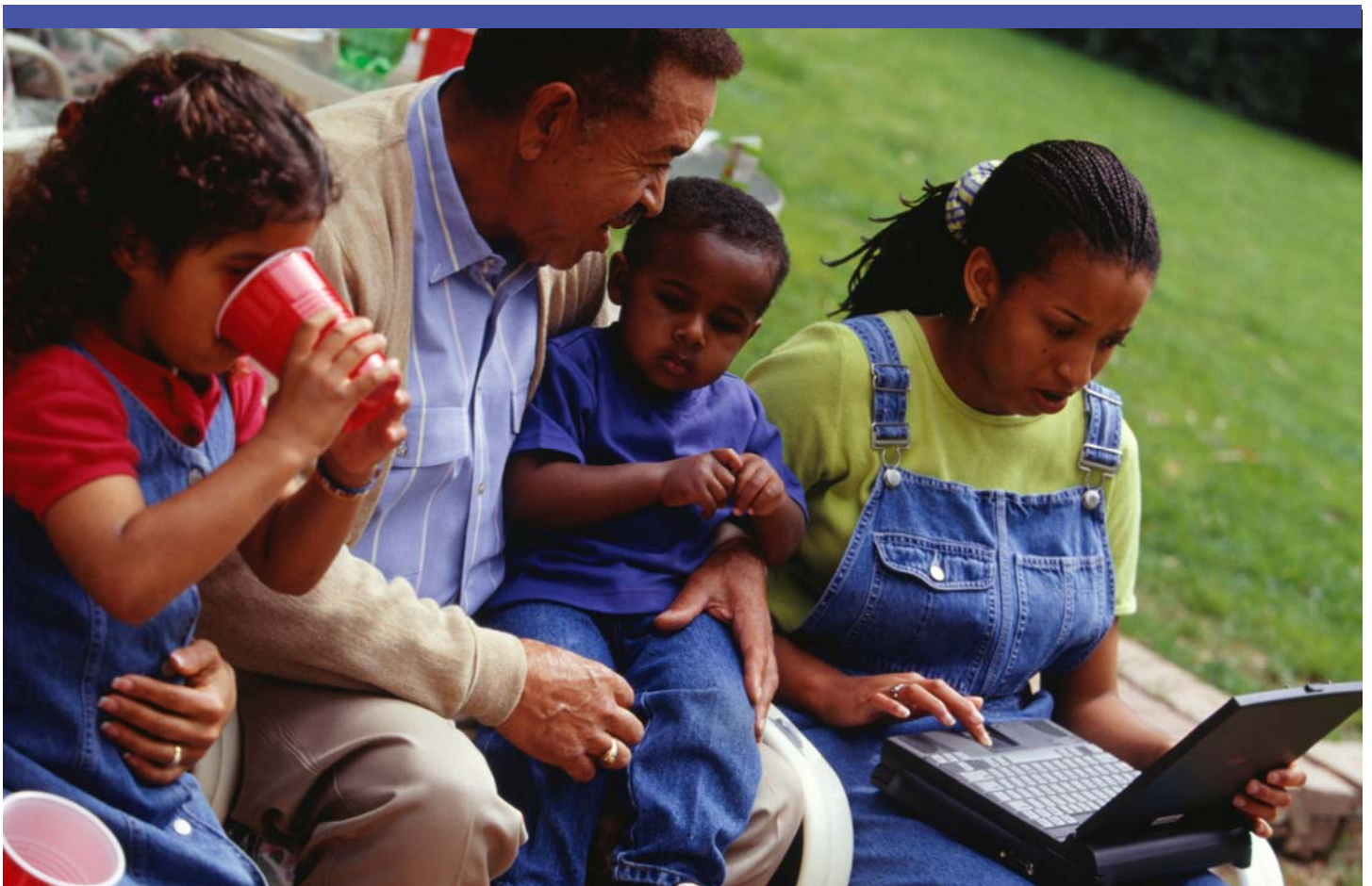


# Effective Support for Children and Families in Milton Keynes

Guidance on use of Common Assessment Framework, Lead Professional, Team Around the Child, and Information Sharing



Multi Agency Guidance

Working in partnership to improve outcomes for children and families

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## Foreword

The Director of Children's Services and partner agencies have a responsibility to ensure that all services for children and young people in Milton Keynes work together to meet their needs at the earliest point and in the most accessible way. The Department of Children, Schools and Families (DCSF) issued statutory guidance in April 2006 on how those working with children could work together to provide early intervention where a child's needs were not being fully met. This guidance outlines the tools of *Common Assessment Framework (CAF)*, *Lead Professional and Information Sharing* as ways of working together. Alongside this came public investment in Children's Centres and in other areas of children's services such as extended services. We need to ensure that this additional investment is used to provide effective support for children with additional and more complex needs.

The Government and Ofsted expect that all Children's Services and partner agencies will have a well developed and well understood Common Assessment Framework embedded in their area. The importance of this is made clear by the following recommendations from the second Serious Case Review into the death of Baby Peter by Haringey's Local Safeguarding Children Board:

*"The Children's Partnership must fulfil its duty to ensure early intervention in the lives of vulnerable children by addressing with urgency the development of local delivery teams, the widespread use of the Common Assessment Framework (CAF), and the role of the lead professional. It should report on progress to LSCB and invite the Board to audit the safeguarding dimension of the delivery of the services."* (Haringey LSCB: Serious Case Review: Baby Peter - Feb 2009 6.8)

This new guidance, is provided to everyone working with children in Milton Keynes, is key to our fulfilling this duty in Milton Keynes. We are enhancing our interagency training programme for CAF and Lead Professional, and we now have three CAF coordinators to provide advice and support to all services and staff.

All those working with children in Milton Keynes, whether in schools, children's centres, health services, the voluntary sector or the Council, should read this guidance carefully and discuss it in some detail in teams and settings. Each team needs to consider how it will implement this guidance, and managers in all services need to consider how they will support their staff to undertake the CAF process and, where appropriate, to act as lead professional.

We firmly believe that this inclusive approach, working with children and parents around their concerns and helping them find solutions, will make a substantial difference to the lives of our children and young people.

**Gail E.Tolley**

Director of Children & Young People's Services  
September 2009

## Introduction

This guidance is for everyone who works with children and young people and their families in Milton Keynes. It will help practitioners work together to provide the most effective support for children and their families. It is about the way we can all work together, share information, and put the child and their family at the centre, providing effective support to help them solve problems and find solutions at an early stage.

Effective support for children, young people and their families is support which is flexible, tailored to the needs of each child or young person and available when they require it.

All children and young people will receive *Universal services*, such as maternity services at birth, health visiting and children's centre in early years, school, youth services and Connexions in teenage years. Universal services seek, together with parents and families, to meet all the needs of children and young people so that they are happy and healthy and able to learn and develop securely. Universal services are provided as of right to all children including those with additional and intensive needs.

However, some children, either because of their own additional needs or because of less advantageous circumstances will need extra help to be healthy and safe and to achieve their potential. In Milton Keynes, we want to offer help and support to these children and to their families at the earliest point, in a voluntary way that does not leave them feeling singled out as different. To do this we need to work together in an open way with the child and their family to identify strengths and needs, to find practical and achievable solutions, and to provide the right amount of information, advice and support.

In this guidance we have identified four levels of need: ***Universal, Additional, Considerable and Intensive***. Services for children with additional and considerable needs are sometimes known as *Targeted services*, such as behaviour support or additional help with learning in school, extra support to parents in early years or targeted help to involve young people through youth services. *Specialist services* are where the needs of the child are so great that intensive or complex intervention is required to keep them safe or to ensure their continued development. Examples of Specialist services are Children's Social Care, Child & Adolescent Mental health Service (CAMHS) or Youth Offending Service. By working together effectively with children with additional needs and by providing targeted services, we hope to prevent more children and young people requiring specialist services.

Of course all services, at some points, work with children and young people at all four levels of need. The examples in this document of which services work at which levels of need are only illustrative examples, not hard and fast rules.

A large amount of public money is invested in services for children in Milton Keynes. This guidance provides a way of working together so that we use that public money and staff resources more effectively to bring about positive changes for children.

Effective Support for children and families is also relevant to staff working in Adult services such as mental health, community health, social care, housing and leisure. It fits with the holistic 'Think Family' approach that the Council and partners are adopting.

Government policy in *Every Child Matters 2003* promotes early intervention and working together by focusing on four key themes:

- Increasing the focus on supporting families and carers - the most critical influence on children's lives
- Ensuring necessary intervention takes place before children reach crisis point and protecting children from falling through the net
- Addressing the underlying problems identified in the report into the death of Victoria Climbié - weak accountability and poor integration
- Ensuring that the people working with children are valued, rewarded and trained

This led to *The Children Act 2004*. The overarching vision of the Act is that:

***Every child, whatever their background or circumstances, should receive the support they need to:***

- ***Be healthy***
- ***Stay safe***
- ***Enjoy and achieve***
- ***Make a positive contribution***
- ***Achieve economic well-being***

## **1. A VISION FOR DELIVERING EFFECTIVE SUPPORT IN MILTON KEYNES**

In Milton Keynes we embrace the Every Child Matters vision and outcomes. We believe that every child in Milton Keynes should have the opportunity to reach their full potential and that children are best supported to achieve these outcomes within their own families.

Practitioners working in agencies across Milton Keynes deliver a wide range of services for children and young people; from those delivering universal services to all children to those who provide a specialist service to children with the highest level of need.

Every practitioner who works with children and young people brings their own unique experience and expertise. If practitioners consult and collaborate with one another and work together, supported by a programme of cultural change and workforce development, we will create a system which allows us to meet each child's needs in the context of their family, environment, and development.

By working together, we will develop flexible services which are responsive to children's needs and provide the right level of intervention at the right time. This will support a shift of focus away from managing short-term crises and towards effective intervention and support for children and young people in their families at an earlier stage.

There are several factors that are essential to deliver effective early intervention:

- **An open, honest and transparent approach to supporting children, young people and their families**
- **Earlier, solution focused and evidence based interventions**
- **A multi-agency and multi-disciplinary approach to assessment, support and intervention**
- **A confident workforce with a common core of knowledge and understanding of children's needs**

### **An open, honest and transparent approach to supporting children, young people and their families**

Parents and carers are usually the best people to understand their child's needs, however parenting can be challenging. Parents themselves deserve support when they request it. Asking for help should be seen as a sign of responsibility rather than as a parenting failure.

In the majority of cases it should be the decision of the parents when to ask for help or advice in bringing up their child, but there are occasions when practitioners may need to engage parents to help them to prevent problems from becoming more serious.

In Milton Keynes we will work honestly and openly with families, discuss any concerns with them and ensure that they are involved in decision making whenever possible. We will acknowledge and respect the contribution of parents, carers and other family members and ensure that we work with them to help them to achieve the outcomes that are best for the child.

We will ensure that where multiple agencies are involved, the child or young person and their family have one person co-ordinating the support that they receive, answering any questions that they may have and supplying guidance where necessary.

### **Earlier, solution focused and evidence based interventions**

Children should be supported in their families wherever possible. To achieve this it is important that problems are identified early so that the child and their family receive appropriate support in a timely way to prevent the problem from escalating further.

We will work with families to help them to identify the support that they need, offer advice on the support available and, wherever possible, help the family to find their own solutions to problems.

Agencies that work with children and their families should consult one another and work together to ensure that the child and their family get the most effective support. The most effective support is support that is tailored to the family's needs and is provided at the minimum level necessary to ensure the desirable outcomes are achieved with as little disruption to family life as possible – 'the right support at the right time'.

### **A multi-agency/ multi-disciplinary approach to assessment, support and intervention**

Safeguarding and promoting the welfare of children is the responsibility of everyone in Milton Keynes who works with, or has contact with children and young people and their parents and carers.

From birth all children will have contact with a wide range of organisations and agencies which contribute to their development in a variety of ways. It is these organisations and agencies that are best placed to recognise when a child and their family might need some additional support.

Multi-agency/disciplinary working takes place when all agencies/services working with a child share information and work together, alongside the parents or carers, to develop a complete view of the needs of the child or young person and their family.

The multi-agency/disciplinary approach leads to a better understanding of needs of the child and their family, better informed referrals to other agencies and the provision of the right level and type of support to the child and their family. It prevents the situation from escalating and causes as little disruption to family life as possible.

To support multi-agency/disciplinary working in Milton Keynes, we are developing several tools for practitioners. These are: **a common approach to assessment, information sharing and a Lead Professional role to co-ordinate provision.** These tools will make it easier for practitioners to:

- Carry out an assessment of the needs of the child and decide on the appropriate level of intervention
- Identify other practitioners working with a child, consult and share information
- Plan support for children and families and deliver the support at the right time and the right level
- Clarify the roles of individuals and agencies and the services they provide

**A confident workforce with a common core of knowledge and understanding about children's needs**

None of our goals could be achieved without the professional judgement and expertise that all practitioners working with children bring to their role. We will support practitioners in Milton Keynes by ensuring that they receive the correct training and development opportunities to allow them to support children and families with confidence.

## 2. A CONCEPTUAL MODEL FOR MEETING CHILDREN AND YOUNG PEOPLE'S NEEDS

Up and down the country many local Children's Partnerships have found it useful to adopt a shared framework and conceptual model for all work with children and young people. The conceptual model (page 9) is a way of developing a shared understanding and explaining the Milton Keynes approach across all our services, to all practitioners and managers working with children and to children and families themselves. The model illustrates how we will respond to children and young people across four levels of need – Universal; Additional; Considerable; and Intensive.

At **Level One - Universal**, the child and their family have core needs that are best met through the provision of universal services - primarily health, schools and settings, early years and community/ leisure services.

At **Level Two – Additional**, the child and family's needs can usually be met by the provision of extra help from one or two universal or targeted services. Discussion of the issues in an age appropriate way with the child and their family should take place and then a plan agreed. Where this involves two services, the discussion and the plan agreed are best recorded through the completion of a Common Assessment (CAF). The plan will identify the extra support to meet the additional needs. A Lead Professional (LP) or Team around the Child (TAC) meeting is not usually needed. The plan can be reviewed by the workers, child and family. Opportunities for disabled children; housing issues; behaviour problems at school; these are all indicators of where the CAF might be beneficially used at Level 2.

At **Level Three – Considerable**, the child and family's needs are more complex and a multi-agency/disciplinary approach will meet them best. Again, discussion with the child and family is the first step, followed by completion of a CAF. A Team around the Child (TAC) meeting may well be the best way to organise support and services and a Lead Professional may be needed to co-ordinate services. Risk of exclusion; concerns about child development; persistent non-school attendance; danger of repeated offending; these may all be indicators of where the targeted approach using TAC and LP is best used.

At **Level Four – Intensive**, the child is likely to be at risk of significant harm or their development will be seriously impaired if services are not provided. Referral should be made to services with the power to undertake statutory non-voluntary intervention and services with specialist skills, such as Children's Social Care, Specialist Child & Adolescent Mental Health Service (SpCAMHS), and Youth Offending.

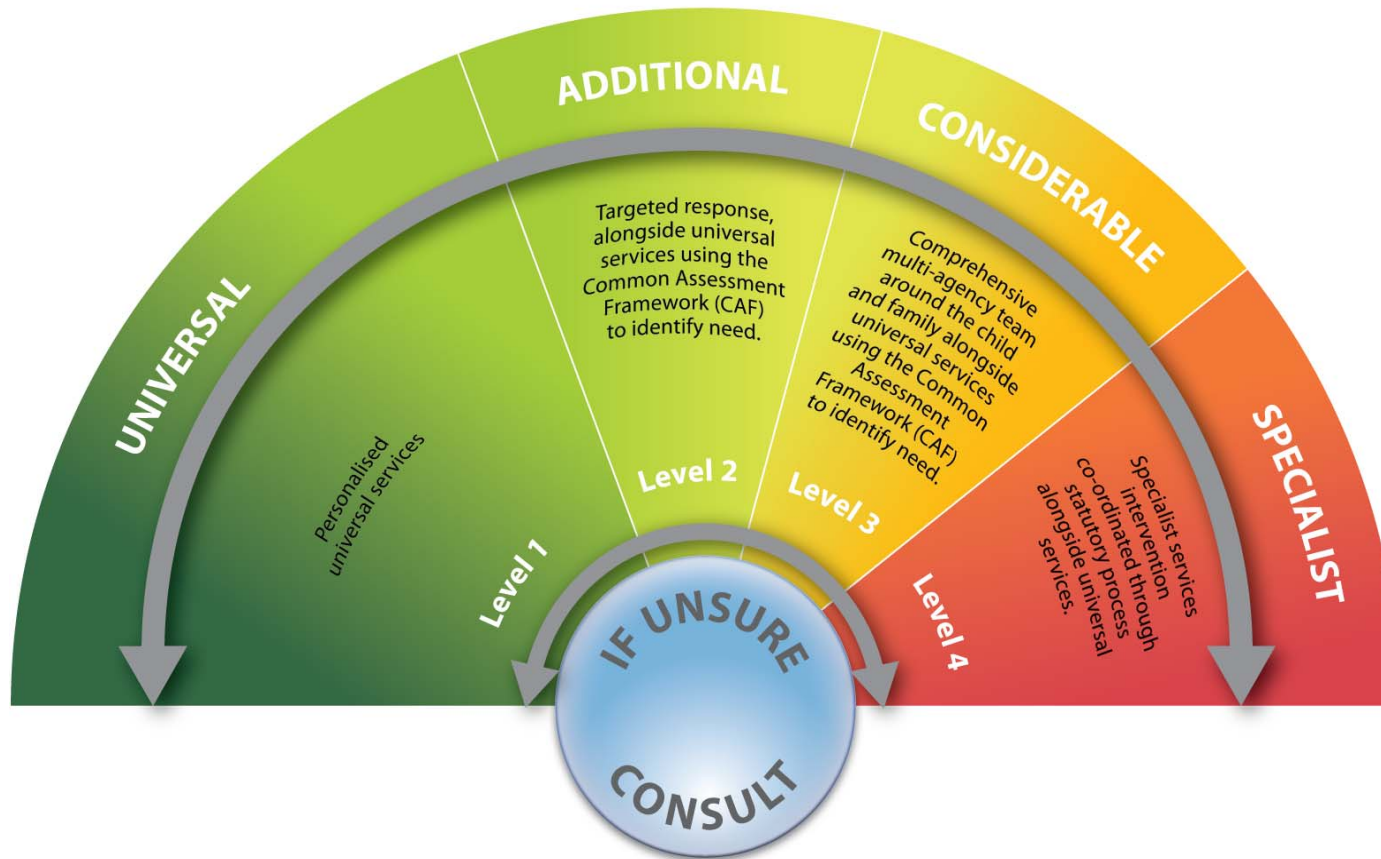
For more detailed information on the four levels, please see the next page and Section 5 - Indicators of Possible Need – pages 24 to 31.

## Milton Keynes - Levels of Need

<p><b>Level 1</b> <b>Universal</b></p>	<p><b>Health, schools and other open access services, along with parents/ carers meet all needs</b></p>	<p>All children and young people who live in, or are found in, the area aged 18 or under, whose needs are being adequately met by their parents/carers</p>
<p><b>Level 2</b> <b>Additional</b> <b>CAF</b> <b>(if more than one service is needed)</b></p>	<p><b>Life chances may be impaired without services</b> <i>(Example of concerns/services)</i> Targeted Youth Services School holiday provision for disabled children Connexions Early Support for Young children with Disabilities Housing Advice and Support Concerns about learning Parents who through illness/ disability need help with child care</p>	<p>Children with additional needs who would benefit from extra help from agencies/ services to make the best of their life chances.</p>
<p><b>Level 3</b> <b>Considerable</b> <b>CAF &amp; LP &amp; TAC</b></p>	<p><b>Life chances will be impaired without services</b> <i>(Example of concerns/services)</i> Tier 2 CAMHS Platform 8 to 13 Targeted Youth Services Speech &amp; Language Therapy Targeted Parenting Support Short Breaks (disabled children) Risk of exclusion Homelessness prevention Persistent absence Where mental illness or substance abuse impair parenting</p>	<p>Children who are unlikely to reach or maintain a satisfactory level of health or development, or their health and development will be impaired, without the provision of services. Children who are disabled and have complex needs. Children whose health or development is being impaired or there is a high risk of impairment.</p>
<p><b>Level 4</b> <b>Intensive</b> <b>Initial and Core Assessment, S47 investigation CP Strategy meeting</b></p>	<p><b>Risk of significant harm/ removal from home/significant longer term impairment</b> <i>(Example of concerns/services)</i> Child Protection Children in Care Youth Offending Tier 3 &amp; 4 CAMHS Behaviour Partnership Health care for life limiting illness</p>	<p>Children who have suffered or are likely to suffer significant harm as a result of abuse or neglect Children with significant impairment of function/learning and/or life limiting illness Children with challenging/self harming behaviour Children involved in crime/misuse of drugs at a significant level</p>

# The Milton Keynes Effective Support 'Windscreen'

Multi Agency Guidance: Working in partnership to improve outcomes for children and families



All partners working with children, young people and their families will offer support as soon as we are aware of any additional needs. We will get involved early and tailor support to each child's level of need. We will work in partnership with children, young people and their families to find solutions that enable them to fully benefit from universal services.

### 3. The FRAMEWORK FOR ASSESSMENT

The Assessment Framework forms the theoretical basis of the Common Assessment Framework (CAF) and other assessments in children's services.

#### Assessment Framework Triangle



In 2000, the Department of Health developed a framework for the assessment of children. This has provided a standard approach to analysing, understanding and recording what is happening to children and young people within their families and the wider context of the community in which they live.

The framework is based on three inter-related areas (or domains) which have an affect on a child or young person's life. When carrying an assessment of a child or young person's needs, practitioners should have regard to:

- The child or young person's developmental needs - this considers what is happening to the child in the context of the child's age and stage of development. This includes knowing whether the child has reached his or her expected developmental milestones
- Parenting capacity – the ability of parents and carers to respond adequately and appropriately to their child's developmental needs
- Family and environmental factors – the wider family, the neighbourhood and social networks in which they live influence all of the members of a family both positively and negatively

## Principles of assessment

The principles of assessment are taken from the *Framework for the Assessment of Children in Need and their Families (2000)* and *The Common Assessment Framework for Children & Young People: Practitioners' guide (May 2006)*.

- All assessments should be child centred. This means that the child is seen and kept in focus throughout the assessment and that the child's perspective is listened to and their views recorded.
- An understanding of a child must be located within the context of the child's family (parents or caregivers and the wider family) and of the community and culture in which he or she is growing up.
- Differences in bringing up children because of family structures, religion, culture and ethnic origins should be respected and understood. Within this context the needs of the child must remain the prime concern.
- Assessments should be balanced and build on the strengths that a family has, as well as identifying the weaknesses. Working with a child or family's strengths may be an important part of a plan to resolve difficulties.
- A practitioner may, during the process of gathering information, help bring about change by the questions asked, by listening to members of the family, by validating the family's difficulties or concerns, and by providing information and advice. The process of assessment should be therapeutic in itself. Action and services should be provided according to the needs of the child and family, in parallel with assessment where necessary without waiting for completion of the assessment.

Whether to do an assessment is a decision you should make jointly with the child and/or their parent. If you believe that a refusal of consent will mean that a child is at risk of significant harm, you should record the reason for the refusal and contact Children's Social Care – Referral and Assessment team - Tel: 01908 253169/70.

In practice, whenever anyone working with children becomes aware of a child who may have additional or more complex needs, there are five questions that they need to ask themselves and talk to the child and their parents/ carers about:

1. What is getting in the way of this child's well-being?
2. What can I do to help this child now?
3. What can my agency do to help this child now?
4. Do I need any further information to construct a plan?
5. What additional help is needed from others?

## 4. COMMON ASSESSMENT FRAMEWORK (CAF)

**4.1** A **Common Assessment (CAF)** can help you work with the child and their family to identify what their needs are when you are not sure or when you need to check out your concerns. It provides a means for recording the information you gather by having a conversation with them. It will also help you in getting other services to help, because they will recognise that your concern is based on some evidence, not just an assumption. Other services will be using the common assessment and so will recognise and expect an assessment in that format.

This guidance sets out how all practitioners in Milton Keynes can use the Common Assessment Framework, the Team around the Child (TAC) and the Lead Professional (LP) role to respond more quickly and effectively to the needs of children and their families.

All children and young people are entitled to support from services which are available to everyone regardless of their need. This includes services such as schools, GPs, Connexions, Health Visitors, youth services, Housing etc. These services are known as *Universal services*.

The CAF is a voluntary process entered into with the agreement of parents/ carers. The CAF should be used at any time that a worker believes that a child or young person might have difficulties in achieving the Every Child Matters outcomes without additional support. If parents or carers, or the child/young person when of an age to make an informed decision, do not want a CAF, after it has been explained to them, this is their right. It is a voluntary process for children and young people who are not at risk of significant harm to solve problems collaboratively as a family. If there are statutory reasons why children and young people and their parents/ carers must engage with service, then these must be pursued through the agreed processes (e.g. Milton Keynes safeguarding procedures). This guidance and the CAF process cannot be applied in those situations.

Assessment is an important tool in working with children and families. It is a process by which information is gathered, evaluated and given meaning and communicated to others, leading to action being taken. It is a participatory process and involves establishing trust and understanding in order for meaningful information to be obtained.

### **The CAF should be used:**

- When there are concerns about how well a child or young person is progressing. These concerns might be about their health, welfare, behaviour, progress in learning or any other aspect of their well being
- When parents/carers may have raised their own concerns and are asking for help, support or guidance
- When the child or young person's needs are unclear or broader than the remit of the worker's service

- When a CAF would help identify needs and get others involved to help meet them

If you are not sure if a CAF is appropriate, you might want to use the **pre-assessment checklist** (see appendix 1). This checklist is designed to help decide whether or not to carry out a common assessment on a child or young person.

**You do not need to carry out a CAF:**

- If the child or young person is progressing well
- If the child or young person's needs have already been identified and are being met
- **If the child or young person's needs are obvious and they can be, or have already been, assessed using your agency's assessment tool, and your service and normal links with other services can meet those needs**

**If you are worried that the child may have been harmed, or is at risk of significant harm you should contact Children's Social Care immediately.** In such cases a CAF is not appropriate and local safeguarding procedures should be followed.

Completion of a CAF ensures that everyone who is working with a child or young person has a clear picture of their needs and understands how their service contributes to a package of support. The CAF considers the family's strengths and needs in each of three areas:

- Child's developmental needs
- Parenting capacity
- Family and environmental factors

If the child or young person's needs become greater, the CAF follows the same framework as other, more specialist, assessments. This provides other practitioners with basic information which can be built on with further assessment.

The CAF actively involves families in the entire process, from start to finish. It is a voluntary process which can only start with the informed consent of the child or young person (depending on age and understanding) and/or their parent(s)/carer. Consent can also be withdrawn at any point by the person giving consent. It is important that you discuss any concerns that you have with the child and/or their parents or carers before deciding to do a CAF. The CAF form (see appendix 1) should be completed with the child or young person and their family. This allows the family to share their views in an open transparent way on how their needs could best be met.

Milton Keynes local service directory ([www.milton-keynes.gov.uk/information-sharing](http://www.milton-keynes.gov.uk/information-sharing)) provides information about services which could meet the identified needs of the child/young person.

## **4.2 Where can I get further help and support on the CAF?**

If the practitioner is unclear or wants advice they should discuss their concerns with their line manager in the first instance. The practitioner can also seek advice from the CAF Co-Ordination Service.

The role of the CAF Co-ordination Service is to support and enable practitioners with the CAF process; however it is not the role of the coordinators to carry out a CAF, to act as lead professional or to convene a Team around the Child (TAC) meeting. They will provide advice, support and assistance with these processes. The CAF Service will also oversee and in many cases deliver training in CAF and associated topics.

The Children Social Care Referral and Assessment Team (RAAT) are also available to provide advice and information about engaging with families and undertaking the CAF process. The team are also available to discuss and advise on any concerns you have regarding a child (see Section 6 on Consultation, page 32).

The CAF Co-ordination Service will maintain a database of all CAFs and TACs and a record of Lead Professionals. They will be the initial point of contact for checking if a CAF has been completed and whether a Lead Professional is currently working with the family, until an e-CAF process is available.

## **4.3 Completing a CAF**

Some children and young people will have additional needs which require services from others beyond the worker's own service or they may have more complex needs requiring a range of services to be co-ordinated to meet them. If the practitioner judges that the child/young person's needs require a multi-agency/service response they will need to undertake a CAF.

The CAF is not, and should not be used solely as a referral form. The CAF is a tool for identifying the presenting needs of a child or young person in order to develop a plan of support. Before undertaking a CAF, consent must be obtained from the parent(s)/carers and the child/young person depending on age and understanding.

The CAF can be undertaken by any practitioner as agreed by their own agency/ service. The CAF assessor should have completed CAF training and have the skill base to engage with the family and record and analyse information (See appendix 1 for CAF form – Assessment & Action Plan). Completion of the CAF is best undertaken by a worker who has an existing relationship with either the child or young person or their family. They will need to work at the family's own pace, explaining clearly how completion of a CAF may be helpful in resolving current difficulties.

It is important to find out if a CAF has already been completed to avoid duplication. To check if a CAF already exists, the practitioner should:

- Check with the child/young person and/or family

- Contact the CAF Co-ordination Service to check the database

If a CAF has been completed and is active, the practitioner will be advised of the Lead Professional's contact details. The Lead Professional will be able to supply details of the team of people working with the family (Team around the Child - TAC) and the current support plan. The practitioner should then contact the lead professional to discuss their involvement and share any new information, concerns and strengths.

If there is no record of a CAF being completed, the practitioner, or someone from their agency who has undertaken the CAF training, should then complete a CAF in partnership with the child or young person and their family.

The CAF is an assessment of the child/young person within the context of the family and community. It is not a specialist or core assessment and provides the practitioner and family the opportunity to gain a better initial understanding of the child/young person's needs. There is a standardised form that must be completed which captures the required basic information and provides a structure to clearly set out the needs of the child/young person.

Completing a CAF involves working with the child and, as appropriate, their family, and completing the assessment with them. You will need to make sure they understand what information you are recording and what is going to happen to it. You should consider the child within their family relationships and their wider community, including the cultural, language and religious context. You should use plain, jargon free language which is appropriate to the age of each person. The discussion does not have to be highly formal. You should use a method and style that suits you, the child and the family. Unless you are doing a pre-natal assessment, you should ensure that you see and involve the child or young person.

The CAF process should include information about the child/young person's home circumstances (often based on a home visit), a meeting with the child/young person to seek their views and discussion with the parent(s)/carer.

The key points to remember about your discussion are:

- It is collaborative – you are working with the family to find solutions – they will often know better than you
- You should consider the child's and the family's strengths as well as needs and these should be recorded
- You should make use of information you have already gathered from the child, parent or other practitioners so they don't have to repeat themselves
- If the child and/or their parent don't want to participate, you can't force them – it is a voluntary assessment
- At the end of the discussion you should be able understand better the child and family's strengths and needs, and what can be done to help.

At any time during the assessment process you may wish to consult with other practitioners (see page 32).

The completed CAF remains the responsibility of the assessing agency/service to retain in accordance with their own record keeping procedures. Once the completed CAF has been agreed with the family, a copy of the completed CAF should be forwarded to the CAF Co-ordination Service in order to maintain the local database and for quality assurance. The CAF form should, where possible, be emailed securely to the CAF Co-ordination Service.

A copy of the completed CAF should be given to the parent(s)/carer of the child/young person and the child/young person themselves taking in to account their age and understanding.

Following CAF completion one of the following steps will be taken:

- No further action as no needs have been identified or family not seeking help
- CAF plan agreed with family and service provided by one or two agencies to meet plan
- Referral to another agency – the CAF has identified an additional need that can be appropriately addressed by an identified agency/service
- A Team around the Child (TAC) Meeting will be convened where the CAF identifies a range of needs requiring a multi-agency/disciplinary response and plan.

Where a CAF plan is agreed, this should be reviewed (3 monthly) with the family by the practitioner/agency involved. Review outcomes could be:

- Service is meeting the need and should continue
- Service has met the need and the provision should cease
- Service has not met the need effectively. Referral to an appropriate service should be made
- The child/family no longer want services
- The child/young person has other needs and a Team around the child meeting is required.

#### **4.4 Calling a Team around the Child (TAC) Meeting**

A Team around the Child (TAC) meeting is convened whenever a CAF identifies that the child/young person has more complex needs requiring the support of more than two agencies or services. The meeting will bring together the agencies who are able to meet those needs identified. The practitioner who carried out the CAF should with support from their manager and service arrange the meeting including:

- Inviting the appropriate agencies
- Organising the venue
- Chairing the meeting and
- Recording the meeting

The purpose of the TAC Meeting is to agree a multi-agency/disciplinary support plan for the child and the family, including:

- Agree the identified needs of the child and family and how these can be met
- Develop a support plan with clear aims and actions
- Agree how the support will be delivered and by when
- Who will take the role of Lead Professional to co-ordinate the plan
- When the plan will be reviewed
- Whether referral needs to be made to other services

In order to ensure that support is provided as quickly as possible, the TAC should take place within 6 weeks of the date that the CAF was completed. (See appendix 2 for TAC Minute Form & Multi-agency/disciplinary Support Plan Form.)

The parents/carers and child/young person are a key part of the TAC process. They must be informed that the TAC meeting is taking place and should be encouraged and supported to attend. The family's views should be taken into account when deciding upon the venue for the meeting. Where the child/young person or their family are unable to attend, someone at the meeting should tell them what happened. The meeting should also involve:

- The CAF assessor
- Those with direct, relevant and recent involvement with the child or young person and their family
- Those who may be able to offer services to meet the needs of the family
- Those who have relevant information to share

Every agency invited to the TAC meeting must either attend or send a written report identifying their involvement to date, and suggestions for the plan and whether they are willing/ able to take on the role of Lead Professional.

The meeting should be recorded by one of the attending practitioner. Copies of the meeting record should be sent to everyone who was invited to the meeting and to the CAF Co-ordination Service. The record should capture the main areas of the child and family's need and the multi agency plan developed to meet these needs (see Proforma, appendix 1).

A suggested agenda for TAC meetings is:

- Introductions / apologies
- Aim of meeting
- Needs identified through the CAF
- Other needs identified
- The agreed plan to support family, including who is responsible for actions by when
- Who is taking on the Lead Professional role
- Date of review

#### **4.5 Being a Member of a Team around the Child**

It is the responsibility of each of the agencies involved in the TAC, not the Lead Professional, to ensure that the support agreed at the meeting is delivered at the right level and at the right time. The Lead Professional co-ordinates the support around the child and family.

All those delivering the support should provide regular feedback to the Lead Professional, particularly if there is any change to the agreed support. Feedback should be sufficient to provide the Lead Professional and TAC with a clear picture of what is happening and what impact is being achieved.

If, for any reason, the support that has been agreed is not delivered, or if the agreed action plan is not having the desired outcomes, it is the Lead Professional's responsibility to convene a review meeting, to discuss any issues and make changes to the support plan where appropriate.

#### **4.6 The role of the Lead Professional**

At the TAC meeting the Lead Professional (LP) will be agreed upon and that person will co-ordinate provision for the child or young person and their family. When a range of agencies/services are involved, the LP will help to make sure that all work effectively together and share information effectively to achieve the best outcomes for the child or young person. A key function of the LP is to enable effective communication between everyone involved and thus reduce overlap and inconsistency in the services provided.

The 'Lead Professional' is not a job title or a new role, but a set of functions to be carried out to ensure that all of the services around the child are properly co-ordinated. The Lead Professional is responsible for:

- Co-ordinating the agreed Support Plan
- Acting as key contact for the child or young person and their family

- Convening and chairing review meeting
- Acting as the link person to all services working with the families, ensuring good communication
- Ensuring that meeting notes, support plans etc. are circulated
- Keeping in contact with TAC members to ensure that they are delivering their part of the support plan and that this is effective.

#### **4.7 What sort of tasks might the Lead Professional carry out?**

There are various tasks that the Lead Professional may have to carry out to deliver the functions above. Some examples are:

- As the main point of contact for the family, act as a sounding board for them to ask questions and discuss concerns
- Co-ordinate the TAC support plan and ensure that progress is regularly reviewed, convening meetings to update the plan where needed to meet changing needs or concerns about progress
- To retain an overview of the child or young person's needs and how the whole package of support is working together. To do this they will need regular updates from the other practitioners and to share information with TAC members
- Liaise with other agencies as necessary where additional services may be needed
- Support the child through key transition points. Where necessary, ensure a planned 'handover' takes place if someone else takes the role of Lead Professional.

It is essential that all practitioners taking the role of Lead Professional have full support from their senior and line managers, including time to undertake the role.

Each agency involved is responsible for ensuring that services are provided as agreed in the support plan and that the Lead Professional is advised of any changes in need or provision. The Lead Professional will inform his/her line manager and the CAF co-ordinator if, after review, he/she remains concerned that the agreed plan is not being carried out.

#### **4.8 Who can be a Lead Professional?**

A Lead Professional can be any adult who works with and supports a child or young person or their family. Usually they are the best placed worker to co-ordinate provision to meet the child's needs and they have a good relationship with them. The role can be undertaken by any practitioner designated by their own agency, who has undertaken CAF training. It is important that the person undertaking the role is someone who the child, young person and/or their family can trust and who can help them to make choices. Each Lead Professional will have the training, the skills and the support to carry out the role, and be given time and support by their line manager and service/agency to do so.

#### **4.9 How is the Lead Professional chosen?**

The Lead Professional will formally be agreed at the Team around the Child meeting. If agreement cannot be reached about who should act as Lead Professional, the CAF Co-ordinator will assist in negotiations. The choice of an appropriate Lead Professional will depend on:

- The views of the family
- The main needs of the child or young person
- Previous positive involvement with the child or young person or their family
- Necessary skills to carry out the role

The Lead Professional can change in order to respond to the changing need of the child/young person – for example; a child transfers from primary to secondary school and the Lead Professional was the class teacher. Changes to the Lead Professional role must be agreed by TAC members and the family, unless transferred to a Social Worker, YOT Officer or other specialist service. The Lead Professional role ends when the child or young person no longer needs a multi-agency/disciplinary support plan.

#### **4.10 Reviewing a TAC Support Plan**

Support plans will be monitored by the Lead Professional. Those agencies with actions to carry out must communicate with the Lead Professional to give the LP an overview of progress.

The Lead Professional will convene reviews. Reviews will be held as a minimum 3 months after the initial TAC and 6monthly thereafter. Where progress needs to be discussed, the Lead Professional can call an early review meeting. The purpose of the review is to:

- Ensure each action on the support plan is reviewed against the desired outcome
- Listen to the views of the child/young person and their family
- Consider the outcome of any other assessments
- Consider whether the plan is making a difference
- Revise the plan to ensure it is meeting current needs and remains relevant.

A record of the review will be made by the Lead Professional who will ensure that each member of the TAC, the CAF Co-ordination Service and the child/family have a copy within 10 working days of the meeting.

Where a review identifies the need for services or other provision that is not available, a provision deficit form should be completed and sent to the CAF co-ordinator for recording and feeding into the overall needs assessment planning process.

#### **4.11 CAF episodes and case closure**

A CAF episode begins when a practitioner having talked to child/ family, agrees with them to begin a CAF. The CAF co-ordination service should then be informed. The CAF episode remains open until closure is agreed with child/ family.

A CAF episode will be closed when:

- The family and the TAC agree that needs have been met or actions/services are no longer required
- a single agency response is sufficient to meet continued need
- consent is withdrawn
- the child/young person's needs increase and statutory services are required

When a CAF episode closes the Lead Professional will write to the child/young person and their parents/carers setting out the reasons for closure. A copy of the letter should be sent to the CAF Co-ordination Service who will update the database. The secure database will store all CAF records for a minimum of three years after closure.

#### **4.12 CAF and specialist services**

Effective early intervention is based on an approach that considers that problems are best solved with children and their families in the least intrusive way. Where needs are more complex or CAF support plans have not resolved issues, a more multi-agency/disciplinary team approach is often needed. In most cases we want to try all these approaches before we refer to specialist services, where intervention is often more formal, more stigmatising for the child and family, and/or on a statutory footing.

Thus the CAF process can be used where a child is not meeting their developmental milestones or there are concerns that parents need more support. Undertaking a CAF with the family is a useful way of being open and honest about concerns raised and of engaging other services to support the family. The CAF helps facilitate the engagement with parents in addressing health and social issues before they become significant. It can also support families in developing strategies to improve their parenting. CAF and TAC approaches can support school action and school action plus and sometimes prevent the need for a formal statement of educational need. CAF and TAC can be used to prevent exclusion or to stop behavioural or school attendance problems escalating.

The 'Levels of Need' chart on page 8 illustrates how services can use the CAF and TAC at different levels. This is not a comprehensive list of services, but an example of where CAF and TAC may fit with services to meet additional and considerable needs.

Before referral is made to specialist services for children in need (to Children's Social Care or CAMHS tier 3 for example) we strongly encourage universal

and targeted services to use the CAF first to work with children and parents to meet the child's additional needs.

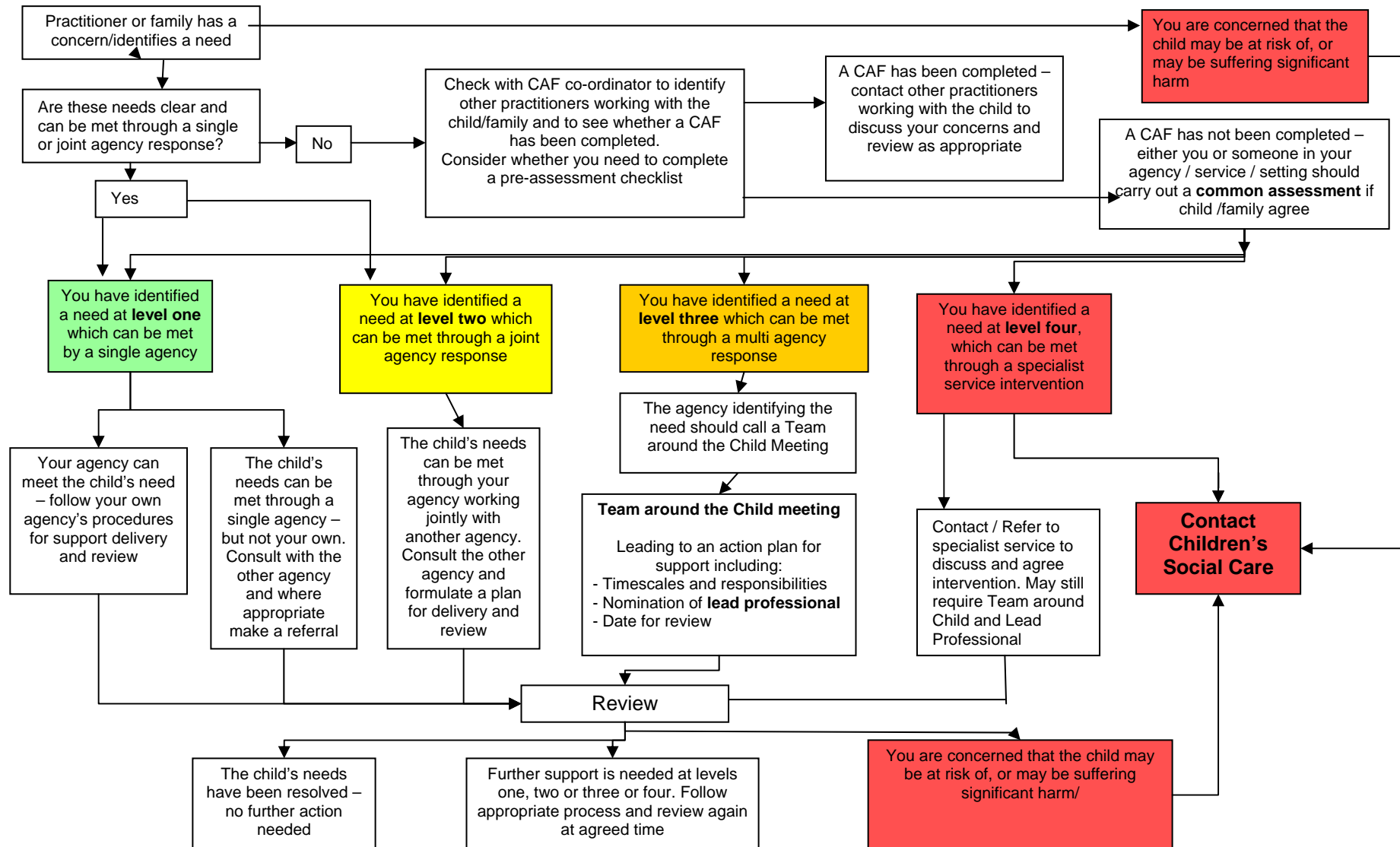
**However, where there is a concern that a child may be at risk of or has suffered significant harm, referral should be made straightaway to Children's Social Care** so that a multi-agency Section 47 investigation (Children Act 1989) can be undertaken. In these cases it is not appropriate to use or continue to use a CAF approach.

Some children will need formal intervention from specialist services, e.g. from the Youth Offending Service and such interventions need to be strong and effective, but once the intervention has brought about change, ongoing support to the child, young person and their family may still be required at levels 2 or 3. Thus there will be times when specialist services will refer back to universal or targeted services to provide support through a CAF and TAC approach.

For further information please visit the council's CAF webpages at:

**[www.milton-keynes.gov.uk/caf](http://www.milton-keynes.gov.uk/caf)**

## CAF PROCESS DIAGRAM – Practitioners should feel free to consult at any time during the process



## 5. INDICATORS OF POSSIBLE NEED

The indicators of possible need that follow, are intended to help practitioners to identify the level of need that a child or young person may have and to help the family get the right support (see also pages 7 to 9).

The indicators are divided into 4 levels, which match the 4 levels of need shown on the conceptual model on page 9. Each level is divided into three domains:

- Development of the baby, child or young person
- Parents and Carers
- Family and Environment

These correspond to the three domains which form the basis of the Framework for Assessment (pages 10 -11). Under each of the three domains are several headings which cover different aspects of the domain.

The indicators of possible need listed under each heading are an indication of the likely level of need. Only by talking to children and their family in more detail to explore the context and the factors behind the need, will the practitioner be able to form a judgement as to the level of support needed. **The indicators are a guide and not a pre-determined level of response.**

The indicator guide, alongside the pre-assessment checklist, can be used before the assessment to help the practitioner to decide whether a CAF needs to be carried out, or to help them to agree the level of response after the CAF has been completed.

**Level 1 - UNIVERSAL: Children and young people who make good overall progress in most areas of development and receive appropriate universal services, such as health care and education. They may also use leisure and play facilities, housing or voluntary sector services.**

<b>Domain: DEVELOPMENT OF THE BABY, CHILD OR YOUNG PERSON</b>		<b>PARENTS &amp; CARERS</b>	<b>FAMILY &amp; ENVIRONMENT ELEMENTS</b>
<p><b>Health</b></p> <ul style="list-style-type: none"> <li>• Physically well</li> <li>• Nutritious diet</li> <li>• Adequate hygiene &amp; dress</li> <li>• Developmental &amp; health checks/immunisations up to date</li> <li>• Developmental milestones &amp; motor skills appropriate</li> <li>• Good height/ weight</li> <li>• Sexual activity appropriate for age</li> <li>• Good mental health</li> </ul> <p><b>Emotional Development</b></p> <ul style="list-style-type: none"> <li>• Good quality early attachments</li> <li>• Able to adapt to change</li> <li>• Able to understand others' feelings</li> </ul> <p><b>Behavioural Developments</b></p> <ul style="list-style-type: none"> <li>• Takes responsibility for own behaviour</li> <li>• Responds appropriately to boundaries and constructive guidance</li> <li>• Plays positively</li> </ul>	<p><b>Identity and Self-Esteem</b></p> <ul style="list-style-type: none"> <li>• Positive sense of self and abilities</li> <li>• Sense of belonging and acceptance by others</li> <li>• Confident in social situations</li> <li>• Can discriminate between safe and unsafe contacts</li> </ul> <p><b>Family and Social Relationships</b></p> <ul style="list-style-type: none"> <li>• Stable and affectionate relationships with carers</li> <li>• Good relationships with siblings and peers</li> <li>• Developing independent and self care skills</li> </ul> <p><b>Learning</b></p> <ul style="list-style-type: none"> <li>• Access to books and toys</li> <li>• Acquires a wide range of skills and interests</li> <li>• Enjoys and participates in learning activities</li> <li>• Has experiences of success and achievement</li> <li>• Sound links between home and school</li> <li>• Planning for career and adult life</li> </ul>	<p><b>Basic care, ensuring safety and protection</b></p> <ul style="list-style-type: none"> <li>• Provide for child's physical needs, e.g. food, drink, appropriate clothing, medical and dental care</li> <li>• Protection from danger or significant harm, in the home and elsewhere</li> </ul> <p><b>Emotional warmth and stability</b></p> <ul style="list-style-type: none"> <li>• Shows warm regard, praise and encouragement</li> <li>• Ensures stable relationships</li> <li>• Provides consistency of emotional warmth over time</li> </ul> <p><b>Guidance, boundaries and stimulation</b></p> <ul style="list-style-type: none"> <li>• Encourages learning and development through interaction and play</li> <li>• Enables child/young person to experience success</li> <li>• Ensure the child can develop a sense of right and wrong</li> <li>• Child/young person accesses leisure facilities as appropriate to age and interests</li> </ul>	<p><b>Family functioning and well-being</b></p> <ul style="list-style-type: none"> <li>• Good relationships within family, including when parents are separated</li> <li>• Sense of wider family, friends and community, networks.</li> </ul> <p><b>Housing, work and income</b></p> <ul style="list-style-type: none"> <li>• Accommodation has basic amenities and appropriate facilities, and can meet family needs</li> <li>• Parents/carers able to manage the working or unemployment arrangements</li> <li>• Managing budget to meet individual needs</li> </ul> <p><b>Social and community including education</b></p> <ul style="list-style-type: none"> <li>• Family feels part of the community</li> <li>• Good social and friendship networks exists</li> <li>• Community is generally supportive of families with children/young people</li> </ul>

**Level 2 - ADDITIONAL NEEDS: Children and young people whose needs require some extra support. A single universal or targeted service or two services are likely to be involved; there is not a 'team around the child' and a Lead Professional is not required. No need for specialist services.**

Domain: DEVELOPMENT OF THE BABY, CHILD OR YOUNG PERSON		PARENTS & CARERS	FAMILY & ENVIRONMENT ELEMENTS
<p><b>Health</b></p> <ul style="list-style-type: none"> <li>• Inadequate diet; e.g. no breakfast</li> <li>• Missing immunizations/checks</li> <li>• Child is susceptible to persistent minor health problems or accidents</li> <li>• Slow in reaching developmental milestones</li> <li>• Minor concerns re diet, hygiene, clothing</li> <li>• Weight not increasing at rate expected, or obesity</li> <li>• Dental care not sufficient</li> <li>• Vulnerable to emotional problems, perhaps in response to life events such as parental separation e.g. child seems unduly anxious, angry or defiant</li> <li>• Early sexual activity or awareness</li> <li>• Experimenting with tobacco, alcohol or illegal drugs</li> <li>• Frequent accidents or A &amp; E attendance or admissions to hospital</li> </ul>	<p><b>Identity and Self-Esteem</b></p> <ul style="list-style-type: none"> <li>• Some insecurities around identity expressed e.g. low self esteem</li> <li>• May experience bullying around difference</li> <li>• May be perpetrating bullying behaviour</li> <li>• Child can be over friendly or withdrawn with strangers</li> <li>• Child/young person provocative in behaviour/appearance e.g. in appropriately dressed for school</li> </ul> <p><b>Family and Social Relationships</b></p> <ul style="list-style-type: none"> <li>• Lack of positive role models</li> <li>• Child has some difficulties sustaining relationships</li> <li>• Unresolved issues arising from parents' separation, step parenting or bereavement</li> </ul> <p><b>Self-Care Skills and Independence</b></p> <ul style="list-style-type: none"> <li>• Disability limits amount of self-care possible</li> <li>• Not always adequate self-care, e.g. poor hygiene</li> <li>• Child slow to develop age-appropriate self-care skills</li> </ul>	<p><b>Basic care, ensuring safety and protection</b></p> <ul style="list-style-type: none"> <li>• Basic care is not provided consistently</li> <li>• Haphazard use of safety equipment e.g. fireguards</li> <li>• Parent/carer engagement with services is poor</li> <li>• Parent/carer requires advice on parenting issues</li> <li>• Some concerns around child's physical needs being met</li> <li>• Young, inexperienced parents</li> <li>• Teenage pregnancy</li> <li>• Inappropriate child care arrangements and/or too many carers</li> <li>• Some exposure to dangerous situations in the home or community</li> <li>• Unnecessary or frequent visits to doctor/casualty</li> <li>• Parent/carer stresses starting to affect ability to ensure child's safety;</li> </ul>	<p><b>Family functioning and well-being</b></p> <ul style="list-style-type: none"> <li>• Parents/carers have some conflicts or difficulties that can involve the child/young person</li> <li>• A child or young person has experienced loss of significant adult, e.g. through bereavement or separation</li> <li>• Parent/carer has physical/mental health difficulties</li> <li>• A child/young person is taking on a caring role in relation to their parent/carer, or is looking after younger siblings</li> <li>• Privately fostered</li> <li>• Adopted</li> <li>• Limited support from friends and family</li> <li>• Child looked after by many different adults</li> </ul>

<p><b>Emotional &amp; Social Development</b></p> <ul style="list-style-type: none"> <li>• Some difficulties with family relationships</li> <li>• Some difficulties with peer group relationships and with adults, e.g. 'clingy', anxious or withdrawn</li> <li>• Some evidence of inappropriate responses and actions</li> <li>• Starting to show difficulties expressing empathy</li> <li>• Limited engagement in play with others</li> </ul>	<p><b>Learning</b></p> <ul style="list-style-type: none"> <li>• Have some identified learning needs that place him on 'School Action' or 'School Action Plus'.</li> <li>• Language and communication difficulties</li> <li>• Poor punctuality/pattern of regular school absences</li> <li>• Not always engaged in play/learning, e.g. poor concentration</li> <li>• Not thought to be reaching his/her education potential</li> <li>• Reduced access to books/toys</li> <li>• Home/School links not well established</li> </ul>	<p><b>Emotional warmth and stability</b></p> <ul style="list-style-type: none"> <li>• Inconsistent responses to child/young person by parent/carer</li> <li>• Parents struggling to have their own emotional needs met</li> <li>• Child/young person not able to develop other positive relationships</li> <li>• Child/young person's key relationships with family members not kept up</li> <li>• Starting to show difficulties with attachments</li> </ul>	<p><b>Housing, work and income</b></p> <ul style="list-style-type: none"> <li>• Poor housing</li> <li>• Some problems over basic facilities</li> <li>• Family seeking asylum or refugees</li> <li>• Periods of unemployment of parent/carer</li> <li>• Parents/carers have limited formal education</li> <li>• Low income</li> <li>• Financial/debt problems</li> </ul>
<p><b>Behavioural Development</b></p> <ul style="list-style-type: none"> <li>• Not always able to understand how own actions impact on others</li> <li>• Finds accepting responsibility for own actions difficult</li> <li>• Responds inappropriately to boundaries and constructive guidance</li> <li>• Finds positive interaction difficult with peers in unstructured contexts</li> </ul>	<ul style="list-style-type: none"> <li>• Limited evidence of progression planning</li> <li>• At risk of making poor decision about progression</li> <li>• Limited participation of young person in education, employment or training</li> </ul>	<p><b>Guidance, boundaries and stimulation</b></p> <ul style="list-style-type: none"> <li>• Parent/carer offers inconsistent boundaries</li> <li>• Lack of routine in the home</li> <li>• Child/young person spends considerable time alone, e.g. watching television</li> <li>• Child/young person is not often exposed to new experiences; has limited access to leisure activities</li> <li>• Child/young person can behave in an anti-social way in the neighbourhood, e.g. petty crime</li> </ul>	<p><b>Social and community including education</b></p> <ul style="list-style-type: none"> <li>• Family new to the area or with limited contact with community members</li> <li>• Some social exclusion or conflict experiences; low tolerance</li> <li>• Community characterised by negativity towards children/young people</li> <li>• Difficulty accessing community facilities</li> </ul>

**Level 3 - CONSIDERABLE: Vulnerable Children. Children and young people whose needs are more complex. This refers to the range, depth or significance of the needs. More than one service is likely to become involved, with a 'team around the child' approach and a Lead Professional.**

Domain: <b>DEVELOPMENT OF THE BABY, CHILD OR YOUNG PERSON</b>	<b>PARENTS &amp; CARERS</b>	<b>FAMILY &amp; ENVIRONMENT ELEMENTS</b>
<p><b>Health</b></p> <ul style="list-style-type: none"> <li>Concerns re diet, hygiene, clothing</li> <li>Child has some chronic/recurring health problems; not treated, or badly managed</li> <li>Missing routine and non-routine health appointments</li> <li>Weight gain becoming a cause of concern – below 3<sup>rd</sup> centile</li> <li>Limited or restricted diet e.g. no breakfast; no lunch money</li> <li>Concerns about developmental progress: e.g. overweight/underweight; bedwetting/soiling</li> <li>Developmental milestones are unlikely to be met</li> <li>Dental decay</li> <li>Smokes/ other regular substance misuse</li> <li>'Unsafe' sexual activity</li> <li>Learning significantly affected by health problems</li> <li>Significant speech language difficulties/delay or disordered development</li> <li>Child has significant disability</li> <li>Mental health issues emerging e.g. conduct disorder; ADHD; anxiety; depression; eating disorder; self-harming</li> <li>Frequent accidents</li> </ul> <p><b>Emotional &amp; Social Development</b></p> <ul style="list-style-type: none"> <li>Poor peer relationships difficulty sustaining</li> </ul>	<ul style="list-style-type: none"> <li>Clothing is regularly unwashed or unsuitable</li> <li>Presentation (including hygiene) significantly impacts on all relationships</li> <li>Child lacks confidence or is watchful or way of carers/people</li> <li>May be aggressive in behaviour/appearance</li> </ul> <p><b>Family and Social Relationships</b></p> <ul style="list-style-type: none"> <li>Relationships with carers characterised by inconsistencies</li> <li>Child has lack of positive role models</li> <li>Child appears to have undifferentiated attachments</li> <li>Misses school or leisure activities</li> <li>Involved in conflicts with peers/siblings</li> <li>Lack of friends/social network</li> <li>May have previously had periods of LA accommodation</li> </ul>	<p><b>Basic care, ensuring safety and protection</b></p> <ul style="list-style-type: none"> <li>Parent/carer is struggling to provide adequate care</li> <li>Parents have found it difficult to care for previous child/young person</li> <li>Inappropriate care arrangements</li> <li>Instability and domestic violence in the home</li> <li>Parent's mental health problems or substance misuse significantly affect care of child/young person</li> <li>Non-compliance of parents/carers with services</li> <li>Practitioners have serious concerns</li> <li>Experiencing unsafe situations</li> <li>Child/young person caring for siblings/parent</li> <li>Child/young person perceived to be a problem by parents</li> <li>Child/young person may be subject to neglect</li> <li>Child/young person previously looked after by LA</li> </ul> <p><b>Family functioning and well-being</b></p> <ul style="list-style-type: none"> <li>Incidents of domestic violence between parents/carers</li> <li>Acrimonious divorce/separation</li> <li>Family have serious physical and mental health difficulties</li> <li>Family has poor relationship with extended family or little communication</li> <li>Family is socially isolated</li> </ul> <p><b>Housing, work and income</b></p> <ul style="list-style-type: none"> <li>Poor state of repair, temporary or overcrowded, or unsafe</li> <li>Living in interim accommodation</li> <li>Experiencing frequent moves</li> <li>Intentionally homeless</li> <li>Parents/carers experience stress due to unemployment or 'overworking'; may be</li> </ul>

<p>relationships</p> <ul style="list-style-type: none"> <li>• Child/young person finds it difficult to cope with or express emotions e.g. anger, frustration, sadness, grief</li> <li>• Sexualised behaviour</li> <li>• Significant difficulties with managing change</li> <li>• Child appears regularly anxious, stressed or phobic</li> <li>• Caring responsibilities affecting development</li> </ul> <p><b>Behavioural Development</b></p> <ul style="list-style-type: none"> <li>• Does not accept responsibility for own actions; finds it hard to understand how own actions impact on others or learn from consequences</li> <li>• Disruptive/challenging behaviour at school, home or in the neighbourhood</li> <li>• Starting to commit offences/re-offend</li> <li>• Interacts negatively with peers in learning and play contexts</li> <li>• Child/young person is withdrawn, isolated/unwilling to engage</li> </ul> <p><b>Identity and Self-Esteem</b></p> <ul style="list-style-type: none"> <li>• Child subject to persistent discrimination, e.g. racial, sexual or due to disabilities</li> <li>• Demonstrates significantly low self-esteem/confidence in a range of situations</li> <li>• Victim of crime or bullying</li> <li>• Signs of deteriorating emotional well-being/mental health</li> <li>• May not discriminate effectively with strangers</li> </ul>	<p><b>Self-Care Skills and Independence</b></p> <ul style="list-style-type: none"> <li>• Disability prevents self-care in a significant range of tasks</li> <li>• Child takes little or no responsibility for self-care tasks compared with peers</li> <li>• Child lacks a sense of safety and often puts him/herself in danger</li> <li>• Child is main carer for family member</li> </ul> <p><b>Learning</b></p> <ul style="list-style-type: none"> <li>• Identified learning needs and may have action plus/or a statement of SEN</li> <li>• Regular underachievement causing concern at school</li> <li>• Poor nursery/school attendance and punctuality</li> <li>• Poor home/nursery school link</li> <li>• Some fixed-term exclusions</li> <li>• Very limited interests/skills displayed</li> <li>• Not in education (under 16)</li> <li>• Not in education, employment, or training post 16</li> </ul>	<p><b>Emotional warmth and stability</b></p> <ul style="list-style-type: none"> <li>• Child receives erratic or inconsistent care</li> <li>• Child has episodes of poor quality care</li> <li>• Parental/carer instability/emotional needs affects capacity to nurture</li> <li>• Some relationship difficulties</li> <li>• Child has no other positive relationships</li> <li>• Child has multiple carers; may have no significant relationship to any of them</li> <li>• Child has been 'Looked After' by the LA</li> </ul> <p><b>Guidance, boundaries and stimulation</b></p> <ul style="list-style-type: none"> <li>• Erratic or inadequate guidance provided</li> <li>• Parents struggle/refuse to set effective boundaries e.g. too loose/tight/physical chastisement</li> <li>• Child/young person behaves in anti-social way in the neighbourhood</li> <li>• Parent/carer does not offer a good role model, e.g. by behaving in an anti-social way</li> <li>• Child not receiving positive stimulation, with lack of new experiences or activities</li> </ul> <p>Child/young person under undue parental pressure to achieve/aspire</p>	<p>impacting on other aspects of family life e.g. marital relationship</p> <ul style="list-style-type: none"> <li>• Parents/carers find it difficult to obtain employment due to poor basic skills</li> <li>• Serious debts/poverty impact on ability to have basic needs met</li> <li>• Low income plus adverse additional factors e.g. up to borrowing limit of Social Care Fund</li> <li>• Rent arrears put family at risk of eviction or proceedings initiated</li> </ul> <p><b>Social and community including education</b></p> <ul style="list-style-type: none"> <li>• Parents/carers socially excluded/isolated</li> <li>• Lack of a support network</li> <li>• Low community support for families</li> <li>• Acrimonious relationships within community</li> <li>• Poor quality access to universal and targeted services</li> <li>• Concerns expressed by others</li> </ul>
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**Level 4 - INTENSIVE : Children and young people whose needs are complex and enduring and cross many domains. More than one service is normally involved, with a 'team around the child' approach, and a Lead Professional, commonly in a statutory role. At times statutory intervention may be required.**

Domain: DEVELOPMENT OF THE BABY, CHILD OR YOUNG PERSON	PARENTS & CARERS	FAMILY & ENVIRONMENT ELEMENTS
<p><b>Health</b></p> <ul style="list-style-type: none"> <li>• Child/young person has severe/chronic health problems</li> <li>• Child/young person's weight and height both under the 0.4th centile</li> <li>• Other developmental milestones unlikely to be met; failure to thrive</li> <li>• Lack of food may be linked with neglect</li> <li>• Refusing medical care endangering life/development</li> <li>• Seriously obese</li> <li>• Dental decay and no access to treatment</li> <li>• Persistent and high risk substance misuse</li> <li>• Dangerous sexual activity and/or early teenage pregnancy</li> <li>• Sexual exploitation</li> <li>• Sexual abuse</li> <li>• Self-harming</li> <li>• Non-accidental injury</li> <li>• Acute mental health problems e.g. severe depression; threat of suicide; psychotic episode</li> <li>• Physical/ learning disability requiring constant supervision</li> <li>• Disclosure of abuse from child/young person</li> <li>• Evidence of significant harm or neglect</li> <li>• Disclosure of abuse/physical injury caused by a professional</li> </ul>	<p><b>Identity and Self-Esteem</b></p> <ul style="list-style-type: none"> <li>• Child/young person experiences persistent discrimination; internalised and reflected in poor self-image</li> <li>• Failed Education Supervision Order – 3 prosecutions for non-attendance: family refusing to engage</li> <li>• Socially isolated and lacking appropriate role models</li> <li>• Alienates self from others</li> <li>• Bullying</li> <li>• Lack of confidence is incapacitating</li> <li>• Victim of crime; may fear persecution by others</li> <li>• Poor and inappropriate self-presentation</li> <li>• Child/young person likely to put self at risk</li> <li>• Evident mental health needs</li> </ul> <p><b>Family and Social Relationships</b></p> <ul style="list-style-type: none"> <li>• Relationships with family experienced as negative ('low warmth, high criticism')</li> <li>• Rejection by a parent/carer;; family no longer want to care</li> </ul>	<p><b>Basic care, ensuring safety and protection</b></p> <ul style="list-style-type: none"> <li>• Parents/carers unable to provide 'good enough' parenting that is adequate and safe;</li> <li>• Parent/carer's mental health or substance misuse significantly affect care of child</li> <li>• Parents/carers unable to care for previous children</li> <li>• Instability and violence in the home continually</li> <li>• Parents/carers involved in crime</li> <li>• Parents unable to restrict access to home by dangerous adults</li> <li>• Parents/carers own needs mean they are unable to keep child/young person safe</li> <li>• Chronic and serious domestic violence involving child/young person</li> <li>• Unexplained injuries</li> <li>• Parents not engaging with professionals</li> <li>• Allegation or reasonable suspicion of serious injury, abuse or neglect.</li> <li>• Unable to manage severe challenging behaviour without support –high risk of family</li> </ul> <p><b>Family functioning and well-being</b></p> <ul style="list-style-type: none"> <li>• Significant parental/carer discord and persistent domestic violence</li> <li>• Family characterised by conflict and serious chronic relationship difficulties</li> <li>• History of rejection</li> <li>• Poor relationships between siblings and wider family</li> <li>• No effective support from extended family</li> <li>• Destructive/unhelpful involvement from extended family</li> <li>• Child/young person has been identified as a child/young person in need, but parents/carers have refused support.</li> <li>• Family involved in criminal activity; parent or sibling has received custodial sentence</li> <li>• Individual posing a risk to children in, or known to</li> </ul>

<p><b>Emotional &amp; Social Development</b></p> <ul style="list-style-type: none"> <li>• Puts self or others in danger e.g. missing from home</li> <li>• Severe emotional/behavioural challenges</li> <li>• Unable to connect cause and effect of own actions</li> <li>• Unable to display empathy</li> <li>• Suffers from periods of severe depression</li> <li>• Self-harming or suicide attempts</li> </ul> <p><b>Behavioural Development</b></p> <ul style="list-style-type: none"> <li>• Unable to determine boundaries, roles and responsibilities appropriately</li> <li>• Cannot maintain peer relationships e.g. is aggressive, bully, bullied</li> <li>• Regularly involved in anti-social/criminal activities</li> <li>• Prosecution of offences resulting in court orders, custodial sentences, ASBOs</li> <li>• Non-compliant or poor response to support</li> <li>• Professional concerns – but difficulty accessing child/young person</li> <li>• Unaccompanied refuge/asylum seeker</li> <li>• Privately fostered</li> <li>• Abusing other children</li> <li>• Young Sex Offenders</li> <li>• Serious or persistent offending behaviour likely to lead to custody/remand in secure unit/prison</li> <li>• Subject to Family Support or Child Protection Plan</li> </ul>	<p>for - or have abandoned - child/young person</p> <ul style="list-style-type: none"> <li>• Periods accommodated by Council</li> <li>• Family breakdown related to child's behavioural difficulties</li> <li>• Subject to physical, emotional or sexual abuse or neglect</li> <li>• Child is main carer for family member</li> </ul> <p><b>Self-Care Skills and Independence</b></p> <ul style="list-style-type: none"> <li>• Severe disability – child/young person relies totally on other people to meet care needs</li> <li>• Child neglects to use self-care skills due to alternative priorities, e.g. substance misuse</li> </ul> <p><b>Learning</b></p> <ul style="list-style-type: none"> <li>• Puts self or others at risk through behaviour</li> <li>• No or acrimonious home/nursery or school link</li> <li>• Young child with few, if any, achievements</li> <li>• No school placement</li> <li>• Child/young person is out of school</li> <li>• Has no access to leisure activities</li> </ul>	<p>breakdown</p> <ul style="list-style-type: none"> <li>• Suspected/evidence of fabricated or induced illness</li> <li>• Unable to meet child/young persons physical or emotional needs</li> <li>• Disclosure from parent of abuse to child/young person</li> <li>• Escalating or serious domestic violence</li> </ul> <p><b>Emotional warmth and stability</b></p> <ul style="list-style-type: none"> <li>• Parents/carers inconsistent, highly critical, rejecting or apathetic towards child</li> <li>• Family life chaotic</li> <li>• Child/young person beyond parental/carers' control</li> <li>• Parent's own emotional experiences impacting on their ability to meet child/young person's needs</li> <li>• Child has no-one to care for him/her</li> <li>• Child/young person threatened with rejection from home</li> <li>• Requesting young child be accommodated</li> </ul> <p><b>Guidance, boundaries and stimulation</b></p> <ul style="list-style-type: none"> <li>• No effective boundaries set by parents/carers</li> <li>• Multiple carers with no consistency</li> <li>• Child regularly behaves in an anti-social way in the neighbourhood</li> <li>• No constructive leisure time activities or guided play</li> </ul>	<p>household</p> <ul style="list-style-type: none"> <li>• Unsafe home environment</li> <li>• Family home used for drug taking, prostitution, illegal activities</li> </ul> <p><b>Housing, work and income</b></p> <ul style="list-style-type: none"> <li>• Homeless - or imminent</li> <li>• Housing dangerous or seriously threatening to health</li> <li>• Physical accommodation places child in danger</li> <li>• Chronic unemployment that has severely affected parents' own identities</li> <li>• Family unable to gain employment due to significant lack of basic skills or long-term substance misuse</li> <li>• Extreme poverty/debt impacting on ability to care for child</li> <li>• No expectation that young person will work</li> </ul> <p><b>Social and community including education</b></p> <ul style="list-style-type: none"> <li>• Family chronically socially excluded</li> <li>• No supportive network</li> <li>• Community are hostile to family</li> </ul>
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## **6. CONSULTING WITH OTHER SERVICES, SCHOOLS AND SETTINGS**

At any time during the common assessment process it is important that practitioners feel that they can ask for help and advice and draw on the expertise of other practitioners. All practitioners and services, schools and settings, working with children should feel able to consult with one another at any time before deciding on a course of action or way forward.

Consultation is the act of sharing information to obtain the perspective of another practitioner. It is not a referral to another service unless, during the consultation, it is decided that a referral would be the best course of action. Consultation may take different forms from a telephone call to a series of meetings between two or more practitioners. Consultation is best undertaken by speaking to each other and not just by email.

Whenever consultation takes place it is important that practitioners follow the principles of information sharing and confidentiality. If the consultation is internal (between practitioners in the same organisation) practitioners should ensure that they follow their own agency's procedures for information sharing. If the consultation is external (between practitioners from different organisations) you should use the Milton Keynes information sharing guidance (see page 33) to decide whether information should be shared. In most cases, unless the child would be at significant risk, the child and their family should be aware that the consultation is taking place and where appropriate, be given the opportunity to be involved.

Whatever the outcomes or decisions, the consultation must always be recorded. If you have concerns about a child and want an opportunity to talk these through with Children's Social Care before deciding the best course of action, please contact the Referral and Assessment Team on 01908 253169, saying that you would like to talk an issue through with a social worker. It may also be beneficial to invite children's social care to attend a TAC meeting where concerns continue.

### **Principles of consultation**

- Consultation should be open to all agencies who work with children, young people and their families
- Consultation should take place when there is a clear benefit to the child or young person and their family
- Consultation is an important tool in helping agencies and practitioners to work together to achieve the best possible outcomes for children and young people
- Consultation is a two way process and demonstrates an acknowledgement of different but equally valid knowledge and expertise
- You should be able to explain to the family why you feel it would be helpful to consult with other agencies. Families should whenever possible be aware of and involved in consultations and informed of the outcomes and decisions taken as a result
- Information should be shared in the spirit of openness, transparency and honesty between practitioners, the child and their family; however it is important that you have due regard for the principles of confidentiality

- All internal consultation should be carried out using your own agency's information sharing procedures. Any external consultation should be carried out using the Milton Keynes Information Sharing Protocol
- All consultations should be recorded to ensure clarity and allow you to evidence any decisions that have been made

## 7. INFORMATION SHARING

Sharing information between practitioners and agencies is vital for early intervention. It can ensure that children and young people with additional needs get the support that they require at the right time and without the need to tell and retell their story to more than one agency. It is also essential for ensuring that children and young people are protected from suffering harm from abuse or neglect.

It is important that everyone working with children and young people in Milton Keynes understands when, why and how they should share information, so that they can do so confidently and appropriately as part of their everyday practice.

### The seven golden rules for information sharing

1. **Remember that the Data Protection Act is not a barrier to sharing information** but provides a framework to ensure that personal information about living persons is shared appropriately
2. **Be open and honest** with the person (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so
3. **Seek advice** if you are in any doubt, without disclosing the identity of the person where possible
4. **Share with consent where appropriate** and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, that lack of consent can be overridden in the public interest. You will need to base your judgement on the facts of the case
5. **Consider safety and well-being:** Base your information sharing decisions on considerations of the safety and well-being of the person and others who may be affected by their actions
6. **Necessary, proportionate, relevant, accurate, timely and secure:** Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those people who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely.
7. **Keep a record** of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose

In the event of a dispute between agencies, the following process should be followed:

- Stage One: The issue should be referred to line manager who will liaise with other practitioner's line manager and attempt to resolve dispute
- Stage Two: If still not resolved, the issue should escalate to the Head of Service or Service Manager in each agency for decision
- Advice should be sought from the Caldecott Guardian in health service and in Council
- Both agencies must record on their case files the process followed, the reason why the decision was reached and the impact that this had on the child and family

## **8. ACCESSING SUPPORT FOR CHILDREN AND THEIR FAMILIES**

It is important for families to receive support as soon as there is a problem. In many cases early identification of the problem and intervention from a range of support services will help the family resolve the problems themselves and prevent the matter from escalating.

When it is in the best interests of the child and their family to receive support, the support should be developed from a thorough understanding of the child's needs. Consideration should be given to all relevant elements of the child and their family's situation, including an understanding of any support that they have received previously and an appreciation of how they feel their needs can best be met.

An open and honest approach should be taken at all times and the practitioner should ensure that the child and their family are consulted about the support available. When discussing support with the child and the family the practitioner should ensure that they thoroughly explain the form that the support will take and the outcomes that they hope it will achieve. It is important that when they are explaining this to a child, they use age appropriate language to ensure that the child understands.

Intervention can be disruptive and at times stigmatising for the child and their family. Practitioners should recognise this and ensure that the support being offered is at the minimum level necessary to achieve the desired outcomes – the right support at the right time.

The practitioner should regularly check that the support that the family is receiving is appropriate and that the desired outcomes are being achieved. If, for any reason, the support being delivered has to change or other agencies need to be involved, the practitioner should agree this with the family.

### **Support services – principles**

It is important that any support that is offered reflects the approach that we are promoting in this guidance. All support offered should be:

- Solution focused
- Child and family orientated
- Evidence based
- Provided at the minimum level necessary - 'The right support at the right time'
- Reinforce parent's responsibility for the parenting and up-bringing of their children.

### **Milton Keynes Service Directory for Children's Services**

Milton Keynes Service Directory for Children and Families is a comprehensive online information bank of all types of children's and young people's services available in Milton Keynes. It includes a broad range of support services from providers in both voluntary and statutory agencies.

The directory contains:

- contact details of local and national support service providers;
- their geographical location
- a brief description of the service offered

This is an ideal resource for all practitioners to use to help them to identify services which may be able to offer appropriate support to children or young people and their families.

The Milton Keynes service directory for children and families can be accessed at:

<http://www.milton-keynes.gov.uk/childcare>

## **9. DEALING WITH DISAGREEMENTS BETWEEN AGENCIES AND PARTNERS**

This section is about some basic principles for dealing with professional disagreements between practitioners. Disagreements or issues with a child, young person or their family should be dealt with according to your own agency's procedures.

Every practitioner who works with children and young people brings their own unique experience and expertise to every case that they deal with. This will mean inevitably, there will be times during consultation or support planning when practitioners do not agree.

There are a number of areas in which disagreements could arise, for example; disagreements about roles and responsibilities or disagreements concerning the level of need and the appropriate response.

Disagreements are not necessarily negative and can help to clarify processes between practitioners and agencies developing working relationships; however, it is important that all disagreements are resolved in a constructive and timely fashion and at all times the safety and welfare of the child remains the paramount consideration.

### **Principles of disagreement resolution**

- Effective multi-agency/disciplinary working depends on an open and honest approach between practitioners and agencies
- The aim in all disagreement resolution should be to resolve difficulties at a practitioner level, as quickly and simply as possible
- It is important that any problems are resolved constructively to the satisfaction of all practitioners/agencies with a real spirit of partnership and willingness to work together to promote each child's development
- At all times, practitioners should remember that the child's welfare is paramount. Any action being taken to resolve a dispute should be carried out as quickly as possible, with interim measures put into place if necessary to ensure that the child and their family are supported

### **If disagreements can not be resolved**

If disagreements can not be resolved between practitioners and/or their line managers the matter should be referred to the Head of Service of each practitioner involved. Heads of Service (or equivalents) should discuss the matter between themselves (not simply by email) and agree a way forward. Where Heads of Service (or equivalents) are unable to agree a way forward, the CAF co-ordination service should be informed in writing that there is a dispute and what it is about. The matter will then be referred to the Executive group of the to resolve. It is expected that all operational matters can be resolved at Head of Service level or below. Matters of strategic relevance or principle or with major resource implications should come to the multi-agency group. Also see Information Sharing Protocol above.

# APPENDICES

# Pre-assessment checklist

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 (For unborn baby, infant, child or young person; include contact name for parent/carer)

Name	<input type="text"/>	Contact name	<input type="text"/>
Date of birth or EDD <sup>1</sup>	<input type="text"/>	Contact tel. no.	<input type="text"/>
Address	<input type="text"/>		

## Checklist (Record evidence and comments in the white boxes below, where relevant)

### Does the unborn baby, infant, child or young person appear to be:

- Healthy? Yes  No  Not sure

- Safe from harm? Yes  No  Not sure

- Learning and developing? Yes  No  Not sure

<sup>1</sup> Expected date of delivery

- Having a positive impact on others? Yes  No  Not sure

- Free from the negative impact of poverty? Yes  No  Not sure

If you answered 'No' to any of the previous questions, what additional services are needed for the unborn baby, infant, child or young person or their parent(s), carer(s) or families?

Can you provide the additional services needed? Yes  No

If you answered 'No' or 'Not sure' to any of the previous questions, or it is not clear what support is needed, would an assessment under the Common Assessment Framework help? Yes  No

If you answered 'Yes' to the previous question, who will do this assessment?

I will  Another practitioner will

Name of practitioner/agency

Date completed form

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Produced by the Department for Education and Skills

[www.ecm.gov.uk/caf](http://www.ecm.gov.uk/caf)

# CAF form

Date assessment started

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>1</sup> /previous names <input type="text"/>
Address	<input type="text"/>		Date of birth or EDD <sup>2</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* <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>	White & Asian <input type="checkbox"/>	Any other ethnic group* <input type="checkbox"/>
Gypsy/Roma <input type="checkbox"/>		Any other Asian background* <input type="checkbox"/>	Any other Mixed background* <input type="checkbox"/>	Not given <input type="checkbox"/>
Any other White background* <input type="checkbox"/>				

\*If other, please specify  Immigration status

Child's first language  Parent's first language

Is the child or young person disabled? Yes  No

If 'yes' give details

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

<sup>1</sup> Also known as  
<sup>2</sup> Expected date of delivery

## 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 <input type="text"/>	Tel. <input type="text"/>
	Early years/education/FE training provision <input type="checkbox"/> Details <input type="text"/>	Tel. <input type="text"/>
<b>Other services</b>	Service <input type="text"/> Details <input type="text"/>	Tel. <input type="text"/>
	Service <input type="text"/> Details <input type="text"/>	Tel. <input type="text"/>
	Service <input type="text"/> Details <input type="text"/>	Tel. <input type="text"/>
	Service <input type="text"/> Details <input type="text"/>	Tel. <input type="text"/>
	Service <input type="text"/> Details <input type="text"/>	Tel. <input type="text"/>
	Service <input type="text"/> Details <input type="text"/>	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** (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 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 explained to me and I understand those reasons.

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

**Desired outcome** *(as agreed with child, young person, family)*

**Action**

**Who will do this?**

**By when?**

*FOR COMPLETION AT REVIEW STAGE*

**Progress & Comment**

**Date Closed**

**Contributing to ECM Aim<sup>1</sup>**

Desired outcome <i>(as agreed with child, young person, family)</i>	Action	Who will do this?	By when?	Progress & Comment	Date Closed	Contributing to ECM Aim <sup>1</sup>
<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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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<sup>1</sup> These outcomes should be linked to the 'Every Child Matters' aims where appropriate. Please see the CAF Practitioners Guide Annex A 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       Reason for closure:   
   No       Agreed review date:

### 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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[www.ecm.gov.uk/caf](http://www.ecm.gov.uk/caf)



## TEAM AROUND THE CHILD (TAC) MULTI-AGENCY SUPPORT PLAN

Child/Young Person		Date of TAC	
Lead Professional		Agency	

The following items form an action plan to address the young person's needs identified through the CAF, please action accordingly:

1)			
Contact:		Agency:	

2)			
Contact:		Agency:	

3)			
Contact:		Agency:	

4)			
Contact:		Agency:	

5)			
Contact:		Agency:	

6)			
Contact:		Agency:	

**Review Date:**

Lead Professionals will monitor progress against the plan and will be required to provide feedback to CAF Co-Ordination Service as requested.

Agencies are required to work in Partnership with the Lead Professional to ensure positive progress is shared and early identification of any problems arising.

Please contact CAF Co-Ordination Team should you have any queries:

**CAF Co-ordinator name, no. email**

Thank you for your support!

..... CAF Co-Ordinator



# MK CAF Co-Ordination Service Team Around the Child Minute Form

<b>TYPE OF MEETING:</b> 1. Initial Team around the Child (TAC) Meeting 2. TAC review meeting (to be convened no later than 3 months after the initial meeting, thereafter at 6 monthly intervals)		
<b>Name of Child (ren)</b>	<b>Date(s) of Birth:</b>	
<b>Address(es) and Postcode(s) of Child(ren)</b>		
<b>Date, Time &amp; Location of Meeting</b>		
<b>PARTICIPANTS</b> (including Parents/Carers/Young Person):		
Name	Agency / Role	Address / Tel No. / Email
<b>APOLOGIES:</b> remember to include reasons if parent / carer / young person does not attend		
Name	Agency / Role	Address & Tel No.

**Meeting should record points of progress/issues under all of the following headings:-**

Remember to include positives

- Health
- Safety
- Learning
- Development
- Family
- Environmental Factor

**Summary of Work / Progress** – if review meeting refer to original action / support plan

TEXT (notes of meeting):

--

<b>Views of child / young persons progress / issues:</b>
--

<b>Views of parents / carers progress / issues:</b>
---

<b>Agreed Actions / Revised Support Plan</b>	<b>Who</b>
<b>Lead Professional (Name/role/agency):</b>  <b>Chair:</b>  <b>Signature:</b>	<b>Date:</b>
<b>Is parent / carer / young person in agreement with suggested action plan?</b>  YES <input type="checkbox"/> NO <input type="checkbox"/>  <b>If No, Why?</b>	
<b>Has the case been closed as a result of this meeting?</b>  YES <input type="checkbox"/> NO <input type="checkbox"/>	

**Distributed to:** (In addition to parent/carer/young person and professionals involved – this form should be sent to CAF Administration – [Julie.herring@milton-keynes.gov.uk](mailto:Julie.herring@milton-keynes.gov.uk))

Name:	Agency & Role:	Date:
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**Has the lead professional changed as a result of this meeting?**

YES  NO

**If Yes:-  
Name**

**Agency & Role**

**Contact Tel No.**

**Email**

**Date/Time/Venue of next meeting review:**

**Support Plan sent to Young Person:-**

**Date:**

**By Whom / Signed:-**



# REFERENCES AND FURTHER INFORMATION

## 1. Legislation

The Children Act 1989

[http://www.opsi.gov.uk/acts/acts1989/Ukpga\\_19890041\\_en\\_1.htm](http://www.opsi.gov.uk/acts/acts1989/Ukpga_19890041_en_1.htm)

The Children Act 2004

<http://www.opsi.gov.uk/acts/acts2004/40031--c.htm#10>

Education Act 2002

<http://www.opsi.gov.uk/ACTS/acts2002/20020032.htm>

Data Protection Act 1998

<http://www.opsi.gov.uk/ACTS/acts1998/19980029.htm>

## 2. Guidance

The Victoria Climbié Inquiry (Laming report – 2003)

<http://www.victoria-climbié-inquiry.org.uk/finreport/finreport.htm>

Framework for the assessment of children in need and their families (2000)

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4008144](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4008144)

Working Together to Safeguard Children (2006)

[http://www.everychildmatters.gov.uk/\\_files/AE53C8F9D7AEB1B23E403514A6C1B17D.pdf](http://www.everychildmatters.gov.uk/_files/AE53C8F9D7AEB1B23E403514A6C1B17D.pdf)

**Common Assessment Framework** and **Lead Professional** information for Children and Young

[www.milton-keynes.gov.uk/caf](http://www.milton-keynes.gov.uk/caf)

Common core of skills and knowledge for the children's workforce (2005)

[http://www.dcsf.gov.uk/everychildmatters/\\_download/?id=2629](http://www.dcsf.gov.uk/everychildmatters/_download/?id=2629)

One Children's Workforce Framework, Children's workforce Development Council (CWDC)

<http://onechildrensworkforce.cwdcouncil.org.uk/walkthrough/framework>

Date issued: September 2009  
Review date: September 2011  
Prepared by: Assistant Director  
Specialist Services

[www.milton-keynes.gov.uk/cfp](http://www.milton-keynes.gov.uk/cfp)



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