

Every Child Matters
Change For Children

cwdc
Part of the Sector Skills Council,
Skills for Care and Development

common assessment framework for children and young people: managers' guide

Integrated working to improve outcomes for children and young people



September 2007

This updated guidance replaces the CAF Manager's Guide published by the DfES in 2006. It remains non statutory.

On 1 October 2006, CWDC took over responsibility from the Department for Education and Skills for the implementation of:

- Information Sharing skills, knowledge and practice
- The Common Assessment Framework
- Role of the Lead Professional
- The Multi agency Working toolkit

This guide and other information can be found on the CWDC website which also has links to the information on the Every Child Matters website.

Any enquiries related to this document should be directed to integratedworking@cwdcouncil.org.uk

Note on terms used in this guidance

Child/children: for simplicity and ease of reading, the terms 'child' and 'children' are used throughout the document to refer to babies, children and young people aged 0 to 19.

Children with additional needs: A broad term used to describe all those children at risk of poor outcomes in relation to the five outcome areas defined in *Every Child Matters*. An estimated 20% to 30% of children have additional needs at some point in their childhood, requiring extra support from education, health, social services or other services. This could be for a limited period, or on a long-term basis. It is the group for whom targeted support within universal settings will be most appropriate. Their needs will in many cases be cross-cutting and might include:

- disruptive or anti-social behaviour;
- overt parental conflict or lack of parental support/boundaries;
- involvement in or risk of offending;
- poor attendance or exclusion from school;
- experiencing bullying;
- special educational needs;
- disabilities;
- disengagement from education, training or employment post-16;
- poor nutrition;
- ill-health;
- substance misuse;
- anxiety or depression;
- housing issues;
- pregnancy and parenthood.

Children with complex needs: Of those children with additional needs, a small proportion have more significant or complex needs which meet the threshold for statutory involvement:

- children who are the subject of a child protection plan;
- looked after children;
- care leavers;
- children for whom adoption is the plan;
- children with severe and complex special educational needs;
- children with complex disabilities or complex health needs;
- children diagnosed with significant mental health problems;
- young offenders involved with youth justice services (community and custodial).

Parents or carers: This is used as a shorthand throughout the document to include mothers, fathers, carers and other adults with responsibility for caring for a child or young person.

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executive summary: the CAF at a glance

Status of this initiative	See
The Common Assessment Framework for children and young people (CAF) is one of the elements in the delivery of integrated frontline services. This is outlined in the statutory guidance supporting section 10 (interagency co-operation) and section 11 (safeguarding and promoting the welfare of children) of the Children Act 2004. All local authorities and relevant partners have to take account of this guidance. If they decide to depart from it, they must have clear reasons for doing so.	p. 7
What is the CAF?	
The CAF is a shared assessment tool for use across all children's services and all local areas in England. It aims to help early identification of need and promote co-ordinated service provision.	p. 12
Who is the CAF for?	
Children with additional needs.	p. 13
What does the CAF consist of?	
<ul style="list-style-type: none">• A common process to enable practitioners to undertake a common assessment and then act on the result.• A standard form to record the assessment.• A pre-assessment checklist to help decide who would benefit from a common assessment.	p. 15
The assessment covers three domains: development of the child; parents and carers; family and environment.	
Who will use the CAF?	
Every practitioner working with children, young people and families should understand the Government outcomes for all children, and know about the CAF or how to complete one themselves. Every organisation offering services to children should ensure at least some of its staff are equipped to complete common assessments.	p. 15

How does the CAF link with other assessments?

See

CAF will replace the assessment aspects of the Connexions Framework for Assessment, Planning, Implementation and Review. Other assessments such as universal checks and targeted assessments (for children in need; those with special educational needs etc.) will remain in place. The CAF may be appropriate to be used before, or in conjunction with these assessments to help understand and articulate the full range of a child's needs.

p. 15

How does CAF operate?

There are three main steps in completing a common assessment: preparation, discussion and delivery. A common service delivery pathway setting out a generic process for working with a child is included at **Annex A**.

p. 18

Implementing/embedding the CAF

Led by the director of children's services, partner agencies will need to work together to:

p. 24

- plan integrated frontline delivery of CAF, lead professional and information sharing procedures;
- introduce organisational arrangements to ensure that assessments are of good quality and there are processes for resolving disputes between practitioners;
- ensure all practitioners undertaking common assessments, or receiving assessment information, have had criminal records bureau checks to the appropriate level;
- consider implementing CAF in a graduated way to review workforce issues.

Training and support

Services locally will need to agree which practitioners will be trained in use of CAF and which need some knowledge of CAF. Operational managers should agree with each of their practitioners:

p. 26

- what their role should be and any development needs;
- who can undertake assessments;
- how and when they will access training;
- how they will be supported in the workplace.

CAF training materials are available as part of the broader training strategy to support integrated working.

1. background

1.1 This guidance is aimed at strategic and operational managers across all children's services who have responsibility for implementing the Common Assessment Framework (CAF) for children and young people. In schools and colleges this guidance is for heads or principals, deputies and other members of the senior management team. It is part of a suite of materials for managers and practitioners covering three interdependent elements of the *Every Child Matters: Change for Children programme*. These elements are:

i. The CAF

- the CAF is a key part of delivering frontline services that are integrated and focused around the needs of children and young people. The CAF is a standardised approach to conducting an assessment of a child's additional needs and deciding how those needs should be met. It can be used by practitioners across children's services in England. As well as this managers' guide, a practitioners' guide and training materials are also available.

ii. The lead professional

- the lead professional is a person responsible for co-ordinating the actions identified in the assessment process and being a single point of contact for children with additional needs being supported by more than one practitioner. Guidance for managers and practitioners and training materials are available.

iii. Information sharing

- process for helping practitioners work together more effectively to meet children's needs through sharing information legally and professionally. Information Sharing remains the responsibility of the Department for Children, Schools and Families.

SEE

Page 43 for full list of available resources

The status of this guidance

- 1.2 Directors of children's services, working in partnership with local agencies, are responsible for implementing these developments, as part of their children's trust arrangements under sections 10 and 11 of the Children Act 2004. The statutory guidance accompanying sections 10 and 11 sets out the Government's expectations that CAF, the lead professional and information sharing are key aspects of delivering better services to children. This suite of guidance materials provides strategic and operational information to help those services and bodies covered by sections 10 and 11 to carry out their planning and implementation.
- 1.3 Directors of children's services are expected to take the lead in agreeing with their partners how to operate the CAF, introduce a lead professional model of working, and introduce information sharing arrangements as part of the development of children's trusts during 2006-08. We will support implementation during this period through the provision of training and guidance materials.
- 1.4 Although these three developments are not mandatory, adopting them in line with this guidance will lead to greater standardisation and will facilitate cross-border working. In addition, the CAF will help local areas to meet improvements to assessment specified in their Children and Young People's Plans.

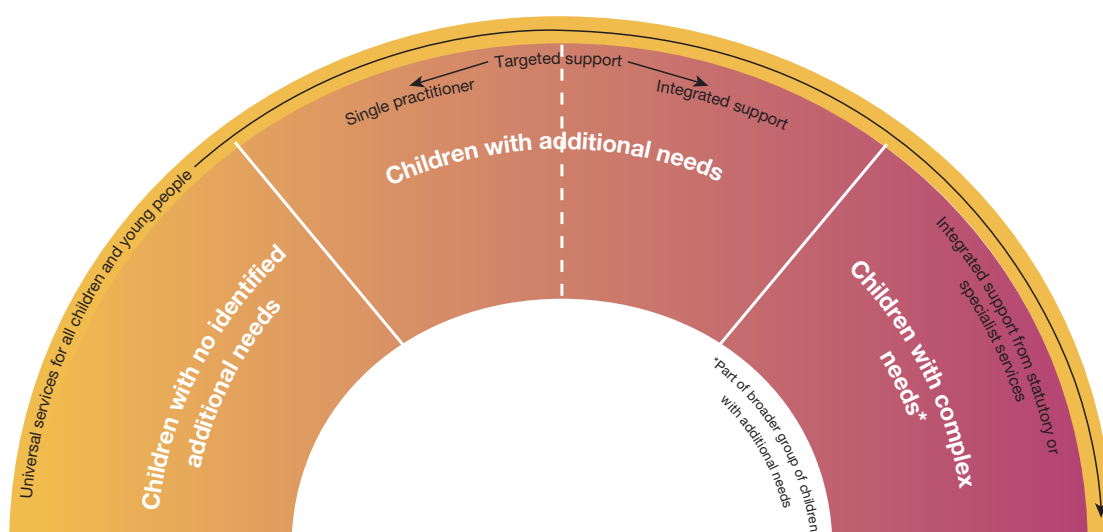
The policy context

- 1.5 The CAF, lead professional and information sharing developments are central to the strategy outlined in *Every Child Matters and Youth Matters*. This is because it shifts the focus from dealing with the consequences of difficulties in children's lives to preventing things from going wrong in the first place and promoting five priority outcomes for all children:
 - being healthy;
 - staying safe;
 - enjoying and achieving;
 - making a positive contribution;
 - achieving economic well-being.
- 1.6 They will also help local areas achieve many of the standards set out in the *National Service Framework for Children, Young People and Maternity Services*. This is particularly the case in relation to promoting health and well-being, delivering child-centred services, safeguarding and promoting welfare, supporting those who are disabled or who have complex health needs and promoting mental health and psychological well-being. The materials complement the revised *Working Together to Safeguard Children* (DfES, 2006) which sets out detailed guidance on what to do to safeguard children and the *Sure Start Children's Centres Practice Guidance* (DfES, 2005), which focuses on identifying and intervening with the most disadvantaged families.

A conceptual model for meeting children and young people's needs

1.7 A key part of the development of children's trusts and the reform of children's services is the integration of systems and processes. This is to ensure the needs of children and families are met in a more appropriate way. Many local areas have begun to do this by conceiving a 'whole-systems' approach where the needs of children and families lie along a continuum, supported by flexible and responsive services which become increasingly targeted and specialist, according to need. Managers report that using a visual model is the most helpful way of communicating to others what they are trying to achieve. Where areas have not yet done so, they may wish to use **Figure 1** to inform the development of their own approach locally.

Figure 1: Continuum of needs and services



1.8 Children and families are supported most effectively when CAF, the lead professional and information sharing procedures are planned and delivered in a co-ordinated way, to offer integrated support across the continuum of needs and services. **Figure 2** on page 14 illustrates the way in which CAF, the lead professional and information sharing support the delivery of an integrated approach.

1.9 The common service delivery pathway (see **Annex A**) sets out in greater detail a process for the typical activities that practitioners will undertake in delivering an integrated service to a child who appears to have unmet needs.

1.10 Effective integrated working is underpinned by the following:

- **Common core of skills and knowledge for the Children's Workforce:** ensures all professionals have the knowledge and skills to work effectively with children and families and access to training when relevant.

GO TO www.cwdcouncil.org.uk/resources/commoncore.asp

- **Championing Children:** a framework that establishes a shared set of skills, knowledge and behaviours for those who are leading and managing integrated children's services. A resource book to support implementation is included.

GO TO www.cwdcouncil.org.uk/projects/integratedworking.htm

- **Multi-agency working.** There are a number of ways of delivering multi-agency services. An online resource is available for managers and practitioners in a range of settings, who are starting to work with families in new ways.

GO TO www.cwdcouncil.org.uk/projects/multiagency.htm

Resources and implementation

1.11 Additional funding has been made available for local authorities (£22m in 2006-2007; £63m in 2007-2008) to support the implementation of *Every Child Matters*, including the implementation of elements in this guidance. This is part of the children's service grant (£152m in 2006-07; and £193m in 2007-08).

1.12 Managers are encouraged to take into account the workload implications for practitioners involved in CAF and lead professional work. When embedded across children's services these developments should lead to efficiencies by reducing time spent on finding out who is working with a child, reducing duplication and dealing with children before needs escalate to a crisis point. However, each service will need to recognise the staff time spent on these activities by individual practitioners.

1.13 The Government developed a training programme to support the move to integrated working. It enables and encourages professionals to work together in more integrated front-line services, using common processes and tools which are designed to create and underpin joint working. The materials address CAF, the lead professional and information sharing and are available online, on CD ROM (by request) or through training organisations and professional bodies. This training package is being revised by CWDC in 07/08. For further information email CWDC: integratedworking@cwdcouncil.org.uk

GO TO www.ecm.gov.uk/iwtraining

1.14 The ***Supporting Integrated Working: Implementation Roadmap*** has been developed for senior and project management staff within local authorities. It is a high level view of how to implement the integrated processes and integrated frontline delivery of the *Every Child Matters: Change for Children* programme. It can be used as a starting point for planning the implementation of the CAF, lead professional and information sharing processes.

GO TO www.ecm.gov.uk/iwroadmap

Monitoring

- 1.14** The director of children's services, through managers in local authorities and partner organisations, need to ensure appropriate monitoring of the implementation of the CAF, the lead professional and other elements of their local change programme. Local planning is necessary for quality assurance, audit and review, and the way in which CAF feeds into local commissioning.
- 1.15** A new annual performance assessment, carried out by Ofsted, inspects local authorities against the five *Every Child Matters* outcomes and gives an overall rating of children's services. This brings together previously separate ratings for education and children's social care. Joint area reviews (JARs) provide a powerful tool for improvement, involving nine inspectorates and commissions, assessing how education, social care, health and criminal justice services taken together contribute to improved outcomes for children. They give an overall picture of children's services and will encourage integrated working between local authorities and their partners. The inspectorates make judgements on the extent to which there are coherent assessment arrangements across local services for children with additional needs. National progress is monitored against a set of public service agreement targets and other national level indicators as set out in the *outcomes framework for Every Child Matters*.

GO TO www.ecm.gov.uk/publications to download outcomes framework

- 1.16** The Department for Children, Schools and Families will monitor progress and the Children's Workforce Development Council are working with them to support implementation.

Equality

- 1.17** Managers in local authorities and in each service should work towards embedding race equality issues in its policies and practices. This should include:
- ensuring that relevant information about services reaches all communities;
 - ensuring that account is taken of the needs and culture of minority ethnic families in providing information, undertaking assessments and arranging services;
 - working towards a more diverse and ethnically and culturally sensitive children's workforce to ensure that frontline practice more effectively meets the needs of children from minority ethnic groups.
- 1.18** Managers in local authorities and in each service should work towards embedding gender equality issues in policies and practices, particularly in light of the public sector duty on gender equality (introduced by the Equality Act 2006) which came into effect in April 2007. This includes drawing up and publishing a gender equality scheme identifying gender equality goals and showing the action it will take to implement them, as well as conducting and publishing gender impact assessments, consulting appropriate stakeholders, and covering all major proposed developments in policy.



2. introduction to the Common Assessment Framework

- 2.1** The CAF provides a shared method of assessment across all children's services and across all local areas in England. It aims to help early identification of needs, leading to a co-ordinated provision of services. It involves a lead professional where appropriate, and sharing information to avoid the duplication of assessments. This also reduces the need for children or their families to re-tell their story to different practitioners.
- 2.2** The CAF consists of:
- **A common process**, to enable practitioners to undertake a common assessment and then act on the result.
 - **A standard form**, to help practitioners record and, where appropriate, share with others, their assessments and recommendations for support.
 - **A pre-assessment checklist**, which practitioners may use to help them decide who would benefit from a common assessment.
- 2.3** The CAF process has been designed so that common assessments are:
- an early assessment of a child's needs that can act as a basis for early intervention before problems reach crisis point;
 - holistic, looking at the range of a child's needs, not the remit of one service;
 - undertaken by (and understandable by) practitioners of a range of specialisms;
 - high quality, undertaken according to good practice standards in working with families and providing an evidence-base that is trusted by other services;
 - co-ordinated, and shared between relevant practitioners.

Which children and young people is the CAF aimed at?

2.4 The CAF is aimed at children and young people with ‘additional needs’. This is a broad term used to describe all those children at risk of poor outcomes as defined by *Every Child Matters* (The five outcomes are: be healthy; stay safe; enjoy and achieve; make a positive contribution and achieve economic wellbeing.):

- including unborn babies;
- generally up to the age of 18, but extended beyond 18 where it is appropriate to enable the young person to have a smooth transition to adult services;
- who have needs that are not being met by their current provision;
- who would benefit from an assessment to help a practitioner understand the child’s needs, determine whether other services should be involved in providing support and engage further services;
- who are particularly vulnerable; this may include persistent truants, excluded pupils, those working in prostitution and young runaways.

2.5 The CAF will not be appropriate for:

- the majority of children. Most children are progressing satisfactorily towards the five *Every Child Matters* outcomes with the support of universal services;
- situations where an immediate statutory or specialist assessment is needed or is the most appropriate way to determine the support required;
- every child who may have additional needs. Local areas will need to determine where to focus their resources in line with local priorities. There is no automatic entitlement to a common assessment and having a common assessment does not guarantee the provision of particular services.

2.6 It is important that practitioners do not promise services on behalf of other agencies or organisations. Practitioners in all sectors that use the CAF locally need to know about how other agencies will operate in relation to CAF, and understand local priorities and the availability of local services.

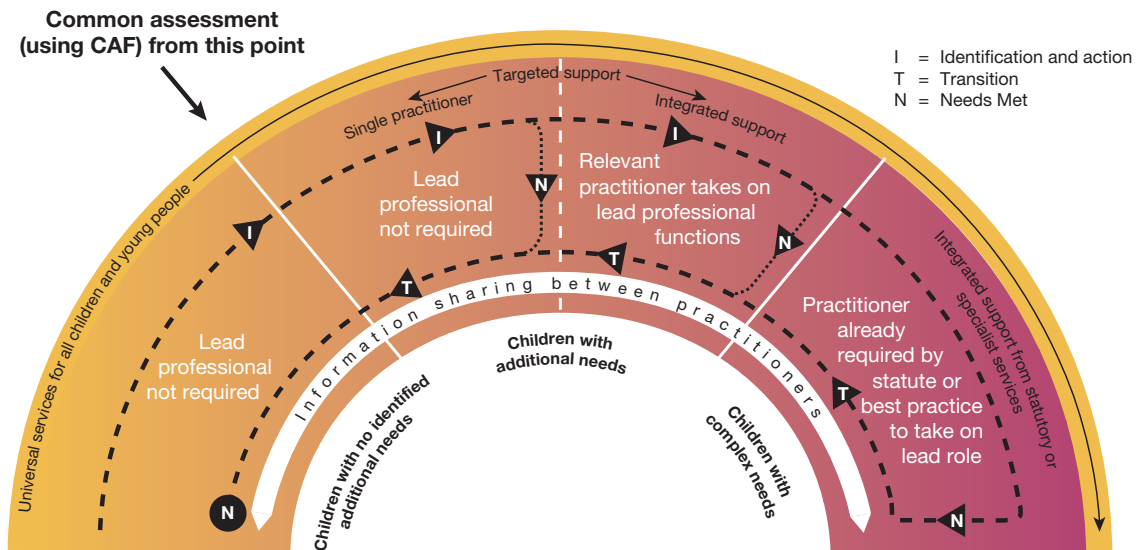
Where does the CAF fit into the continuum of needs and services?

2.7 The chart at **Figure 2** aims to show where and how the CAF, the lead professional and information-sharing procedures can be introduced to support children and families more effectively.

Which services is common assessment aimed at?

2.8 Knowledge of the CAF will be important across the range of organisations in the statutory, community or voluntary sectors which offer services to children, young people and their families. The relevant services include health, schools (including independent schools), further education colleges, youth support services/Connexions, childcare, early years, social care, police and youth justice.

Figure 2: Processes and tools to support children and families



2.9 Once the CAF is embedded, it is expected that the majority of common assessments will be undertaken or arranged by universal services such as schools, health settings and early years settings, for example children’s centres. These services are best equipped to identify possible needs in their early stages. Common assessments, particularly in the context of extended schools, will help them tackle a broader range of social and behavioural issues acting as a barrier to learning and attainment. Similarly, in health, common assessments will help midwives and health visitors take a broad view of the issues affecting unborn and new born infants, as part of the national Child Health Promotion Programme; practitioners will apply these principles to older children and young people in other settings, such as health drop-ins in schools and further education colleges. The police will also have an important role in identifying children with additional needs and arranging for common assessments.

2.10 Targeted and specialist services will need to work with universal services to provide support to children with needs identified through common assessment. Over time, the CAF should become the main method for early assessment, and, where appropriate, a specialist assessment would add to the CAF. This should reduce the scale of specialist assessment. Where specialist assessments are needed, they should build on the common assessment.

2.11 A description of how CAF is expected to operate in different sectors and partner organisations is in **Annex B**.

Who should undertake common assessments?

- 2.12** It is expected that every practitioner working with children and families will:
- understand the outcomes we want for all children, for example by using the CAF checklist to identify children who need extra support to fulfil their potential;
 - know about the CAF, and when and how to have a common assessment completed, or know how to complete one themselves.
- 2.13** It will be up to individual services to determine which practitioners should undertake common assessments. Every organisation offering services to children and their families (whether from statutory, community or voluntary sectors) should ensure at least some of its staff are equipped to complete common assessments. Specialist services, such as social care teams, who are more likely to be recipients of common assessments will need to have the competence and support to use and build upon them. In services where practitioners are already undertaking assessments, it is expected that all or most of the staff will be able to use the CAF after training.

CAF and other assessments

- 2.14** The CAF is a **generic** assessment. It provides an initial assessment of a child's needs for extra services. As a generic assessment, it can be used:
- by practitioners from a wide range of occupational groups;
 - across a wide range of children's services;
 - for a wide variety of children's needs – educational, health, social care, behavioural and emotional;
 - to decide on the provision of support from the range of children's services to support progress towards all five *Every Child Matters* outcomes.
- The CAF will support earlier assessment of needs and earlier intervention, involving other agencies as appropriate, to meet those needs.
- 2.15** As a generic assessment, the CAF is distinct from **specialist** assessments which:
- have a much more specific purpose (for example, assessments under section 17 of the Children Act 1989, where the main purpose is to determine whether a child is a child in need and whether the child or family require services, and *Asset* or *ONSET*, where the main purpose is to assess the risk of offending);
 - are undertaken by staff from a particular service or sector;
 - are usually undertaken only by staff of a particular occupational or professional group.

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

- **universal checks or assessments.** For example, the developmental checks undertaken by health professionals as part of the Child Health Promotion Programme, or progress checks against the national curriculum conducted in schools, such as the Foundation Stage Profile;
- **assessments of children with known issues** or where there are specific or acute concerns. Examples include assessments under section 17 of the Children Act 1989, the *Code of Practice for Special Educational Needs (SEN)*, *Asset*, *ONSET*, drugs screening and assessments of children with disabilities.

2.17 In general, the CAF is not a suitable vehicle for undertaking the universal assessments referred to above, which require the measurement of progress towards specific developmental milestones. However, these assessments are an opportunity to consider (perhaps with the CAF pre-assessment checklist) whether the child is on track or whether they have additional unmet needs. Where a specialist assessment or observation reveals a concern about progress, completing a CAF will help understand and articulate the child's needs and, working with other services as appropriate, provide wider support. Relevant information from the specialist assessment should feed into the CAF assessment.

2.18 As a tool for early intervention, the CAF is appropriate for use at an earlier stage than a specialist assessment, ideally enabling most issues to be resolved before they require specialist assessment.



2.19 Where issues are such that a specialist assessment is required, for example under section 17 of the Children Act 1989, the *SEN Code of Practice* or *Asset* – a common assessment will often already have been completed. This will possibly be by a different agency or service as part of engaging the specialist agency. In these cases, practitioners should work together to make sure that relevant common assessment information feeds into the specialist assessment.

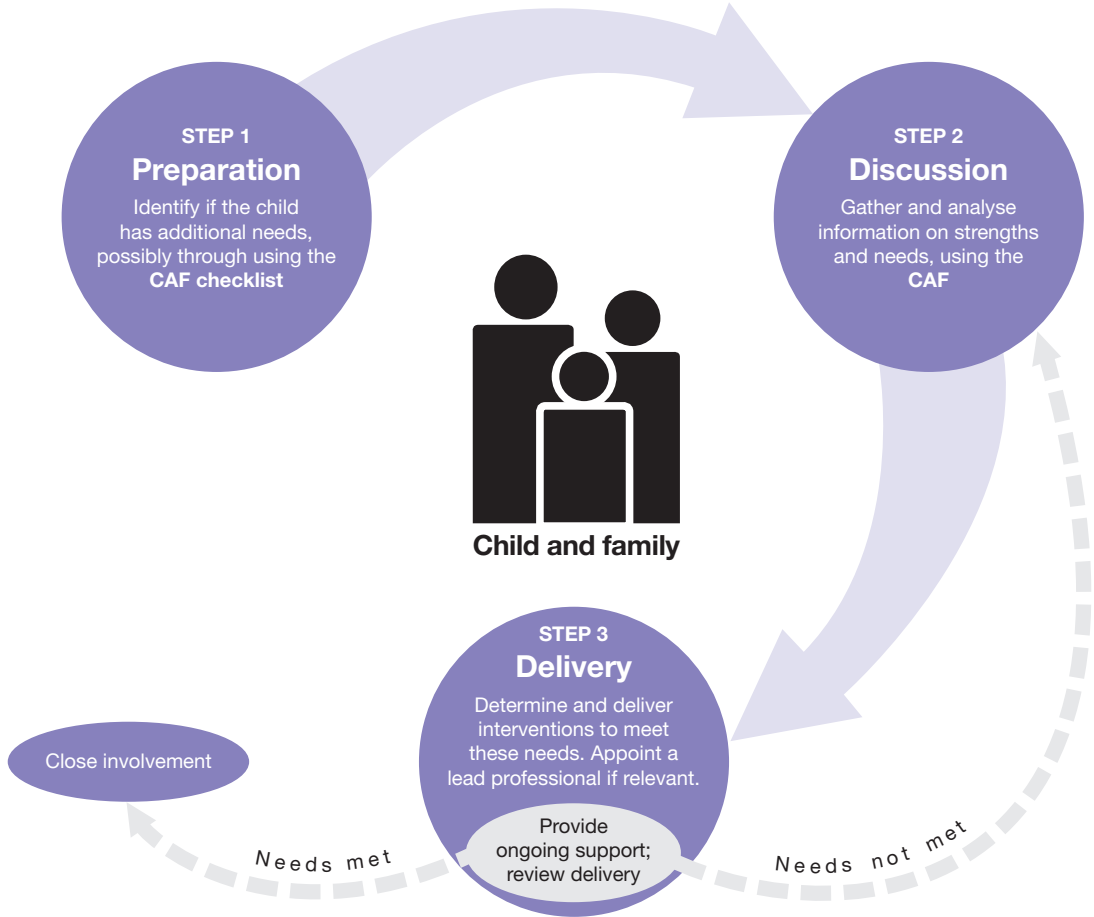
How far the common assessment meets the requirements of more specialist assessments will need to be considered in each case. This will determine the extent and focus of the specialist assessment. In considering this, it is important to be clear about the statutory responsibilities of each agency and to ensure that lines of accountability are always clear for both the assessment and the subsequent decisions. For example, it is the responsibility of local authority social services to determine whether a child is a child in need and it must do so using the guidance in the *Framework for the Assessment of Children in Need and their Families* (Department of Health, 2000). The local authority must work with other agencies in discharging that responsibility in order to enable practitioners to provide more integrated support and save time (for practitioners and families) at the specialist assessment stage.

2.20 In addition to CAF the only other generic assessment being used on a widespread basis is the *APIR (Assessment, Planning, Implementation and Review) Framework* used by Connexions services to provide support to young people. The assessment aspects of the *APIR Framework* are being replaced by the CAF.

3. the CAF process

3.1 The CAF processes can be broken down into three steps. These define what a practitioner needs to consider before, during and after the gathering of information with the child and family. The process is designed to provide a framework that enables local flexibility in how the CAF operates.

Figure 3: The three-step common assessment process



- **Step 1: Preparation** This involves recognising potential needs and then discussing the situation with the child, involving parents or carers unless this is not appropriate. The practitioner may talk to their manager, colleagues, or others – possibly those already involved with the child. It is important to find out whether a common assessment already exists. After reviewing the existing information a practitioner decides whether to undertake a common assessment with the agreement of the child or family, as appropriate.
- **Step 2: Discussion** This involves completing the assessment with the child and family, making use of information already gathered from the child, family or other practitioners, and completing a consent statement. At the end of the discussion the practitioner should understand better the child’s needs, and what can be done to help.
- **Step 3: Delivery** This involves agreeing actions that the practitioner’s service or the family can deliver, and considering what may be needed from other services.
Note: the CAF does not give a practitioner the ability to guarantee a service from another organisation without consulting that organisation. It is important that practitioners have a good knowledge of local services and how they operate.

According to local practice, decisions may be made through meetings with other practitioners and the family. Where integrated support is required, one practitioner should be appointed as lead professional. Managers should ensure that there is good systemised communication between services. This is to ensure that a joint understanding of needs is identified by a common assessment and how best to then meet those needs. Good communication will also ensure the relevant services are delivered, ongoing support is provided, and these actions are then reviewed as appropriate.

If a review concludes that needs have been met (other than the need for continuation of universal services), the current process will come to an end. If there are still additional needs, there will be further discussion, possibly undertaking a further common assessment, to identify these and discuss how they should be met. Managers must ensure that practitioners understand local processes, including how to monitor and review the delivery of services.

Recording common assessments: the CAF forms

The pre-assessment checklist

- 3.2** The pre-assessment checklist can be used as an aid in deciding whether a common assessment is appropriate. The checklist guides the practitioner through consideration of the five *Every Child Matters* outcomes in relation to the child. If the practitioner has a doubt that the child will achieve positive outcomes, they need to consider whether to undertake a common assessment themselves or talk to someone else who would be better placed to do so.

Emerging practice example

Following a multi-agency review of services to children and the introduction of the Children Act 2004, Poole decided that one way to use the CAF would be through developing locally-based, integrated, preventative and support services in two pilot areas. Since September 2005, multi-agency locality meetings have taken place on a fortnightly basis in two cluster areas. Attendance at the locality meetings is by one or two named representatives from more than a dozen services forming a core group, including education and health.

When a practitioner from any agency has a concern about a child living in one of the two pyramid areas they can bring their concerns to one of these meetings. Whoever undertakes the CAF will bring it to the locality meeting to discuss, even if they are not the named representative of their agency. Names of children to be discussed are circulated, in a secure manner, three or four days prior to the meeting. The representatives then see if their agency has any information regarding support given to the children (past or present) and share this at the meeting, if appropriate. Suggestions are then made as to how to meet the needs identified, and in this way knowledge and skills are shared. The practitioner arranges services and plans any relevant meetings outside this meeting. School representatives have found the whole process to be so helpful to their pupils that they have attended meetings during school holidays to make sure common assessments are not delayed.

The CAF form

3.3 The CAF form is designed to help practitioners record and, where appropriate, share their assessments and plans/recommendations for support. The structure of the form is described in more detail below.

The three CAF domains

3.4 In undertaking a common assessment, practitioners should consider each of three themes or 'domains' (see **Box 1** for more detail):

- how well a child is developing, including in their health and progress in learning;
- how well parents or carers are able to support their child's development and respond appropriately to any needs;
- the impact of wider family and environmental elements on the child's development and on the capacity of their parents and carers.

3.5 Within each of these domains practitioners should consider the elements set out below. These have been developed by combining the underlying model of the *Framework for the Assessment of Children in Need and their Families* with the main elements used in other assessment frameworks, including the *APIR Framework*.

3.6 Using the CAF does not mean that each element needs to be assessed to the same level of detail or followed robotically. Practitioners should always consider the **possibility** of needs and strengths within each element to the extent it is relevant to the child at the time. The level of detail and the questions asked will vary according to the child’s circumstances, the presenting concerns and the skills and knowledge of the practitioner. It will not always be appropriate for practitioners to comment on all areas but they should consider the whole child, not just their own service focus. As with other frameworks, CAF relies on practitioner judgement and will only work as a tool to support practice rather than as an administrative process.

Box 1: Elements within the three domains

<p>Development of child</p>	<ul style="list-style-type: none"> • Health <ul style="list-style-type: none"> – <i>general health, physical development and speech, language and communications development</i> • Emotional and social development • Behavioural development • Identity, including self-esteem, self-image and social presentation • Family and social relationships • Self-care skills and independence • Learning <ul style="list-style-type: none"> – <i>understanding, reasoning and problem solving, participation in learning, education and employment, progress and achievement, aspirations</i>
<p>Parents and carers</p>	<ul style="list-style-type: none"> • Basic care, ensuring safety and protection • Emotional warmth and stability • Guidance, boundaries and stimulation
<p>Family and environmental</p>	<ul style="list-style-type: none"> • Family history, functioning and well-being • Wider family • Housing, employment and financial considerations • Social and community elements and resources, including education

Emerging Practice example

Bolton has developed a framework for working with children in need called the Bolton Child Concern Model. This identifies three levels of vulnerability and a list of indicators has been developed to support assessment. In conjunction with the local area child protection committee (now the local safeguarding children board), a method of partnership working has been developed that any service working with children – spanning, for example, education, health visiting, primary care, psychiatry, child protection, youth or play work – can use to pick up signs of need. The model is an incremental framework, showing points at which intervention is advisable. It is supported by a multi-agency assessment process and action plan (now the CAF), which only reaches social services when the threshold of concern is reached, apart from when there is a need to fast-track through the levels when there is a high level of concern. Support4Me is an established Children’s Fund project aimed at early intervention to help young people in Key Stage 3 (years 7, 8 and 9) stay in school and away from trouble. After seeking permission from a child and their parent/carer, the school will undertake a common assessment, which will help identify whether the project is appropriate. Schools nominate those young people who may be at risk of continued fixed term exclusion or permanent exclusion from school, and will call a ‘team around a child’ meeting. At the meeting, strengths and needs are discussed, building on the information from the common assessment, and an appropriate individual package of support is identified. This is delivered by a range of agencies to effect change and support the young person to stay in school. The support might include an alternative education programme, time with a one-to-one worker or learning mentor, out-of-school activities, counselling, mediation, or other individual support according to the needs of the young person. If one-to-one support is agreed, then the keyworker from the Support4Me project would act as the lead professional, co-ordinating and reviewing support packages; otherwise a lead professional is identified at the meeting.



4. implementing the CAF

The learnings so far

4.1 A number of lessons have been learned that can be transferred to other local areas to help implementation. These are:

- Clear and visible leadership is important, ensuring there is clarity about structures and processes.
- Services need to have a clear perception of their common aims, or vision, for realising the benefits for children and families in order to commit to a joined-up approach and learn to trust one another across professional boundaries.
- Recognise that this is part of culture change; it can create discomfort and feel threatening; people need to be encouraged to see the benefits and the importance of changing ways of working; there will be a need to manage anxiety about increased workloads.
- There is a great deal of enthusiasm from practitioners and their managers; this needs to be harnessed and used to influence other layers of management. Middle management is important, as well as strategic commitment from top management.
- It is vital that individual practitioners and their managers have the skills and confidence to undertake their new role. There must be a clear understanding of what is involved and what training will be required. There should be support to guide practitioners and help them discuss and review cases in order to build confidence.

4.2 The Children's Workforce Strategy (2005) underlines the importance of local workforce strategies to help local partners develop a clear analysis of the workforce numbers and skills, service re-design and workforce reform required to meet the needs of children and young people in their areas. These strategies play a vital part in the development of statutory Children's and Young People's Plans Details of quantified targets for numbers of practitioners to be trained, by when and in which settings should be included in the plans.

GO TO www.cwdcouncil.org.uk/projects/implementinglocally.htm

Roles and responsibilities

4.3 The director of children's services has ultimate responsibility for ensuring co-operation between services, including the operation of common assessment processes. They will need to engage local schools, including independent schools, early childhood services, health services and other partners to agree how the CAF will be implemented in the local area. All partner organisations will need to consider their current practice and what needs to change to bring about integrated frontline services. This includes the introduction of a lead professional model of working and improved information sharing procedures. They will need to introduce organisational arrangements to ensure that: assessments are of good quality; there are procedures for ensuring that common assessment information is acted upon; and that there are processes for resolving disputes between practitioners, involving line managers as appropriate. Managers in all partner organisations should ensure that all practitioners who undertake common assessments, or receive assessment information, have had criminal records bureau checks to the appropriate level.

SEE

Supporting Integrated Working: Implementation Roadmap
for more information

4.4 Use of the CAF will need to be embedded in early years settings such as children's centres, schools and other education establishments, police forces, probation services, youth offending teams, strategic health authorities, primary care trusts, child and adolescent mental health services (CAMHS), youth support services/Connexions and other children's services, including those in the voluntary sector.

4.5 Good practice suggests that strategic managers may wish to consider implementing the CAF in a graduated way in order to review:

- the willingness and capacity of practitioners;
- the training and support requirements of practitioners;
- the necessary authority required by those supporting and managing the processes;
- other workforce-related issues for schools and other partners.



Emerging practice example:

In Coventry the CAF has been introduced as a key part of a wider model of multi-agency working aimed at practitioners in both universal and more specialised services. The Promoting Children and Young People's Well-being model was devised by a multi-agency steering group and has built on work already well established in other areas such as Bolton and Telford & Wrekin. It brings together the following elements:

- a definition of levels of need;
- CAF;
- appropriate intervention;
- family support meetings;
- lead professional;
- local electronic information sharing system (RYOGENS);
- a service directory.

Practitioners in universal settings such as health visitors, designated practitioners within schools such as SEN co-ordinators (SENCOs) and learning mentors, youth workers, education welfare officers and many more, use either the levels of need toolkit or the CAF pre-assessment checklist to help them determine whether or not to undertake a common assessment. If there are child welfare concerns a referral should be made to social services.

Once the common assessment has been completed the practitioner responsible for the assessment then ensures that the appropriate support is provided – usually at a family support meeting. An outcome-focused action plan is drawn up involving the parent or carer, the child and relevant practitioners. Once the plan has been agreed a lead professional is identified and they assume responsibility for the delivery and oversight of the plan. After completing the CAF it may become apparent that a specialist service is required. The CAF is then used as supporting evidence for the referral. The CAF and associated support plans can be attached to RYOGENS. This approach is working particularly well in Sure Start and extended school teams.

The whole process is supported by a network of designated advisors in each agency who are available to offer advice and guidance to practitioners on all aspects of the model including the CAF. In addition there is a centrally-based multi-agency team, which includes the CAF co-ordinator. This team has a broad brief in relation to developing multiagency working and is able to offer practical support such as assistance in completing the CAF, participating in the family support meetings where the issues are more complex, and solving issues arising at the interface with specialist or targeted services.

Managers should consider their own training needs

4.6 *Championing Children* is a framework that establishes a shared set of skills, knowledge and behaviours for those who are leading and managing integrated children's services. It provides a common understanding about the particular abilities required by leaders and managers of these services. Individuals, teams and organisations can use this document as a planning tool to help develop the skills, knowledge and behaviours necessary.

Workforce training and support

4.7 Managers in each service should agree locally:

- which practitioners will be trained to undertake common assessments;
- which practitioners will also need some knowledge of the CAF and whom they should contact in their organisation to arrange a common assessment or obtain advice.

4.8 Managers should ensure that practitioners needing to undertake common assessments undergo specific CAF training. Practitioners should have the generic skills of assessment and the qualities needed to work with vulnerable families. In order to undertake an effective CAF, practitioners will need to have the skills and knowledge covered by the *Common Core of Skills and Knowledge for the Children's Workforce*. Local authorities should put in place arrangements to ensure suitably trained practitioners are undertaking good common assessments. They should also put in place mechanisms to offer practitioners training and advice with issues that they feel ill equipped to tackle.

GO TO www.cwdcouncil.org.uk/resources/commoncore.asp

4.9 Local area change plans should include details of the quantified targets for the number of practitioners to be trained, by when and in which settings.

SEE [Supporting Integrated Working: Implementation Roadmap for guidance on training strategy and planning](#)

4.10 Operational managers should agree with each of their practitioners:

- what their role will be, i.e. will they need to undertake common assessments?
- which practitioners will undertake common assessments;
- their current skills and knowledge compared with what is required to understand the CAF and, if appropriate, undertake common assessments;
- how and when they will receive appropriate training;
- how they will be supported in the workplace.

- 4.11** CAF training materials are available for use by trainers and practitioners in local areas. These are part of a broader training strategy to help ensure that practitioners are trained in the range of skills needed for integrated working.

The training package is being revised by CWDC in 07/08. For further information email CWDC at: integratedworking@cwdcouncil.org.uk

GO TO www.ecm.gov.uk/iwtraining

- 4.12** Over time it is expected that all practitioners will become aware of the CAF and will know how to instigate common assessment and that a significant number of practitioners will become competent in completing common assessments. Longer term, the skills and knowledge relating to the CAF should be built into the core training of new and existing practitioners in order to embed CAF knowledge within the wider workforce.

Co-ordinating common assessments

- 4.13** Local areas need to consider how to work together to help practitioners provide joined-up services and ensure assessments are not duplicated, for example by:
- ensuring they know whether a common assessment has already been completed;
 - helping to determine whether a previous common assessment is up-to-date and relevant;
 - ensuring they know which other practitioners to talk to;
 - advising on whether a new, or revised, assessment is appropriate (existing assessments undertaken by other practitioners should not be changed), and on local procedures, for example the use of 'version numbering' to identify which is the latest assessment for a child or young person who has had a number of common assessments over a period of time.
- 4.14** In the longer term, this co-ordination can be assisted by the e-CAF system and ContactPoint. This will carry basic information about whether, when and by whom a common assessment has been undertaken. It will also provide details of the services working with a child and, if appropriate, their lead professional.
- 4.15** The results of all common assessments should be recorded on the standard CAF form. A copy should be given to the child and their parent/carer (unless to do so could put the child at risk of harm), who should be encouraged to take it with them when they are in contact with services. Common assessment records may be stored securely in filing systems or as part of case-working systems.

Sharing information, applying consent and confidentiality

- 4.16** Local authorities need to ensure that there is a strategy that provides clarity regarding how information will be shared across services. Managers need to help practitioners to have the confidence to share information by ensuring that there is:
- a clear system and standards and protocols for sharing common assessments between services and across services in their locality;
 - a systematic approach within their agency explaining to children and families when they first access the service how and why information may be shared, which will build the confidence of all involved;
 - access to training where they can discuss issues and explore case examples with other practitioners;
 - a source of advice and support on information sharing issues.
- 4.17** The CAF aims to enable and support better information sharing about the needs of children as part of preventative services. Practitioners sometimes express concern about how sharing of such information can be done lawfully. All sharing and storing of information must comply with the Data Protection Act 1998.
- 4.18** Seeking consent should always be the first option. That is why the process of doing a common assessment has a strong emphasis on consent and the CAF form has boxes to record that consent has been given. In doing a common assessment, the practitioner should explain to the child and/or parent how the information in the assessment could, or will, be shared, and seek their consent.
- 4.19** In most circumstances, a practitioner should only record and share CAF information with the informed consent of the child or parent. See paragraphs 4.19 to 4.21 for exceptions. This should not be a significant barrier if the practitioner is working in partnership with them. The child and parent should be given copies of relevant documents as appropriate. For common assessment, it is important that the practitioner:
- obtains informed consent;
 - ensures that the information shared is accurate and up-to-date, it is shared with those people who need to see it, and shared securely;
 - works with children and parents to agree how information is recorded, used and shared;
 - where possible, obtains 'explicit' consent if the information held or shared is sensitive, (explicit consent can be either oral or in writing, but preferably in writing, for example through a signature on the CAF recording form) and, if the practitioner has ongoing contact, to review the consent regularly;
 - follows agreed local policies for recording and renewing consent.

- 4.20 A young person aged 16 or over, or a child under 16 who has the capacity to understand and make their own decisions about what they are being asked, may give consent. Children aged 12 or over may generally be expected to have sufficient understanding. Otherwise, a person with parental responsibility should be asked to consent on their behalf.
- 4.21 Confidential information is information which is sensitive, not in the public domain or readily available, and which has been provided in a relationship where the person giving it understood that it would not be shared with others. For example, health information provided in a relationship between a patient and a health practitioner is confidential. Confidential information should only be recorded on the CAF form if the child/parent explicitly agrees to this. If there is particular information that the child/parent does not want recorded on the form or shared with others, it should be recorded only in confidential case records.
- 4.22 During the course of a CAF discussion, the practitioner may gather information that they believe needs to be shared without consent (because consent has been refused or because it would be inappropriate to seek consent). In this case, the practitioner will need to consider whether the information is confidential (see paragraph 4.19). If the information is not confidential, and the practitioner judges the disclosure to be **necessary** to fulfil a legitimate purpose, they may disclose the information. Note this should not be done routinely as a substitute for consent.
- 4.23 It is not possible to give guidance to cover every circumstance in which sharing of confidential information without consent will be justified. Practitioners must make a judgement on the facts of the individual case. Where there is a clear risk of significant harm to a child, or serious harm to adults, the public interest test will almost certainly be satisfied. However there will be other cases where practitioners will be justified in sharing some confidential information in order to make decisions on sharing further information or taking action – the information shared should be proportionate.

It is possible however to identify some circumstances in which sharing confidential information without consent will normally be justified in the public interest. These are:

- where there is *evidence* that the child is suffering or is at risk of suffering significant harm; or
- where there is *reasonable cause* to believe that a child may be suffering or is at risk of suffering significant harm; or
- to *prevent* significant harm arising to children and young people or serious harm to adults, including through the prevention, detection and prosecution of serious crime.

‘Serious crime’, for the purposes of this guidance, means any crime which causes or is likely to cause significant harm to a child or young person or serious harm to an adult.

- 4.24 In cases where a practitioner decides to share information without consent, they should record the reasons for doing so.

4.25 There is more guidance on these matters in *Information Sharing: Practitioners' Guide*. Line managers should be prepared to give advice to practitioners, possibly with reference to a nominated individual whose role is to provide support in these circumstances. In the NHS or local authority the Caldicott Guardian may be helpful. For further information about handling confidential health information, see the Department of Health's *Confidentiality: NHS Code of Practice*.¹ Advice can also be sought from professional bodies, for example the General Medical Council or the Nursing and Midwifery Council.

GO TO www.cwdcouncil.org.uk/projects/informationsharing.htm

4.26 Practitioners will need to be aware, checking with families as appropriate, of any specific individuals, with whom sharing this information would place the child at risk of harm, for example a violent parent.

IT systems

4.27 An electronic template of the CAF form is available. Services can use this template to store completed CAF forms securely in case management systems. Completed CAF forms may be sent electronically between practitioners where there are secure e-mail links. Where secure e-mail links do not exist, completed CAF forms may be scanned.

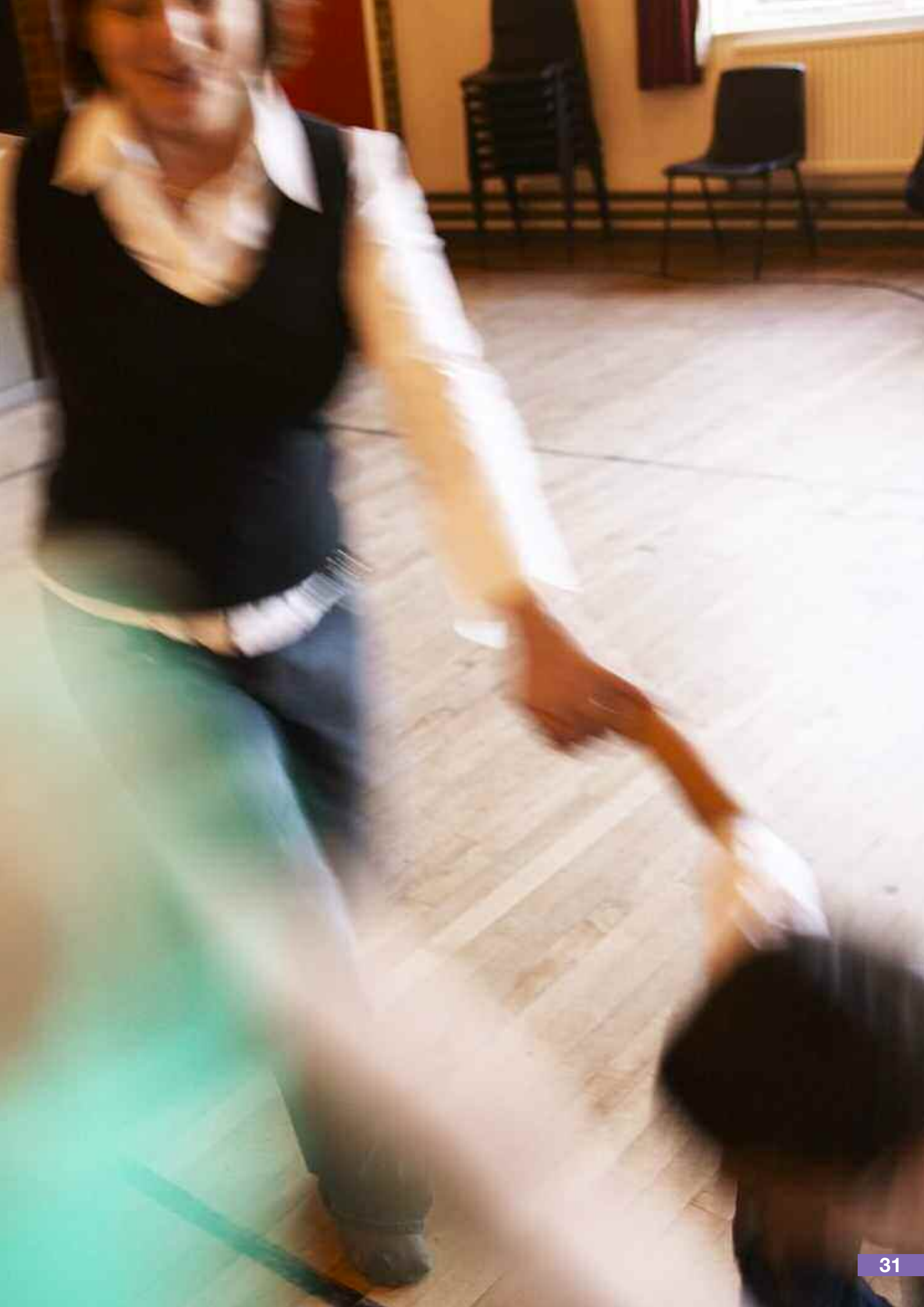
GO TO www.cwdcouncil.org.uk/projects/commonassessmentframework.htm

4.28 The Department for Children, Schools and Families is overseeing support to local areas in electronically enabling the CAF by:

- developing a single, national eCAF system to be available for all practitioners to use when completing and sharing CAFs electronically;
- rolling out the ContactPoint by the end of 2008, enabling practitioners to identify whether a child has a CAF and providing contact details for the practitioner who has most recently completed the CAF.

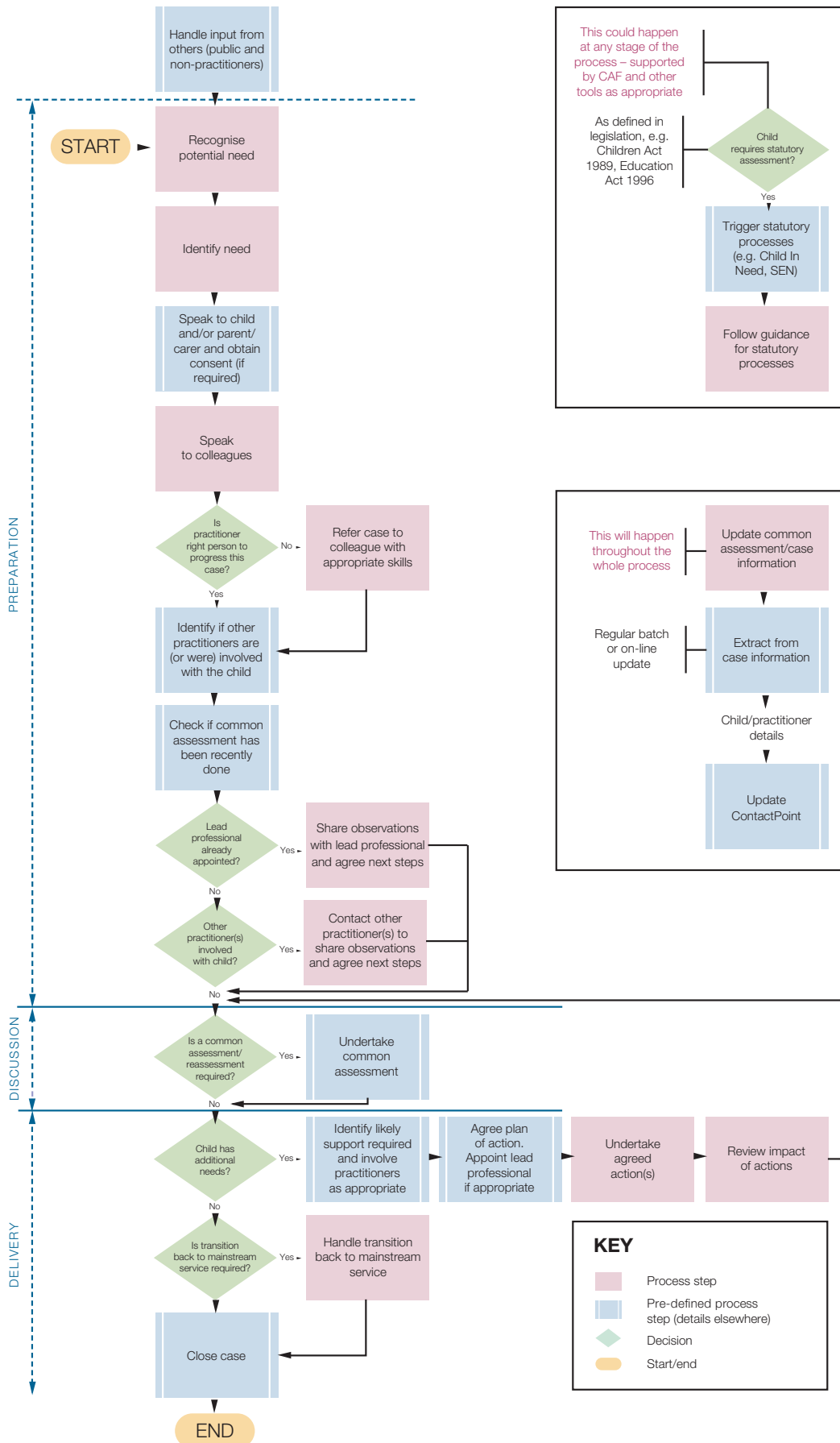
4.29 Prior to the roll-out of the ContactPoint, local areas will need to consider interim arrangements for enabling practitioners to check if a CAF already exists for a child and if so whom to contact about it. A number of local areas trialling CAF have introduced a simple list of completed CAFs and who completed them, held by a member of staff in a central point which can be checked. Others have introduced central repositories for local CAFs, with access for practitioners controlled by a central gatekeeper. A number of IT providers market specific systems which aim to support CAF in a local area – it is for local areas and their partners to consider the merits of these and their affordability within the resources available to them.

¹ To download document go to www.dh.uk/publications and search on title



annex A: common service delivery pathway

The process chart opposite is a high-level representation of the typical activities that practitioners would be expected to undertake when in contact with a child or young person who appears to have unmet need(s). Different parts of this pathway could involve different practitioners. Note that the sequence of activities here is an example only – the actual process can vary.



annex B: operating the CAF in partner organisations

Health settings

- 1** Health service staff are well-placed to spot when a child may have unmet additional needs at an early stage as they assess children of all ages as part of the Child Health Promotion Programme. Key stages of early assessment, or contact, include ante-natal screening, examination after birth, a home new-birth visit and further regular examinations and immunisations within the first few years. These stages provide opportunities to undertake a common assessment at the same time if there is a concern that there are additional needs.
- 2** As stated in the *National Service Framework for Children, Young People and Maternity Services*, the CAF will help reduce the time spent on repeated assessments. It will enable health service staff to liaise with other practitioners to provide co-ordinated and prompt intervention.
- 3** The common assessment will provide a holistic view across areas of the child's potential needs for services. The level of health information recorded will only be that appropriate to the common assessment, which should not be considered as a 'health record'. Practitioners must also understand that CAF is appropriate for lower levels of need than child protection.
- 4** It is important for all parties to understand that there needs to be appropriate sharing of information from the CAF, with consent, in order to involve other services. At the same time, there may be some information (e.g. from health assessments) that will remain confidential.
- 5** Not only will the CAF be particularly useful to midwives and health visitors, as part of ante- and post-natal checks, it will also be helpful to school nurses, as well as those working with children in a range of other health settings.
- 6** The White Paper *Our Health, Our Care, Our Say: A New Direction for Community Services* (Department of Health, 2006) describes better assessment and care planning through common assessment.

- 7 In the community, GPs are well placed to spot potential non-health related problems at an early stage, as will be those working in acute services and hospitals; these practitioners will need to consider who is best placed to undertake common assessments. Although it is not envisaged that the majority of GPs will do assessments, it is important for them to have a level of knowledge of when one is needed.

Schools and educational settings

- 8 The CAF is particularly suitable for use in schools, including independent schools, colleges and other training providers, so that problems can be identified and tackled at an early stage. Those working in schools are well-placed to identify problems early on, for example poor behaviour or attendance, which may be influenced by events beyond the school but nevertheless impact on a child's education. The CAF can help professionals to establish quickly which other practitioners are working with a child and engage other services earlier and more reliably. This will help problems to be addressed as early as possible, so that the child can focus on learning and improve educational outcomes.
- 9 The CAF can help schools with earlier intervention more generally, building on their existing pastoral activities. Schools may decide to link CAF activity, for example by using the pre-assessment checklist, with universal assessments such as the Foundation Stage Profile and other assessments for older children, to provide a broader check of a child's progress. Where it is clear that needs can be met through well-established mechanisms, such as a visit from an education welfare officer to a school, a common assessment will not be necessary. A major review is underway currently of the early years foundation stage and the early development and learning framework, which will look to rationalise assessments of primary school age children.
- 10 CAF is designed for use at lower levels of need than statutory Special Educational Needs (SEN) or child protection. Children requiring statutory SEN assessment by definition have complex needs that require in-depth specialist examination. However, there are a number of children who have lower level (non-educational) needs. For these children a common assessment may be the best route to targeted and, if necessary, specialist services that they are not already receiving. The CAF would enable schools to identify any factors outside school that may be impacting on the child's learning which would benefit from discussions with other professionals from other services. Where a CAF indicated that the child might require further (specialist) assessment, for example under statutory SEN procedures, the core data from the common assessment can be used to feed into that process.
- 11 It will be for individual schools to determine who should undertake common assessments and therefore who will need training. It is likely that there will be a focus of staff already involved in pastoral care, for example education welfare officers, behaviour and education support teams (BESTs), learning mentors and SENCOs. There will not be a requirement for classroom teachers to undertake common assessments.

- 12 Children's centres and schools, especially those providing extended services are ideally placed to take forward the government's *Every Child Matters* objectives. Many areas have adopted a three-tier approach to training:
- a) Awareness training for all the children's workforce.
 - b) More advanced training for managers and those who may frequently come into contact with the CAF process and need to know when and how to instigate it.
 - c) In-depth training in the process and the skills required for those likely to undertake assessments.

This is because they are right at the heart of the community. By 2010 all schools will offer access to extended services, including swift and easy access to targeted and specialist services such as those services offered by health professionals. In secondary schools this may take the form of co-located, or visiting, multi-agency teams who can provide advice on a wide range of issues affecting children and their families, including sexual health issues.

- 13 It makes sense to locate services where children spend much of their time. This makes schools the most likely bases for the co-location of services. Adoption of the CAF will help to develop a culture of multi-agency working and ensure children's additional needs are identified at an early stage.
- 14 School governors now have a statutory responsibility for the well-being of pupils. Schools are inspected against the 5 *Every Child Matters* outcomes as part of the new Ofsted inspection framework. School improvement partners will have an important role to support and challenge schools which will involve: helping the leadership to evaluate the school's performance; identifying priorities for improvement; and planning effective change. The role is to build the school's capacity to improve the attainment of pupils and to achieve other key outcomes for pupils that bear on achievement.

Early years settings

- 15 The landmark Childcare Act 2006 gives statutory force to key commitments in the Government's Ten Year Childcare Strategy. It includes important new duties on local authorities to: improve the outcomes of all children under five, and close the gaps between those with the poorest outcomes and the rest, by ensuring early years services are integrated and accessible; and secure sufficient childcare to meet the needs of their communities – in particular, those on low incomes and with disabled children.

The Act will also ensure – from 2008 – that all young children have access, through the new Early Years Foundation Stage, to an integrated learning and care experience to enable them to achieve the best outcomes – and that parents have the choice of a consistent, high quality offer.

The CAF is appropriate for a wide range of practitioners working in the early years sector to undertake an early, holistic assessment of a child when they consider the child may have unmet additional needs. The CAF can help staff in all settings consider whether other services should be involved so as to best promote children's learning and development. It will be necessary for all providers to consider how the use of the CAF will become embedded in their policy and procedures both within and between organisations.

- 16 Local authorities may wish to provide private, voluntary and independent settings with a link person who can provide advice and support in use of the CAF or to whom practitioners can refer when they consider it would be helpful for a common assessment to be completed for a child.
- 17 CAF training should be provided for all staff within the early years sector within the wider context of; these developments; the children's workforce strategy; the move towards extended services in schools and children's centres; and proposals for a national training and qualifications framework for early years education, childcare and play work.

Early Support Programme

- 18 The support needs of young disabled children and their families can encompass a wide range of circumstances, services and practitioners. The relationship between CAF and early support programmes will, therefore, be flexible and interactive, developing in different ways in different circumstances. CAF and the more detailed family file in the *Early Support Family Pack* are mutually supportive. The family file facilitates better exchange of information about a child and family, and keeps track of multiple contacts, where more than one service is involved. Among other things, it can help when the initial assessment of a child's situation involves meetings with a range of practitioners working across health and other services. A common assessment may, for example, be undertaken as a first step, because of concern about a child's development. The assessment would then develop into a multi-agency assessment of the child's needs. Subsequently, it would become appropriate for the family to begin using the *Early Support Family Pack*. As multi-agency involvement with the family increases, the information collected by the common assessment would inform the early support process.
- 19 However, it is important for those working with families with young disabled children to recognise that completing a common assessment may not be necessary where a child's known additional support needs are already being met. An example of this is the case of a child with disabilities discharged from hospital with a range of known specialist support needs in the first weeks or months of life. A co-ordinated approach using the family file should result in a range of additional services being provided. A common assessment may be needed at a future date to clarify and address additional issues, such as housing and equipment needs associated with caring for the child at home. At this stage, 'core data' about the child and family from the early support process would inform the common assessment.

Social care

- 20 Over time, the CAF is likely to become the main basis for inter-agency information sharing and referral for children for whom there are welfare concerns. This will help improve the quality of referrals to social care teams. Practitioners in social care teams will therefore need to be able to discuss, use and build upon common assessments undertaken by a range of practitioners. In undertaking initial assessments under section 17 of the Children Act 1989 for those children who have had a common assessment, practitioners should work together to make sure that relevant common assessment information feeds into the specialist assessment. It is important that children's social care workers will be able to understand, use and, where appropriate, complete the CAF.
- 21 The CAF is not intended to replace the *Framework for the Assessment of Children in Need and Their Families*, which is statutory guidance issued under section 7 of The Local Authority Social Services Act 1970.
- 22 The structure of CAF has taken account of the structure of the Integrated Children's System so that the appropriate exchange of assessment information between these two assessment functions is easier.

Youth support services/Connexions

- 23 The green paper *Youth Matters* sets out a vision and new arrangements for the delivery of youth support services. It is intended that these services should use a new single assessment process as the basis for assessment and support for young people, for example the CAF. The dimensions of the CAF are broadly similar to those of the assessment element of the *Assessment, Planning, Implementation and Review Framework*, but the CAF provides an opportunity for a much more in-depth assessment. To establish the CAF fully within Connexions, the *APIR Framework* will need to become fully compatible with the CAF. As a first step towards this, the APIR assessment element will be replaced by the CAF. It will be for individual Connexions partnerships to decide at a local level the exact timeframe within which this change takes place. The assessment data held on Connexions Customer Information System will need to reflect local CAF requirements.
- 24 Given the similarity of the CAF to the APIR assessment, it is expected that APIR-trained Connexions staff will be able to use common assessment after some awareness training. In the longer term, it is envisaged that the APIR assessment elements of the Connexions training for personal advisers will become CAF training.

Youth justice

- 25 The CAF has a significant role to play in the work of youth justice agencies. Youth offending teams (YOTs), youth inclusion panels (YIPs) and youth inclusion and support panels (YISPs) work on a multi-agency team basis. The CAF can be used to build on *Asset/ONSET* when a young offender (or young person at risk of offending) may have needs that are outside the scope of the YOT or YISP, to determine which other services need to be involved and engage those services.
- 26 The CAF will not replace *Asset*, which is a statutory assessment specific to offending issues, or *ONSET* which has a specific focus on predicting and identifying offending behaviour and which YIPs and YISPs are required to use. YOTs and preventative services such as YISPs, YIPs and junior YIPs should continue to use *Asset/ONSET* as required by the Youth Justice Board to ensure that assessments and interventions are effective in addressing offending related problems. However, the CAF, which is a holistic assessment tool, should be used to support referrals from these youth justice agencies where the involvement of professionals in other services is required.
- 27 The assessments should be linked to avoid unnecessary duplication of information between the common assessment and the *Asset* and *ONSET* assessment tools. *Asset* is fully electronic, and the e-enablement of CAF should help to facilitate appropriate sharing of assessment information.

GO TO www.ecm.gov.uk/deliveringservices/changemanagement

Drug and alcohol services

- 28 Drug action teams (DATs) have developed local screening tools to help identify the risk of substance misuse. Many areas are establishing links between these tools and the CAF to support further assessment where a substance misuse issue has been identified. Training for practitioners needs to take into account the links between these assessments.
- 29 Each area is required to provide young people's substance misuse services. It is important that there are robust protocols in place covering care pathways and referral procedures for both adult and young people's substance misuse services, jointly owned by the DAT/Community Safety Partnership and Children and Young People's Strategic Partnership/children's trust arrangement.
- 30 Staff in adult drug services also have a key role in the identification of children with unmet needs. Action should be taken locally to equip these staff with an awareness of CAF procedures and to which practitioners and services they should refer, to take forward an assessment.

Voluntary sector

- 31 Voluntary sector organisations play a vital role in improving the life chances of children. The voluntary sector workforce is diverse and encompasses practitioners from a variety of professional and non-professional backgrounds, part-time and voluntary workers, many of whom may well have good knowledge of and relationships with the child and their family. As such, it will be appropriate for these workers to have an awareness of the CAF and knowledge of who to talk to within their organisation if they think a common assessment might be needed. Local areas will need to ensure that voluntary organisations are engaged in multi-agency training appropriately.

Emerging practice example

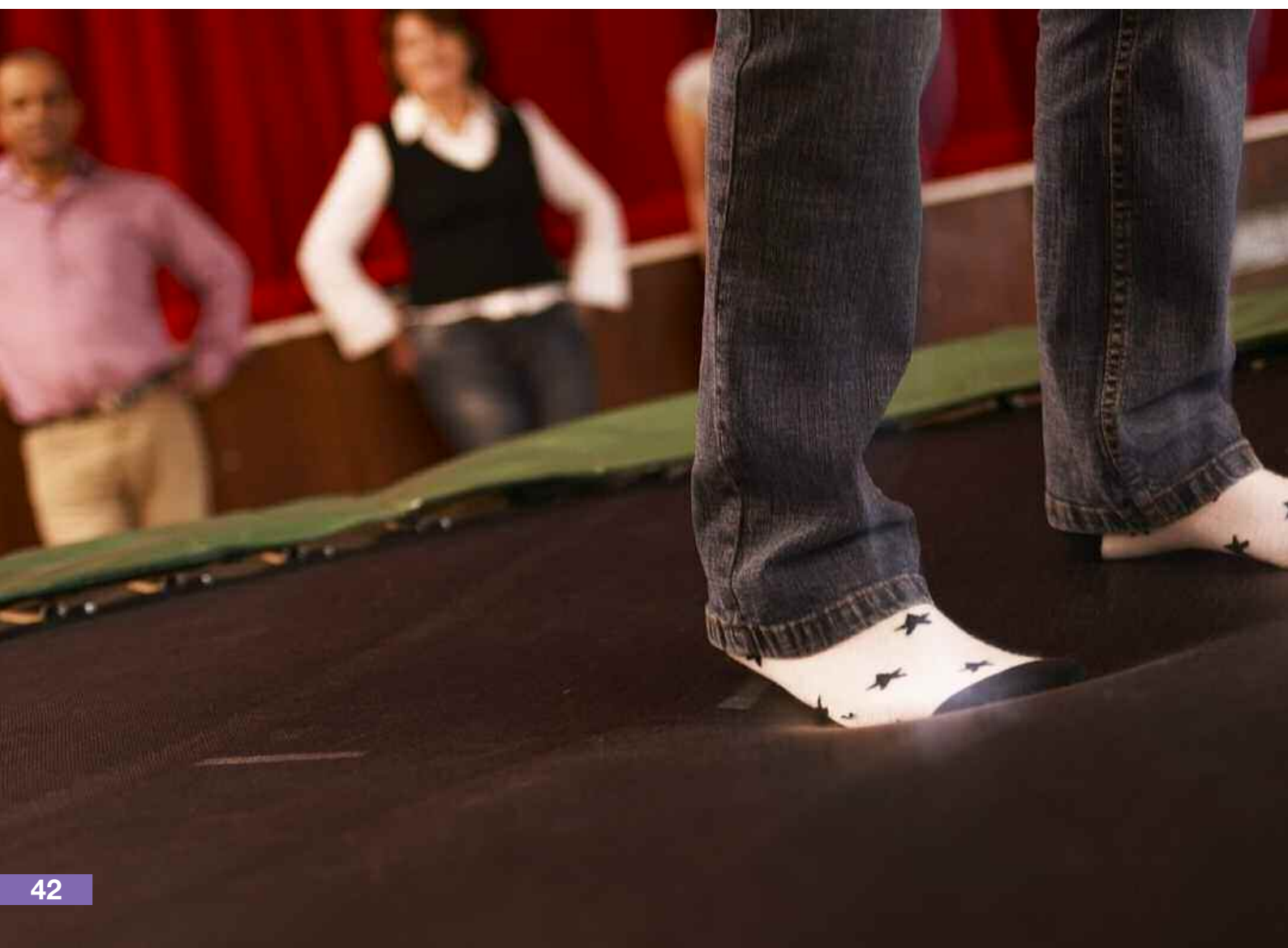
Two separate Third Sector colleagues initiated CAFs for teenagers they were concerned about. This led to the identification of two missing children in Reading who were not registered for any healthcare or education provision. Statutory services were not aware that either of the teenagers were living in Reading. CAF has been used with both teenagers to put support packages in place. One teenager had acute health needs, which were identified and responded to following CAF initiation. The other teenager had Special Educational needs and English as a second language. Translation services were called in and the young person given a place in a special school.

Police, Prison Service, Probation Service and Immigration Service

- 32** Police officers often are the first to have contact with families in very vulnerable situations. They therefore have a crucial role in the early identification of children with additional unmet needs. It is important that there is a good level of CAF awareness among police officers who should be given clear guidance on how to raise concerns about a child and how a common assessment is completed.
- 33** The Association of Chief Police Officers (ACPO) has agreed that:
- Some police officers need to be trained to undertake common assessments. These officers will primarily be in multi-agency settings, for example those seconded to Youth Offending Teams (YOTs), school beat officers, and family liaison/domestic violence liaison officers.
 - There should be general CAF awareness training, which may include how to use the CAF checklist, to be incorporated into initial training for all police beat officers over time. This will enable police officers to consider whether it is appropriate to make a referral to a colleague or another service to undertake a common assessment.
 - The majority of officers will not undertake common assessments themselves; they should, however, always consider CAF when in contact with children and know who would undertake a common assessment if required.
- 34** Prison Service staff will, generally, not be expected to complete common assessments, as YOTs will have undertaken one prior to a child being placed in custody. However, an awareness of the CAF would enable staff to consider a referral to a relevant practitioner where there may be a need for a common assessment to be completed. CAF awareness training has been included in the Juvenile Awareness (JASP) training programme for those Prison Service staff who have contact with children.
- 35** Some Probation Service staff will be expected to undertake and/or contribute to common assessments, where they play a significant role in contributing to the work of multi-agency teams, for example probation officers seconded to YOTs; domestic violence safety workers; and those providing services to victims of serious, violent or sexual offences (potentially the offence could be against a child). All staff should have a general awareness of the CAF so that they are aware of who should complete a common assessment when one is appropriate.
- 36** The Immigration Service is considering whether their operational managers should receive CAF training, particularly in areas where immigration is a major local issue or where the local authority wants the CAF to be used as the means of referral. Generally, it is not envisaged that Immigration Service staff would complete common assessments because most officers have little contact with children. However, approximately 10% of immigration staff receive special training to interview children and these individuals will need CAF awareness training. This will help them, where necessary, in making referrals/contact with other organisations and professionals.
- 37** If a child being assessed is not a British citizen and may not have the right to remain indefinitely in the UK then the Home Office's Immigration and Nationality Directorate can be contacted for further information on the child's immigration status where it is considered such information would be helpful to that assessment. It may be easiest to do this via the local authority social services.

Other organisations providing support and services to children and families

- 39 Practitioners working in other organisations providing support and services to children and families, for example housing and homelessness services, will be well-placed to use the CAF, particularly if working in multi-agency teams, and should be trained accordingly.
- 40 It will also be a priority for local authorities to ensure that those who are working with children in other organisations are aware of substance misuse issues when using the CAF. Practitioners using the CAF should refer young people with substance misuse needs for further assessment or put them in contact with appropriate services.



Other resources include:

CAF: practitioners' guide:

Guidance on carrying out common assessments.

This is available locally in hard copy or online at

www.cwdcouncil.org.uk/projects/commonassessmentframework.htm

The lead professional: practitioners' guide:

Guidance on being a lead professional. Available online at

www.cwdcouncil.org.uk/projects/leadprofessional.htm

The lead professional: managers' guide:

Guidance on being a lead professional. Available online at

www.cwdcouncil.org.uk/projects/leadprofessional.htm

Making It Happen:

Booklet supporting the implementation of effective front-line integrated working practice. www.cwdcouncil.org.uk/makingithappen.htm

Local Workforce Strategy Toolkit:

For the development of local and organisational workforce strategies.

www.cwdcouncil.org.uk/projects/implementinglocally.htm

Championing Children:

A framework for those who are leading and managing integrated children's services. www.cwdcouncil.org.uk/projects/championingchildren.htm

Information sharing:

Guidance for practitioners and other supporting documents are available online at

www.cwdcouncil.org.uk/projects/informationsharing.htm

Training materials:

National core training materials are available at www.ecm.gov.uk/iwtraining

Implementation roadmap:

Provides a high level view of what is required to implement key elements of integrated working. Available online at www.ecm.gov.uk/iwroadmap

Council for Disabled Children:

The Council for Disabled Children (CDC) provides a national forum for the discussion and development of a wide range of policy and practice issues relating to service provision and support for disabled children and young people and those with special educational needs. www.ncb.org.uk/cdc

Care Co-ordination Network UK:

Promotes and supports care co-ordination and key working services for disabled children and their families. See www.ccnu.org.uk for details of resources and publications.

The Children's Workforce Development Council's (CWDC) vision is to build a world-class workforce for children, young people and families.

CWDC exists to improve the lives of children, young people, their families and carers by ensuring that all people working with them have the best possible training, qualifications, support and advice. It also helps children and young people's organisations and services to work together better so that the child is at the centre of all services.

You can download this document online at
www.cwdcouncil.org.uk
www.everychildmatters.gov.uk/caf

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