

# Common Assessment Framework Policy & Guidance

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**Document Author:** Fran Bishop and Marie Miller

**Job Title:** Children's Centre Governance Manager and Early Help Practice Manager

**Responsible Service Area/Team:** Practice Development & Quality Assurance Team

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**We will on request produce this policy, or particular parts of it, into other languages and formats, in order that everyone can use and comment upon its content.**

<b>Version Control</b>	<b>Reason for revision and summary of changes needed</b>	<b>Date</b>
1.1	Change to statutory assessment process in specialist services.	4 <sup>th</sup> February 2014
2.0	Addition of SOS context and approach	20 <sup>th</sup> June 2014
3.0	Adapted to reflect SOS, FNM & new CAF process and paperwork	20 July 2017
4.0	Amended to remove appendices and add as hyperlinks	17 October 2017

## Common Assessment Framework (CAF) Policy

### Introduction

CAF is a shared assessment tool for use across all children's services and all local areas in England. It aims to help early identification of need and promote co-ordinated service provision.

*"Children are best protected when professionals are clear about what is required of them individually, and how they need to work together".*

([Working together to safeguard children](#) pg. 7, 2015)

This policy and procedure document sets out the context and the principles for the Common Assessment Framework and provides guidance for all workers and their managers in Suffolk's Health, Wellbeing and Children's Services Directorate and partner organisations. Current paperwork and forms have been included as hyperlinks.

Suffolk Health, Wellbeing and Children's Services (HWCS) has implemented Suffolk Signs of Safety and Wellbeing (SOSWB) across all the teams and services within Children's Services. This approach starts by identifying strengths in the family and community which could support the child and build resilience within families and communities.

### SOSWB Principles

Signs of Safety and Wellbeing is integrated into the CAF assessment tool for use across children's services, involving the family and professionals, focusing on the 3 core principles

- **Working relationships** - Constructive working relationships between professionals and family members, and between professionals themselves, is key to effective practice and improving outcomes.
- **Thinking critically, fostering a stance of inquiry** - The single most important factor in minimising errors is to admit that you may be wrong.
- **Landing grand aspirations in everyday practice** – Families and frontline practitioners know whether practice works. Record what is effective and share your successes with others.

### CAF Principles

- Practitioners should hold in mind "What is life like for this child"
- Build and maintain effective partnerships at strategic and local level to support good outcomes for children and young people.
- Ensure that practitioners have appropriate knowledge and skills to work effectively with children & families.
- Ensure quality assurance systems are in place for all CAF processes.
- Adhere to equality and diversity principles.
- Promote child centred practice where the focus is on the child's safety and welfare.

- Children, young people, and their parents/ carers should always be involved in the CAF process.
- CAF is a 'whole family' approach.
- CAF aims to help early identification of children and young people's needs and promote joined up planning to meet those needs.
- The safety and welfare of children/ young people is always central and early help is an opportunity for prevention and protection.
- Supports the notion of early help, minimising further intervention, maximising empowerment and building resilient families.
- Establishes a risk and well-being assessment framework that involves the family and professionals following the Signs of Safety and Wellbeing.
- All work in CAF is focussed on achieving the best possible outcomes for the child, young person, and their family, by 'enabling' not 'fixing'.
- CAF is an ongoing assessment and review process.
- Establishing rapport and a constructive working relationship with the child, young person and family is a cornerstone of the work.
- All agencies must understand and appreciate the role of others and have a responsibility to work together to achieve good outcomes for children and young people.
- The CAF assessment should be owned by children, young people, and their families.

### **Identification of Need/Early Help**

Early help means identifying and intervening early, as soon as possible to tackle emerging problems. Working together to help families will build resilience, prevent, or reduce the risk of problems occurring or stop them getting worse. Wherever possible, families and professionals should be using the CAF assessment as a tool to identify those children and young people who would benefit from early help and this would prevent escalation of need.

The family members help to complete the assessment and the assessor should take account of their ideas, solutions, and goals throughout the process.

The child's view must form part of the assessment where possible. For those children who are unable or unwilling to contribute this should be documented and observations of behaviour, relationships and interactions should be objectively reflected on and included.

The CAF Common Assessment should be used when:

- the child or young person has an unmet need and early intervention will avoid a problem becoming worse.
- You are not sure what the child or young person's needs are.
- You/child/young person/family think that the child or young person has unmet needs that cannot be addressed by you and the family.

It is not required when you believe that the child/young person might be a Child in Need and/or they are suffering or at risk of significant harm when an immediate referral to children's Social Care is necessary. Guidance is available on the LSCB website [How to Make a Referral](#).

Further threshold guidance available:

- [Threshold Matrix](#)
- [Suffolk's Threshold of Need Guidance](#)

Whenever a child/ young person may be at risk of significant harm, professionals must follow the agency safeguarding procedures and refer immediately to [Children's Social Care via Customer First](#) on **0808 800 4005**

While undertaking a CAF assessment, it may become evident that the needs require a specialist Suffolk CYP assessment such as a Social Work assessment or YOS assessment. Guidance can be found on the Suffolk Safeguarding Children Board website: [www.suffolkscb.org.uk/](http://www.suffolkscb.org.uk/)

### **Information sharing and consent**

“Good information sharing is key to successful collaborative working and arrangements under this section should ensure information is shared for strategic planning purposes and to support effective service delivery.” (Children's Act 2004)

Sharing and storing information must be done lawfully in compliance with the Data Protection Act 1998. However, this should not be a barrier to information sharing. Workers should follow the guidance given on the Suffolk Safeguarding Children Board website - [Information Sharing Guidelines](#).

The CAF is a voluntary process. Consent must be given at the start of the process and families must know what will happen to their information and who this may be shared with. Consent should ideally be written and is usually given through the signing of the CAF consent.

Practitioners will need to judge if a young person is competent to make decisions and understand the implications of the CAF, to give informed consent themselves. If practitioners are unsure about whether a child can provide consent, they should consult the Gillick Guidelines, to decide whether a child is mature enough to make decisions and help us all to balance children's rights and wishes with our responsibility to keep children safe from harm. If you need to decide if a child can consent to contraceptive or sexual health advice and treatment, the Fraser Guidelines apply.

Advice and details can be found at these websites links authored by NSPCC and the Care Quality Commission: [NSPCC Gillick](#), [CQC Gillick/Fraser](#)

If a child can provide consent themselves, it is usually still valuable to involve their family in the CAF process. This should only be done with the permission of the child/ young person.

Refusing consent means that information cannot be shared unless one of the following can be applied:

- Harm to children/young people.
- A crime being committed.
- A crime being detected.

Practitioners must make judgements as to the level of need / risk and therefore the requirements to over-ride consent.

Withdrawal of consent or non-engagement – CAF is a voluntary process but the threshold decision of a case being suitable for CAF is made in the knowledge that there is consent, which can affect the decision around risk. If this is withdrawn or a family stops engaging a CAF should not automatically close. CYP managers should make a management decision, clearly demonstrating rationale that it is safe to close. This is particularly important if a case is transferred from Child In Need.

The [Early Help Engagement Policy](#) gives full details of this.

Practitioners should follow their local safeguarding processes or consult the MASH Professional Consultation Line - 0345 606 1499.

### **The CAF Assessment**

Practitioners and agencies must check with Suffolk Children and Young Peoples Services (CAF Triage 01473 263210) to identify if a CAF assessment already exists for the child/young person or if the child/young person is open to Social Care.

A CAF assessment can be completed by anyone. It provides the opportunity for the family and professionals to gain a better initial understanding of the child/young person's strengths and needs, focussing on developing joint outcomes and solutions. The Signs of Safety approach has been built into the Suffolk CAF assessment. Sections of the assessment focus on the three domains:

- what are we worried about
- what's working well
- what needs to happen.

These are then built on throughout the assessment and subsequent planning process. The CAF Form includes the Assessment and Consent and is available on the SCC website - [Common Assessment Framework \(CAF\) forms](#)

Good assessment practice disciplines:

- Use plain language that the family understands
- Focus on specific behaviours that can be/have been seen
- Make clear distinctions between past harm, future danger, and complicating factors
- Make clear distinctions between strengths, and strengths that provide safety for children over time

- Use of deeper questioning to really understand what's working well and what the worries are
- Worries and working well are reflected on and are what helps form the analysis of need.
- Use authority skilfully- giving families choices and finding ways that work for them
- Assessment is an ongoing process and not a set piece

Please refer to [Assessment Quality Checklist](#) available on the Suffolk Good Practice In Children's Services Guide.

### **On CAF Completion**

On some occasions, the completion of the assessment may help you and the family identify next steps that you can work on and achieve together.

For some cases, you may need the help of other professionals, who alongside you and the family can help plan next steps. In these circumstances, you can send your assessment to Suffolk County Council CYP Services for consideration by the CAF triage team.

The triage offices could offer you one of the following:

- Advice and Guidance on how you could support the child and family.
- Signposting to further support services.
- Pass through to the Early Help or Health & Children's Centre teams to support your plan.

Full details on returning the assessment are available on the SCC website - [Sending a completed CAF](#) and is on page 7, of the CAF Assessment Form.

If your assessment is passed through the Early Help/Health and Children's Centre teams, the main route for this additional support would be through a Family's Network Meeting (FNM).

### **Family Network Meetings (FNM)**

The Family Network Meetings are a crucial part of practice to ensure that families are central to the planning and next steps, with children/young people at the heart.

The Family Network should be held at the earliest opportunity to create, review and/or build on the CAF assessment and plan.

The purpose of the Family's Network meeting is to get together all the important people, family, friends, community support etc (not just professionals), ensuring that they have a clear understanding of the worries and the family's strengths, empowering the family to work in a collaborative way, set their own agenda and bring together their own resources to make things happen for the child/young person's safety and wellbeing

Children/young people and their parents/carers should always be involved in the CAF/FNM process from assessment through to attendance at FNM meetings, delivery plans and review.

### **Family Network Plan (Early Help)**

A plan:

- Is Child Centred and takes into account the child's experiences and views.
- Is a journey and not a product (dynamic).
- Is a plan which the family owns.
- Changes the everyday experiences of the child, so that everybody knows that the child is safe and well when things get difficult.
- Addresses the long-term need for the child to feel safe and well throughout their childhood (permanence).
- Is based on the assessment (CAF).
- Can be created as part of a Family Network Meeting.
- May contain professionals' views and actions that the family don't agree with.
- Identifies a Lead Professional.
- Includes a review date.
- Is realistic, achievable and solution focussed and moving towards enabling families to manage by themselves, with a family network or with universal services.
- Identifies what the family and professionals commit to doing, with timescales (not 'on-going' or 'asap').
- Written in words and pictures when needed for the child or young person or family.

The plan should evidence enough safety for the child/young person for the case to close or develop a plan that creates interim safety and support, while reviews are organised to strengthen and develop the plan. Further guidance is available on the SCC website - [Family Network Meetings and Plans Guidance](#) and on the Good Practice Guide - [Assessment and Planning](#).

### **Reviewing the Plan**

- Frequency of the review depends on the child's plan – review meetings are held within 8 weeks.
- 'Testing out' the plan is continuous.
- Assess the progress in relation to goals
- Success and progress is recognised
- Child is involved
- Plan is adapted, building on progress, and includes outstanding worries as well as any new areas of concern
- Scaling should be used to evaluate progress
- Reviews are part of continued assessment process.

Further guidance is available on the SCC website - [Family Network Meetings and Plans Guidance](#).

## **The Lead Professional/Worker**

All children/young people in the CAF process will have a lead professional who is the main point of contact for the child/young person and family. They are responsible for liaison with the family ensuring that progress and achievement are reviewed regularly, recorded and plans completed. Any practitioner can undertake the role of the lead professional and the role is usually allocated at the first Family Network Meeting.

## **Transfer of cases**

Children/young people who have been assessed and supported by the CAF Framework and whose needs or circumstances have changed may require a service from a specialist Social Care team.

The [Transfer of Cases between Social Care and Early Help Teams \('Step Up/Step Down'\)](#) policy outlines the Suffolk CYP process. Dialogue about case transfer prior to referral is encouraged with the family, the lead professional and Social Care.

## **Ending the Plan**

- If the case is closing to CYP but there are still remaining worries make sure the plan is robust and ensure the family, their network and any professionals know what they need to do to ensure the children are safe and well.
- Final review meeting should include the child and all key people/professionals.
- Opportunity to recognise success and together agree to end the current plan.
- Preparation has been undertaken with the family and child if the case is transferring between services.
- Any ongoing needs or remaining worries are recognised and reflected in the plan.
- Ensure that feedback is captured – what has been useful for the family, what has made the difference for them?

A Common Assessment represents an episode in a child/ young person's life during which support is provided to meet additional needs. It is not expected that a CAF episode will continue indefinitely. A point should be reached when the needs have largely been met or where there has been sufficient improvement to allow the child/young person/family to continue without extra support.

When the decision is made to close the CAF within the Early Help Service a management decision must be recorded clearly detailing the reason and rationale.

[Case Closure Form](#)

## **Re-open a CAF**

If the child/young person's needs recur or new ones emerge then consideration to reopening the CAF should take place.

If the CAF was closed within the last 6 months, the assessor/practitioner should contact the Triage Team on 01473 263210 to discuss a re-opening request.

If the CAF has been closed for more than 6 months or there have been substantial changes in the situation a new assessment and consent must be completed.

Details and further guidance available on the [Suffolk County Council CAF](#) website.

Relevant links:

- [Request to re-open CAF Flowchart](#)
- [Request to re-open CAF Form](#)

## **Record Keeping**

**All services are responsible for maintaining their own record keeping in line with their own policies and procedures**

For Suffolk HW&CS, CAF and FNM records are electronically stored on a CYP database. The recording policy and guidance can be found on the Good Practice Guide - [Case Recording Policy](#).

Once a case is allocated it is the responsibility of the lead worker to ensure they keep accurate and up to date records. Records must incorporate the understanding of risk and well-being and reflect the child /young person's voice.

When working with a family with more than one child, consideration needs to be given to the impact on all children. It is not always appropriate to record for all the siblings. When a new baby is born, an assessment should be completed reflecting the needs of the baby and the impact on the wider family and siblings. If required, a new CAF should be completed and an individual client record created. Refer to Sibling Recording Guidance - [Recording of siblings](#)

## Key Amendments, Updates and Stakeholders

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- Takes account of SSOSWB.
- TAC meetings changed to FNM meetings.
- New CAF process and paperwork.
- Removed appendices and replaced with links to relevant documents instead.
- Simplified some of the wording, removed duplication.
- Takes account of some of the SCR learning - practitioners to think about what is life like for this child
- Siblings policy – think about what does this mean for all of the children in the family.
- CAF assessment – triage service which didn't exist previously.
- Reference to FNM meetings (used to be TAC) much wider family involvement, how families can be helping themselves.
- Transfer of cases, step up/step done process.
- Added in how to end a case, link to Case Closure document, takes account of Suffolk Family Focus.
- How to reopen a CAF - if closed less than 6 months ago and is a similar issue, then it can be re-opened rather than having to reapply.
- Simplified and more informative and will be easier to keep up to date.

### **In consultation with:**

- Multi-agency Safeguarding Hub (MASH)
- LSCB
- Social Care Services, Suffolk County Council.
- Early Help Team, Suffolk County Council.
- Children's Centres