

# Everyone's Business:

## Review and Development of the Common Assessment Framework



A report from Overview & Scrutiny





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## Summary

The vision for Birmingham is that families are support





## Summary of Recommendations

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



	Recommendation	Responsibility	Completion Date
	pastoral care structure to ensure the wellbeing of children and have a named CAF lead and CAF champion.		

- R04** That the Cabinet Member raises the profile of the CAF process within the Housing and Constituencies Directorate by:
- i. Identifying a CAF Champion within each local housing team;
  - ii. Ensuring that 100% of Integrated Working Assessment Groups (IWAGs) are attended by managers from the Accessing Need Service;
  - iii. Recording non attendance at Integrated Support Plan (ISP) meetings and ensuring that the meeting chair notifies the relevant housing manager so that this is addressed by Heads of Service;
  - iv. Completing the toolkit for those involved in the CAF process to help them understand when Housing Officers can assist in the ISP process; and
  - v. IncorJT#0.0006 Tc02( (IW)-3e-1.evo0 -1.4 .7964 0yaC0001 6.1801pent1 Tc(v.)CAFo6s to hea38 re5o(2li



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	Recommendation	Responsibility	Completion Date
	ordination on an area basis for CAF and CSC so that consistent advice is provided to support professional judgement.	and Families.	
<b>RO8</b>	That the Cabinet and Executive Member take steps to facilitate shared ownership of CAF and CSC interface procedures in order that they are consistently understood and implemented by all.	Cabinet Member for Children, Young People and Families.	April 2012

**RO9** That the Cabinet and Executive Member build on the commitment to make CAF part of core business for every agency  
 April 2012  
 Cabinet Member for Children, Young People

# 1 Introduction

## 1.1 The Birmingham approach

- 1.1.1 The 2003 enquiry by Lord Laming into the tragic death of Victoria Climbié identified the following weaknesses in safeguarding: interventions only happening when the family's situation had escalated to a critical level; support being sequential and intermittent; poor communication between agencies; and weak supervision and accountability. Although the report examined one particular case in London it made recommendations regarding safeguarding for central and local Government and all agencies working with children.
- 1.1.2 The vision developed in Birmingham to remedy these defects is a preventative approach whereby the needs of children and families are supported by flexible and responsive services. Children and families need to be supported effectively, by agencies sharing information with one another and planning and delivering services in a co-ordinated way.
- 1.1.3 In Birmingham the Children's Wellbeing Model 2010-13 outlines the "integration of systems and processes so that the needs of children and families are met in the most appropriate way". The model outlines the approach to identify the intervention required for children with different levels of needs. The interventions are categorised as; level 1 no intervention required as child's needs are met by universal services; level 2 single agency intervention; level 3 multi-agency intervention and level 4 immediate intervention d5she

## 1.2 What is the Common Assessment Framework (CAF)?

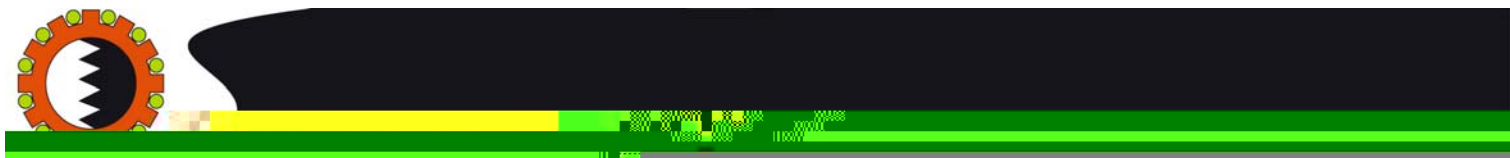
- 1.2.1 The CAF facilitates the prevention agenda through early intervention, and is a key element in the co-ordination of level 3 support. It is a shared assessment process which can be used by all agencies working with children and young people to identify a child's needs. Use of the CAF is



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- b) **Complete the CAF Pre-assessment.** This is largely a tick box exercise to determine if a CAF would be appropriate. If no intervention or single agency intervention is the proposed outcome a full CAF is not required. (See 2.5 for further details.)
- c) **With the parent/guardian/client complete the CAF Form.** This details the child's or young person's strengths and needs, taking into account family circumstances. It includes information about what changes are needed and the list of agencies that will be contacted to help meet the child's needs. There is space on the form for the parent/guardian/client's signed agreement for information to be shared with other agencies.
- d) **Hold an Integrated Support Plan (ISP) Meeting.** During this meeting, if possible with the parent/guardian/client present, agencies come together and agree the needs of the child and what the desired outcome of the CAF should be.





## 2 The Common Assessment Framework in Birmingham

### 2.1 Potential impact

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

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

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

### 2.2 Who can use the CAF?

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

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





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

2.3.6 The evidence collected from schools, extended schools clusters and the voluntary sector was generally extremely positive about the support and advice provided by the central team. It was felt that the advice available for professionals was good, although it was suggested that information for families could be strengthened.

2.3.7 Although we came across an example of a voluntary agency not being aware of the training and support which is available, in general, it was thought that the material, training and advice was helpful.

## 2.4 Integrated Working Assessment Groups

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

2.4.2 IWAGs can escalate issues up to the city-wide Integrated Assessment Steering Group so that problems can be dealt with at a strategic level.

## 2.5 Use of the CAF Pre-Assessment tool

2.5.1 Section 1.2 outlined the stages in the CAF process. One of these steps needs further explanation. To start the CAF process, where there is a concern about the well being of a child or young person a CAF pre-assessment should be carried out. This will determine whether multi-agency interventions are required or not. It also provides an opportunity to determine which agencies should be involved in a case. If only one agency is involved then the CAF process is not required and this is deemed to be a level 2 intervention.



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

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

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

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

<sup>5</sup> Association of Directors of Children's Services Ltd (2010) *Safeguarding Pressures Project Phase 2: Exploring Reasons and Effect. Final Res, al203T1f)33Ta al4*

# 3 Partners use of the Common Assessment Framework

## 3.1 Agencies Involved and the Lead Professional Role

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

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



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

## 3.2 The Role of Schools

### 3.2.1



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

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

## 3.4 The Role of the Third Sector

- 3.4.1 We heard from several voluntary sector organisations. Voluntary agencies are not generally the Lead Professional where the CAF process is being used but they have carried out this role in a number of cases. Voluntary agency funding can be tied to specific interventions and processes. We were told they are often at full capacity in delivering this work and cannot therefore take on the Lead Professional role, but can contribute to the CAF process.
- 3.4.2 One voluntary sector organisation who does have experience of using the CAF is Malachi who are often funded by schools to carry out family intervention and to lead on the CAF process. They led on 45 CAF cases between April 2010 and January 2011. Malachi have their own CAF co-ordinator to help with the administrative process and they say that this is invaluable.
- 3.4.3

## 3.5 Strengths and Weaknesses

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

### Strengths

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

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

There is written evidence of their involvement with a family in a format which is understandable to all other professionals. Once they are used to using the CAF paperwork, we are told it only takes around 45 minutes to complete and for that small investment of time professionals provide accountability and transparency for all parties involved;

They can share information with other agencies, when necessary, without data protection worries as the CAF can only be used with the consent from the parent/guardian/young person. This can be particularly helpful when multi-agency support is required, when a child moves on from a service provider or a family relocates to a different area;

They are empowered to seek support for a child by using the CAF process to formally request the involvement of other agencies. If this involvement is not forthcoming and/or an agency fails to engage, they have the back up of the CAF Team Co-ordinators and the CAF procedures;

It is clear what is required from all professionals and when actions have to be completed. This can help them to prioritise their workload, hold others to account no matter how senior they are and to co-ordinate support for a child or family;

There are opportunities to network with other professionals and learn about local support services;

Through the Integrated Working Assessment Group (IWAG) meeting there is an opportunity to feedback to the City Council the needs of children, young people and their families in each area which could be used in the commissioning process; and




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

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

Identify the needs of children and ensure that an appropriate, co-ordinated response is provided in a timely fashion;





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

'CAF is a process and not a resource.'

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

3.5.7 Lack of parental consent can be a barrier to progressing a CAF assessment. In such circumstances



## 4 The relationship with Children's Social Care

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

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

A referral is made to CSC and the threshold for intervention has not been met, but the child might benefit from a multi-agency support package. This generates a CAF interface notification to the CAF team from CSC;

The CAF process has identified that an input is required from CSC; and

CSC has ceased their specialist involvement, but multi-agency support is still needed from targeted and universal services – stepping down.

### 4.2 Referrals to CSC

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

4.2.2 Referral and Advice Officers in CSC dealt with 9,381 cases in the first 4 months of 2010/11<sup>10</sup>. Of these over half (5,254) cases required an initial assessment which meant that CSC had sufficient concerns to investigate the child's needs and safeguarding issues. Of all the referrals just one in ten (1050) children and young people were considered to be suffering, or likely to suffer significant harm which required a statutory investigation by a social worker (a section 47 enquiry<sup>11</sup>).


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

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

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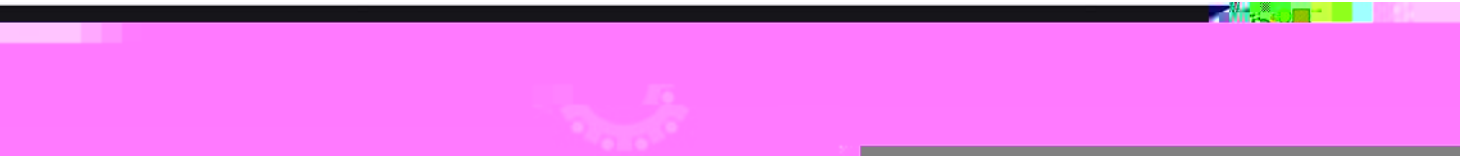
<sup>10</sup> Report to Children & Families DLT (October 2010) *Duty and Assessment and Care Management Services*

<sup>11</sup> Children Act 1989



4.2.4 Social Workers informed us that thresholds have got higher over the years and they only become involved in cases when there are clear safeguarding issues - Level 4 intervention. They feel that








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- 4.6.2 According to the agreed protocol when there is a step down from Level 4 to Level 3 the transfer of Lead Professional role should follow a planned process with the responsibility remaining with the social worker or other lead worker in CSC until this is completed. The expectation is that the social worker arranges an Integrated Support Plan (ISP) meeting at least three weeks before the planned end of the Specialist involvement. This can be incorporated into a child protection conference or other multi-agency meeting.
- 4.6.3 The decision about who would be best placed to become the CAF Lead Professional depends on



4.7.3 From the above it appears that frontline professionals see social care professionals as questioning their judgement. The issue of thresholds is a significant area of conflicting perceptions. There



4.7.10







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Table 2: Comparison of Local Authority Funding for CAF

Local Authority	Available Funding	Spend per child	Spend Ranking
Wolverhampton	£237,000	£4.16	1
Herefordshire	£148,000	£4.09	2
Dudley	£250,000	£3.53	3
	£345,000	£2.76	4
	£165,000	£2.70	5
	£131,000	£2.63	6
	£162,000	£2.41	£162,000 Worcestershire

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

Birmingham caseload per CAF team member 667 CAF assessments to support per year.

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

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

### 5.3 Value for money – Training

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

5.3.2 Comments we received on training were generally positive:

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

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

5.4d by the CAF Team.' (voluntary sect e5(a)-775511.6612 .4(acr)-5.



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



## 6 Conclusions and Recommendations

### 6.1 Findings

6.1.1 The Common Assessment Framework (CAF) is a standardised approach to carrying out



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

- 6.1.6 Although a working assumption has been that increased use of the CAF would take some pressures off CSC this issue will require careful monitoring. Research carried out for the Association of Directors of Children's Services considered why pressure on CSC has been increasing nationally. It found that 17% of authorities regarded the implementation of the CAF as contributing to this pressure (compared to 97% who felt that increased media reporting of cases had caused this). The researchers concluded that the CAF is a significant factor in the pressure on CSC.

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

## 6.3 Cost Benefits of the CAF

- 6.3.1 In spite of the current budgetary pressures we feel strongly that this is an area where investment should occur, both due to the nominal long term savings, and as a mechanism for identifying needs to meet the Every Child Matters outcomes. In terms of the cost effectiveness of using the CAF, the figures speak for themselves. It makes total sense to shift the focus towards lower level early intervention and support for children, young people and families in order to prevent issues escalating to an extent where intervention is required.



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There is a role for the local authority in making sure that this happens. Finally, clear and consistent







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

*Reference Recommendation R01 ii and R02.*

## 6.6 Embedding the CAF in Schools and Extended Schools Clusters

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


6.6.2 We have identified key factors in achieving good practice:

The support of a committed head teacher or person in a senior leadership role is vital to enable the CAF to be embedded in schools. It was suggested that it might be possible to incorporate a module covering the use of the CAF into the leadership training.

Having the right person responsible for the CAF in schools, including having a dedicated non-teaching member of staff or a teacher with some dedicated non-teaching time allocated for the CAF process is key to ensuring "buy in" from both the professionals and the parents.

- <sup>3</sup> E.g. One extended schools cluster pools resources to employ a parent school advisor to work with parents to offer advice and guidance on a wide range of issues. She is in a position to build a relationship with the parents.
- <sup>3</sup> E.g. In one school there is an onsite multi-agency team which includes their school nurse and a student social worker. The school also has a good working relationship with the local Child and Adolescent Mental Health (CAMHS) worker.

Ensuring all school staff are aware of the CAF process and have received CAF awareness training and are able to carry out a CAF assessment for a child or young person.



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

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

***Reference Recommendation R03.***

## **6.7 Embedding the CAF in Statutory Agencies and the Voluntary Sector**

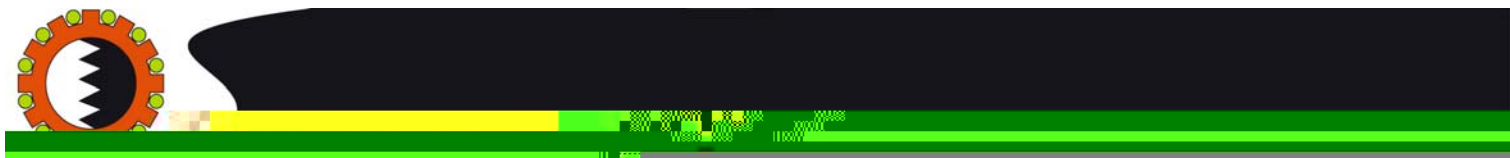
- 6.7.1 Within the Council's services we heard some concerns about the role of housing in this process. However, we also heard that the Housing and Constituencies Directorate are taking steps to embed the CAF, in particular training up the family support workers to be the key links.
- 6.7.2 There are checks with frontline staff each year to ensure that they can report safeguarding issues. Following discussion, a check on implementing the CAF will be added to these.
- 6.7.3 Information is being developed to help non-housing staff, including the CAF team, understand the Housing and Constituencies Directorate's policies and procedures and clarify when it is appropriate to invite housing staff to an ISP meeting. Following discussion it was agreed that this information pack should include a standard letter template to be used to invite Housing and Constituencies Directorate staff to an ISP. It should have a




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- 6.7.7 In relation to health, the Improvement Plan identifies the need for mentoring and quality assurance arrangements to be put in place to ensure the active engagement of health visitors in the CAF process.
- 6.7.8 There is also ongoing work in progress as part of a West Midlands response to the incidence of domestic violence across the City. Currently the Police, Health and Social Care staff meet on a weekly basis to screen police notifications of domestic violence incident(cicid t)-4.8(h)-0.3tsid t Cy utd St(c







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

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

Promoting the CAF as the common assessment tool across all agencies and practitioners working with children, young people and families;

Ensuring the CAF is used to address needs and ensure thresholds are adhered to by all services and agencies and in particular health visitors; and

Developing a process including mentoring and quality assurance for health visitors' active engagement in and use of the CAF process.

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

## 6.11 Future Operating Model


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

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



# Common Assessment Framework





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

## 6.12 Next steps

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

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

6.12.2 Birmingham does not have the luxury of years to embed change. We would urge all frontline



## Appendix 1: Witnesses

Organisation	Names	Written Evidence	Verbal Evidence	Visit by Scrutiny Office
Virtual College	Jenny Oslow			

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



## Appendix 2: Cost Effectiveness of the CAF 34

Case	Issues	No. of ISP meetings held	Costs of CAF process	Future scenarios	Cost of future scenario	Savings made
A	14 year old with drink, drug and behavioural issues. Mum given up	2	£886	Police, court and Youth Offending Team involvement. Hospital treatment due to alcohol use.	£26,549	£25,663
B	5 year old with diagnosis of behavioural issues. Has had previous involvement with CSC	3	£659	Disruptive behaviour. Mother's mental illness due to distress. Re-involvement of CSC. School Exclusion. Referral to mental health services.	£15,202	£14,543
C	5 year old. History of not finding suitable school places. Undiagnosed behavioural issues.	3	£3,897 (This includes costs of a health service (CAMHS) intervention)	Exclusion from school. A		





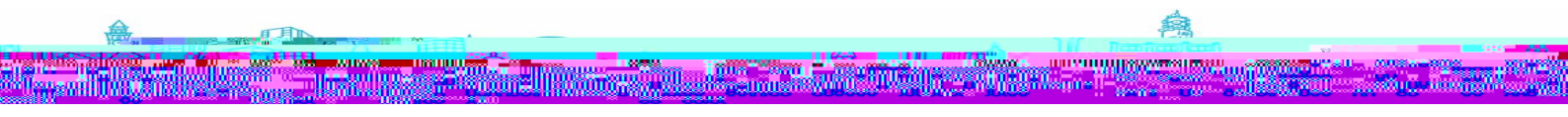
I am completing this form on behalf of:

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

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

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

D/C	Partner Agency	Add	Remove	Date	Initial
	Health	<input type="checkbox"/>	<input type="checkbox"/>		
	Child & Adolescent Mental Health Services	<input type="checkbox"/>	<input type="checkbox"/>		
	Connexions	<input type="checkbox"/>	<input type="checkbox"/>		



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**REMEMBER TO GIVE A COPY OF THIS FORM:**

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

**POST A COPY OF THE ASSESSMENT TO:**

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

**Details of Baby, Child or Young Person Being Assessed**

<b>First Name</b>		<b>Address &amp; Postcode</b>	
<input type="text"/>		<input type="text"/>	
<b>Family Name</b>			
<input type="text"/>			
<b>Alternative Names</b>	<input type="text"/>	<b>CAF Number</b>	<input type="text"/>
<b>Date of Birth / EDD</b>	<input type="text"/>	<b>Gender</b>	<b>Male</b> <input type="checkbox"/> <b>Female</b> <input type="checkbox"/> <b>Unknown</b> <input type="checkbox"/>
<b>Contact Telephone Number</b>	<input type="text"/>	<b>Parents Address &amp; Postcode</b> (if different from above)	
<b>Child's Spoken Language</b>	<input type="text"/>	<input type="text"/>	
<b>Ethnicity</b>	<input type="text"/>	<b>Immigration status</b>	<input type="text"/>
<b>Religion</b>	<input type="text"/>	<b>School UPN</b>	<input type="text"/>
<b>Does the child/young person have any language or communication issues?</b>	<b>Is the baby, child or young person disabled</b>		
No <input type="checkbox"/> Yes <input type="checkbox"/> Details	Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>Details of any special requirements (for child and/or parent) e.g. signing, interpretation or access needs</b>	<input type="text"/>		





**Universal Service Involvement with this Baby, Child or Young Person**

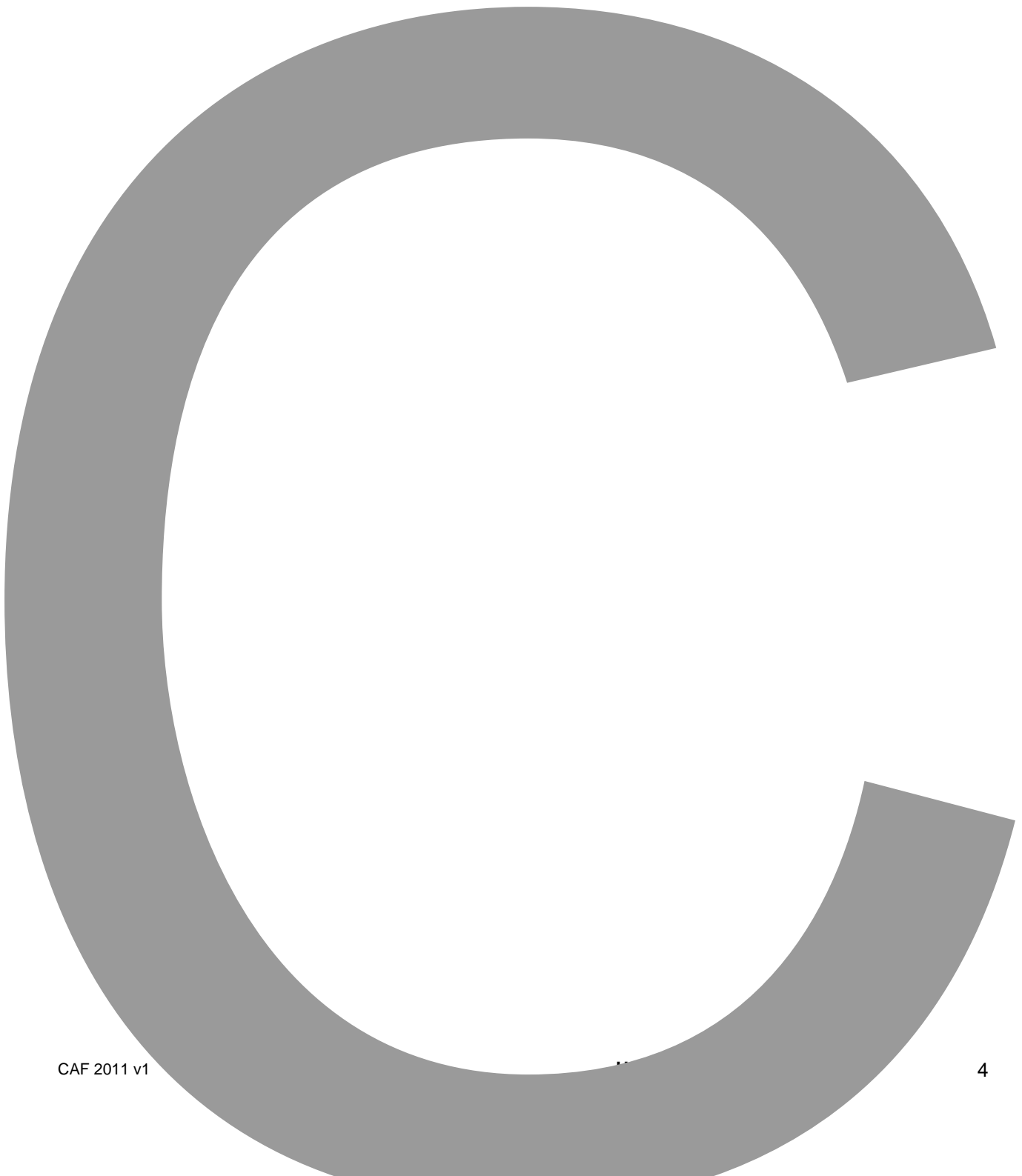
Early Years or Educational provision Contact Name:  Organisation Name:  Phone:
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Name of GP Name:  Address:
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Health Visitor / School Nurse (Name, Address, Postcode)		
Name:	Address:	Phone:

**Other Services working with this Baby, Child or Young Person**

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



**Learning: Assessment & analysis of needs**

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

**Participation in Learning, Education & Employment**  
 Access and engagement, attendance, participation, adult support, access to



## Conclusions, Solutions and Actions

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

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

**What needs / worries have you identified**  
(please include the needs identified by the child, young person & family)

Short Term	Medium Term	Longer Term
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