

## Simplified Assessment Workstream

### 1. Introduction

The simplified assessment workstream has focussed principally on how different agencies work together in support of Families with Multiple Problems. Rather than focus on the assessment form(s) *per se*, our approach has been to consider the best options for achieving a shared, early, **understanding** of families across agencies and co-design a system around the family that enables the important information to be collected and shared as quickly, effectively and safely as possible through engaging families in conversations that matter. Whilst it's tempting to start with a project to 'redesign the form', the truth is that what's really important is how we minimise the quantity and complexity of assessments through improved multi-agency working and information sharing, to ensure that the process is one that adds value - becoming a positive component of a family's recovery in its own right. This paper is a snapshot in time and does not contain all the answers, but it does illustrate the progress being made in Essex and elsewhere and hopefully offers some useful pointers for other partnerships that would like to improve the assessment process for families in their area.

### 2. The Essex Review of Integrated Working Processes

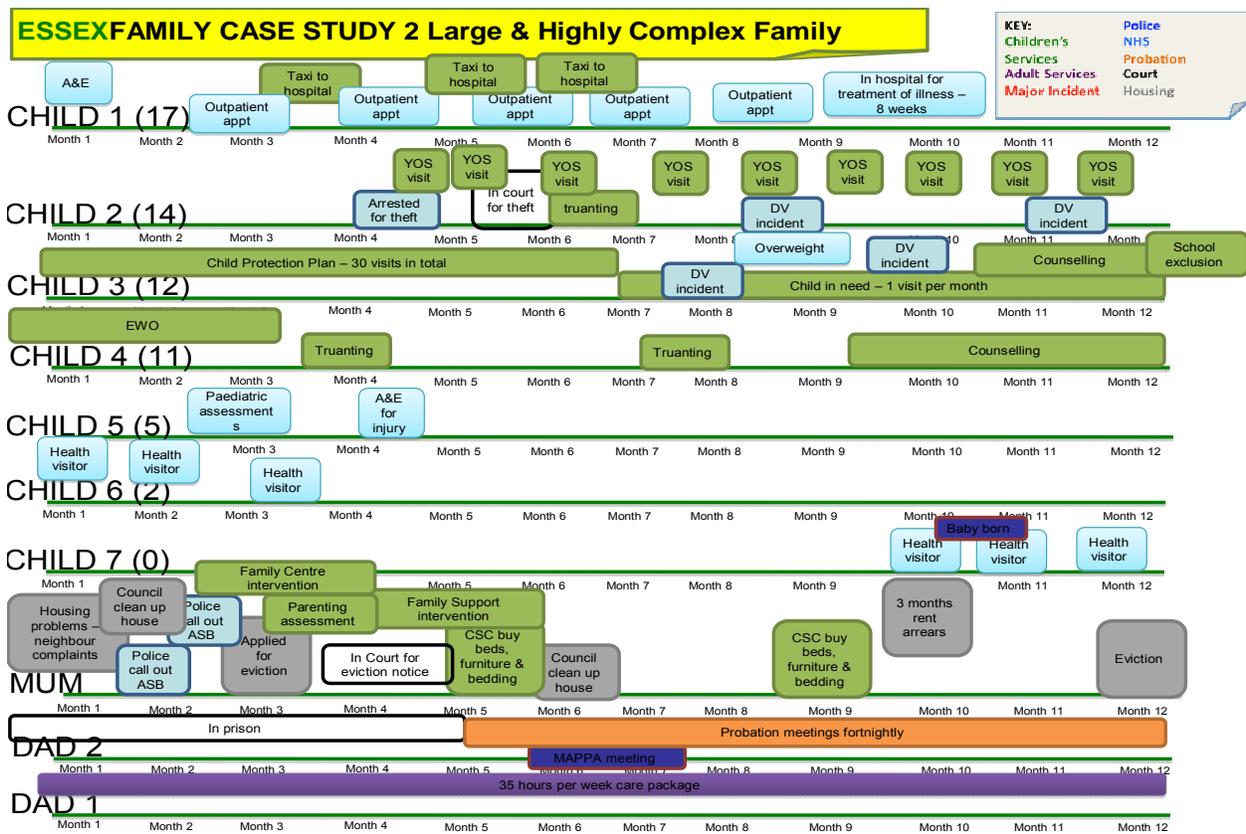
The diagram below depicts the range of interventions implemented by the large number of agencies involved with a single complex family in Essex over a twelve month period. The likelihood is that each of these agencies:

- assessed the family's needs using their own assessment tools
- did not share the information they had gathered with practitioners in other agencies
- did not know the number of different agencies involved with the family
- did not have one practitioner/agency responsible for coordinating the services involved
- did not discuss the issues and potential solutions with the family
- did not recognise the needs sufficiently early to enable the appropriate interventions to be put in place to prevent needs escalating to the point of crisis

On average, Families with Multiple Problems are costing around £140,000 per year in public sector service provision. Around 80 – 90% of that is reactive spend on interventions aimed at dealing with immediate, acute issues but not strengthening a family's ability to help themselves nor reduce their dependency on services. Across Essex this could equate to nearly £300 Million every year for our estimated 2100 families with multiple problems.

Although there has been significant progress made in Essex to improve integrated working practices and assess the needs of children, young people and their families earlier, evidence from Serious Case Reviews, the Munro Report and recent inspections shows that there needs to be a greater emphasis on partners working more effectively together to ensure continuous and sustained improvement in outcomes for children, young people and their families.

Integrated working means practitioners, families, children and young people working effectively together in partnership to improve the lives of children and young people. It is achieved by everyone working across traditional boundaries to deliver services and requires a shared vision alongside a common set of processes and tools. Whilst this may be the vision that Essex aspires to, unfortunately practice and feedback from partners, children, young people and families would suggest that there still remains much to do.



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### 3. Background to the Review

In 2007 Essex introduced a number of integrated working processes, systems and tools and, whilst there was sign up from the most senior staff in partner organisations at a strategic level, the implications of this were not fully recognised nor indeed communicated to all those working on the front line.

Notwithstanding this the local authority, in its statutory role to lead partners in the children's agenda, continued to seek to embed integrated working processes, systems and tools, including the Common Assessment Framework (CAF) and Lead Professional role.

A number of recent developments support a review of integrated working practices i.e. assessment and referral processes and routes to access services across the partnership, as follows:

- The recommendation included in the Munro report in relation to statutory (Initial and Core) assessments within children's social care.
- The exploration and development of family assessment and family MAAGs (supported by EssexFamily prototype projects).
- The proposal by the Department of Work and Pensions (DWP) to use European Social Fund (ESF) contracts to develop a whole family approach to assessment to tackle barriers to work.
- The lead role taken by Essex in a project to explore simplified assessments on behalf of the national Hanham Group (linked to EssexFamily).
- The proposed development of a single gateway to access Child and Adolescent Mental Health Services.
- The Essex County Council (New Ways of Working) Customer Strategy, with the potential development of streamlined customer access routes via Contact Essex and Social Care Direct.
- The exploration in West Essex of a one-front-door approach for single agency referrals.

A review during Autumn 2011 will engage partners at all stages and involve children, young people and their families. Led by the strategic Essex Children's Partnership Board, it will provide:

- Revised, simplified assessment and referral processes and tools to support the workforce
- Clarity about routes to access services
- Reviewed Guidance for Threshold of Need and Intervention, using best practice from other areas

#### **4. The Common Assessment Framework (CAF)**

There has been, and still continues to be resistance from some agencies/services to completing the CAF (see Annex 3) and embracing integrated working processes. The authority has tried to be as flexible as possible in the way in which the processes are implemented without compromising the need for a holistic assessment of the support that is required for the child, young person and their family.

A quick review of the evidence gathered from partners, children and families was undertaken in late August 2011 of the feedback on CAF and integrated working and the current perceived barriers. The paper is available but a summary of the key points is outlined below:

##### CAF

- The CAF is overly bureaucratic and too time consuming to complete
- Confusion about whether the CAF is a referral form or an assessment of need
- Little evidence of engagement of children, young people and their families in the process of completing a CAF
- Duplication of information

##### Lead Professional

- Completion of the CAF is linked inextricably with the role of the Lead Professional (LP) and the reluctance of practitioners and agencies/services to undertake the LP role.

- Practitioners are daunted by the term Lead Professional and their perception of the role which results in a reluctance to complete a CAF.

#### Team around the child (TAC)

- Attendance at TAC meetings is fragmented among services.
- A number of staff have reported they lack the skills and confidence to contribute effectively to the TAC
- Delivery plans are often not completed or ineffectively completed at the TAC.
- Services not available in a timely manner

#### Referral routes

- Many services/agencies continue to use their own referral forms causing more confusion about the role of the CAF – is it an assessment tool or a referral form?
- Some services can be accessed without a supporting CAF
- Confusion for some agencies of using a CAF when a core assessment has already been completed

#### Threshold of Need

- Lack of awareness from practitioners on the ground of the existence of a Threshold of Need document
- Lack of understanding about thresholds and the links to services
- Take up of training around the Threshold of Need has been variable among organisations with schools being particularly poor in attending
- The distribution of the summery document has stalled with managers not responsible for undertaking assessments not cascading the documents and training opportunities to those who are

#### Information sharing

- Numerous information sharing protocols across the area result in inconsistency in practice
- Uncertainty of practitioners around information sharing

### **5. Action taken to overcome barriers to the CAF**

Since the introduction of integrated processes, and specifically the CAF, in Essex in 2007, there has been a significant amount of work undertaken to embed integrated processes in Essex.

- Training – a comprehensive multi-agency (and single agency when requested) training programme has been delivered to partners across the county. This training is free of charge and is delivered in venues across the whole county. The training programmes have included the following:
  - an introduction to CAF
  - a programme for managers
  - a programme for practitioners
  - Assessment Skills
  - Information Sharing.
  - Assessment and Referral Process and the Role of the Lead Professional
  - Integrated Working
  - Early intervention and Prevention
  - Understanding the CAF assessment process
  - Effective involvement and engagement

- CAF workshop
  - Team around the child (TAC) workshop
  - LP supervision – manager’s workshop
- A range of KWANGO e-learning programmes hosted on the integrated working website (access is free of charge) have been made available to partners:
    - Integrated working
    - Common Assessment Framework (CAF)
    - Information Sharing
    - Safeguarding Children
    - Lead professional
  - Resources have been developed in support of the CAF process. These include a CAF checklist and a CAF step-by-step guide as well as resources produced by the Children’s Workforce Development Council. These are all available on the integrated working website.
  - An assessment and referral process flowchart was developed to outline the process.
  - In addition to the training and the resources available on the website, the Integrated Workforce Managers in each quadrant have been providing targeted support to both individuals and organisations.
  - Guidance has been developed for specific sectors/services to try to simplify the process. These include guidance for GPs and guidance for the Education Welfare Service.
  - Guidance on Threshold of Need document produced with subsequent training to support the document delivered across the county.
  - Partners now play an integral role in shaping the delivery of integrated working processes and training through their involvement in the Local Children’s Commissioning and Delivery Board Integrated Working Implementation Group (IWIG).

***In short, the investment made to overcome the barriers to effective integrated working has been massive but has not delivered the desired outcomes.***

## **6. Strategic Barriers**

- The lack of strategic commitment and responsibility at all levels from management to practitioner level within partner agencies at the beginning of the process has hampered the implementation of integrated working throughout Essex. There is a common feeling among health and education professionals in particular that this is a process ‘done to them’ not ‘with them’.
- Communication within the local authority and through partner agencies is reliant on key individuals and decision makers embracing integrated working practices and this was not uniformly the case.
- Inconsistency in understanding and effective implementation of integrated working practices within the local authority and partner organisations.
- Misinterpretation of policies, procedures and referral routes is commonplace.
- Lack of recognition and resolution of the implications of the system for front-line services across the partnership. The consensus is that practitioners were not effectively consulted on the systems and processes of implementing integrated working. Processes and systems not always practical and conducive to the work of a number of individuals on the ground who are expected to implement them.

## 7. Scope of the review

- The review will be both a 'bottom up' and 'top down' process.
- Strategic commitment to the outcome of the review will be assured prior to implementation
- The review will actively involve all the key partners at all levels and should include those who experience the greatest difficulty or display the strongest resistance to their implementation.
- Staff who work on the ground should have an equal opportunity to participate in the review process alongside those partners with a strategic role in their organisations.
- The review should also actively involve children, young people and their families.
- The focus of the review needs to be the whole family with an emphasis on family resilience rather than just the child and/or young person.
- The review needs to ensure 'fit' with statutory service processes and systems including adult services
- The outcomes of the review need to be piloted before full implementation

The review will be a phased process commencing with a steering group being set up with senior staff from the Locality Commissioning Service and Children's Social Care to ratify the scope, deliverables and timescales.

The review will work with senior strategic managers within Essex County Council and key partner organisations; frontline staff from within ECC and partner organisations as well as children, young people and their families.

For further information please contact Dan Gascoyne at Essex County Council:  
[dan.gascoyne@essex.gov.uk](mailto:dan.gascoyne@essex.gov.uk)

## **8. Case Studies**

### **ANNEX 1 Castle Point & Rochford (CPR) Family**

The joint Castle Point and Rochford LSP is progressing three strands of work as part of the wider EssexFamily 'first phase' community budget for families with multiple problems.

- I. Family assessment
- II. Family budget
- III. Streamlining multi-agency group meetings

There has been a huge commitment from a wide range of partners to progress the work, including:

- CAVS Children's Centres
- ECC Social Care Children's Services
- ECC Social Care Adult Services
- ECC Locality Commissioning
- ECC Child and Mental Health Adolescent Services bbbh
- Essex Drug and Alcohol Action Team
- Essex Police Priority and Prolific Offender Team
- Education (Rochford Extended Services)
- Rochford District Council
- South Essex Partnership Trust Community Services – Family Nurse Partnership
- South Essex Partnership Trust Adult Mental Health Services
- Voluntary Sector (SCAFT and Parents 1<sup>st</sup>)

#### **I. Family Assessment**

A multi-agency group has been convened, supported by the County Council's Locality Integrated Workforce Manager and Parenting Coordinator, consisting of a wide range of agencies with a breadth of experience in assessment. The group met regularly during the summer to explore simplified assessments with the aim of building on the good practice of the Common Assessment Framework (CAF). A range of Essex and national assessment tools have been reviewed and the group has agreed a set of principles of what a good simplified assessment should incorporate.

In each case the family voice is central. Actions will be for professionals to help families take more responsibility for their own assessment. These assessment strands will be prototyped with families already identified through an extensive piece of 'journey mapping' research. Workforce and referral issues have been considered by the group to pre-empt any potential barriers that may arise during the prototyping process. These include;

- Identification of families for the prototyping period
- The gateway for referrals
- Relevant training for practitioners in partner organisations
- Information sharing

Whole family assessment uses the common assessment principles of identification; assessment; support and review. The CPRFamily assessment tool and dynamic approach will be based on the following principles and values:

### Principles

- families will be involved as active partners in determining what will work for them;
- a bold, flexible, non-traditional approach to resources will be used;
- families will be enabled to recognise their strengths and values in their communities;
- Families needs will be met not the needs of organizations' structures
- approaches developed will be achievable, flexible and sustainable to families anywhere

### Values

- The values should be prominent throughout an assessment
- Simplistic and common language non-professionalized language
- The assessment should be strengths led and based on social learning theory.
- Families should be supported to verbalise their needs
- Families should have the option of different routes: 1:1; family; dynamic approach
- Incorporate family planning/mapping
- Basic functional needs are identified to ensure sustainability of other outcomes<sup>1</sup>.
- Families will own the assessment
- Families will identify their own actions and be part of finding the solutions;
- Use specific trigger questions to identify issues affecting the family and family life as whole,
- Family assessment needs to be flexible to anyone person at the time, being mindful of the time of their crisis

### Next Steps

The family assessment group will be consulting with families on the models that in the final stages of development for feedback on principles, design and utilisation. Families will then be involved in the testing of the models before moving to the live prototyping stage.

The simplified assessment and personalised budget will come together to finalise processes and procedures and drawn up a draft protocol for consideration by partners at a workshop to be held in October. Following that workshop it is anticipated a final draft will be presented to the next CPR Local Strategic Partnership with a view to going operational in December.

## **II. Family Budgets**

Good practice developed within Adult Social Care and Children with Disabilities services in Essex has been drawn upon as well as understanding some of the complexities of personalised budgets within the context of early intervention and prevention. Areas of exploration have included:

- Criteria for qualifying cases

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<sup>1</sup> Personalized budget work stream will dovetail into this value

- Criteria for allocation of resource
- Financial practicalities
- Market to be drawn from
- Parental Choice and funding/resource in the control of the service user
- Monitoring quality
- Monitoring outcomes
- Risk management

Having considered these issues the group has identified what the personalised budget protocol will incorporate and is developing this during autumn 2011.

### **III. Streamlining of Multi-agency Group Meetings**

The streamlining of Multi-agency group meetings has been identified as a key issue, with a large number of multi-agency meetings happening to review the cases coming through the various routes for families into 'the system'. This work stream is dependent on the outcomes of the simplified assessment and personalised budget developments and will be addressed once the process and protocols are in place for these areas of work.

#### **Next Steps**

The family assessment group will be working with families on the models developed for feedback on principles, design and utilisation. Families will then be involved in the co-design and testing of the models before moving to the live prototyping stage.

The simplified assessment and personalised budget will come together to finalise processes and procedures and draw up a draft protocol for consideration by partners at a workshop to be held in October. Following that workshop it is anticipated a final draft will be presented to the next LSP with a view to going operational asap thereafter.

## **ANNEX 2 - Blackburn with Darwen - 'The Right Intervention at the Right Time'**

### **Overview**

As one of the first wave of Community Budget pilots, partners in Blackburn with Darwen have proactively designed and implemented a 'Think Family' pilot initiative. The key objectives of the initiative were: -

- Improve outcomes for vulnerable multi-disadvantage families; and
- Maximise the investment in supporting vulnerable families and ultimately reduce costs.

Following extensive consultation with families, staff and partners the following set of consistent outcomes for families were agreed. Our families will: -

*Be emotionally healthy*  
*Be physically healthy and safe*  
*Sustain the changes they make*  
*Have strong social networks of support*  
*Be in education, training or employment*  
*Live in and contribute to strong and safe communities*

The Think Family programme is hosted on behalf of the Local Public Service Board by the Council and led by the strategic director for families, health and well being. The programme is being politically sponsored and chaired by the Executive Member for Children's Services and the programme will be driven by the Executive Board of the Council.

### **Defining Features of the Approach**

The overarching vision for Think Family has been to create a 'collaborative working environment across service providers, the public sector and the charitable and voluntary sector' focussed on the objectives above. The ambition was that the resilience and resourcefulness of families in Blackburn with Darwen would increase and longer term neighbourhood engagement and capacity would be enhanced.

The approach taken to date to develop Think Family has been to challenge existing systems and processes and test new ways of working with families who demonstrate complex and multiple needs and where traditional models of intervention have not realised a sustained change. Defining features of the new model are: -

- A Family-led approach. The Think Family model sees families go through a new referral pathway, be guided and facilitated in developing their own family plans with the holistic support and commitment from all relevant agencies as they seek to implement those plans. [The attached appendices demonstrate the key differences between the old mainstream model of intervention and the new model being trialled.]
- Considerable support from all agencies and partners. Offers go beyond strategic commitment to the initiative and have included the design and agreement to data-sharing protocols, service level support to families in implementing their plans, human resources, training, therapeutic sessions and provision of 'advocates'.
- Advocates are integral to the model; moving away from a professionally led dependency model towards community focussed and sustainable social networks as a route for referral and ongoing support.

- The initial facilitation of Think Family groups (whereby families confront their own issues and develop family plans) is carried out by a charitable organisation, Child Action North West; further distancing the process from a traditional approach and stigma around public agency intervention.
- The ethos of the model is early intervention and prevention; which has led to the selection of families predominantly at the mid-point (level 3) of the Continuum of Need and Response (CoNR) rather than those accessing statutory intervention for child in need and safeguarding services (levels 4 and 5).

The Think Family pilot focussed on three areas in Blackburn with Darwen (Shadsworth, Bastwell and Sudell wards) that all demonstrated overt symptoms of socio-economic disadvantage. **22** families have been identified within the Think Family pilots and have received a new model of therapeutic intervention. It is anticipated that **30** families will move through this pilot as a bespoke control group for future longitudinal evaluation.

To disseminate the information and secure wider buy in to the early phase of the initiative, the pilot area launches were hosted, along with a number of multi agency briefing sessions, and a series of 'ideas cafes'. An action learning research group was also set up to facilitate multi agency, cross sector scrutiny and challenge, (with over 700 people contributing to this initial phase).

As the early lessons and changes to culture and skills begin to 'ripple-out' from the Think Family pilot initiative, different approaches to family intervention are observed in wider service areas: -

- The Council's early years excellence team have worked with approximately **100** families providing more intensive, open ended support using a 'whole family assessment' undertaken to determine need and response.
- **58** families have accessed the Family Support Service: supporting a total of **146** children.
- **257** are currently subject to an open CAF process across the Borough.
- **125** young people have engaged with intensive Targeted Youth Support Services.
- **98** teenage parents are receiving targeted support.
- **356** families are attending neighbourhood groups for targeted work across the Children's Centre network.
- **82** families are accessing supported childcare across the Children's Centre network.

Early anecdotal evidence suggests that our earlier intervention approach with families at level 3 of the CoNR has led to benefits of emotional capacity-building, and ensured that the 'right intervention at right time' has allowed families to move at their own pace as they address issues in their lives, rather than counter-productive or conflicting interventions being forced upon them.

### **Key Contacts**

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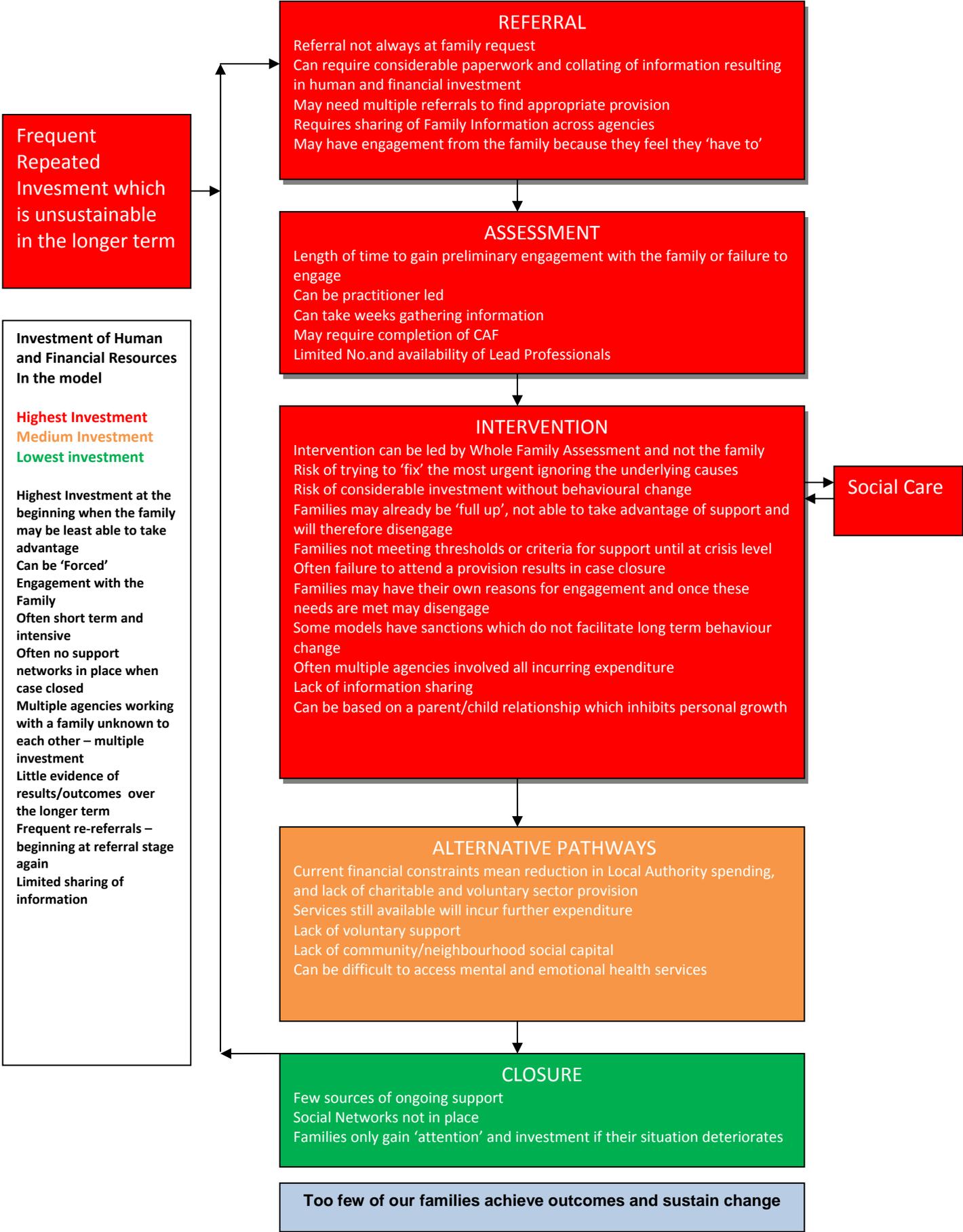
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**DIFFICULTIES ENCOUNTERED WITH CURRENT MODELS OF FAMILY INTERVENTION**



# THE RIGHT INTERVENTION AT THE RIGHT TIME - TRIAL MODEL

**Investment of Human and Financial Resources in the Model**

**Highest Investment**  
**Medium Investment**  
**Lowest investment**

Informal assessment at 'Amber' including self assessment by the family

Initially no requirement for formal assessment(s) and information sharing unless demanded by safeguarding

**Intervention not forced on the family**

- \* Builds on existing evidence of creating sustainable behaviour change
- \* Initial Group sessions mean larger numbers of families can access the pathway
- \* For some families different approaches may work better initially – option to transfer to Right Intervention at the Right Time Pathway at a later date

Family Nomination or eventually self referral

Initial contact from known person – Invitation to group

Attend group session(s)  
Emotional Capacity Focus

Family can fast track to implementing family plan at any time

Nurturing Emotional Capacity and Willingness to Change  
 First stage of Capacity/Willingness to Change (C.W.T.C.) Self Assessment by family  
 Evidence of C.W.T.C. = Attendance at session  
 If not 'right time' advocate maintain contact enabling family to re-visit if in the future they wish to do so – OPEN DOOR

Building Emotional Capacity  
 Second stage of Capacity/Willingness to Change (C.W.T.C.) Self Assessment by family  
 Evidence of C.W.T.C. = Attendance at session  
 If not 'right time' advocate maintain contact enabling family to re-visit if in the future they wish to do so OPEN DOOR

Emotional Capacity work continues based on individual/family needs  
 Begin identification of preferred future, outcomes and development of the family plan  
 Further intervention can be offered if needs identified by the family  
 Continuing C.W.T.C. Self Assessment by family  
 Building evidence of C.W.T.C.

**The Right Intervention At The Right Time**

**STAKEHOLDER INVESTMENT**

Linked to the Family Plan 'At The Right Time'

Requires commitment to work differently with regard to thresholds and possible fast tracking for families on the pathway

Community Budget will enable evidence led creative use of resources

Evidence Based, Outcomes Focussed investment.

Data collection on prior service investment in the family will be compared to the cost of the current investment and tracked longitudinally.

Social Return Model

Measurable outcomes

Increase in Investment of resources to facilitate the Family Plan  
 The Right Intervention At The Right Time

Only at this stage would further intervention be offered to support the outcomes identified by the family and the implementation of the Family Plan. Building on assets and facilitating social networks for sustainable change

Ongoing involvement with the family by an advocate

**As Long As It Takes**

- \*Family Plan - no need for formal Assessment unless demanded by safeguarding
- \*No requirement for 'Lead Professional' unless need identified at this stage.

**SOME ALTERNATIVE PATHWAYS**

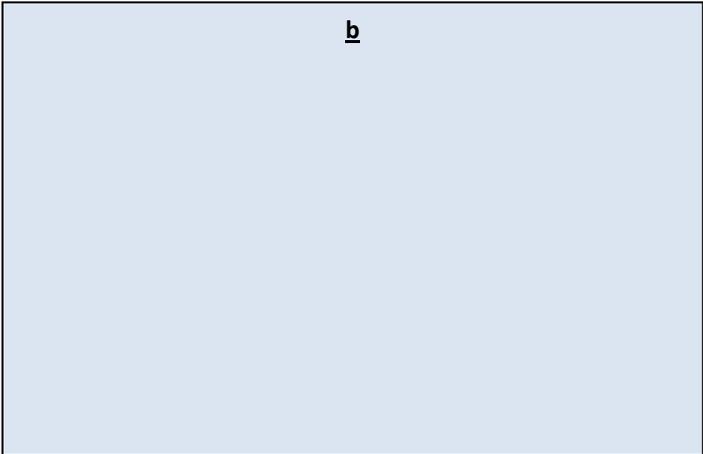
Attend further group sessions when group established – supporting each other

Access individual/family sessions without further intervention from other services

Access individual/family sessions alongside further intervention from other services

- \*All decisions family led based on Emotional Capacity
- \*Advocate maintaining contact with family
- \*Co-production principles

Building Social Networks  
 Supporting Others  
 Positive Life Chances  
**Building Social Capital**



## CAF form

Date assessment started\*<sup>2</sup>

Notes for use: If you are completing form electronically, text boxes will expand to fit your text

Where check boxes appear, insert an 'X' in those that apply.

### Identifying details

Record details of unborn baby, infant, child or young person being assessed. If unborn, state name as 'unborn baby' and mother's name, e.g. unborn baby of Ann Smith.

Given name(s)* <input type="text"/>	Family name* <input type="text"/>
*Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown <input type="checkbox"/>	AKA <sup>3</sup> /previous names <input type="text"/>
Address* <input type="text"/>	Date of birth or EDD <sup>4</sup> * <input type="text"/>
	Contact tel. no.* <input type="text"/>
	Unique ref. no. <input type="text"/>
Postcode* <input type="text"/>	Version no. <input type="text"/>

### Ethnicity\*

White	Black or Black British	Asian or Asian British	Mixed/Dual Background	Chinese & Other
White British <input type="checkbox"/>	Caribbean <input type="checkbox"/>	Indian <input type="checkbox"/>	White & Black Caribbean <input type="checkbox"/>	Chinese <input type="checkbox"/>
White Irish <input type="checkbox"/>	African <input type="checkbox"/>	Pakistani <input type="checkbox"/>	White & Black African <input type="checkbox"/>	
Traveller of Irish Heritage <input type="checkbox"/>	Any other Black background <sup>^</sup> <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>	White & Asian <input type="checkbox"/>	Any other ethnic group <sup>^</sup> <input type="checkbox"/>
Gypsy/Roma <input type="checkbox"/>		Any other Asian background <sup>^</sup> <input type="checkbox"/>	Any other Mixed background <sup>^</sup> <input type="checkbox"/>	Not given <input type="checkbox"/>
Any other White background <sup>^</sup> <input type="checkbox"/>				

*If other, please specify <input type="text"/>	Immigration status <input type="text"/>
Child's first language <input type="text"/>	Parent's first language <input type="text"/>
Is the child or young person disabled? Yes <input type="checkbox"/> No <input type="checkbox"/>	

<sup>2</sup> It is recommended that practitioners complete all fields marked with an asterisk(\*) to obtain basic identifying date when completing the CAF form

<sup>3</sup> 'Also known as'

<sup>4</sup> Expected date of delivery

If 'yes' give details

Details of any special requirements (for child and/or their parent) e.g. signing, interpretation or access needs

### Assessment information

People present at assessment\*

What has led to this unborn baby, infant, child or young person being assessed?\*

### Details of parents/carers

Name  Contact tel. no.

Relationship to unborn baby, infant, child or young person

Address  Parental responsibility?  
Yes  No

Postcode:

Name  Contact tel. no.

Relationship to unborn baby, infant, child or young person

Address  Parental responsibility?  
Yes  No

Postcode:

### Current family and home situation

(e.g. family structure including siblings, other significant adults etc; who lives with the child and who does not live with the child)

**Details of person(s) undertaking assessment**

Name\*

Contact tel. no.\*

Address

Role

Organisation

Postcode:

Name of lead professional (where applicable)

Lead professional's contact number

Lead professional's email address

**Services working with this infant, child or young person**

<b>Universal</b>	GP	<input type="checkbox"/> Details		Tel.		
	Early years/education/FE training provision	<input type="checkbox"/> Details		Tel.		
<b>Other services</b>	Service	<input type="text"/>	Details		Tel.	<input type="text"/>
	Service	<input type="text"/>	Details		Tel.	<input type="text"/>
	Service	<input type="text"/>	Details		Tel.	<input type="text"/>
	Service	<input type="text"/>	Details		Tel.	<input type="text"/>
	Service	<input type="text"/>	Details		Tel.	<input type="text"/>
	Service	<input type="text"/>	Details		Tel.	<input type="text"/>

## CAF assessment summary: strengths and needs

Consider each of the elements to the extent they are appropriate in the circumstances. You do not need to comment on every element. Wherever possible, base comments on evidence, not just opinion, and indicate what your evidence is. However, if there are any major differences of view, these should be recorded too.

### 1. Development of unborn baby, infant, child or young person

#### Health

**General health**

Conditions and impairments; access to and use of dentist, GP, optician; immunisations, developmental checks, hospital admissions, accidents, health advice and information

**Physical development**

Nourishment; activity; relaxation; vision and hearing; fine motor skills (drawing etc.); gross motor skills (mobility, playing games and sport etc.)

**Speech, language and communication**

Preferred communication, language, conversation, expression, questioning; games; stories and songs; listening; responding; understanding

**Emotional and social development**

Feeling special; early attachments; risking/actual self-harm; phobias; psychological difficulties; coping with stress; motivation, positive attitudes; confidence; relationships with peers; feeling isolated and solitary; fears; often unhappy

**Behavioural development**

Lifestyle, self-control, reckless or impulsive activity; behaviour with peers; substance misuse; anti-social behaviour; sexual behaviour; offending; violence and aggression; restless and overactive; easily distracted, attention span/concentration

**1. Development of unborn baby, infant, child or young person (continued)**

**Identity, self-esteem, self-image and social presentation**

Perceptions of self; knowledge of personal/family history; sense of belonging; experiences of discrimination due to race, religion, age, gender, sexuality and disability

**Family and social relationships**

Building stable relationships with family, peers and wider community; helping others; friendships; levels of association for negative relationships

**Self-care skills and independence**

Becoming independent; boundaries, rules, asking for help, decision-making; changes to body; washing, dressing, feeding; positive separation from family

**Learning**

**Understanding, reasoning and problem solving**

Organising, making connections; being creative, exploring, experimenting; imaginative play and interaction

**Participation in learning, education and employment**

Access and engagement; attendance, participation; adult support; access to appropriate resources

**Progress and achievement in learning**

Progress in basic and key skills; available opportunities; support with disruption to education; level of adult interest

**Aspirations**

Ambition; pupil's confidence and view of progress; motivation, perseverance

## 2. Parents and carers

### Basic care, ensuring safety and protection

Provision of food, drink, warmth, shelter, appropriate clothing; personal, dental hygiene; engagement with services; safe and healthy environment

### Emotional warmth and stability

Stable, affectionate, stimulating family environment; praise and encouragement; secure attachments; frequency of house, school, employment moves

### Guidance, boundaries and stimulation

Encouraging self-control; modelling positive behaviour; effective and appropriate discipline; avoiding over-protection; support for positive activities

## 3. Family and environmental

### Family history, functioning and well-being

Illness, bereavement, violence, parental substance misuse, criminality, anti-social behaviour; culture, size and composition of household; absent parents, relationship breakdown; physical disability and mental health; abusive behaviour

### Wider family

Formal and informal support networks from extended family and others; wider caring and employment roles and responsibilities

### Housing, employment and financial considerations

Water/heating/sanitation facilities, sleeping arrangements; reason for homelessness; work and shifts; employment; income/benefits; effects of hardship

**Social and community elements  
and resources, including education**

Day care; places of worship; transport; shops;  
leisure facilities; crime, unemployment, anti-  
social behaviour in area; peer groups, social  
networks and relationships; religion

## Conclusions, solutions and actions

Now the assessment is completed you need to record conclusions, solutions and actions. Work with the baby, child or young person and/or parent or carer, and take account of their ideas, solutions and goals.

### What are your aims?\*

*(What are the key aims the child, young person and/or family would like to address?)*

### What are your conclusions?\*

*(What are the child/young person's/families strengths and resources, what are their needs – e.g. no additional needs, additional needs, complex needs, risk of harm to self or others?)*

Strengths & Resources:

Needs/ worries:

### What changes are wanted?\*

*(Include the child/young person's, parent/carer's and practitioner's views)*

### How can change happen?\*

*(Include the child/young person's, parent/carer's and practitioner's views)*

**Agreed Actions\*** (At least one action must be entered)

(in order of priority list the actions agreed for the people present at the assessment)

<b>Desired Outcomes</b> <i>(as agreed with child, young person and/or family)</i>	<b>Action</b>	<b>Who will do this?</b>	<b>By when?</b>

**Agreed review date\***

**Goals\*** (e.g. How will you know that things have improved? What will things look like at review?)

**Child or young person's comment on the assessment and actions identified\***

**Parent or carer's comment on the assessment and actions identified\***

**Consent statement for information storage and information sharing\***

"We need to collect the information in this CAF form so that we can understand what help you may need. If we cannot cover all of your needs we may need to share some of this information with the other organisations specified below, so that they can help us to provide the services you need. If we need to share information with any other organisation(s) later to offer you more help we will ask you about this before we do it."

"We will treat your information as confidential and we will not share it with any other organisation unless we are required by law to share it or unless you or any other person will come to some harm if we do not share it. In any case we will only ever share the minimum information we need to share"

I understand the information that is recorded on this form and that it will be stored and used for the purpose of providing services to:

- Me
- This infant, child or young person for whom I am a parent
- This infant, child or young person for whom I am a carer

I have had the reasons for information sharing and information storage explained to me and I understand those reasons.

Yes  No

I agree to the sharing of information, as agreed, between the services listed below

Yes  No

Signed

Name

Date

**Assessor's signature**

Signed

Name

Date

**Exceptional circumstances: concerns about significant harm to infant, child or young person**

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

If you think the child may be a child in need (under section 17 of the Children Act 1989) then you should also consider referring the child to children's social care. These referral processes will be included in your local safeguarding children procedures and are set out in Chapter 5 of *Working Together to Safeguard Children* (2006) ([www.ecm.gov.uk/workingtogether](http://www.ecm.gov.uk/workingtogether)). You should seek the agreement of the child and family before making such a referral **unless to do so would place the child at increased risk of significant harm.**

**Delivery Plan & Review** *(Actions from the assessment should be brought forward into the delivery plan and added to where a multi-agency team around the child response is required and/or used to review progress)*

**Personal Details**

Given name(s) \*  Family name\*  DOB or EDD\*   
 Address\*  Postcode\*  \*Male  Female  Unknown

**LP Details**

Name\*  Agency/Relationship\*  Email\*   
 Address\*  Contact Number\*

FOR COMPLETION AT REVIEW STAGE

**Desired outcome** *(at least one action must be entered)(as agreed with child, young person, family)*

	<b>Action</b>	<b>Who will do this?</b>	<b>By when?</b>	<b>Progress &amp; Comment</b>	<b>Date Closed</b>	<b>Contributing to ECM Aim<sup>5</sup></b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<sup>5</sup> These outcomes should be linked to the 'Every Child Matters' aims where appropriate. Please see the CAF Practitioners Guide Annex B for a full list of the ECM aims which sit below the five ECM outcomes.

## Review

Date\*:

### People present\*

*(Review delivery plan and update with any agreed further action)*

### Next Steps\*

Can the CAF be closed?\*

Yes	<input type="checkbox"/>	Reason for closure:	<input type="text"/>
No	<input type="checkbox"/>	Agreed review date:	<input type="text"/>

### Review Notes\*

Child or young person's comment on the review and actions identified\*

Parent or carer's comment on the assessment and actions identified\*

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<http://www.dcsf.gov.uk/everychildmatters/strategy/deliveringservices1/caf/cafframework/>