



Mobility and Young London

A coherent and coordinated approach to the use of the Common Assessment Framework (CAF) across London Local Authorities

The Pan London CAF Protocol

This Protocol represents an agreement by Local Authorities and partners delivering children's services to set in place principles and standards identified within the document for all children, young people and families with identified additional needs, where some responses may need to be accessed via services not in their authority of residence.

The protocol is split into 5 sections:

- Section 1: Purpose and Benefits of the Protocol
- Section 2: Key Principles and Standards underpinning the Protocol
- Section 3: How the Protocol works
- Section 4: Signatories to the Protocol
- Section 5: Annexes

Section 1

Purpose of the Protocol

This Protocol details systems and processes which could be put in place to support the delivery of **cross borough wrap around services for mobile children and young people.**

The Mobility and Young London Report¹ highlighted the need for all service providers to prioritise the improvement of information sharing. Gaps in collaboration, information sharing and the lack of synchronicity in the Common Assessment models used within the Children's sector (with different approaches to thresholds, processes and quality) can lead to

¹ Mobility and Young London: Price Waterhouse Coopers (2007)

children and young people experiencing a poor journey through the minefield of services, with them no longer being at the heart of the engagement or intervention. For those already socially excluded, mobility can worsen the effects of their exclusion.

The Protocol has been established to enable organisations to trigger service delivery across authority boundaries.

The Protocol will assist children's services to work in the best interests of children and young people to achieve improved outcomes and fulfil their potential by overcoming traditional boundaries while supporting cross-agency and cross-border working

These points need to be considered and linked to the Key Principles and Practice Standards, as set out in Section 2 and which form the foundation of this document:

These underlying Key Principles and Practice Standards:

- reflect expert views on effective practice and application of the CAF and key themes within the CAF;
- are based on emerging DCSF guidelines; and
- attempt to overcome current barriers to the effective implementation of the CAF as identified in Every Child Matters: Change for Children and the Children's Plan for mobile children and young people.

We recognise the extensive investment that London local authorities have already made in developing and implementing CAF locally and attempts through local partnership to overcome challenging operational environments. The London CAF Protocol is not an attempt to replace those programmes.

Development of the Protocol

The Protocol has been developed in consultation with the following organisations and policy teams

- ALDCS
- 33 London Local Authorities CAF and Integrated Working leads, TAC heads of service, schools
- The London Safeguarding Children's Board
- NHS London
- Metropolitan Police

- DCSF IISAM group (CAF, ECAF, Integrated Working, ICS, Information Sharing)
- DCSF, Department for Health, and Government Office for London policy leads for Substance Misuse, Youth, Youth Offending, Teenage Pregnancy, CAMHS, Behaviour and Attendance, Exclusions, Early Years,
- London YJB
- Government Field Force teams including Training Development Agency, Children's Workforce Development Council, Together 4 Children, and National Strategies.

Benefits arising out of the Protocol

The Implementation of the Protocol will aim to provide the following benefits:

- a) The experience of mobile children and young people in respect of the CAF process will be the same as for those where all services are delivered by the same authority
- b) All practitioners working with children and young people in London will understand how to
 - a. engage with the CAF process for mobile children and
 - b. access cross border services
- c) To enable a greater measurable impact on the improvement of outcomes
- d) Appropriate early intervention programmes will be established and delivered by those services responsible for the delivery. This is especially significant to establish The London Continuum (see Annex 3) and reduce the requirement of multi agency high end intensive support
- e) A baseline for children's trusts to identify the needs of all residents (i.e. including those that are for example educated in other authorities) and therefore to support effective planning of service provision

- f) Ensuring that all staff are trained in agreed cross border processes and cross agency interfaces
- g) To enable a greater measurable impact on the improvement of outcomes

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Section 2

Principles underlying this Protocol

These key principles are applied throughout this guidance.²

An overarching aim when considering this guidance should be the need to ensure a level of consistency during the Common Assessment process. It is recognised that there will be different priorities, particularly around commissioning, service development and service provision, in different areas. However, as best practice, we should ensure that the following principles are adhered to in relation to positive outcomes for children, young people and their families, when working across borders.

Principle 1: The best interests of the child or young person are the priority in all work with them, including cross-border working

Principle 2: A child's address does not prevent a common assessment being initiated by any practitioner

Principle 3: Changes in practice between areas will be communicated to the child, young person, parent and carer.

Principle 4: The child, young person, parent and carer will be encouraged to participate in all stages of the CAF process

Practice Standards³

Standard 1: The systems and processes identified in Annex 1 'The CAF process' will be utilised when the Common Assessment process is begun.

There may be times when a Common Assessment has been initiated in respect of a child/young person that might involve practitioners delivering services across geographical boundaries, e.g. a child lives in one Local Authority area but attends school or nursery or uses health or leisure services in a different Local Authority area. There may also be occasions when a Common Assessment is initiated by a practitioner in one authority and the child/young person moves to another area part way through the process.

When a practitioner decides to initiate a common assessment they need to find out if one already exists (or if the child is known to statutory services). This could require checks to be made with several other boroughs. A recommended process is included in Annexe 1 whereby the

² These 4 principles are consistent with the West Midlands 'Best Practice Guidance for Cross Border Working and the Common Assessment Framework' May 2008

³ The practice Standards have been developed through consultation with London practitioners and stakeholders and regional and national policy leads listed in section 1.

Local CAF Team should undertake this task.⁴ Practitioners should not find the CAF process more unwieldy for mobile children than others.

When a practitioner undertakes a common assessment they should use the CAF assessment form provided by the borough that they are working / based in. Other services (in any borough) should be happy to accept the form irrespective of the local version they use.

Practitioners may need support to identify appropriate services available in different authorities. It is suggested that the home authority should undertake this if necessary and request support from other authorities as necessary. The home authority would usually be called on to provide services that are not accessible in the host authority. For example, funding for some specialist services will be restricted to the resident population such as CAMHS Tier 2 or above. Or adopting a family based approach as most appropriate to supporting the child or young person to improve their outcomes will require cross border working. There should be continued liaison as required between the two authorities for the duration of the CAF episode.

Thresholds and funding for services vary so expectations of children, young people and parents need to be managed.

All services involved with the child should agree the lead professional. This could be from any service and does not have to be from the home authority

Standard 2: The London Continuum identified in Annex 2 represent an agreed set of thresholds that effectively offer synchronicity in cross authority working and have been established in consultation with London Local Authorities and those organisations listed within the Protocol. The London Continuum should act as the overarching guide to identifying additional needs for out of authority children, young people and families.

Due to the expert opinion and policy advice utilised in developing these thresholds we recommend ideally that:

a) rather than adopting a two threshold approach to in and out of borough children young people and families all London LAs, partners and Children's Trusts review their thresholds in accordance with those identified in annex 2; or

⁴ Until Contact Point comes on line the usual route for checking if a CA is underway is via each local authority's CAF coordinator or equivalent.

b) where local thresholds are already well embedded that both local and London Continuum models are clearly mapped to one another

Standard 3: The interface of CAF with other assessments identified in Annex 3⁵ offers all professionals working with children young people and families an effective guide as to when a Common Assessment should be used and when a specialist assessment should be used. A Common Assessment will always be the primary tool used for out of borough children prior to specialist assessments

There is a consensus by policy areas endorsing this Protocol that the CAF could operate as the gateway assessment and high level case management system for all children and young people identifying additional needs. Specialist assessments offer the professionals acting as part of the team the mechanisms to clarify specialist support requirements and operational case management and performance systems.

However, there are those cases (identified in Annex 3) where the CAF could effectively replace existing assessment, action and review tools and the organisations endorsing this Protocol agree to reduce the level of bureaucracy possible in children service delivery and replace those tools with the CAF.

Standard 4: The use and application of the CAF should be underpinned by a robust Quality Assurance Framework - ensuring that the CAF is applied to a high and consistent standard in all environments.

Currently there are neither national, or in many cases local, standards and criteria by which the CAF is quality assured. All organisations signing to this Protocol agree to adopt the London CAF Quality Assurance Framework identified in Annex 4.

Standard 5: The signatures to this Protocol agree to utilise the systems and process outlined in Annex 5 for securely sharing information across authority boundaries and services.

⁵ Annex 3 will be further developed as the national ECAF system is rolled forward, offering greater electronic interface with a broader range of assessment tools

Section 3

How to use the protocol?

This is a practical source of information, advice and guidance for practitioners working with children, young people and their families using the CAF process when there are cross border issues. It should be used in the context of local CAF processes and procedures.

This Protocol should also be considered in conjunction with the Pan London Child Protection Procedures.

Who should use the Protocol?

This guide is intended for use by any practitioner and operational line manager, in any sector, when supporting a child or young person through a Common Assessment which involves cross border working. It is hoped that this will be a helpful and practical guide.

This protocol will be established for all cross authority activity where the Authority/Children's Trust DCS is a signatory of the protocol.

Senior managers and CAF managers will ensure that principles supporting this Protocol features as part of the local training and development of all staff engaged in delivering a CA.

Governance and review

The Protocol will be reviewed periodically via an appropriate regional forum, to ensure continued fitness for purpose and to take account of changing Government Policy.

Comment [s1]: Approach under discussion

Arbitration procedures

In exceptional cases where two or more LAs cannot reach a common agreement on how support will be provided for the child young person or family across authority boundaries, it may be necessary to involve an arbitrator in order to meet the additional needs identified. Escalation procedures and arbitration will remain under the auspices of Local Authorities/Children's Trusts. Escalation procedures will be triggered at the end of the 4 week period and will be concluded within 4 weeks. Where necessary escalation will be to director or chief executive level (Directors of Children's Services (DCS's) in local authorities) for resolution. All senior managers will be required to ensure that the child or young person remains at the heart of any negotiations and that they remain fully informed/engaged in the process of negotiation. In exceptional cases it may be necessary to gain advice from the 'Governance Board' (see above section)

When will this protocol be operational?

The protocol will be operational from April 1st 2009.

Consultation questions for the Introduction chapter:

1.0 Is the purpose of this document clear?

2.0 Is there any other information that should be included in the introduction?

3.0 What additions or amendments would you like to be made?

Section 4

The Protocol has been endorsed by the following organisations.

Organisation

Signature

Section 5 Annexes

Annex 1: The CAF Process

Annex 2 : The London Continuum

Annex 3: The Interface with other Assessments

Annex 4: The Quality Assurance Framework

Annex 5: Sharing Information Securely

Annex 6: DCSF Guidance on Information Sharing

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Annex 1

CAF Process

1.0 Introduction

The purpose of this chapter is to help staff understand how the CAF works in the practice and the route or process it should take. Guidance is given on the process for a CAF when a child lives in and outside of the a borough.

Both models consist of a flow chart and there is written guidance to accompany the first model. Each model has been developed using national DCSF guidance and existing CAF processes currently implemented by local authorities..

(a) CAF process 1 – in borough

This model illustrates a pathway for using the CAF when children live and access services in the same borough.

(c) CAF process 2 - cross borough

This model illustrates a pathway for using the CAF when children access services outside of the borough they live in.

Key Terms used in this chapter:

- Local CAF team – Local authority CAF implementation team
- CAF Episode coordinator or episode coordinator – this is the individual who has ownership of the CAF episode and controls it content, ownership, review and update
- CAF Episode – this refers to an assessment of a child A CAF episode is open until all additional needs have been met. A CAF episode can be reviewed and updated multiple times if appropriate.

2.0 Background

The Common Assessment Framework for children and young people is one of the elements in the delivery of integrated frontline services and consists of the following:

- *A common process* to enable practitioners to undertake a common assessment, facilitating early identification of need and providing evidence to support coordinated service provision and earlier intervention.
- *A standard form* to record the assessment (this is known as the common assessment) London authorities will all use the national DCSF CAF form.
- *A pre-assessment checklist* and the *London Continuum of Needs and Services* (see chapter x) to help decide who would benefit from a common assessment.

3.0 CAF PROCESS – (in borough) (diagram 1)

(A) Preparation stage

Step 1 - Recognise Potential Need

A practitioner is worried or concerned about a potential need they have recognised in a child.

Step 2 - Identify Need

A practitioner should consider using the following tools to assist them in identifying the potential need they have recognised in a child or young person:

- Pre-assessment checklist – this can be used to identify if the child/young person is not achieving any of the five Every Child Matter outcomes and therefore has an additional need.
- London Continuum of Needs and Services – this can be used this to identify if the level of need the practitioner has identified meets the threshold for additional needs.
- Find out if the child has a CAF history. From 2009 a practitioner can use ContactPoint to access this information, until then practitioners should follow local procedures to gain this information e.g. obtain information from their local CAF team or local eCAF system.

Step 3 - Speak to child/parent to obtain consent

A Practitioner should discuss the potential need that has been identified with the child and family, and discuss whether they would be happy to proceed with a common assessment if it is deemed appropriate.

A practitioner should also advise the parent and child of the importance of discussing the child's need with other practitioners, however if the child and family do not agree for their needs to be discussed and the child is in no immediate risk the practitioner can continue without input from other practitioners. If the child is in immediate risk then a statutory process as defined in Children's Act 1989 should be invoked (e.g. Child In Need). A practitioner may choose to contact the CAF episode coordinator to have an initial discussion about the child.

Step 4 - Gather Information - Check if common assessment has been done recently and if other practitioners of LP involved

A practitioner should identify if there is currently a CAF or previously a CAF has been carried out. A Practitioner should also check if another service is currently involved with the child or family. From 2009 a practitioner can use ContactPoint to access this information, until then practitioners should follow local procedures to gain this information e.g. obtain information from their local CAF team or local eCAF system if a borough has one, a practitioner can also discuss this with the child or family. If there are other practitioners or a Lead Professional currently working with the child, any information should be shared with them (with consent of the child or family) in order to gain the full picture of the child's situation so the practitioner can determine whether they need to remain involved, join an existing Team Around the Child or begin a common assessment.

At this stage a practitioner can also prepare for the assessment e.g. if the child has a disability they may consider whether there are any special communications requirements, such as signing, or access requirements (most children with a disability would have had an SEN or CIN assessment). Or where the child's or parent's first language is not English, they may consider whether an interpreter is needed.

(B) Discussion stage

Step 1 - Undertake a Common Assessment

The common assessment is undertaken with the family and child and the information is recorded either directly onto an eCAF system or on a paper CAF. Boroughs in London will be use the national DCFS CAF template to

record CAF information , this is central to ensuring the CAF in London can be used across local authority boundaries. This step should not take longer than 10 days to complete from the time the potential need was identified.

NOTE: Consent is involved in action planning, as it may be decided to involve additional services who need to view the CAF Episode. In most cases, assessment of the CAF domains will proceed directly into action planning, and so it is better to wait and do the consent statement as part of that process. However, if after evaluating the needs of the child there are no CAF actions then consent should be recorded at this stage and a copy of the common assessment should be given to the child and family and in line with local procedures the practitioner should notify or give a copy of the common assessment to the local CAF team OR store the CAF on a local/national eCAF system as appropriate.

(C) Delivery stage

Step 1 - Agree and Undertake CAF Actions (optional step if required)

The Lead Professional together with the family and child and any relevant practitioners that are currently involved can use the information gathered from the assessment to evaluate the needs of the child and identify if a multi-agency Team Around the Child meeting is required.

The first team around the child meeting should occur within 10 days of completing the common assessment. The purpose of the meeting is to identify and discuss proposed actions and what services are required service requests with the child and family and Team Around the Child .

Local Service Directories are a valuable aid to finding out what services exist in a borough. A full list of the London service directories are contained as an appendix to the London Protocol. *(To be included)*

The Lead Professional should contact the additional services discussed, and ask them to get involved, using the common assessment as evidence to support a service request. *(CAF lead to be added to all Local Service Directories)*

Eligibility for services from other boroughs

Staff working with children within the CAF framework should wherever possible use the services where from the young persons home borough. There may be situation where a young person may attend school in

another borough or the nearest geographically located services to their home are from another local authority, this should not prevent them accessing these services.

Having discussed the actions and who needs to be involved, the child or family should sign the consent statement within the common assessment. The child/family should be given a copy of the completed common assessment and in line with local procedures the practitioner should notify or give a copy of the common assessment to the local CAF team OR store the CAF on a local/national eCAF system as appropriate. All agencies and the child/family should then undertake agreed actions.

Step 2 - Review impact of CAF Actions

The child's progress is fully reviewed with the child and family and recorded. It is recommended that a review occurs 4 weeks after the action plan is agreed and then on a 3 monthly basis. If the additional needs have been met the CAF Episode can be closed. If there are outstanding needs the Lead Professional will evaluate them to identify the appropriate next step. It may be appropriate at this point to undertake a fresh common assessment if key factors have changed. If a new Common Assessment is to be undertaken, the existing Lead Professional will consider whether they are the best person to continue. If the current Lead Professional is not the best person to continue a new Lead Professional is assigned

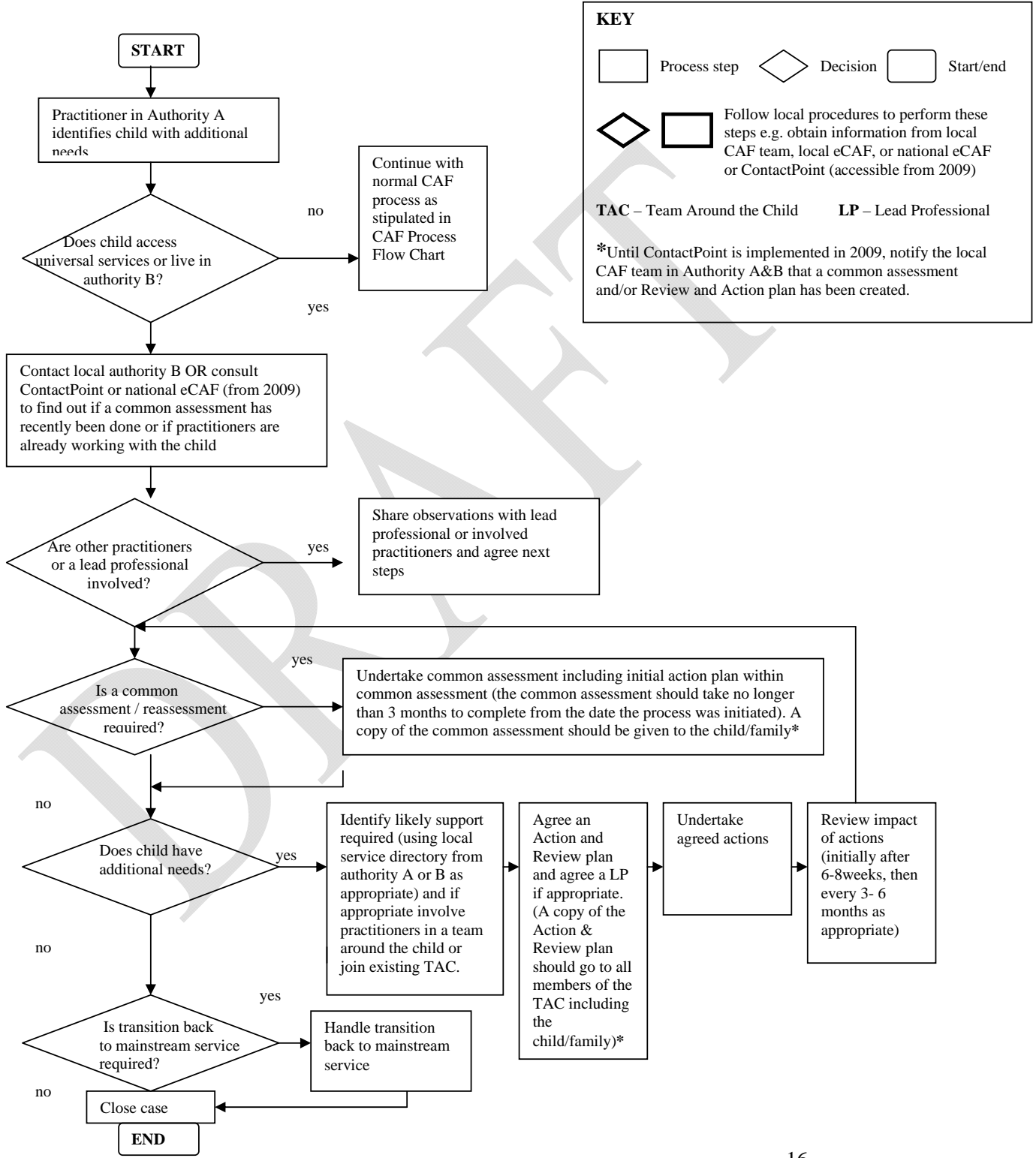
Note that this step may occur at any time and a CAF Episode may be reviewed numerous times if appropriate.

Step 4 - Close CAF Episode

The CAF is finally closed when the child's additional needs have been addressed

CROSS BOROUGH CAF PROCESS FLOW CHART – cross borough

The CAF must be embedded within existing Children’s Trust processes. The CAF does not change the statutory obligations of agencies and local procedures for accessing statutory agencies must continue to be followed. Statutory interventions are not shown in this diagram. If at any point in the CAF process a practitioner believes that a child is at risk of serious harm they must follow their local safeguarding children’s board procedures.



KEY

Process step
 Decision
 Start/end

Follow local procedures to perform these steps e.g. obtain information from local CAF team, local eCAF, or national eCAF or ContactPoint (accessible from 2009)

TAC – Team Around the Child **LP** – Lead Professional

*Until ContactPoint is implemented in 2009, notify the local CAF team in Authority A&B that a common assessment and/or Review and Action plan has been created.

Consultation questions for the CAF process:

1.0 Do you agree with the model for cross borough CAF process?

2.0 Do you agree with the timescales stated in the CAF process?

3.0 Do you think there is too much or too little detail in the proposed models of the CAF process?

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Annex 2 - CAF Thresholds

1.0 Introduction

The purpose of this chapter is to outline common thresholds for beginning a common assessment and introduce the *London Continuum of Need and Services* model. This model was developed in consultation with local authorities and key local, regional and national partners.

The London Continuum of Need and Services model provides a common understanding across London of the thresholds for:

- levels of needs and corresponding service intervention
- when to start the CAF process

The London Continuum of Needs & Services model will continue to be referred to as the “London Continuum” throughout the rest of the chapter.

2.0 Background

All children and young people across London can be mapped onto a standardised continuum of need (The London Continuum). Most children are at the beginning of the continuum and have a number of basic needs that can be supported by their families and/or a range of universal services. As you move along the continuum, these needs can no longer be met by the family and universal services alone - so the level of additional need rises whilst the number of children falls. For these children, single agency or integrated targeted support is required until you reach the end of the continuum where the smallest group of children sit with complex needs requiring targeted support from specialist and/or statutory services such as children’s social care.

The common assessment is an important tool for early intervention and should be used when:

1. A practitioner, child or their family is concerned that the child will not meet the five Every Child Matter (ECM) outcomes¹ without support from additional services
2. The needs are unclear, or broader than the service (of the practitioner completing the assessment) can address
3. A common assessment would help identify the needs and/or get other services to help meet them

¹Every Child Matter Outcomes = 5 outcomes of well being which are Stay Safe, Be Healthy, Enjoy & Achieve, Positive Contribution, Economic Well-being

The common assessment provides a universally accepted structure for recording an assessment and collecting evidence that can support a request for the child/family to receive additional support from another service. In the majority of London boroughs the evidence provided in the common assessment is sufficient to replace the actual referral form requesting additional support from certain services.

The London Continuum establishes consistent thresholds for:

- Each of the four levels of need and corresponding service intervention
- Beginning the CAF process

This will facilitate swift and easy access to appropriate services and help remove barriers to integrated service delivery especially for mobile children who may live in one borough and access services in another.

3.0 How to use the London Continuum model

3.1 The model is split into:

- (a) A Diagram – to represent the four levels of need on a single continuum (figure 1.0)
- (b) Four Charts – consisting of example descriptors for each of the four levels of need and corresponding service interventions (figure 2.0)

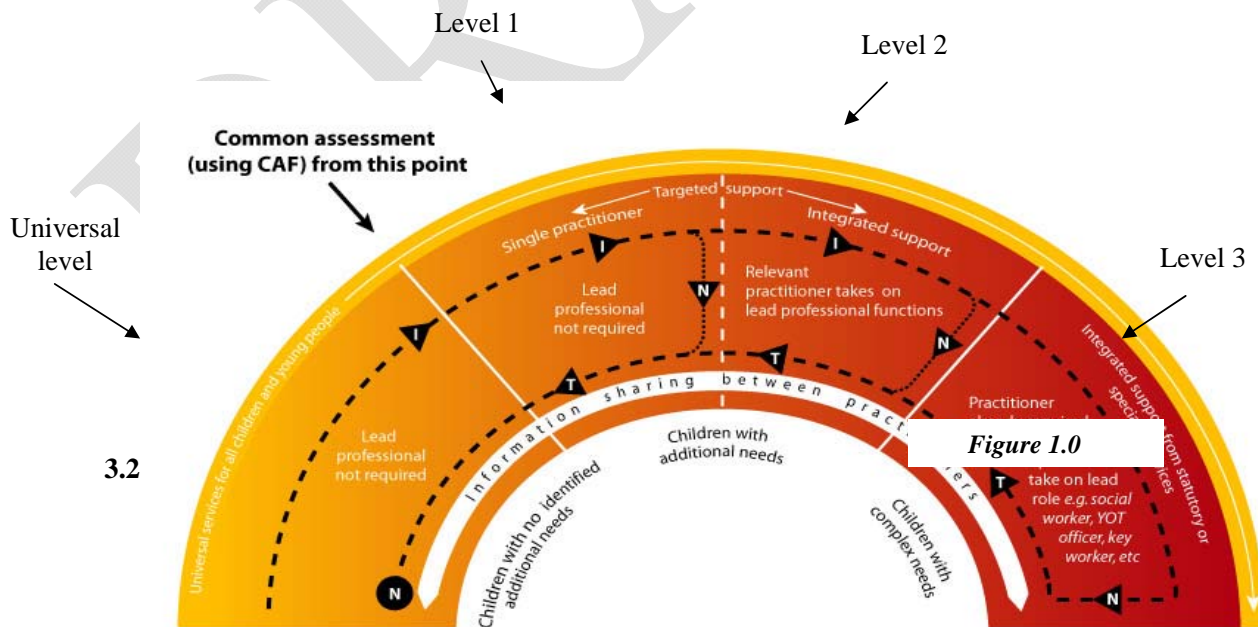


Figure 1.0

The London Continuum to determine the level of need

It is acknowledged that children may move from one level of need to another and agencies (including universal services) may offer support for needs at more than one level. The London Continuum model only provides a *guide* to the types of services that may provide support at each level and does not guarantee service provision at each level as there may be restricting factors such as:

- Specific service criteria related to the agency's specialist area of work
- Previous interventions
- Geographical location
- Age limits
- Time limited provision, e.g. only available during school term

However these thresholds do offer synchronicity in cross authority working and have been established in consultation with experts across children's services. **(Please note each threshold descriptor will have a full list of risk and resilience factors relating to a specific policy area; these are currently in development by each policy lead. We have included an example that is still in draft form but offers key underpinning knowledge and exemplifies our direction of travel in support of understanding the thresholds of need. Example 1 is the Young London Matters draft Teenage Pregnancy documentation).**

3.3 The London Continuum establishes four levels of need:

Level 1- Universal level

No identified additional needs. Response services are universal services.

Level 2- Low risk to Vulnerable

Child's needs are not clear, not known or not being met; Child's needs are known but not being met. This is the threshold for beginning a common assessment. Response services are universal and/or targeted services.

Level 3- Complex

Complex needs likely to require longer term intervention from statutory and/or specialist services. High level additional unmet needs – this will *usually* require a targeted integrated response. This will *usually* include a specialist or statutory integrated response. This is also the threshold for a child in need which will require Children's Social Care intervention.

Level 4- Acute

Acute needs. This is also the threshold for child protection which will require Children's Social Care intervention.

3.4 If a practitioner is concerned about a potential unidentified need in a child then they should carry out the following steps (as appropriate):

- Discuss their concerns with the child and or their family
- Check whether a common assessment already exists on the child
- Use the pre-assessment checklist or the London Continuum to identify if the child is not meeting one of their ECM outcomes and a common assessment is needed (practitioners can also use their local service directory to identify suitable services that can provide support)

3.5 When there is an immediate need to protect a child because they are at harm or at risk of harm the practitioner must contact the local authority Children's Social Care and/or police directly and make a telephone referral. All practitioners must follow the referral process in their local borough and follow up a verbal referral with a written referral. In some local authorities the common assessment is the acceptable mode for a written referral.

3.6 Who should use the London Continuum model?

Universal services

The majority of common assessments will be carried out or arranged by practitioners from universal services such as schools, health and early years settings. These services are best equipped to identify possible needs in their early stages.

Specialist and statutory services

The CAF is the main method for early assessments and should not replace specialist or statutory assessments. However, if a common assessment is used to identify the need for a specialist or statutory service, then practitioners within these services should use any relevant information from the common assessment to inform their own specialist or statutory assessment.

Where a specialist/statutory assessment or observation reveals a potential need that cannot be met within the service then a common assessment can be completed to identify the need and used as supporting evidence to involve other services.

When specialist services are working in collaboration with other services in a team around the child, they may be asked to contribute to an existing common assessment in order to assess and review the

progress of a child and identify if any additional support is required to meet the unmet needs.

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LONDON CONTINUUM CHARTS

Figure 2.0

Level 1- UNIVERSAL LEVEL

No additional needs, only requiring universal service support

FEATURES	UNIVERSAL EXAMPLE INDICATORS	ASSESSMENT PROCESS
<p>Children with no additional needs</p> <p>Children whose developmental needs are met by universal services.</p>	DEVELOPMENTAL NEEDS	<p>No Common Assessment is required.</p> <p>Children should access universal services in a normal way.</p> <p>If professionals are concerned the child is developing an unmet need they should consider completing a pre-assessment checklist to help determine if a full common assessment is required.</p> <p>Key universal services that may provide support at this level:</p> <p>Education Children's Centres & Early Years Health visiting service School nursing GP Play Services Youth & Connexions Police Housing Voluntary & community sector</p>
	<p style="text-align: center;">LEARNING / EDUCATION</p> <ul style="list-style-type: none"> • achieving key stages • good attendance at school/college/training • no barriers to learning 	
	<p style="text-align: center;">HEALTH</p> <ul style="list-style-type: none"> • Good physical health with age appropriate developmental milestones 	
	<p style="text-align: center;">SOCIAL, EMOTIONAL, BEHAVIOURAL, IDENTITY</p> <ul style="list-style-type: none"> • good mental health and psychological well-being 	
	<p style="text-align: center;">FAMILY AND SOCIAL RELATIONSHIPS</p> <ul style="list-style-type: none"> • Stable families where parents are able to meet the child's needs 	
	<p style="text-align: center;">SELF-CARE AND INDEPENDENCE</p> <ul style="list-style-type: none"> • Age appropriate independent living skills 	
	FAMILY & ENVIRONMENTAL FACTORS	
	<p style="text-align: center;">FAMILY HISTORY & WELL-BEING</p> <ul style="list-style-type: none"> • supportive family relationships 	
	<p style="text-align: center;">HOUSING, EMPLOYMENT & FINANCE</p> <ul style="list-style-type: none"> • child fully supported financially • good quality stable housing 	
	<p style="text-align: center;">SOCIAL & COMMUNITY RESOURCES</p> <ul style="list-style-type: none"> • good social and friendship networks exist • safe and secure environment 	
	PARENTS & CARERS	
	<p style="text-align: center;">BASIC CARE, SAFETY & PROTECTION</p> <ul style="list-style-type: none"> • parents able to provide basic care for child's needs 	
	<p style="text-align: center;">EMOTIONAL WARMTH & STABILITY</p> <ul style="list-style-type: none"> • parents provide secure and caring parenting 	
	<p style="text-align: center;">GUIDANCE BOUNDARIES & STIMULATION</p> <ul style="list-style-type: none"> • parents provide appropriate guidance and boundaries to help child develop appropriate values 	

LEVEL 2- Low to Vulnerable

Targeted support

FEATURES	Low to Vulnerable - EXAMPLE INDICATORS	ASSESSMENT PROCESS
<p>Children with low level additional unmet needs</p> <p>These children have a low level additional need that is not consistently being met.</p> <p>There are no acute risks, but these children require extra support in order to promote their welfare and well-being.</p>	DEVELOPMENTAL NEEDS	<p>Additional Services:</p> <p>A common assessment should be completed with the child to identify their strengths & needs. If their needs cannot be met by the agency completing the assessment then the common assessment can be used as supporting evidence to gain specialist / targeted support.</p> <p>If more than one agency is involved a Lead Professional and Team Around the Child should be formed.</p> <p>Key agencies that may provide support at this level:</p> <p>Health, education Childrens Centres & Early Years Educational psychology Educational Welfare Specialist Play Services Youth & Connexions services Voluntary & community services Family support services</p>
	LEARNING /EDUCATION	
	<ul style="list-style-type: none"> occasional truanting or non attendance school action or school action plus reduced access to books, toys or educational materials 	
	HEALTH	
	<ul style="list-style-type: none"> Slow in reaching developmental milestones, missing immunizations or checks Minor health problems which can be maintained in a mainstream school 	
	SOCIAL, EMOTIONAL, BEHAVIOURAL, IDENTITY	
	<ul style="list-style-type: none"> Low level mental health or emotional issues requiring intervention from non mental health specialists e.g. GP (CAMHS tier 1) 	
	SELF-CARE AND INDEPENDENCE	
	<ul style="list-style-type: none"> Lack of age appropriate independent living skills that increase vulnerability to social exclusion 	
	FAMILY & ENVIRONMENTAL FACTORS	
	FAMILY AND SOCIAL RELATIONSHIPS & FAMILY WELL-BEING	
	<ul style="list-style-type: none"> Parents/carers have relationship difficulties which may affect the child Parents request advice to manage their child's behaviour Children affected by difficult family relationships or bullying 	
	HOUSING, EMPLOYMENT & FINANCE	
	<ul style="list-style-type: none"> overcrowding families affected by low income or unemployment 	
SOCIAL & COMMUNITY RESOURCES		
<ul style="list-style-type: none"> insufficient facilities to meet needs e.g. transport or access issues family require advice regarding social exclusion e.g. hate crimes 		
PARENTS & CARERS		
BASIC CARE, SAFETY & PROTECTION		
<ul style="list-style-type: none"> inconsistent basic care e.g. inappropriate child care arrangements or young inexperienced parent 		
EMOTIONAL WARMTH & STABILITY		
<ul style="list-style-type: none"> inconsistent parenting, but development not significantly impaired 		
GUIDANCE BOUNDARIES & STIMULATION		
<ul style="list-style-type: none"> lack of response to concerns raised regarding child 		

LEVEL 3

High or Complex level additional needs requiring integrated targeted support OR child in need (section 17)

FEATURES	MEDIUM RISK EXAMPLE INDICATORS	ASSESSMENT PROCESS
<p>Children with high level additional unmet needs These children require integrated or targeted support, without which they will not achieve well-being.</p> <p>CHILD IN NEED: These children may be eligible for a child in need service from children's social care and are at risk of moving to a high level of risk if they do not receive early intervention. These may include children who have been assessed as "high risk" in the recent past, or children who have been adopted and now require additional support. If a social worker is allocated they will act as the Lead Professional.</p>	DEVELOPMENTAL NEEDS	<p>Additional services: A common assessment may be completed with the child to identify their strengths & needs if appropriate.</p> <p>(NB a common assessment must NOT replace a specialist assessment).</p> <p>The common assessment can be used as supporting evidence to gain specialist / targeted support.</p> <p>If more than one agency is involved a Lead Professional and Team Around the Child should be formed.</p> <p>Key agencies that may provide support at this level: Children's Social Care Educational psychology Educational Welfare Youth offending services CAMHS Early support for disabled children Family support services Voluntary & community services Services at universal level</p>
	LEARNING/EDUCATION	
	<ul style="list-style-type: none"> • short term exclusions or at risk of permanent exclusion, persistent truanting • Statement of special educational needs • No access to books, toys or educational materials 	
	HEALTH	
	<ul style="list-style-type: none"> • disability requiring specialist support to be maintained in mainstream setting • teenage pregnancy 	
	SOCIAL, EMOTIONAL, BEHAVIOURAL, IDENTITY	
	<ul style="list-style-type: none"> • underage sexual activity, criminal behaviour, substance misuse • mental health issues requiring specialist intervention in the community 	
	SELF-CARE AND INDEPENDENCE	
	<ul style="list-style-type: none"> • Lack of age appropriate independent living skills, likely to impair development 	
	FAMILY & ENVIRONMENTAL FACTORS	
	FAMILY AND SOCIAL RELATIONSHIPS & FAMILY WELL-BEING	
	<ul style="list-style-type: none"> • History of domestic violence • risk of relationship breakdown with parent or carer and the child • Young carers , Privately fostered, children of prisoners 	
	HOUSING, EMPLOYMENT & FINANCE	
	<ul style="list-style-type: none"> • Severe overcrowding, temporary accommodation, homeless, unemployment 	
	SOCIAL & COMMUNITY RESOURCES	
<ul style="list-style-type: none"> • family require support services as a result of social exclusion e.g. hate crimes • parents socially excluded, no access to local facilities 		
PARENTS & CARERS		
BASIC CARE, SAFETY & PROTECTION		
<ul style="list-style-type: none"> • physical care or supervision of child is inadequate • parental learning disability ,parental substance misuse or mental health impacting on parent's ability to meet the needs of the child 		
EMOTIONAL WARMTH & STABILITY		
<ul style="list-style-type: none"> • inconsistent parenting impairing emotional or behavioural development 		
GUIDANCE BOUNDARIES & STIMULATION		
<ul style="list-style-type: none"> • parent provides inconsistent boundaries or responses 		

LEVEL 4

Complex/Acute additional needs requiring specialist or statutory integrated response OR child protection (section 47)

FEATURES	HIGH RISK EXAMPLE INDICATORS	ASSESSMENT PROCESS
<p>Complex additional unmet needs These children require specialist/statutory integrated support</p> <p>CHILD PROTECTION Children experiencing significant harm that require statutory intervention such as child protection or legal intervention. These children may also need to be accommodated by the local authority either on a voluntary basis or by way of Court Order.</p> <p>Agencies should make a verbal referral to children's social care accompanied by a written referral. In some boroughs the common assessment <i>may</i> be used as the written referral tool or as supporting evidence for the referral.</p>	DEVELOPMENTAL NEEDS	<p>Additional services: A common assessment may be completed with the child to identify their strengths & needs if appropriate.</p> <p>(NB a common assessment must NOT replace a specialist assessment).</p> <p>The common assessment can be used as supporting evidence to gain specialist / targeted support.</p> <p>If more than one agency is involved a Lead Professional and Team Around the Child should be formed.</p> <p>Key agencies that may provide support at this level: Children's Social Care Educational psychology Educational Welfare Special educational needs Youth offending services CAMHS Early support for disabled children Family support services Police Services at universal level</p>
	LEARNING / EDUCATION	
	<ul style="list-style-type: none"> chronic non-attendance, truanting permanently excluded, frequent exclusions or no education provision no parental support for education 	
	HEALTH	
	<ul style="list-style-type: none"> high level disability which cannot be maintained in a mainstream setting 	
	SOCIAL, EMOTIONAL, BEHAVIOURAL, IDENTITY	
	<ul style="list-style-type: none"> challenging behaviour resulting in serious risk to the child and others failure or rejection to address serious (re) offending behaviour complex mental health issues requiring specialist interventions 	
	SELF-CARE AND INDEPENDENCE	
	<ul style="list-style-type: none"> Severe lack of age appropriate independent living skills likely to result in significant harm e.g. bullying, isolation 	
	FAMILY & ENVIRONMENTAL FACTORS	
	FAMILY AND SOCIAL RELATIONSHIPS & FAMILY WELL-BEING	
	<ul style="list-style-type: none"> Suspicion of physical, emotional, sexual abuse or neglect High levels of domestic violence that put the child at risk parents are unable to care for the child children who need to be looked after outside of their own family 	
	HOUSING, EMPLOYMENT & FINANCE	
<ul style="list-style-type: none"> No fixed abode or homeless family unable to gain employment or extreme poverty 		
SOCIAL & COMMUNITY RESOURCES		
<ul style="list-style-type: none"> Child or family need immediate support and protection due to harassment /discrimination and No access to community resources 		
PARENTS & CARERS		
BASIC CARE, SAFETY & PROTECTION		
<ul style="list-style-type: none"> Parent is unable to meet child's needs without support 		
EMOTIONAL WARMTH & STABILITY		
<ul style="list-style-type: none"> Parents unable to manage and risk of family breakdown 		
GUIDANCE BOUNDARIES & STIMULATION		
<ul style="list-style-type: none"> Parent does not offer good role model e.g. condones antisocial behaviour 		

Consultation questions for CAF Thresholds chapter:

- 1.0 Do you agree with the thresholds for beginning a common assessment?**
- 2.0 Do you agree with the thresholds for each of the four levels of need?**
- 3.0 Do you agree with the thresholds for children’s social care intervention?**
- 4.0 Do you think the London Continuum model is easy to understand for practitioners
– if no, how can it be improved?**

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Annex 3 - CAF interface with other assessments and interventions

1.0 Introduction

The purpose of this chapter is to outline regional guidance for managers and practitioners around the interface between the Common Assessment Framework and other key assessment/referral tools and key interventions.

2.0 Background

The CAF was introduced as a shared assessment tool for all practitioners that work with children and families in England. The common assessment has been specifically designed to reduce duplicate assessments and provide a common holistic framework for assessing need, facilitating integrated support and joint planning at an earlier stage.

As the CAF has become more embedded in boroughs across London practitioners are increasingly asking for clarity around the interface between the common assessment and other key assessment tools and interventions, to avoid repeat assessments. The recommendations in this guidance have been developed through consultation with local, regional and national partners.

3.0 Education Sector

3.1 Early years Action (in a pre-school setting) or School Action

Definition:

This is an intervention provided by teachers and or special educational needs coordinators (SENCO) that is additional to or different from those provided as part of the setting's usual curriculum offer and strategies. It is triggered when a teacher or SENCO identifies that a child has special educational needs and an individual education plan (IEP) will usually be devised.

Recommended interface with the Common Assessment Framework:

There is no standard assessment that teachers use to trigger a school/early years action. The *pre-assessment checklist* is a good tool for identifying if there are any unmet needs within a child therefore the recommendation is that:

The pre-assessment checklist can be used as an assessment tool to trigger a school/early years action for a child.

3.2 Early years Action Plus (in a pre-school setting) or School Action Plus

Definition:

This is an intervention provided by the teachers and or SENCO with advice and support from outside specialists that is additional or different to those provided for the pupil through school/early years action. The SENCO usually takes the lead and an IEP will usually be devised.

Recommended interface with the Common Assessment Framework:

There is no standard assessment that teachers use to trigger a school/early years action plus. The common assessment provides a common framework for recording an assessment and collecting the evidence that would trigger a school/early years action plus. The recommendation is that:

The common assessment could be used as an assessment tool to trigger a school/early years action for a child.

3.3 Request for a Statutory Assessment

Definition:

By the time the school considers requesting a statutory assessment, the school should be in a position to provide written information or advice about:

- The school's action through School Action or School Action Plus
- Individual education plans
- Records of regular reviews and their outcomes

- The pupil's health including the pupil's medical history where relevant
- National curriculum levels, attainment in literacy and mathematics
- Educational and other assessments e.g. educational psychologist
- Views of parents and carers
- Involvement of other professionals

Recommended interface with the Common Assessment Framework:

The common assessment provides an opportunity to gather the required evidence over time through previous assessments and reviews, therefore it is recommended that:

The common assessment can be used as one of the tools to provide supporting evidence for the request a statutory assessment for a child.

3.4 Pastoral Support Programmes (PSP)

Definition:

PSP is a school based intervention to help individual pupils manage their behaviour. It is particularly useful for those whose behaviour is deteriorating rapidly and who are in danger of permanent exclusion. The PSP does not replace the SEN assessment process.

Content:

The PSP should identify precise and realistic targets for the pupil to work towards and it should be agreed with the child and parents. The PSP will:

- Review literacy skills and outline a support programme where necessary
- Identify rewards and sanctions
- Be reviewed half way through its set time – often at about 16 weeks

The DCSF recommend that a CAF should be completed as part of a PSP in the “Improving Behaviour and Attendance: Guidance on Exclusions from Schools and Pupil Referral Units” (DCSF 2008)

Recommended interface with the Common Assessment Framework:

There is no standard form across London to record a PSP and all the components of a PSP can be recorded within the common assessment. The common assessment will also document the child's strengths and needs which will inform the planning process. The action plan section of the common assessment facilitates multi-agency planning and review, therefore it is recommended that:

The common assessment should be used to record a PSP for a child.

4.0 Youth Sector

4.1 ONSET

Definition:

Onset is a referral and assessment framework that identifies if a young person would benefit from early intervention and determines the risk factors that should be reduced and the protective factors that should be enhanced in order to prevent the young person offending. It is used for all Youth Justice Board for England and Wales prevention programmes, including:

- Youth inclusion programmes (YIPs) and junior YIPs
- Youth inclusion and support panels (YISPs)
- Safer school partnerships (SSPs)
- Individual support order (ISO) schemes

Recommended interface with the Common Assessment Framework:

Practitioners should complete a common assessment when referring into a YISP as recommended by the Youth Justice Board. Youth Justice

practitioners should always complete a common assessment to identify the full unmet need and bring in additional support from other services, in addition to the specific specialist section of an ONSET and should operate as the lead professional when appropriate.

The CAF should not replace Asset which is a statutory assessment specific to offending issues. However, the assessments should be linked electronically to avoid unnecessary duplication of information between the common assessment, Asset and ONSET.

4.2 Dust Screening Tool

Dust is a Substance Misuse Screening tool. It is designed for use with young people when there is a concern regarding drug or alcohol use. It is not a comprehensive substance misuse assessment but it will help to identify risk factors and indicate when specialist advice should be sought.

Recommended interface with the Common Assessment Framework:

The Common assessment should be completed as an early assessment tool. If the common assessment raises a concern about substance misuse, the DUST screening tool should be used to decide if specialist substance misuse intervention is required.

If the first contact is made to a substance misuse specialist and a common assessment is not in place, the specialist should complete a common assessment in addition to the specialist section of the DUST and should operate as the lead professional when appropriate or refer to a TYS worker as the lead professional

4.3 Assessment Planning Intervention and Review (APIR)

APIR was designed by the Connexions Service National Unit and provides a framework for personal advisors to use for assessment, planning and review during their one-to-one work with young people. The framework has identified 18 factors within 4 main areas which have the potential to impact positively or negatively on a young person's participation and progress in learning. These 18 factors are also covered in the common assessment.

Recommended interface with the Common Assessment Framework:

As outlined by the Children's Workforce Development Council the assessment element of the APIR should be replaced by the CAF. "It is for individual Connexions partnerships at a local level to determine the timeframe within which this change takes place." (CAF managers guide, CWDC 2008).

We therefore recommend that the common assessment replaces the APIR.

5.0 Children's Social Care

The structure of the CAF has taken into account the structure of the Integrated Children's System so facilitate the appropriate exchange of assessment information between the two assessment frameworks.

"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." (CWDC, CAF: managers guide, 2007).

Practitioners in social care teams will build on the common assessment to complete their own specialist initial assessment

Recommended interface with the Common Assessment Framework:

The common assessment can be used as supporting evidence or the actual referral into children's social care. BUT a practitioner should not wait to complete a common assessment before referring a child or young person. Where they have concerns of a child's needs being under either section 17 or section 47 they should refer without delay.

6.0 Health

6.1 Early Support

Definition:

Early support is the government programme to achieve better coordinated family focused services for young disabled children and their families. It is a national programme that is being used in local authorities, hospitals and community based health services across England.

Recommended interface with the Common Assessment Framework

The common assessment is a holistic tool that can be filled out collaboratively to gain a full picture of unmet additional needs. This information could be used as supporting evidence to request for specialist support for a child from an early support service. Therefore this report recommends that:

The common assessment can be used as supporting evidence or the actual referral into early support services.

6.2 CAMHS (Child and adolescent mental health services)

CAMHS provides a service for children and young people with psychological and mental health needs. The four tiered CAMHS framework involves:

Universal: (Tier 1 – Universal services*) – provided by practitioners in universal services e.g. GPs, teachers, health visitors and youth workers

Universal/level 1- (Tier 2 universal/targeted services*) – provided by specialists working in community and primary care settings e.g. primary mental health workers and psychologists. They offer consultation to families and practitioners and identify sever/complex needs.

Level 2: (Tier 3- Targeted services*) – usually provided by a multi-disciplinary team or service working in the community or child psychiatry outpatient setting. They offer a specialized service for more severe, complex and persistent disorders.

Level 3 (Tier 4- Intensive services*) – for children and young people with the most serious problems. These include day units, highly specialized outpatient teams and inpatient units.

The national CAMHS review Emphasises that CAMHS is “everybody’s business” and all children’s services have a role to play in delivering support for children and young people with psychological and mental health difficulties.

The review supports the use of the common assessment as a tool to help practitioners identify a child’s psychological and mental health

needs and decide whether they can be met within their own service or if more specialist mental health support is needed.

Recommended interface with the Common Assessment Framework:

The common assessment should be used to identify additional needs under universal or targeted support. A SDQ will be used by specialist CAMHS workers to identify specific levels of need and specialist intervention. Where intensive (complex 'need) is identified a practitioner should use section 47 and refer without delay.

6.3 Adult mental health

As recommended in the National CAMHS Review adult services should consider using the common assessment with the children of adults they are working. This family centred approach to assessment is being promoted through the Think Family approach where front-line practitioners find out about and address wider family needs in a more integrated way.

Recommended interface with the Common Assessment Framework:

Adult mental health practitioners should use the common assessment to identify unmet additional needs in the children of parents they are working with if they are concerned that the child may not meet their ECM outcomes.

6.5 Health visitors, midwives and community nurses

Health practitioners are in a position to identify children with unmet additional needs at an early stage as they assess children at 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 examinations and immunizations 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.

Recommended interface with the Common Assessment Framework:

⁶* denotes the different ways in which CAMHS or emotional wellbeing services can be described)

Health practitioners should complete the common assessment when there is a potential unmet need that cannot be met within their single agency.

6.6 General Practitioners

GPs work in multidisciplinary practices with other practitioners and have an opportunity to meet the child and their family and identify unmet additional needs within the family. In a GP practice setting GPs may work with other practitioners to complete a common assessment to build up a holistic picture of the child.

Recommended interface with the Common Assessment Framework:

GPs should complete common assessments when appropriate in collaboration with other practitioners as necessary.

6.7 Metropolitan Police Service (MPS)

Pre-assessment checklist:

In response to the Every Child Matters agenda and as an attempt to achieve earlier identification of needs, the MPS have introduced the Merlin Pre-assessment Checklist (Merlin PAC) which they complete when they are concerned that a child or young person has an unmet additional need. The Merlin PAC is structured into 5 ECM domains and is very similar to the pre-assessment checklist.

The Merlin PAC can be completed by any member of the police service and all Merlin PACs are sent to the Public Protection Desk (PPD) for an initial assessment. Each police borough has a PPD which consists of a Sergeant and other police officers/staff who process all Merlin PACs, assess the information and check if the child/young person (CYP) is known on police systems. PPD's will also check to see if the CYP is known on the local eCAF system or ContactPoint if this has been locally agreed.

PPD's act as a gateway and will filter the Merlin PACs received from the police to the following agencies:

- Youth offending service/team (YOT/YOS) – if arrested/offending behaviour
- Child abuse investigation team (CAIT)– if child protection (who then pass it onto children’s social care)
- Other police departments such as Safer Neighbourhoods – if the concern requires police involvement/follow up

For Merlin PACs that do not fit into any of the above categories (which will be the majority) a process is being agreed *locally* between the local authority and the police. Most police boroughs will send their Merlin PACs to the local authority Children’s Social Care and in some boroughs the police will send them to the local authority CAF team. In both cases, children’s social care or the CAF team will be expected to pass on the Merlin PAC to the appropriate agency which will then complete a common assessment if appropriate.

Common Assessment:

The MPS have received training in “What to do if you are concerned about a child”, which explains the PPD process and ECM outcomes. PPD staff have received further training on the CAF process and have been advised to attend Integrated Working or CAF training delivered by their local authorities. The Met have also developed operational guidelines for the police around the thresholds for completing a Merlin PAC, which range from low level concerns up to concerns requiring social care intervention.

In general the MPS do not expect police officers to complete a common assessment, however the Association of Chief Police Officers (ACPO) recommend that certain police officers who work more directly with CYP in multi-agency teams such as Safer Schools and YOT/YOS – may complete/collaborate on common assessments or become a member of the Team Around the Child when appropriate.

Recommended interface with the Common Assessment Framework:

All police staff that have a concern about a CYP should complete a Merlin pre-assessment checklist (Merlin PAC) and forward to the appropriate children’s services team as agreed with the local authority which should either be children’s social care (where section 17 is considered) or YISP in other cases. In cases where a child is covered

under section 47 policy staff should contact social care services for immediate action. Police staff that work more closely with CYP in multi-agency teams e.g. Safer Schools and YOT/YOS – may complete/collaborate on common assessments or become a member of the Team Around the Child when appropriate.

Consultation questions for CAF interface with other assessments chapter:

- 1.0 Do you agree with the recommended interface between the CAF and assessment tools/intervention discussed in the chapter?**
- 2.0 Do you think there are other key assessment/interventions which also need to be discussed?**

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Annex 4
CAF Quality Assurance
Framework

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1.0 Introduction

The purpose of this chapter is to outline a standardised CAF quality assurance framework that can be implemented across each London borough to monitor the quality of the CAF process and help to improve outcomes for children and young people.

2.0 Background

The use of the CAF has developed well across London with a number of examples of good practice emerging. At the same time a number of issues have been identified that have hindered the development of CAF as the primary multi-agency early intervention assessment tool for Children and Young People's services.

The QAF will lead to improved outcomes for children and young people and increased participation in, and ownership of the CAF process. At the strategic level, as the QAF process develops, opportunities will arise to assist in performance management and the provision of data to support the resourcing of needs and improved outcomes.

There are a number of benefits to the implementation of the QAF. Constancy in the implementation of the CAF process will:

- Promote more effective and earlier identification of additional needs at Tier 2, particularly in universal services.
- Provide a simpler process for a holistic assessment of a child or young person's needs and strengths, taking account of the role of parents, carers and environmental factors on their development.
- Practitioners will be better placed to agree, with the child and family, about what support is appropriate.
- Help to improve integrated working by promoting co-ordinated service provision.
- Improve information about the quality of CAFs to support reflective supervision practices.

In the future, as the use of the QAF develops it will provide opportunities for the aggregation of data demonstrating the impact of CAFs, at Borough level and across different age and need groups. The

future opportunities to aggregate CAF data could support the identification of trends in strengths and weakness in the holistic development of children and young people, enabling the better targeting of resources and practitioner training.

3.0 Quality Assurance Framework (QAF)

3.1 Objective of the QAF

The objective of this Quality Assurance Framework (QAF) is to provide consistency in the quality of the Common Assessment Framework (CAF) across London. The QAF will support practitioners to improve the effectiveness in the identification of the needs of children, young people and their families, and improve early intervention to support those needs. The QAF will also help multi-agency children's services in identifying practitioner-training needs by highlighting examples of good practice and areas requiring improvement.

The QAF covers five key stages:

- The CAF Assessment Process
- The Audit process
- The evaluation of the Audit Process
- The feedback of the audit process
- Improvement to the CAF Process

3.2 Enabling the QAF

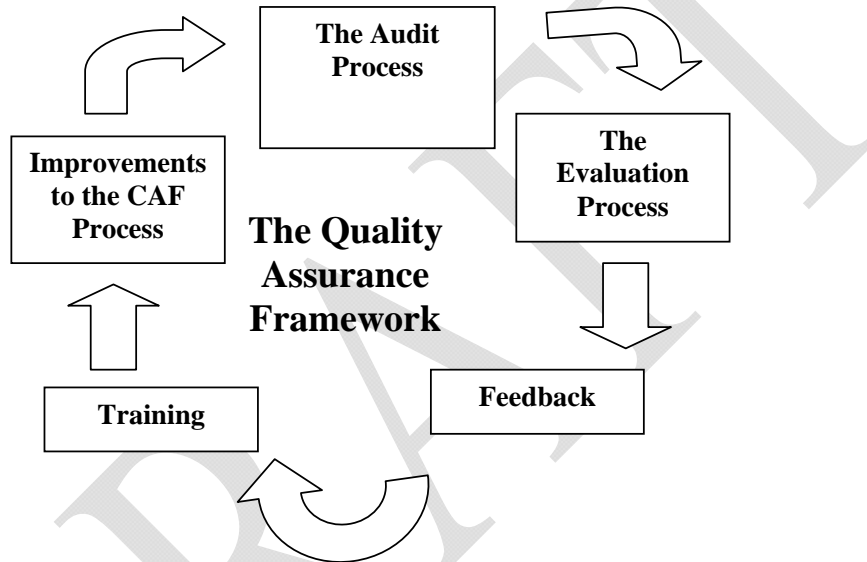
(A) Nominated Auditor

Each service that uses the CAF should nominate a minimum of one CAF Auditor depending on the size of the service. Heads of Service should nominate their services auditor. Nominated Auditors need to be operational managers or, team leaders from within that service area;

(B) Evaluation Team

Members of the Evaluation team need to be senior operational managers and CAF managers. The team needs to have representation from all agencies using the CAF. Most Boroughs have a CAF or Integrated Working Project Board whose membership should already include the relevant individuals.

3.3 The Quality Assurance Framework Process



Stage 1 - The Audit of the CAF Process

The objective of the Audit process is to ensure the three steps in the CAF process, "Prepare", "Discuss" and "Deliver" have been carried out correctly.

The Monitoring and Audit process will record:

- The quality of the completion of the CAF form;
- The quality of the action plan and review process

This will be undertaken by the Auditor (monitoring the assessment process)

One in every 10 CAFs that has undergone the Action and Review process should be collected by the nominated CAF Auditor who then undertakes the CAF Monitoring and Audit Process using the CAF Quality Audit Tool.

It is inevitable that as the CAF develops to become the primary early intervention assessment for children and young people's services, the audit workload will dramatically increase.

(A). Monitoring the assessment process

This process uses the Audit Tool and the Quality Audit checklist (Appendix A) developed as part of this QAF.

This assessment will enable a clear indication of how the documentation has been completed.

The outcomes of the Audit of the CAF Process feed into the evaluation Process

(B) Monitoring the action and review process

This process focuses on the Action and Review forms. Once a CAF action plan has been implemented, the Team Around the Child will need to review the outcomes for the child or young person and measure the quality and effectiveness of the Action Plan.

This assessment focuses on a review of the impact of the CAF on outcomes.

Stage 2 - The Evaluation Process

The Evaluation Process is conducted by a multi-agency Evaluation Team and by the CAF Auditors. The evaluation process is broken down into two stages: The Evaluation of the CAF Process and the impact of the CAF.

The evaluation of the CAF assessment process and the Impact of the CAF

This evaluates the assessment, action planning and review process and the outcomes achieved for young people. The Evaluation Team will have been provided with the average scores from Audited CAFs and the average scores of the success of the action and review process. These will have been divided into services areas. If any service's scores fall below a pre-determined figure, set by the Evaluation Team, the reasons must be investigated by the Evaluation Team, and corrective action recommended and implemented.

Stage 3 - Feedback

The Evaluation Team will feedback the results of the evaluation process to the Borough's Integrated Working Project Group or equivalent body and to service managers which will help them in:

- Identifying the training needs for their practitioners.
- Monitoring the CAF process.
- Tracking outcomes for children and young people.
- Identifying issues for supervisions.
- Identifying support needs in services for local authority CAF teams.
- Performance management of services within children's trusts.

Stage 4 - Training

The next step in the cycle is the CAF training for practitioners, which will have been improved as a result of the feedback received. The Evaluation Teams will feed back and make recommendations to training managers, to highlight areas for improvements to existing CAF training, and any additional items that need inclusion.

Stage 5 - Improvements to the CAF process

The improved training and supervisions as a result of the Quality Assurance Framework, and the resultant improved outcomes for children and young people complete the cycle of the QAF.

3.4 Governance of the QAF

The Children's Act places a duty on all agencies supporting children and young people to work together within Children's Trust frameworks. It also places the accountability for all children's services with the chairs of the Children's Trusts, the Local Authority Directors of Children's services. Therefore the governance of the CAF's should sit with the Children's Trusts and the lead should be taken by the Local Authority.

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CAF Quality Audit Checklist
Checklist and Guidance Notes

1. The Quality Audit should only be carried out by an individual who has received training in Quality Auditing.
2. The Quality Audit of a CAF, must not be carried out by any person who has had any involvement in the particular assessment being audited.
3. A CAF can only be audited once it is closed.
4. The audit can sample a random selection of CAF's, or CAF's conducted on a specific group of children or young people according to demographics or level or type of need.
5. The Quality Auditor will be advised by the Evaluation Team, which type of sample CAF's are to be audited.
6. The anonymity of the child or young person who has been assessed must be preserved. However the Evaluation Team will need to be able to identify specific CAF's that have been audited, therefore the audit should refer to an assessment by unique reference number, not by the name of the child or young person being assessed.
7. The anonymity of the practitioner should also be maintained, therefore the audit should identify the agency conducting the assessment, not the practitioner, therefore reference by a unique reference number will enable the auditor to feedback to individual practioners.
8. The Quality Auditor should systematically review the CAF documents, and answer the questions posed on the check list.
9. The checklist consists of a series of "closed questions", the only possible answers for each question is therefore "Yes", "No" or "Non-Applicable (N/A)." The score given for "Yes" answer = 1, the score given for each "No" answer = 0, the score given for each "N/A" answer = 1.
10. A tick should be placed against each question in the relevant answer box, and the Quality Auditor should add any comments he/she feels appropriate in the comments box which will expand with typing. At the end of the audit, the score for each answer column is to be totalled.
11. On completion of the audit, the Quality Auditor is to complete Section 1 (Objective Criteria) of the Quality Monitoring Tool.
12. If the percentage effectiveness of the Quality Audit Checklist is 50% or less the Auditor should complete Section 2, (Subjective criteria).

2nd iteration: consultation December 2008

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Unique Reference Number.....

Audit Conducted By.....

Agency Which Conducted the Assessment..... Date of Audit.....

Type of Sample (e.g. Random, Specific Group, Type of Need etc).....

Section 1 - Quality Audit Checklist

Question	Yes (Score = 1)	No (Score = 0)	N/A (Score = 1)	Comments by Quality Auditor
Identifying Details				
Are the personal identifying details of the child or young person entered onto the CAF form (i.e. name, address, gender, contact details, date of birth, religion)? If only partially completed score 0				
Is the ethnicity of the child or young person entered onto the CAF form?				
Is the first language of the child or young person and the parent/carer entered onto the CAF form?				
Have details of any disability of the child or young person been entered onto the CAF form?				
Has the need for an interpreter/signer been noted, and if so was an interpreter/signer arranged for the assessment process?				
Have details of any special requirements of the child or young person been recorded?				
Assessment Information				
Does the CAF form record all the people present at the assessment?				
Has the reason for the assessment been recorded on the CAF form?				
Have the personal details of the parent/carer been recorded (i.e. name, address, contact details, parental responsibility and relationship to the child or young person)? If only partially completed score 0				
Has the current family and home situation been recorded (i.e. family structure, siblings, other significant adults living and not living with the child)? If only partially completed score 0				
Have the details of the person(s) undertaking the assessment been recorded?				
Has the lead professional been identified, together with their contact details?				
Have all the services dealing with the child or young person been identified, with details of their involvement and contact details?				

CAF Assessment Summary: have the child or young person's strengths and needs been recorded				
Parents and Carers: has the ability of the parents and carers to provide guidance and support been recorded?				
Family and Environmental: have family history, networks employment, housing, or education been considered when completing the form				
Conclusions, Solutions and Actions				
Have the conclusions derived from the assessment been recorded?				
Have the agreed changes required been recorded?				
Has an action plan been recorded, together with responsibilities for carrying out those actions and dates by which they are to be completed?				
Has a review date been agreed and recorded?				
Have indicators of successful improvement been recorded?				
Has the child or young person recorded their comments on the assessment and identified actions?				
Has the parent/carer recorded their comments on the assessment and identified actions?				
Has consent for information storage and information sharing been obtained and recorded?				
Has the information to be shared and the agencies authorised to share that information been recorded on the form?				
Has the assessment form been signed by the child/young person, parent or carer?				
Has the assessment form been signed by the assessor(s)?				

Total Score for:-

- A. "Yes" column =**
- B. "N/A" column =**

The total possible score for the completion of a CAF is 27. However, depending on the circumstance, not all areas of the form may require completion. The percentage effectiveness of the CAF process is therefore:

(The total of the "Yes" scores, times 100) divided by (27 – Total of "Non Applicable" score)
 e.g. If the Non Applicable score = 5, and the Yes scores = 15 then the percentage effectiveness of the CAF process = $(15 \times 100) / (27 - 5) = 68.2\%$

Section 2 - Subjective Criteria

Not completed = 0 Section should have been completed but was left empty No evidence Insufficient information	Poor = 1 Unclear why being assessed or referred Level of need inappropriate Service involvement requested rather than on outcomes	Satisfactory = 2 Brief comments but clearly stated Levels correct Outcomes focused	Good = 3 Comments are clear & purposeful and linked well to evi Levels correct and good evidence Strong picture of outcomes needed with appropriate act steps
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2.3 CAF purpose, level and action request.

CAF Section	Not Completed = 0	Poor = 1	Satisfactory = 2	Good = 3
Reason for assessment and referral				
Identification of level of need				
Conclusion, solution & Action				

Scoring system for above CAF purpose, level and action requested

2.3 Domain completion

CAF Section	Not Completed = 0	Poor = 1	Satisfactory = 2	Good = 3
Development of Child				
Parent/carer				
Family and Environment				

Scoring system for domain completion

2.3 Analysis

CAF approach	No = 0	Poor = 1	Satisfactory = 2	Good = 3
Information sourced / evidence based, non-judgmental				
Strengths / positives included				
Parent / carer engagement in process				
Child / young person engagement in process or needs of child / young person appropriately represented				
Outcomes focused on impact on child/young person				

ECM Outcomes (Yes = 1, No = 0)	Being Healthy	Staying Safe	Enjoy and Achieve	Positive Contribution	Economic well-being
Does the CAF focus on any of the ECM outcomes					
Have the "Conclusions, solutions, actions" identified helped to improve outcomes.					
Overall Comment & Score					

Measurement of the Effectiveness of Actions

The CAF process identifies changes that need to occur in the life of the child or young person undergoing the assessment, in order to improve their current situation. For each of these changes, one or more activities or actions were identified. The extent to which the activities or actions proved effective, and the extent to which the required changes that were identified have occurred, is a measure of the quality and effectiveness of the CAF process.

The effectiveness of each action can be classified as one of the following:-

1. Not Effective (The action taken has not resulted in any noticeable/measurable change).
2. Partially Effective (The action taken, has resulted in a small noticeable/measurable change, but there is still much to do to achieve the required change.)
3. Mostly Effective (The action taken has achieved most of the required change, which could be completely achieved with a little extra effort, or required changes effective but not considered sustainable without on-going support.)
4. Completely Effective. (The action has achieved the required change, and it is likely to be maintained without further support.)

Each of these classifications are scored 0 to 3, and entered into the table below. There should be one entry for each action and one entry for each required change. In the example given below, there are three changes required. These have been identified as Change 1, Change 2 and Change 3, but for the purpose of an actual CAF, they would be identified fully. For each change, two actions have been identified (i.e. 6 in total). These have been identified as Action 1, Action 2, Action 3 etc.

Evaluation of Effectiveness of Actions

Action	Not Effective (Score 0)	Partially Effective (Score 1)	Mostly Effective (score 2)	Completely Effective (Score 3)	Action Score	Total Possible Score
Action 1		x			1	3
Action 2			x		2	3
Action 3	x				0	3
Action 4				x	3	3

Action 5				x	3	3
Action 6			x		2	3
Overall Scores					11	18

Effectiveness of actions = 11/18 = 61%

The extent to which each of the identified changes has occurred can also be classified as one of the following:-

1. No Change Occurred (The relevant circumstances are the same as they were before the actions took place.)
2. A Small Change Occurred (There has been some noticeable improvement in the relevant circumstances, but much more change is required.)
3. A Moderate Change Occurred (There has been considerable improvement in the relevant situation, but some change is still required.)
4. The Required Change Occurred. (The targeted change has been fully achieved.)

Each of these classifications are scored 0 to 3 and entered into the following table.

Evaluation of the Achievement of the Identified Changes Required

Identified Change	No Change (Score 0)	Small Change (Score 1)	Moderate Change (score 2)	Required Change (Score 3)	Change Score	Total Possible Score
Change 1		x			1	3
Change 2			x		2	3
Change 3				x	3	3
Overall Scores					6	9

Achievement of Changes required = 6/9 = 66%

Overall Measurement of Quality and Effectiveness of CAF Process

$$\frac{(\text{Overall Action Score} + \text{Overall Change Score}) \times 100}{(\text{Possible Action Score} + \text{Possible Change Score})} = \frac{(11 + 6) \times 100}{18 + 9} = 63\%$$

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Evaluation of the Participation of the Child or Young Person and/or their Parent/Guardian/Carer

The success of the Team Around the Child process, is dependant on the agreement, participation and co-operation of the child or young person, and/or their parent/guardian/carer. When evaluating the outcomes of an action plan, it is therefore necessary to take this into consideration. In principle the child, being central to the TAC process, will have understood and been a party to deciding what actions the feel would provide them the right support.

Complete the following chart. Where a child or young person is considered able to fully understand the process, and make a decision on their own behalf, (Fraser Principle), then they should have signed the appropriate confirmation. In that case, the signing of the parent/guardian/carer is not needed, and the Not Applicable (N/A) box should be ticked. However, where the parent/guardian/carer has agreed to complete an action, then the answer should be Yes or No, whether or not the Fraser Principle is appropriate.

Question	Yes	No	N/A
Has the child or young person been central in the TAC process			
Did the child or young person sign to confirm that they agreed with the changes that needed to occur?			
Did the parent/guardian/carer sign to confirm that they agreed with the changes that needed to occur?			
Did the child or young person sign to confirm that they agreed with the Action Plan to achieve those changes?			
Did the parent/guardian/carer sign to confirm that they agreed with the Action Plan to achieve those changes?			
Was the child or young person involved in choosing the Lead Professional?			
Was the parent/guardian/carer involved in choosing the Lead Professional?			
Did the child or young person attend the Team Around the Child meetings?			
Did the parent/guardian/carer attend the Team Around the Child meetings?			
Did the child or young person complete his/her agreed actions in order to achieve the required change?			
Did the parent/guardian/carer complete his/her agreed actions in order to achieve the required change?			
Does the child or young person agree with the evaluation of the effectiveness of the actions and achievement of changes?			
Does the parent/guardian/carer agree with the evaluation of the effectiveness of the actions and achievement of changes?			

A "Yes" answer scores 1, a "No" answer scores 0, a N/A answer scores 1. A score of 9 or less indicates non-effective participation on the part of the child or young person, or their parent/guardian/carer.

Consultation questions for CAF Quality Assurance Framework:

1.0 Do you think the QA framework has been explained clearly in this chapter?

2.0 Do you think the QA framework proposed can be successfully implemented?

3.0 What do you think of the Monitoring tool?

4.0 Do you think implementation of this QA framework will improve the quality of the CAF process and improve outcomes for children and young people?

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Annex 5

Sharing Information Securely (To be circulated on a separate document)

Annex 6

Information Sharing DCSF guidance on Information Sharing (September 2008)

London Continuum: Descriptors

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Teenage Pregnancy Thresholds

Introduction

Research has identified key factors known to increase the likelihood of teenage pregnancy which can be broadly grouped into: education related factors, risky behaviours and family and social circumstances. The *more* risk factors a young person has, the *more likely* they are to experience a teenage conception. Sexual activity alone is not a key indicator for risk of teenage pregnancy; in fact a young person may not be sexually active but could have other key risk factors and be in need of targeted support to prevent teenage pregnancy.

The CAF is an important tool for the early identification of young people at risk of teenage pregnancy, ideally before they become sexually active. Young people exhibiting the risk factors described at Level One on the table below should have a CAF and a targeted support package (as suggested in the table below) put in place. The emphasis of interventions should be on building self-esteem, addressing school refusal or attainment issues and boosting aspirations. Young people at Level Two have already experienced pregnancy, and will have additional support needs. Young people at Level Three would be subject to safeguarding concerns because of their age or vulnerability.

The risk factors identified at each level are applicable to both young men and young women of any sexual orientation. Sexual activity is defined as vaginal, oral or anal sex.

<p>Universal Universal service support</p> <p>Displays no risk factors – not a cause for concern</p>	<p>Teenage pregnancy threshold/descriptor</p> <ul style="list-style-type: none"> • Attends school regularly/or in EET and likely to achieve 5 A*-C GCSE or higher academic success • Knowledgeable about sex & relationships and consistent use of contraception/protection if sexually active 	
	<p>Risk factors</p> <ul style="list-style-type: none"> ▪ No drug or alcohol misuse ▪ No mental health concerns ▪ No concerns about potential offending ▪ Likely to be living in a non-deprived area ▪ Not known to social care 	<p>Protective factors/resilience</p> <ul style="list-style-type: none"> ▪ Positive aspirations ▪ In education/employment/training ▪ Positive attitude to learning ▪ High sense of self esteem

		<ul style="list-style-type: none"> ▪ Stable family and home life ▪ Supportive consistent parenting and positive role models ▪ Resilience to peer pressure & delayed sexual activity ▪ Supportive peer relationships ▪ Parents value education 	
Level 2 Low risk-vulnerable Single agency targeted support	<p>Teenage pregnancy threshold/descriptor</p> <ul style="list-style-type: none"> • Is in EET but struggling with attendance and/or attainment • Left school at 16 with no/few qualifications • Expressing wish to become pregnant/be a parent at a young age (at any age) • Early onset of sexual activity (13-14) • Sexually active 15-19 years olds with inconsistent use of contraception/protection, and limited access to contraceptive and sexual health advice, information and services. 		
Displays some risk factors or has a single significant risk factor	<p>Risk factors</p> <ul style="list-style-type: none"> • Low level substance misuse (current or historical) – starting to experiment • Low level mental health and/or low self esteem and vulnerable to peer pressure • At risk of or has started involvement in criminal activity • May live in a deprived area and affected by low income or unemployment • Some issues identified with parenting and/or home life (but not escalated to social care) which may affect the (child) young person • Looked after child (current/historic) • Early parenthood acceptable within family and wider social network • Daughter of a teenage mother or a family member who is/was a teenage parent • Ethnicity – Of White British, ‘Mixed White and Black Caribbean’, ‘Other Black’ or Black Caribbean’ ethnicity – depends on borough 	<p>Protective factors/resilience</p> <ul style="list-style-type: none"> ▪ Positive aspirations ▪ In education/employment/training ▪ Positive attitude to learning ▪ High sense of self esteem ▪ Stable family and home life ▪ Supportive consistent parenting and positive role models ▪ Resilience to peer pressure and delayed sexual activity ▪ Supportive peer relationships ▪ Parents value education 	<p>Suggested interventions</p>

	<ul style="list-style-type: none"> • History of sexual abuse or rape • Is 16 or over and having sex with someone 5 or more years older than them. 		
<p>Level 3 – Integrated targeted support OR child in need</p> <p>Displays most risk factors</p>	<p>Teenage pregnancy threshold/descriptor</p> <ul style="list-style-type: none"> ▪ Under 16 and has had (or has caused) a previous pregnancy (whether ending in live or still birth, abortion or miscarriage) ▪ 16 or over and has had (or has caused) two or more previous pregnancies or who is already a teenage parent 		
	<p>Risk factors</p> <ul style="list-style-type: none"> ▪ Short-term exclusions or at risk of permanent exclusions, persistent truanting. ▪ Is NEET ▪ Limited or low aspirations ▪ Substance misuse with alcohol/drug impaired decision making ▪ Mental health issues including depression, anxiety and self-harming and poor self esteem ▪ Engaging in offending behaviour – known to YOT or the police ▪ History of domestic violence 	<p>Protective factors/resilience</p> <ul style="list-style-type: none"> ▪ Positive aspirations ▪ In education/employment/training ▪ Positive attitude to learning ▪ High sense of self esteem ▪ Stable family and home life ▪ Supportive consistent parenting and positive role models ▪ Resilience to peer pressure and delayed sexual activity ▪ Supportive peer relationships ▪ Parents value education 	<p>Suggested interventions</p>
<p>Level 4 – High risk Specialist or statutory integrated response OR child protection</p> <p>Displays most or all risk factor to a</p>	<p>Teenage pregnancy threshold/descriptor</p> <ul style="list-style-type: none"> • Is in some form of sexually exploitative relationship (gang related, sexual abuse through prostitution, familial sexual abuse, under 16 and in relationship with 4 years or more age difference) • Teenage parent under 16 isolated from appropriate support networks • Young person under 13 engaging in sexual activity 		
	<p>Risk factors</p> <ul style="list-style-type: none"> ▪ Chronic non-attendance, truanting ▪ Permanently excluded, frequent exclusions or no education provision ▪ Is NEET ▪ No aspirations for the future and no future plan ▪ No parental support for education 	<p>Protective factors/resilience</p> <ul style="list-style-type: none"> ▪ Positive aspirations ▪ In education/employment/training ▪ Positive attitude to learning ▪ High sense of self esteem ▪ Stable family and home life ▪ Supportive consistent parenting and positive role models 	<p>Suggested interventions</p>

significant degree	<ul style="list-style-type: none"> ▪ Endangers own life through drug or alcohol misuse ▪ Complex mental health issues requiring specialist interventions ▪ Failure or rejection to address serious re-offending behaviour ▪ Child or young person who needs to be looked after outside the family home ▪ Suspicion of physical, emotional and sexual abuse or neglect ▪ High levels of domestic violence that put the child/young person at risk 	<ul style="list-style-type: none"> ▪ Resilience to peer pressure and delayed sexual activity ▪ Supportive peer relationships ▪ Parents value education 	
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