

A brief guide to CAF and early help

Our local model – January 2013

Introduction

Southwark has developed an approach to early help which is detailed in our strategy and includes the development of the integrated locality-based early help service. Our focus is on identifying and meeting needs for children, young people and families earlier and more effectively. A fundamental component of early intervention is defining what help is needed; which is why high quality assessment is so significant. The strategy highlights our local commitment to developing a common approach to the understanding and recording of the needs of children, young people and families; from the earliest point of identification. It is our intention that effectively targeting help at these stages will reduce reliance on specialist services and enable children, young people and families to become as independent as possible in identifying and addressing any concerns that arise in family life.

CAF is also the primary mechanism for referral to children's social care.

The original concept of the Common Assessment Framework [CAF], where the three domains of:

- child's needs
- parental capacity
- family and environment

provided a holistic structure for assessment, as well as a common language and approach, is what we wish to build on. We emphasise the importance of telling the child's story, telling that story in such a way that is meaningful and provides useful ideas on next steps. It is likely that as we implement this guidance, and as we undergo a continuous process of monitoring and review of the approach, changes will be made to both the guidance and the recording tools. We are now using what is called 'Version 18' of the CAF assessment record; as well as developing further our single family-focused delivery plans and review records.

The common assessment in Southwark is a shared assessment, planning, delivery and review framework for use across services and partners in the community. It is a tool that will help in the early identification and assessment of children and young people's additional needs and promote co-ordinated service provision to meet them, as well as ensuring that such provision is rigorously monitored and reviewed. It provides a framework for reaching a shared understanding with families and other practitioners about a child or young person's needs and how these can be met. It is critical that it includes an engagement with children and young people that is not tokenistic or superficial, but one which genuinely takes the views and feedback of children into account. It is our firm belief that all children, regardless of age or need, are capable of expressing a view about their lives – our focus is on supporting practitioners in listening to and acting on these views.

We are promoting the four-step process outlined in national CAF guidance for managers and practitioners:

Step 1: Identify needs early

Step 2: Assess those needs

Step 3: Deliver help in an effective way (using integrated processes such as team around the child or family and lead professional or lead person)

Step 4: Review progress

This guidance is structured as a series of questions, which we hope keeps it as practical as possible. If you have any questions or queries about the information contained here, please contact the early help service on 020 7525 2714 or earlyhelp@southwark.gov.uk.

1. What is CAF?

CAF is at its heart an interaction that takes place between a you as a practitioner (sometimes more than one) and a child, young person and / or their parent or carer. In the initial stages of this interaction, you ask questions to gather information and begin to interpret and analyse that information (doing this in conjunction with the child, young person or parent / carer).

As such, the single most important factor affecting the quality and effectiveness of CAF is the **relationship** between the young person, parent / carer and you as the practitioner. The process of engagement and coming to a joint understanding of a family's difficulties with them should be a positive and empowering process. **The assessment should not be done to but with a family.**

Research in Practice (www.rip.org.uk) have developed materials to support better quality assessment for children, young people and families and Southwark has adapted some of these as part of our approach to CAF. These materials highlight that good quality assessment is about telling the child or young person's story in the most effective way possible.

Telling a story involves deciding, in a logical way, which information is relevant and then connecting relevant circumstances, facts and events to create a coherent narrative. CAF is the child's story, which we need listen to and act on their views. Formal recordings of the story should never contain surprises for children, young people or families and should always be written in language they understand.

As you help the child and family tell their story, you'll be reflecting on what the story means, and getting the meaning out of the facts is the key to effective analysis. There is sometimes a tendency sometimes to think: **here is the problem, what's the solution?** and we miss out on the crucial stage of fully understanding



and analysing the story. The more we understand the meaning for the child, young person and family, the more effective we will be in responding to families' needs.

The record of this story, and its meaning, is called the CAF assessment record. This documents the assessment, the outcomes desired, and any actions required to meet the outcomes. This CAF assessment record can then be used to share information between agencies if required. The assessment record can also be used to evidence a request made to another agency / service for their involvement.

Completing a common assessment does not guarantee the provision of particular services. We are all mindful to understand local priorities and the availability of local services, and do not promise services on behalf of other agencies or organisations.

2. What are the principles underpinning a good assessment?

The following is taken from the Children's Workforce Development Council guidance on CAF for practitioners. It states that a good quality common assessment provides an analysis of the child or young person's strengths and needs and is:

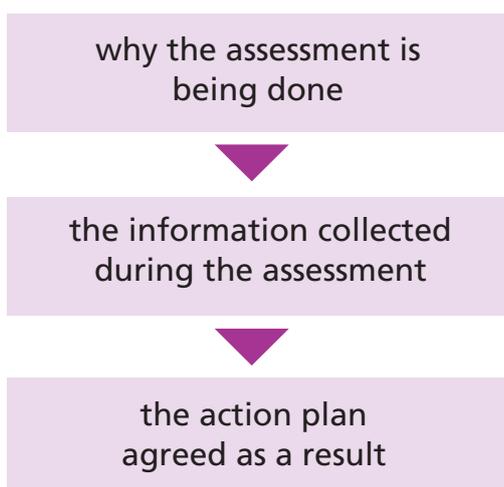
- **valid** – what the assessment has assessed and why
- **accurate** – the assessment provides an accurate representation of the strengths and needs of the child or young person
- **clear** – the assessment is clear, concise and understandable by all those involved and any practitioners who may get involved or take responsibility for the child or young person's case at a later stage
- **inclusive** – the assessment represents the views and opinions of the child or young person and/or family
- **promotes equal opportunity** – the assessment is not biased and gives positive expression to the opinions and experiences of the child or young person and / or their parents / carers without prejudice or discrimination
- **authentic** – the assessment is an accurate, evidence-based record of the discussion
- **professional** – the assessment is non-judgemental and follows organisational codes of practice for recording / writing public documents
- **solution-focused** – the assessment focuses on what the child or young person and their parents / carers want to achieve
- **ecological** – the assessment focuses on the various systems within which the child or young person operates (home, setting / school, the community, etc.)
- **practical** – the assessment identifies the strengths and needs clearly and identifies appropriate action.



3. How do I complete the CAF assessment record?

It is essential that the identifying details (e.g., names, dates of birth, etc.) are accurate and complete as this will ensure that if additional services are required, they are directed at the right child, young person or family. It is also essential to record who was present at the assessment and why the assessment has been done – a good quality CAF should provide a clear link between the reason for assessment, the assessment information itself and the resulting action plan (see diagram below).

A critical component of the assessment is exploring whether there are factors in the parenting and family and environment dimensions impacting on the development of the child or young person. For example, indicating that the parent is 'anxious' or 'depressed' and not including any information regarding the impact of this on the child does not always help other services understand the kinds of concerns that a practitioner may or may not have.



Some key practical messages that may be of help to you in your practice include:

- CAF is meant to reduce the number of times a children, young person or parent / carer is required to tell their story. If the information recorded is vague or incomplete, it may require further assessment, which is precisely what we are trying to avoid. This must be balanced with succinct and concise information that is easily understood by others.
- **Practitioners don't need to write detailed comments in every section** – if the prompts are not relevant, there are no concerns or it was not assessed, indicate this in the box.
- The person providing the assessment information recorded should be clearly indicated; this is especially important where there are differences of opinion between the key people involved (e.g., the young person disagrees with their parent / carer's view of the situation or the parent / carer disagrees with the Health Visitor's view, etc).
- Objective statements should be included wherever possible, not people's subjective interpretations of events. There are not always common views of terms such as 'aggressive', 'disruptive', 'violent', etc. and it is more helpful to record actual behaviours or to provide examples to illustrate a point.
- Children, young people and their families may refer to peers / other parents or adults in the child's life during the assessment – these individuals should not be named on any records.
- Parenting capacity is not as often as well assessed as the other domains and this is something that will be addressed in CAF and early help training going forward – we are now able to offer the HOME Inventory assessment (a standardised method of assessing parenting and the home environment). Interested practitioners should review MyLearningSource for details of upcoming courses.

- If the details of a school-age parent and their child are included on the same record, or children from the same family, it should be clearly indicated what information recorded relates to which individual.
- CAF action plans that are lists of referrals to be made to other agencies do not promote the sense of partnership, engagement and independence we are seeking. Practitioners need to feel confident and capable of applying some interventions, strategies or approaches themselves and using process such as consultation and their own skills / expertise to better inform this (especially while awaiting a request for service from another agency). Action plans should include what the CAF assessor him/herself is going to do, as well as meaningful actions for the family (where appropriate).

Practitioners should capture as much of the detail of both the assessment and any action already taken – **it should be clear what the issues are, why** you and / or others such as the child, young person or parent / carer think these issues are occurring and **what strategies you are going to try or have tried** (and whether these have made a difference).

4. What do I do at the action planning stage of CAF?

A critical component of any CAF is the action plan or the delivery plan. A clear connection between the assessment and action plan is crucial, and it should never just be a list of referrals to other agencies. Children, young people and families need to be involved in their plan and in defining outcomes that are SMART (specific, measurable, achievable, realistic and time-bound).

The national guidance on CAF states that good action planning requires a methodical process that clearly identifies the components and steps needed for improved outcomes. This process should be:

- **comprehensive** – considering all significant options and impacts
- **efficient** – not wasting time or resources
- **inclusive** – the child or young person, their parent / carer and other people affected by the plan must be involved and encouraged to take on actions themselves where appropriate
- **informative** – decisions are understood by the people involved
- **focused** – short-term decisions support long-term goals
- **logical** – each step leads to the next within a broad strategic framework of SMART¹ objectives and solution-focused outcomes
- **transparent** – everybody involved understands how the process works.

Both the initial plan and any other delivery plans should state clearly what is to be done, by when and by whom. The plan should also include how outcomes will be measured, and details of how the plan will be monitored, reviewed and evaluated.

Our quality assurance process has noted that plans that are linked to the purpose of the assessment and the assessment information gathered are more coherent and rational. Also, as with the national guidance, Southwark plans that include meaningful actions for the child, young person and / or family members themselves have been considered to be:

- of a higher quality
- more likely to promote a sense of partnership, mutual engagement and independence (rather than dependence on services to 'fix' issues).

¹ SMART stands for Specific, Measurable, Agreed, Realistic and Time-bound.

5. What do I do once I have completed the CAF?

The most important thing to do is begin implementing the actions included in the action plan. Southwark has adapted the national CAF guide's planning and review records, which can be used for the ongoing cycle of planning and review following an initial assessment (new assessment information can just be added to the CAF).

6. If I am sharing the CAF assessment record to request a service from another agency, what do I do?

If on completion of the CAF, it is decided that involvement from other services would be of benefit, parental consent should then be sought for the information to be shared.

Support from targeted and / or specialist services can only be accessed if these services are clear about how a practitioner has identified need, what action has been already taken, by whom and what impact this has had. All of this can readily be recorded on the CAF and removes the need for most of the other form filling that may have been required in the past.

The completed CAF should then be sent to Southwark's integrated duty triage. If you have a secure email address, you can email the record to earlyhelp@southwark.gov.uk. You can also post the record to integrated duty triage at Sumner House, Sumner Road, London SE15 5QS or fax it to 020 7525 2670. If you are sharing a CAF assessment record for safeguarding purposes, please see Section 14.



7. Do the records support different phases of the CAF and early help cycle?

Yes. When practitioners discuss CAF, they may be referring to any one of the following phases of the intervention cycle:

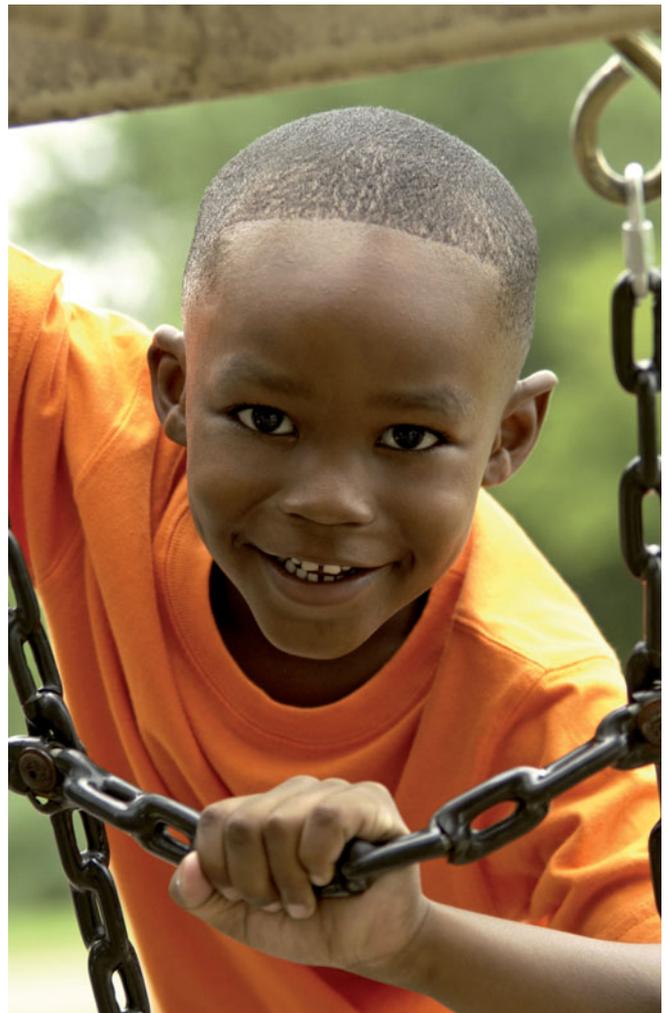
- 1. a standard record to document the assessment (supporting assessment and initial planning)**
- 2. a delivery plan proforma (supporting further planning)**
- 3. a review record proforma (supporting reviewing progress)**

These documents are available on the Southwark website, at any CAF training you attend or through requesting via earlyhelp@southwark.gov.uk. There is a Word and PDF version available of the CAF assessment record dependent on practitioner preference.

8. Who completes CAFs?

Practitioners most likely to complete CAFs are those working in universal services (midwives, school nurses, health visitors, teachers, early year's practitioners, commissioned voluntary sector providers, etc).

CAF records provide a structure for documenting information that any of these practitioners gather by having a conversation with a child, young person or parent / carer, and for identifying what actions need to be taken to address their recognised needs. It helps these practitioners to get other services to assist, because targeted and specialist practitioners will recognise that concerns are based on evidence. Other services in Southwark use the CAF and integrated working improves as we each recognise and expect an assessment in this format.



9. Who are CAFs completed for?

The CAF is aimed at children and young people with additional needs that are not being met by their current service provision, or are likely to not be met without additional help. We know there are some critically important protective factors for children and young people, such as:

- reaching potential and making good progress in learning and development
- good social and emotional skills
- positive parenting.

If we identify for assessment children and young people where:

- they are struggling in terms of progression in development and learning
- there are issues with school attendance and / or disruptive or challenging behaviours

- they have poor social and emotional skills
- their parents / carers are experiencing challenges that impact on their capacity to parent (e.g., where domestic abuse, active and chaotic parental drug use, parental mental ill-health or learning difficulties are impacting negatively on the child's development).

We are more likely to be targeting the right groups, where we can make the biggest difference. If you are unsure whether a CAF should be completed for a particular child, you can always access a consultation service from duty triage.

10. What can help me decide whether a CAF is required?

To help settings meet the needs of children, young people and families independently we require a range of processes, including capacity for practitioners across services to access to one another's expertise without always requiring a referral – one way of doing this is through consultation.

Consultation ensures that practitioners:

- begin to develop a better understanding of one another's thresholds for service access
- share strategies / interventions with one another that can be immediately implemented to provide effective services for children, young people and their families
- are signposted to the right service quickly and easily.

In circumstances where a referral or a request for service is necessary, accessing consultation can also enhance the quality of information provided to the service from whom the referral / request is made. As such, consultation may be very helpful to practitioners considering whether a CAF is required, or those completing a CAF who wish to discuss appropriate approaches. Practitioners who have completed the assessment may wish to use a consultation service with another service to generate a wider range of effective interventions that they can put in place as part of the delivery plan.

Further information on consultation across the children's workforce will be forthcoming.

11. What do I need to know about consent, information sharing and confidentiality?

An important component of CAF is that it should be done with the child, young person or parent / carer so that they can fully contribute to a shared understanding of strengths and needs, are aware of what actions might ensue (including those that they themselves will take forward), and have participated in the design of the action plan.

When practitioners in early years settings, schools or academies identify areas of concern for children and young people with additional needs they will consider what information is necessary to share with other agencies in line with their information sharing procedures. Generally speaking, the information that is shared must be consistent with the purpose of sharing it, which is to address a child or young person's additional needs.

As such, parents / carers are aware that:

- careful consideration is given to information that is shared and they have an understanding of the sort of circumstances when this would take place
- if it is done for the benefit of both the child or young person and those around them and so may reduce any perceived stigma attached and allay fears regarding external agency involvement.

When practitioners work with parents / carers to ensure they understand the value of the CAF, it should be possible in most cases to obtain their consent to share it if necessary. It is important that practitioners highlight its benefits. In particular, the fact that the more relevant, accurate and up-to-date information that is shared with other practitioners, the more likely it is that they do not need to tell their story repeatedly and that their child's needs will be met quicker and more effectively. If adequate

information cannot be shared then children may be subjected to more assessments and this takes people away from being able to deliver the help required.

The parent / carer should understand that any information that is shared will be treated with the utmost confidentiality and they as parents can, subject to some caveats, place limits on the sharing. Those caveats are generally those where there is legislation that might lead to enforcement action of some sort. A good example is the use of CAF for attendance issues. The CAF process will help to identify probable causes and potential solutions and sharing of the contents of the record of these, i.e. the CAF assessment record, does not require consent unless the record contains details that are not relevant to the enforcement action (in which case these details can be redacted).

Further guidance on information sharing is available through the Southwark Safeguarding Children's Board.

12. What is the relationship between CAF and other assessments?

The common assessment is a generic, holistic assessment. Specialist assessments are ordinarily undertaken only by practitioners from specific professional groups and have a much more specific purpose.

There are broadly two types of specialist assessment, each of which interacts with the CAF in a different way:

- Checks or assessments for specific development characteristics or milestones which apply to all children and young people. For example, the developmental checks undertaken by health professionals as part of the healthy child programme, or progress

checks against the national curriculum conducted in schools, such as the Foundation Stage Profile or end of key stage assessments.

- Additional assessments for children and young people with known issues or where there are specific or acute concerns. Examples include assessments under section 17 of the *Children Act 1989*, drugs screening and assessments of children and young people with disabilities.

Some children and young people coming into contact with specialist services or who are having specialist assessments conducted may already have had a common assessment undertaken. In such instances, information from the CAF can be used to inform the specialist assessment. Using a CAF in this way reduces the need for a child or young person to repeat the same information to different practitioners, and it can also save time.

It is not always necessary to undertake a CAF following a specialist assessment. A CAF is not needed if it is clear (from the specialist assessment) that the child or young person's needs can be fully met by practitioners concerned.

For further information, the national CAF guidance shows the relationship between the CAF and other assessments.



13. What is the relationship with the lead professional or lead person?

A CAF may be completed by a lead professional (we are now using the term lead person in accordance with the preferences of Southwark's parents and carers who have been very helpful in contributing the development of our early help approach) or may identify a need for one to best support the delivery of the CAF action plan. **Any practitioner** working with vulnerable children and families should be prepared to take on the role of lead person and should see this as an integral part of their work.

The functions of the lead person are to:

- act as a single point of contact for the child or family, who they can trust and who can engage them in making appropriate choices, negotiating their way through the system and effecting change
- coordinate the delivery of actions agreed by the practitioners involved (i.e. the TAC or TAF) to ensure that children and families receive an effective service, which is regularly reviewed. These actions will be based on the outcome of the assessment and recorded in the single plan as part of the CAF process
- reduce overlap and inconsistency in the services required.

Who takes on the role of the lead person will depend on the child's needs and current service provision. The role may be carried out by a person from any background, including practitioners from universal, targeted or specialist provision. This should be agreed at the first TAC / TAF meeting, though may change where appropriate.

The practitioner who 'gets the ball rolling' e.g., through starting the CAF process with a family,

may initially be the lead person. However, as clearer picture of the child's needs and other's involvement emerges, it may be more appropriate for another practitioner to take on the lead person role.

Criteria for selection of a lead person include:

- the priority needs of the child or family
- the existing or potential relationship with the child or family
- the wishes of the child or family (where possible)
- responsibility for the work set out in statutory or best practice guidance
- the knowledge, skills, ability and capacity of the involved practitioners.

All practitioners involved must keep the lead person informed of any developments and any recommendations to discuss the level of support needed for the child or family. It is the lead person's responsibility to ensure all agreed actions from the child or family's single plan are monitored and reviewed regularly. This may involve following up actions agreed by other practitioners, but the lead person is not responsible or accountable for the actions of other practitioners or services.

14. What do I do if identify a safeguarding concern?

When you are concerned that a child or young person has been harmed or abused or is at risk of being harmed or abused, you must follow Southwark Safeguarding Children Board safeguarding children procedures. A CAF is now a requirement to make a referral to children's social care's referral and assessment team but in situations where immediate support is required it is not necessary. If you are uncertain about whether a case warrants a

referral to children's social care, you can call and speak to Duty 020 7525 1921 or speak to the designated child protection lead for your agency. If you are unsure as to who these people are duty will advise.

Making a referral to children's social care

The CAF is now also the referral mechanism into children's social care. In most instances a CAF would be undertaken as described in this guidance and it is this assessment that would assist the assessor in deciding whether a referral into CSC is needed or not. Where there is evidence that a parents' vulnerabilities are having a significant impact on the child/ren and the assessment concludes that the children are In Need (as defined in Section 17 of Children Act 1989) and threshold is met for a referral into CSC, then the CAF is completed as fully as possible and sent to RAD @southwark.gov.uk.

On receipt of the referral document the duty manager will make a decision whether threshold is met for an initial assessment to be undertaken by a social worker. The quality of the assessment underpinning the referral is key in assisting the manager in this decision making. If the duty manager decides the threshold is not met, but there is a need for targeted early help, then the early help duty manager who sits alongside the CSC manager will review the referral and consider whether the case can be presented at the early help panel. In all instances the assessor will get written feedback regarding the outcome of their referral.

15. How can I find out more?

If you want to find out more about what is happening with CAF, TAC / TAF and lead person, please contact colleagues in the early help service. Pauline Armour is the head of service and there are five teams (one central and four locality based):

Fiona Phillips: early help strategic development manager (central team)

Gill Roberts: early help locality manager (Peckham, Peckham Rye and Nunhead)

Hanna Hancock / Emma Pearl (job share): early help locality manager (Camberwell and Dulwich / joint lead for educational psychology)

Sharon Hemley: early help locality manager (Borough, Bankside and Walworth)

Emma Kennedy: early help locality manager (Bermondsey and Rotherhithe / joint lead for educational psychology)

16. How can I access training on CAF?

A full programme of CAF training is being implemented. Please contact organisational development in corporate learning and development for further details (ODAdmin@southwark.gov.uk) or a colleague in the early help service. Details of the training and making an application can be found on My Learning Source (www.mylearningsource.co.uk).

If you are from a setting or school or academy, and releasing staff is difficult, your EHS link officers will endeavour to address your training needs on a bespoke basis.