input type="checkbox"/>			
	Youth Offending	<input type="checkbox"/>	<input type="checkbox"/>			
	Children's Centre Name.....	<input type="checkbox"/>	<input type="checkbox"/>			
	Other Name.....	<input type="checkbox"/>	<input type="checkbox"/>			
	Voluntary /Community Org Name.....	<input type="checkbox"/>	<input type="checkbox"/>			

Name of person completing consent form

Address & Postcode:

I understand that this consent form will be reviewed with me on or before: ___/___/___ (Date) **but will be no later than 12 months from the date of my signature.** I also understand that I may add or withdraw consent at any time by amending this **Consent** form as shown above.

Signature of person giving consent: (Parent/Guardian/Client)		DATE:	___/___/___
Name of advising practitioner:		DATE:	___/___/___
Organisation:		Signature:	

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G39 MARTINEAU EDUCATION CENTRE, 74 BALDEN RD, HARBORNE, BIRMINGHAM, B32 2EH.



COMMON ASSESSMENT FRAMEWORK (CAF) FOR CHILDREN AND YOUNG PEOPLE

- Complete this assessment when you feel that a baby, child or young person may have additional needs which their current level of provision is not addressing that require a multi-agency response.
- The purpose of this assessment is to gather evidence of the baby, child or young person's strengths and needs, taking account of their family circumstances. It will provide the basis for decisions about the scale and nature of any additional support the baby, child, young person or family/carer may need.
- You do not need to complete all assessment factors; concentrate on the presenting issues and build into the document an analysis of the strengths as well as the areas of need.
- Follow your local Safeguarding Children's Board established child protection procedures as soon as any requirement to do so is identified.
- If Specialist Assessments exist (such as SEN) reference or copy them in the appropriate section

REMEMBER TO GIVE A COPY OF THIS FORM:

- To the child / young person / family
- To the services contributing to the assessment

POST A COPY OF THE ASSESSMENT TO:

- CAF COORDINATOR: Jon Needham – Private & Confidential, G39 Martineau Education Centre, 74 Balden Road, Harborne, Birmingham, B32 2EH

Details of Baby, Child or Young Person Being Assessed

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="background-color: #cccccc;">First Name</td></tr> <tr><td style="height: 30px;"></td></tr> </table>	First Name		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="background-color: #cccccc;">Address & Postcode</td></tr> <tr><td style="height: 60px;"></td></tr> </table>	Address & Postcode			
First Name							
Address & Postcode							
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="background-color: #cccccc;">Family Name</td></tr> <tr><td style="height: 30px;"></td></tr> </table>	Family Name						
Family Name							
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="background-color: #cccccc;">Alternative Names</td><td style="width: 200px; height: 20px;"></td></tr> </table>	Alternative Names		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="background-color: #cccccc;">CAF Number</td><td style="width: 200px; height: 20px;"></td></tr> </table>	CAF Number			
Alternative Names							
CAF Number							
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="background-color: #cccccc;">Date of Birth / EDD</td><td style="width: 200px; height: 20px;"></td></tr> </table>	Date of Birth / EDD		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="background-color: #cccccc;">Gender</td> <td style="width: 50px; text-align: center;">Male <input type="checkbox"/></td> <td style="width: 50px; text-align: center;">Female <input type="checkbox"/></td> <td style="width: 50px; text-align: center;">Unknown <input type="checkbox"/></td> </tr> </table>	Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Unknown <input type="checkbox"/>
Date of Birth / EDD							
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Unknown <input type="checkbox"/>				
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="background-color: #cccccc;">Contact Telephone Number</td></tr> <tr><td style="height: 30px;"></td></tr> </table>	Contact Telephone Number		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="background-color: #cccccc;">Parents Address & Postcode (if different from above)</td></tr> <tr><td style="height: 60px;"></td></tr> </table>	Parents Address & Postcode (if different from above)			
Contact Telephone Number							
Parents Address & Postcode (if different from above)							
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="background-color: #cccccc;">Child's Spoken Language</td></tr> <tr><td style="height: 30px;"></td></tr> </table>	Child's Spoken Language						
Child's Spoken Language							
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="background-color: #cccccc;">Ethnicity</td><td style="width: 200px; height: 20px;"></td></tr> </table>	Ethnicity		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="background-color: #cccccc;">Immigration status</td><td style="width: 200px; height: 20px;"></td></tr> </table>	Immigration status			
Ethnicity							
Immigration status							
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="background-color: #cccccc;">Religion</td><td style="width: 200px; height: 20px;"></td></tr> </table>	Religion		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="background-color: #cccccc;">School UPN</td><td style="width: 200px; height: 20px;"></td></tr> </table>	School UPN			
Religion							
School UPN							
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="background-color: #cccccc;">Does the child/young person have any language or communication issues?</td></tr> <tr> <td style="padding: 5px;"> No <input type="checkbox"/> Yes <input type="checkbox"/> Details </td> </tr> </table>	Does the child/young person have any language or communication issues?	No <input type="checkbox"/> Yes <input type="checkbox"/> Details	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="background-color: #cccccc;">Is the baby, child or young person disabled</td></tr> <tr> <td style="text-align: center; padding: 5px;"> Yes <input type="checkbox"/> No <input type="checkbox"/> </td> </tr> </table>	Is the baby, child or young person disabled	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Does the child/young person have any language or communication issues?							
No <input type="checkbox"/> Yes <input type="checkbox"/> Details							
Is the baby, child or young person disabled							
Yes <input type="checkbox"/> No <input type="checkbox"/>							
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="background-color: #cccccc;">Details of any special requirements (for child and/or parent) e.g. signing, interpretation or access needs</td></tr> <tr><td style="height: 40px;"></td></tr> </table>	Details of any special requirements (for child and/or parent) e.g. signing, interpretation or access needs						
Details of any special requirements (for child and/or parent) e.g. signing, interpretation or access needs							



Details of all Persons with Parental Responsibility

Name		Address & postcode <small>(if different from child)</small>	
Date of Birth		Spoken Language	
Relationship to child			

Name		Address & postcode <small>(if different from child)</small>	
Date of Birth		Spoken Language	
Relationship to child			

Name		Address & postcode <small>(if different from child)</small>	
Date of Birth		Spoken Language	
Relationship to child			

Details of Other Household Members (including non-family)

Name	DoB	Gender		Relationship to child	Telephone No.
		M	F		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		

Assessment Information

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



Universal Service Involvement with this Baby, Child or Young Person

<p>Early Years or Educational provision</p> <p>Contact Name:</p> <p>Organisation Name:</p> <p>Phone:</p>	<p>Name of GP</p> <p>Name:</p> <p>Address:</p>
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Health Visitor / School Nurse (Name, Address, Postcode)		
Name:	Address:	Phone:

Other Services working with this Baby, Child or Young Person

Service:	Name:	Phone:
Service:	Name:	Phone:
Service:	Name:	Phone:
Service:	Name:	Phone:
Service:	Name:	Phone:

Details of Assessment

People present at the assessment other than child/young person, parent/carer		
Name:	Service:	Phone:
Name:	Service:	Phone:
Name:	Service:	Phone:
Name:	Service:	Phone:

Name of Child/Young Person, Parent or Carer present at the Assessment

Details of Person(s) Undertaking Assessment

Name of person(s) undertaking the assessment	Role
Contact Telephone No.	Address & Postcode
Service / Agency	
E-mail Address	Date of Assessment



1. Development of Baby, Child or Young Person: Assessment & analysis of needs

<p>General Health Conditions and impairments; access to and use of Dentist, GP, Optician. Immunisations, developmental checks, hospital admissions, accidents, health advice and information.</p> <p style="text-align: right;">Not applicable <input type="checkbox"/></p>	
<p>Physical Development Nourishment; activity; relaxation; vision and hearing; fine motor skills (drawing etc); gross motor skills (mobility, playing games, sport etc).</p> <p style="text-align: right;">Not applicable <input type="checkbox"/></p>	
<p>Speech, Language & Communication Preferred communication, language, conversation, expression, questioning, games, stories & songs; listening; responding; understanding.</p> <p style="text-align: right;">Not applicable <input type="checkbox"/></p>	
<p>Emotional & 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 & solitary; fears; often unhappy.</p> <p style="text-align: right;">Not applicable <input type="checkbox"/></p>	
<p>Behavioural Development Lifestyle, self control, reckless or impulsive activity; behaviour with peers; substance misuse; anti-social behaviour; sexual behaviour, offending; violence & aggression; restless & overactive, easily distracted, attention span/concentration.</p> <p style="text-align: right;">Not applicable <input type="checkbox"/></p>	
<p>Identity, Self-esteem & Social Presentation Perceptions of self; knowledge of personal/family history; sense of belonging, experiences of discrimination (race, religion, gender, sexuality, disability), gang affiliation, extremist views</p> <p style="text-align: right;">Not applicable <input type="checkbox"/></p>	
<p>Family & Social Relationships Building stable relationships with family, peers and wider community; helping others, friendships, levels of association for negative relationships.</p> <p style="text-align: right;">Not applicable <input type="checkbox"/></p>	
<p>Self-care Skills and Independence Becoming independent; boundaries, rules, asking for help, decision making, changes to body; washing, dressing, feeding; positive separation from family.</p> <p style="text-align: right;">Not applicable <input type="checkbox"/></p>	



Learning: Assessment & analysis of needs

Understanding, Reasoning & Problem Solving
 Organising, making connections; being creative, exploring, experimenting, imaginative play and interaction.
 Not applicable

Participation in Learning, Education & Employment
 Access and engagement, attendance, participation, adult support, access to appropriate resources, reasonable adjustments for disability.
 Not applicable

Progress & Achievement in Learning
 Progress in basic & key skills, available opportunities, support with disruption to education, level of adult interest.
 Not applicable

Aspirations
 Ambition, confidence & view of progress, motivation, perseverance.
 Not applicable

2. Parents and Carers: Assessment & analysis of needs

Basic Care, Ensuring Safety & Protection
 Provision of food, drink, warmth, shelter, appropriate clothing, personal, dental hygiene, engagement with services, safe & health environment.
 Not applicable

Emotional Warmth & Stability
 Stable, affectionate, stimulating family environment; praise & encouragement, secure attachments, frequency of house, school, and employment moves.
 Not applicable

Guidance, Boundaries & Stimulation
 Encouraging self-control, modelling positive behaviour, effective & appropriate discipline, avoiding over-protection, support for positive activities.
 Not applicable

Additional parental concerns.



3. Family and Environmental: Assessment & analysis of needs

Family History, Functioning & Well-being
 Illness, bereavement, violence, parental substance misuse, criminality, anti-social behaviour; culture, size, composition of household, absent parents, relationship breakdown, physical disability, mental health issues, abusive behaviour.
 Not applicable

Wider Family
 Formal and informal support networks from extended family & others, wider caring and employment roles & responsibilities.
 Not applicable

Housing, Employment & Financial Consideration
 Water / heating / sanitation facilities, sleeping arrangements, reason for homelessness, work & shifts, employment, income/benefits, effects of hardship.
 Not applicable

Social & Community Elements & Resources, Including Education
 Day care, places of worship, transport, shops/leisure facilities, crime, unemployment, anti-social behaviour in area, peer groups, social networks & relationships, religion.
 Not applicable

Child or young person's comment on the assessment, and actions to be identified.

Parent or carer's comment on the assessment, and actions to be identified.



Conclusions, Solutions and Actions

Provide evidence to substantiate your conclusions. Work with the child or young person and/or parent or carer, and take account of their views. Record any major differences of opinion.

What are your conclusions of the strengths & resources within the family?	What is your analysis of the areas the child/family need help and support with?

What needs / worries have you identified (please include the needs identified by the child, young person & family)		
Short Term	Medium Term	Longer Term
1	5	8
2	6	9
3	7	
4		

Date for Integrated Support Plan Meeting:	/ /
--	-----

Services to be invited to ISP meeting (optional to complete – include those already working with the family plus those new ones you feel should be involved)

Service:	Name:	Phone:
Service:	Name:	Phone:
Service:	Name:	Phone:
Service:	Name:	Phone:

Concerns about significant harm to infant, child or young person.

If at any time during the course of this assessment you are concerned that an infant, child or young person has been harmed or abused or is at risk of being harmed or abused, you must follow the Birmingham Safeguarding Children Board (BSCB) safeguarding children procedures. The practice guidance *‘What to do if you’re worried a child is being abused’* (HM Government, 2006) sets out the process to be followed by all practitioners.

If you think the child may be a child in need (under section 17 of the Children Act 1989) then you should consider referring the child to children’s social care. You should seek the agreement of the child, young person and family before making such a referral **unless to do so would place the child at increased risk of significant harm**. Please be aware you can use this form to make a referral to Children’s Social Care

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