

To: Kent Children's Trust Executive Commissioning Group

Date of Meeting: 7<sup>th</sup> April 2011

Subject: Common Assessment Framework (CAF) in Kent

Classification: Confidential to the KCT Board  Unrestricted

Supporting Papers: None

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**Summary:** This report gives a position statement on the use of common assessment, team around the child and the lead professional in Kent and to identify key areas for improvement and immediate action across Kent Children's Trust partners.

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**KCT Executive is asked to:**

1. Make a proactive restatement of their commitment to use of the common assessment as the first assessment tool of choice and their engagement in the team around the child and the lead professional role. To ensure that this is reflected in the priorities and resource decisions for their own services and to clearly communicate this commitment to staff.
2. To ensure that a lead officer has been identified to co-ordinate and monitor the work to embed use of common assessment and team around the child within their organisation. Details of lead officers to be confirmed in writing by 15 April 2011.
3. To conduct a multi-agency review of the current use of Single Point of Access as a forum for multi-agency resource allocation and formation of Teams Around the Child to ensure that it is fit for purpose to enable timely and appropriate access to services. To be completed within three months.
4. Information from Single Point of Access outcomes to be analysed to identify the services most used to support children and families and where gaps in services have been identified. This information to be used by partners to inform planning and commissioning of services.
5. To agree that all partner agencies will embed the CAF, Lead professional and Team Around the Child /Family in all services they contract or commission around children, young people and families.
6. For internal KCC services to agree county-wide pathways that ensure use of common assessment and engagement in team around the child, and provide clear directions and guidance to practitioners based on areas of good practice. To be completed by June 2011.
7. To agree pathways for key health services: health visitors, school nurses, midwives and emotional health and wellbeing services and for practitioners to start using these pathways in practice by the end of August 2011.
8. To review resource requirements for Early Intervention Co-ordinators and Administrators in light of increasing volumes of common assessments and formation of teams around the child.

## 1. Background

1.1 Ofsted found during its Safeguarding and Looked After Children inspection of Kent in 2010 that,

**"Although the Common Assessment Framework (CAF) was launched [in Kent] during 2007-08 it is not yet established in any of the universal services with the exception of one locality. This is recognised and acknowledged by the council and partners. Consequently, a key strand of the partnership's preventative agenda is ineffective."** Inspection of safeguarding and looked after children services Ofsted 2010 pp.10

1.2 Actions to address this are included in KCC's Improvement Plan, which requires CAF arrangements to be strengthened and embedded across partner agencies to "ensure that children with additional needs are responded to before their needs become acute and require specialist children's services" Putting Children First, Draft 28 February 2011 pp.27. The multi-agency Integrated Processes Board, a sub-group of the Kent Children's Trust, has responsibility for overseeing implementation of the CAF process in Kent (see appendix A for membership).

1.3 Ensuring that use of the common assessment process (including the Team Around the Child/Family and the Lead Professional) is part of day-to-day practice is not about slavishly following a form but making sure that practitioners have a way of working that supports early intervention and joined-up decision-making, and puts the child and family at the heart of the process.

## 2. Where are we now?

2.1 Use of the common assessment framework in Kent has increased since it was first implemented. Between April 2010 and the end of February 2011, 1286 common assessments were completed. This represents an increase of 339 assessments when compared to the total number for the 09-10 financial year (947); a 35.8% increase on last year's figures with a month still to go.

2.2 Whilst this increase is encouraging, it is lower than would be expected if use of the common assessment had been fully embedded across KCC and its partner agencies. Looking behind the headline figure also highlights that 82.7% of common assessments were started in schools. This still shows a lack of use in other universal and community services, such as children's centres, education support services, health visitors, midwives and youth services. There are some pockets of good practice across these services but these tend to be based on individual personalities and relationships rather than an agreed county position. Use of the common assessment also varies across the county as shown by the breakdown of common assessments started by district (see appendix B).

2.3 Although the Kent Children's Trust Board has committed to using the common assessment framework as the first assessment tool of choice, the data show that this commitment has not been consistently followed up in practice by both internal and external partners.

2.4 Partners on the Children's Trust Board were asked in December 2010 and were again reminded at their meeting in March 2011 that to fulfill their responsibilities to embed use of the CAF in their own agencies, they needed to make sure that:

1. A lead person has been identified within their services to champion CAF and co-ordinate work to embed CAF internally
2. Services have looked at their existing service pathways and assessments and clearly identified how the use of the common assessment, engagement in Team Around the Child/Family (TAC/F) and Lead Professional role fits with this, have clearly communicated this to staff.
3. Staff within their services (a) all have an awareness of CAF, and (b) they have identified who needs to have full training and these people have attended/booked on relevant

courses, (c) the ongoing support needs of staff to enable them to engage with CAF and be part of TAC/F have been identified and provided e.g. further training, strengthened supervision etc.

- 2.5 In March 2011, members of the Integrated Processes Board were also asked to write to the Integrated Processes Team to confirm what resources they were committing to support the promotion and development of the CAF process, financially or through use of training rooms, release of staff to be trainers etc. Responses have been asked for by 29 April 2011.
- 2.6 The following table gives a status (emerging, developing, established, embedding) of the level of engagement from internal and external partners on the basis of their progress towards the three actions above, the number of common assessments they have started and their engagement in Single Point of Access (SPA) and Teams Around the Child/Family. A more detailed breakdown is attached at appendix C.

Organisation/sector	Status
Families and Social Care	Developing
Education, Learning and Skills	Developing
Customer and Communities	Developing
Health	Emerging
Schools	Developing
Academies	Emerging
Early Years settings	Emerging
Kent Police	Emerging
Connexions	Developing
District/borough councils	Emerging
Social landlords	Emerging
Probation	Emerging
Jobcentre Plus	Emerging

### 3. What are the barriers to embedding CAF in practice?

- 3.1 Feedback from partner agencies, district Preventative Services Managers, Early Intervention (CAF) Co-ordinators and research carried out in autumn 2010 has identified the following barriers to embedding the common assessment and team around the child in practice:
- a) Lack of agreement with senior and middle managers about how common assessment and team around the child fits with their existing practices. In some services this work has been a low priority and there has been resistance by some middle managers to change working practices.
  - b) Perception that the CAF process is a referral mechanism and a bolt on to existing practice and lack of confidence and understanding about Children's Social Services thresholds. This means that practitioners do not use common assessment as the first tool of choice for early intervention and make social services referrals when it would be more appropriate to use the common assessment.
  - c) Lack of awareness of the common assessment and team around the child way of working. This affects some groups of staff more than others, such as staff in health and the police.
  - d) Practitioner skills and confidence. Local research identified that some practitioners lacked confidence to have the CAF discussion with families. In particular, some were worried about asking about wider family issues and challenging the family's account of the situation or their approach to dealing with it. This affects both the initiation and assessment discussion with the family and the ability of practitioners to undertake the lead professional role. It is

thought some practitioners may refer to children's social services rather than have the conversation with the family.

- e) Need for cultural change to make sure that practitioners take responsibility when they identify a concern and do not simply make a referral to another agency to pass on responsibility. National research, such as the findings from the National CAMHS support team reinforce this need for cultural change across the community.
- f) Re-organisation and resource pressures. In the context of considerable organisational change across partners and tighter resource pressures, many services feel that they do not have capacity to support use of the common assessment or engage with the team around the child. This is affecting initiation of common assessments and engagement in TAC meetings, which is also causing delays in providing support to children and families. Where engagement is good this is because services have chosen to change the way that they work to prioritise common assessment and team around the child.
- g) Gaps in services. Through common assessment gaps in services have been identified, such as for emotional health and wellbeing services. Whilst this information is being used locally to inform service planning and commissioning there is still a lack of provision in some areas.

#### 4. Imperative to take action

- 4.1 In the current context, the case for taking immediate action to improve multi-agency use of the common assessment and engagement in the team around the child and lead professional role is compelling:
- In too many cases families are still experiencing multiple assessments or are not having their needs assessed holistically at the earliest point when support can make the greatest difference.
  - Multiple assessments are also putting pressure on a number of partner agencies.
  - Processes are still designed for the benefit of agencies rather than for the benefit of the children, young people or their families. We are not putting the child at the centre of what we do in practice.
  - Current activity to deal with inappropriate referrals to social care, Children in Need who would be better supported via TAC and increasing numbers of children and young people who are identified as needing multi-agency support are and will continue to substantially increase the workload for Early Intervention Coordinators and Administrators.
  - Resource pressures mean that we urgently need to look at where we can bring resources together and look at how we can change our working practices to best meet the support needs of children and young people.

#### 5. What action is needed from the Kent Children's Trust to support improvement?

- 5.1 The following action is needed from the Kent Children's Trust members to ensure that the common assessment, team around the child and the lead professional role is fully embedded as a way of working in Kent:
1. For Members of the Executive to make a proactive restatement of their commitment to use of the common assessment as the first assessment tool of choice and their engagement in the team around the child and the lead professional role. To ensure that this is reflected in the priorities and resource decisions for their own services and to clearly communicate this commitment to staff.
  2. Every partner to ensure that a lead officer has been identified to co-ordinate and monitor the work to embed use of common assessment and team around the child within their organisation. Details of lead officers to be confirmed in writing by 15 April 2011.

3. To conduct a multi-agency review of the current use of Single Point of Access as a forum for multi-agency resource allocation and formation of Teams Around the Child to ensure that it is fit for purpose to enable timely and appropriate access to services. To be completed within three months.
4. Information from Single Point of Access outcomes to be analysed to identify the services most used to support children and families and where gaps in services have been identified. This information to be used by partners to inform planning and commissioning of services.
5. To agree that all partner agencies will embed the CAF, Lead professional and Team Around the Child /Family in all services they contract or commission around children, young people and families
6. For internal KCC services to agree county-wide pathways that ensure use of common assessment and engagement in team around the child, and provide clear directions and guidance to practitioners based on areas of good practice. To be completed by June 2011.
7. To agree pathways for key health services: health visitors, school nurses, midwives and emotional health and wellbeing services and for practitioners to start using these pathways in practice by the end of August 2011.
8. To review resource requirements for Early Intervention Co-ordinators and Administrators in light of increasing volumes of common assessments and formation of teams around the child.

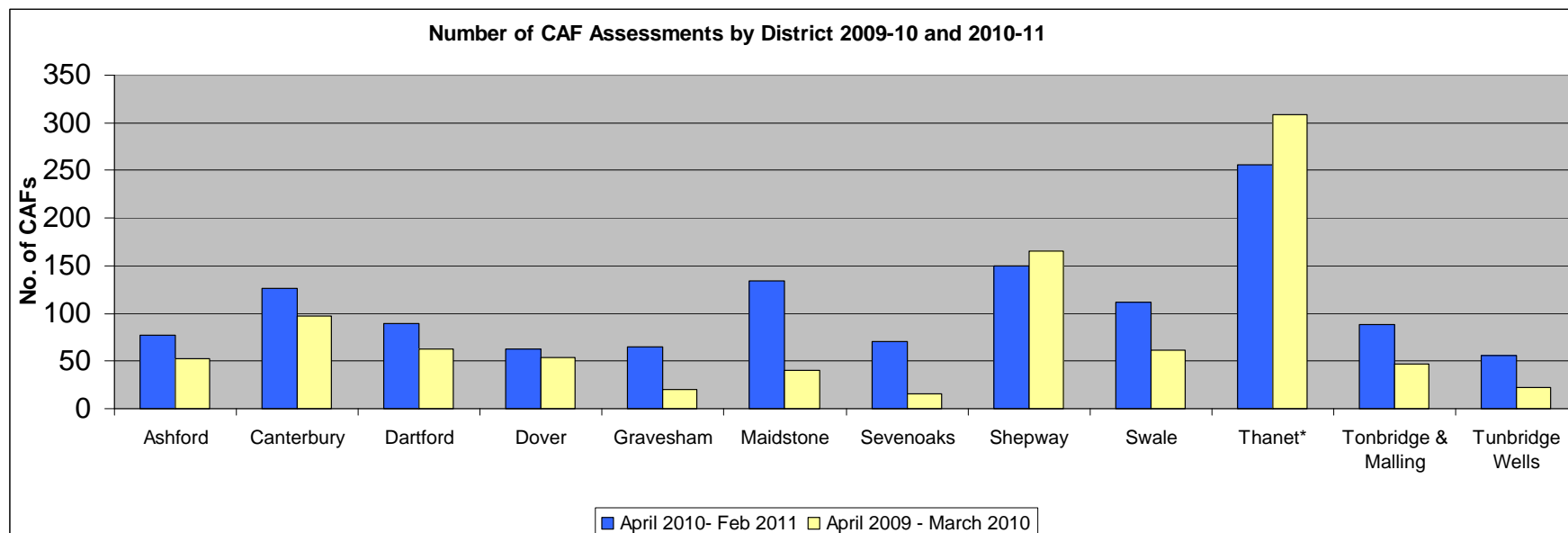
## CAF/LP ContactPoint Project Board Member List

NAME	JOB TITLE	ORGANISATION	ATTENDANCE
Beale, Debee	Locality Co-ordinator	Dover, Deal & Sandwich Children's Centre	Regular
Burwell, Mary	Integrated Processes Co-ordinator	KCC	Regular
Cargill, Gavin (now replaced by Justine Croft)	Head of Operations	Connexions Kent & Medway	Regular
Eason, Richard	South East Regional Development Manager	LifeWhys, Kent CAN	Regular
Farach, Lee-Anne	Preventative Services Manager, Swale District	KCC	Regular
Graham, Karen - CHAIR	Head of Children's Services, CFE	KCC	Regular
Harrison, Becca	Integrated Processes Officer, CFE	KCC	Regular
Heather, Andy	Principal Educational Psychologist, Commissioning	KCC	Regular
Moreman, Andy	Assistant Head of Service (Policy & Standards), Youth Service	KCC	Regular
Patient, Nikki	Integrated Processes Team Leader, CFE	KCC	Regular
Stanley, Tim	Police		Regular
Atkin, Theresa	Area Manager East Kent, Kent Youth Offending Service	KCC	Occasional
Birch, Neil	Executive Head Teacher	Foxwood School	Occasional
Bunnage, Greg	Service Manager, Management Information Unit, CFE	KCC	Occasional
Fletcher, Sarah	Assistant Director & Head of Children's Therapies	Assistant Director Children, Young People & Families, Gravesham Community Hospital	Occasional
Grant, Janice	Policy Manager, Kent Adult Social Services	KCC	Occasional
Longley, Linda	Account Manager	CFE	Occasional
Robinson, Diana	Senior Advisor - Inclusion and Achievement, ASK,CFE	KCC	Occasional
Sharp, Karen	Assistant Director, East Kent Child Health Commissioning	KCC	Occasional
Shkalla, Donna	Head of Management Information,CFE	KCC	Occasional
Thomas, Phillip	Team Leader, Public Health Nursing,	West Kent PCT	Occasional
Tonkin, Jo	KDAAT	KCC	Occasional
O'Reilly, Maurice		Kent Probation	Occasional
Allen, Christopher	Community Safety and Anti-Social Behaviour Manager	Dover District Council	Receives papers only
Feltham, Colin	Head of Additional Educational Needs & Resources	KCC	Receives papers only
Goulding, Claire	Director of Young Persons Services	KCA	Receives papers only
Marriott, Donna	Head of Safeguarding		Receives papers only
Semens, Rob	Directorate Personnel Manager	KCC	Receives papers only
Goodsell, Lorraine	Director Child Health (Commissioning)	West Kent PCT	Receives papers only

## Number of CAF Assessments by District 2010 - 2011 and 2009 - 2010

	Apr-09	May-09	Jun-09	Jul-09	Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Total for financial year 2010-11	Total for financial year 2009-10
Ashford	3	16	9	2	0	5	1	12	8	4	17	0	77	52
Canterbury	11	11	23	13	0	7	16	9	8	11	17	0	126	97
Dartford	3	13	4	8	0	9	12	15	7	6	12	0	89	63
Dover	4	6	3	10	0	8	1	9	5	10	7	0	63	54
Gravesham	5	4	3	4	0	4	6	5	22	3	9	0	65	20
Maidstone	10	12	6	11	0	12	16	20	11	23	13	0	134	40
Sevenoaks	1	4	3	3	0	10	3	8	15	13	10	0	70	16
Shepway	10	21	10	9	5	13	27	12	19	7	17	0	150	165
Swale	2	15	12	8	0	8	17	13	12	16	9	0	112	62
Thanet*	33	27	22	27	7	11	27	28	24	26	24	0	256	309
Tonbridge & Malling	8	9	8	15	0	8	5	7	9	13	6	0	88	47
Tunbridge Wells	5	5	4	8	3	3	3	11	10	1	3	0	56	22
<b>Total</b>	<b>95</b>	<b>143</b>	<b>107</b>	<b>118</b>	<b>15</b>	<b>98</b>	<b>134</b>	<b>149</b>	<b>150</b>	<b>133</b>	<b>144</b>	<b>0</b>	<b>1286</b>	<b>947</b>

\* Please note the total number of CAFs for 2009-10 includes some GP referrals that were not full common assessments.



<b>Organisation/Service</b>	<b>Lead Officer</b>	<b>Agreement about CAF/TAC pathways and embeddedness</b>	<b>Awareness raising and training</b>
<b>KCC – Education, Learning and Skills</b>			
Educational Psychology	Andy Heather	Agreed pathway aligning CAF with the Group School Consultation process. Engagement in TAC process and core SPA member. Questions remain about how to access EP services if a child's needs change after a TAC has been formed without duplication and delay.	All EPs trained in the CAF process. A large number of EPs previously delivered integrated processes training but support for this is now withdrawing.
Specialist Teaching Service	Glynis Eley	Agreed pathway aligning CAF with the Group School Consultation process. Engagement in TAC process and core SPA member.	All fully trained in the CAF process. Experienced trainers but a limitation placed upon to amount of training they will lead which has had a negative impact in districts.
Attendance and Behaviour	Chris Berry	No county-wide agreement with Head of Service about how the use of CAF and TAC fits with current practice. Not a core SPA member but some engagement in TACs. Good practice in Swale where evidence that engagement in CAF and TAC can reduce permanent exclusions.	Attendance at CAF training especially Education Welfare Officers.
SEN and Resources	Colin Feltham	No county-wide agreement with Head of Service about how the use of CAF and TAC fits with current practice. This risks families falling in gaps between the CAF and SEN processes.	
<b>KCC – Families and Social Care</b>			
Children's Social Services	Karen Graham	Closer working between DIATs and Co-ordinators since restructure but effectiveness varies by district. More successful where co-located (only fully co-located in 4 of the 12 districts, to be looked at as part of the improvement plan action 3.3). Agreeing	Need for greater general awareness and understanding of the interface with common assessment and team around the child amongst social workers.

		consistent procedures for transfer between CAF and CSS in both directions as part of improvement plan work (action 2.1). This will include representation on SPA and consultation for TACs where sufficient improvements not being made. Procedures being trialed in Swale as part of Improvement Plan.	
Children's Centres	Jennie Landsberg / PSMs	CAFs initiated are still much lower than expected. Within Children's Centres, staff already work in multi-disciplinary teams using local processes. To increase use of the common assessment within Children's Centres, practitioners need to understand the value that can be added by using the CAF process and misconceptions about the length of time the process takes need to be addressed. PSMs are working closely with Children's Centres to promote the benefits of using the CAF but there are concerns about their capacity to target support as resources such as Parent Support Advisers and Community Involvement Workers are limited.	Attendance at CAF training but recent awareness raising for managers. High use of e-learning.
Adult Social Services	Janice Grant	Non attendance at Multi-agency Integrated Processes Board. Limited evidence of links in district and no clear pathway agreed.	No attendance at training.
<b>KCC – Customer and Communities</b>			
Youth Service	Andy Moreman	Representation at Multi-agency Integrated Processes Board but limited engagement in the CAF process in the districts. Evidence of some involvement in TACs.	Agreed to run series of awareness raising events before summer 2011 as most staff need refresher training.
Youth Offending Service	Theresa Atkin/ Charlie Beaumont	Representation at Multi-agency Integrated Processes Board but limited engagement in the CAF process in the districts. Evidence of some involvement in TACs and attendance at	Attendance at previous CAF training and further awareness raising sessions held in districts during February 2011.

		SPA when requested. Recent audit completed and pathway agreed in preparation for inspection.	
KDAAT	Jo Tonkin	Representation at Multi-agency Integrated Processes Board but limited engagement in the CAF process in the districts. Evidence of some KCA involvement in TACs. Draft pathway in place. KCA Adult workers pilot in Gravesham and Swale started in July 2010 but not evidence of activity despite monitoring.	KCA child workers have attended CAF training. Training for KCA adult workers who are involved in pilot in July 2010.
<b>Schools</b>		Engagement varies across schools. Stronger engagement where head teachers actively support the process and where there is family support (e.g. a Family Liaison Officer) available within the school. Where Lead Professionals are school-based, there is a lack of evidence of TAC action plans and reviews to show that outcomes are achieved.	Head teachers and governing bodies need to have further awareness. The KSCB/KCT thresholds workshops will be used to build understanding and confidence about when to use the CAF process.
<b>Academies</b>		Evidence of some disengagement in the CAF process from recently established academies. Further monitoring is needed and development of guidance for academies about their involvement in the CAF process.	School staff should have a general awareness of CAF process as many would have previously been on training. However the change in status of the school may mean that the policy in relation to CAF has changed or is unclear.
<b>Early Years settings</b>	Jennie Landsberg	The nature of early years setting means that significant support for staff is needed to build skills and confidence in using the process. Prior to the CFE restructure in September 2010, the Early Years SENCOs would have supported settings through the CAF process. It has now been agreed with the Head of Early Years and Childcare that early years settings would be supported through by their link children's centre. This agreement is not currently working in practice as children's	Staff from early years settings are now attending training. Funding for supply cover for staff to attend training until July 2011 has been agreed centrally to support this.  Early Years Advisers have recently had service-specific awareness raising sessions to enable them to monitor engagement with and signpost to the CAF process as part

		centres have limited capacity and this has not been identified as a priority area of work.	of their SIP role.
<b>Health</b>			
<b>Child Health Commissioners</b>	Karen Sharp	<p>Representation on the Integrated Processes Board is poor and progress has been slow and limited.</p> <p>There is liaison with Caroline Friday about the CQC action plan, which contains actions about the CAF process. CAF has now been included in the health visitor and school nursing specifications and there are discussions about links with CAMHS. However, progress in practice has been limited and there is no evidence of monitoring of the actions that providers have been asked to undertake to align their paperwork and processes with the CAF.</p> <p>There is currently no agreed pathway for CAMHS. The existing pathway in parts of the county is causing duplication with SPA and the waiting lists are impacting on engagement in the TAC process.</p> <p>GPs are generally not engaging with the CAF process, although there are some examples of GPs participating in TAC. GP referrals to CAMHS are high, although some children and young people may be more effectively supported through the CAF process.</p>	
<b>Health Visiting and school nursing</b>	Lisa Maidment (East Kent lead to change in April)	Health visitors are key to making the CAF process work within health. However, there has not been an agreement about how the Health Needs Assessment tool should link with	High attendance at CAF training at the start but further awareness raising and refresher training recommended to build confidence.

	Diane Cordoray (West Kent)	<p>the CAF process. Providers in East and West Kent have been asked to do this by the commissioners but it is not clear what progress has been made. Monitoring and quality assurance through the Healthy Child Programme Steering Group has also been limited. In West Kent, there are particular issues because of staffing levels.</p> <p>Some evidence of school nursing engaged in the TAC process. School nursing work closely with school staff and alert school if needs identified rather than working alongside in the completion of the CAF. They use the same assessment tool as Health Visitors (see above).</p> <p>The use of IT is very limited due to skills and confidence of practitioners and lack of equipment.</p>	
<b>Midwives</b>	Lindsey Stevens (East  Alison Mendes (Maidstone & Tubridge Wells)  Dartford and Gravesham)	<p>Discussions have been ongoing with midwives from the start of the CAF process but progress has only been made following the CQC inspection.</p> <p>Paperwork is being reviewed for midwives to align it with the CAF process. Midwives are currently using a scattergun approach to referrals and have not engaged in SPA.</p> <p>The pathway for teenage pregnancy has been agreed but will not be used until after training has been provided.</p>	Following the CQC inspection a training programme has been agreed for midwives across Kent. Dates have been set for East Kent and are currently being arranged for West.
<b>CAMHS</b>	Ian Derbyshire	There is currently no agreed pathway for CAMHS and engagement in the CAF process	Some attendance at CAF training from CAMHS Tier 2 staff.

		<p>is inconsistent across the county.</p> <p>The recent CAMHS workshops consulted on pathways and access to service provision. As feedback has not been provided following these events, there is a lack of clarity about the relationship with the CAF process. Some of the proposals discussed at the events mean that there is duplication with the Single Point of Access meetings within the CAF process. Concerns about this were raised at the workshops and directly with health commissioners, although the existing processes have continued.</p> <p>Although some CAMHS practitioners at tier 2 are part of Team Around the Child this is limited. Where a TAC is in place for a child, communication from CAMHS is poor when children and young people are on their waiting list.</p>	
<b>Medway PCT and Medway NHS Trust</b>	Liz Bailey – Head of Community Care	Services in Swale provided by Medway PCT and NHS Trust. Evidence of engagement from some services with attendance at SPA and TACs. No agreed pathways in place but discussions underway.	Trained by Medway in CAF process but limited understanding of Kent CAF process.
<b>Kent Police</b>	Tim Stanley	Pilot started in Medway in March 2011 as agreed by Police Board. Evaluation and findings to be reported in June where consideration will be given to wider engagement. Concerns about rollout in Kent with a clear pathway agreed. Representation at Multi-agency Integrated Processes Board with some engagement in the CAF process in the districts. Evidence of some involvement in	Very limited attendance at CAF training.

		SPA and TACs but concerns about strategic agreement to the CAF process.	
<b>Connexions</b>	Justine Croft	Evidence of some engagement in the CAF process but lack of initiation. Work closely with school staff and would alert school if needs identified. Attendance at Multi-agency Integrated Processes Board, at SPA when requested and involved in TAC process. Review of pathway to evidence engagement in the process involving the adaptation of their IT system to record and evidence activity and outcomes.	Full attendance at CAF training which is monitored by their training team. One committed trainer.
<b>Third sector</b>	Richard Eason is rep at Board and various locally	Evidence of engagement in the CAF process especially involvement in TACs where these partners are key to the success of the CAF process. Some partners are more actively participating e.g. Family Action, Stepahead. Financial and contractual arrangements may impact on future engagement.	Attendance at CAF training but not necessarily all partners.
<b>District/borough councils</b>		Engagement varies across districts. Member of Multi-agency Integrated Processes Board but non attendance since 2009. Limited evidence of engagement in the CAF process.	Some attendance at CAF training for youth and housing staff.
<b>Social Landlords</b>	Various	Some evidence of active engagement in the TAC process but not consistent. No agreed pathway with housing organisations.	Attendance at CAF training. Recent awareness raising sessions for Golding Homes in Maidstone.
<b>Probation</b>	Maurice	Member of Multi-agency Integrated Processes Board but only one recent attendance. No evidence of engagement in the CAF process.	No attendance at CAF training.
<b>Jobcentre plus</b>	No county lead	Limited engagement in the CAF process with some involvement in the TAC process.	Small numbers have attended CAF training.