

# Engaging early in Children's needs through the Common Assessment Framework: New Challenges for Practice in Wales and England

**Background and Key Features**  
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## Location - Cardiff

- 2 hours west of London
- Capital city of Wales







## A common assessment framework

- A CAF is part of government's long term vision
- Too many different assessments during childhood
- Little information about interventions by other agencies
- Need to speak same conceptual language
- More collaboration around developmental needs
- More comprehensive recording = better safeguarding
- Decisions whether specialist assessment needed
- An electronic index will indicate previous referrals



## What are aims of CAF?

- Primary aim of CAF is sustainable change for child, more opportunities and better outcomes.
- Seeks to develop a culture of assessment and planning across a spectrum of staff who work with children, young people, parents / carers.
- Aims to promote citizen-centred services, social inclusion, children's rights, family support, early intervention and access to services.



## The CAF is a simple basic tool

- CAF a voluntary arrangement where staff and families share info about needs and solutions.
- It is a tool whereby workers can establish contact with other agencies and develop joint plans.
- can help identify a lead professional.
- paper-based and E.CAF computer system and data base to facilitate assessment practice, information sharing and strategic management.



## Advantages of using CAF (1)

- decrease in unnecessary assessments
- more appropriate referrals
- more prompt service as workers trust one another's assessments
- an ecological approach enables professionals to identify issues outside their own discipline or area of expertise



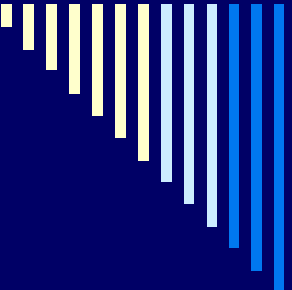
## Advantages of using a CAF (2)

- More parents know they have been referred
- More consent given by parents and children
- More family views in the assessment
- More focus on strengths not just negatives
- More knowledge about other agencies involved
- More focus on child transitions



# A Tool for Early Intervention

- ❑ Helps focus early on the problem
- ❑ Completing a CAF may not lead to inter agency contact, it may enhance work within the single agency – depends on needs and wishes of family.
- ❑ Should not be a barrier to sharing concerns about actual or potential harm over child protection.
- ❑ Not used for child protection
- ❑ Unlikely to be used if a case open and active
- ❑ Not alternative to specialist / statutory assessments.



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## **Aimed at children with additional needs where child protection not an acute issue – such as....**

- Child with developmental difficulties
- Deprivation, poverty or social disadvantage
- Parent / carer disability, illness or addictions
- Child as carer
- Neglect or abusive contexts that are not CP
- Child in unstable, stressed & damaging family
- Child at risk of offending or offending
- Child not accessing mainstream



## Who uses the CAF?

- The CAF aims at mainstream services (health, education, housing, vols) as well as specialist services
- Key worker completes form guided by three domains from Assessment Framework.
  1. Child / young person's development including health and education
  2. Parent/carers capacity to meet child's needs (love, nurture, safety)
  3. Impact of wider family and environmental factors.



# Common Assessment Form

Draft for public consultation

The development of the Common Assessment Framework in Wales by the North East Wales Institute of Higher Education has been commissioned by the Social Care Institute for Excellence and is funded and sponsored by the Welsh Assembly Government

**What is the Common Assessment Framework?**  
The Common Assessment Framework is being developed as a new way to help children, young people and their families in Wales. It will assist those working with children, young people and their families to provide the support they need to reach their full potential. It is being piloted to see how well it works in four areas of Wales. A computer system will make it possible for those working with the same child or young person to get in touch and share information. An assessment will only be completed or passed on to others with the family or young person's permission.

**Why is this being done?**  
This common assessment will allow the worker to understand your situation more easily and to provide help at an earlier stage.

**Who should be involved in the process?**  
The common assessment will be undertaken by a worker, along with the child or young person when they are worried about, and their family. All the workers who do common assessments have been trained on the principles which underlie the assessment. In addition, to protect children and young people, all workers who carry out common assessments have been checked by the police and they work for organisations which comply with rules to ensure that your information will be kept private and safe.

**What will happen to the information recorded on this form?**  
The aim of this assessment is to allow you and the worker to better understand how help can be provided. At the end of the assessment, you and the worker may decide that you want to send a copy of this form to another worker (either because they can provide some help or because you decide that they should be informed about your situation). If so, you will be asked (at the end of this form) to give your permission for this. If you don't want a copy to be sent to someone else, it will not be sent (unless there is an overriding legal requirement for it to be sent - see below).

**What if I disagree with what's written on this form?**  
If you disagree with anything that has been written on this form, the worker may want to correct it and ask you to sign the corrected version. However, the person completing the form may also want to leave it as it is (after all, it is a record of their view) but they must record your objection under the section for your views. They will then ask you to sign the modified version of this form which states which parts of the form you disagree with.

**Who should be asked for permission to share this information?**  
This depends on the age of the child or young person and their capacity to understand and make their own decisions. If the child or young person is 16 years or older, then they should normally be asked to give permission themselves. If the child or young person is younger than 16 years old, then the worker carrying out the assessment should decide if they have sufficient understanding to give their own permission. If the worker decides that they do not, then an adult with parental responsibility should be asked for their permission.

**Confidentiality**  
All the information collected about you (or your child) and your family will be kept confidential. It will be normally only be shared with other people with your permission. In exceptional circumstances, there may be a legal requirement to share this information without seeking your permission. In this case, you will be informed that the information has been shared, unless to do so would place you (or your child) at risk. For example, if at any time during the course of this assessment, the worker carrying out this assessment believes that an infant, child or young person has been harmed or abused or at risk of harm or abuse, they must follow their local child protection procedures. This may include sharing the contents of this assessment without obtaining your permission. The information entered onto the computer system is held by the Welsh Assembly Government on behalf of the individual agencies which complete the Common Assessments. The Welsh Assembly Government will only use this information in an anonymised form (for example, statistical data for policy development or planning purposes).

**Where can I get more information?**  
If you want to find out more, or you want to make a complaint, you may get in touch with the worker who completed this form or their agency's data controller. Alternatively, you can get more information from the website [www.cafwales.co.uk](http://www.cafwales.co.uk) or you can contact the local data controller for your pilot area.

<b>Cardiff</b> contact details entered here	<b>Carmarthen</b> contact details entered here	<b>North East Wales</b> contact details entered here	<b>Neepaw</b> contact details entered here
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If you would prefer, or if you cannot obtain a satisfactory outcome, you can get in touch with the Welsh Assembly Government's Data Controller who has overall responsibility for the data held on the CAF IT system.

Wales Data of Welsh Assembly Government Data Controller here  
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10018506

Date of assessment



names

female

unknown

or previous address

person's situation

## PERSONS AND CARERS

**Basic care**  
meeting young person's physical needs (for example, appropriate medical and dental care), appropriate clothing and adequate personal hygiene

**Living safely**  
person is adequately protected from risks and dangers, including hazards inside and outside the home

**Emotional warmth**  
meeting person's needs, inside and outside the home, and encouragement and responsiveness to child or young person's needs

**Stimulation**  
providing child or young person's learning opportunities, assisting and encouraging

**Structure and boundaries**  
meeting appropriate behaviour, providing appropriate boundaries, effective management of sleeping or bedtime

**Stability**  
meeting needs over time and responding to changes in behaviour, supporting carers and other significant people

Present at meeting

- yes
- yes
- yes
- yes
- yes
- yes

Household member

- yes
- yes
- yes
- yes
- yes
- yes



other family (if known)

relationship  
relationship

## CHILD'S DEVELOPMENT

### Health

General health including dental; physical development; impact of disability; immunisations

### Learning and education

Understanding, reasoning and problem solving; attention span and concentration; progress and achievements; participation in learning, education and employment

### Emotional development and behaviour

Temperament; response to stress; appropriate self control; coping strategies; lifestyle; anti-social behaviour

### Self image

Views and feelings about themselves; sense of belonging and acceptance by family, peers and wider society; experience of discrimination

### Family and social relationships

Quality of relationship with parents or carers and siblings; friendship patterns with peers and other significant people

### Social presentation

Understanding of how appearance, behaviour and any impairment are seen by others; appropriateness of dress for age, gender, culture and religion; personal hygiene

### Self-care skills

Acquisition of practical, emotional and communication skills necessary for increasing independence (taking account of the impact of any impairment)



## PARENTS AND CARERS

### Basic care

Providing for the child or young person's physical needs (for food, drink, warmth and shelter); appropriate medical and dental care; ensuring appropriate clothing and adequate personal hygiene

### Ensuring safety

Ensuring child or young person is adequately protected from: contact with unsafe adults and children; self-harm; hazards and dangers inside and outside the home

### Emotional warmth

Ensuring child or young person has secure, stable and affectionate relationships; providing praise and encouragement; appropriate sensitivity and responsiveness to child or young person's needs

### Stimulation

Responding and encouraging child or young person's learning; joining in play; promoting learning opportunities; ensuring school attendance

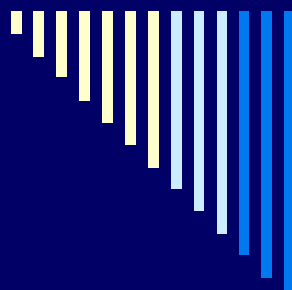
### Guidance and boundaries

Demonstrating and modelling appropriate behaviour; avoiding over-protection; setting appropriate boundaries; effective discipline and shaping of behaviour

### Stability

Consistency of emotional warmth over time and responding in a similar manner to the same behaviour; supporting contact with important relatives and other significant people





## **FAMILY AND ENVIRONMENT**

### **Family history and functioning**

Composition of household; parental or sibling physical or learning disability, chronic physical or mental illness, bereavement, substance misuse, violence and criminality

### **Wider family**

Support networks from wider family and others; provision of wider caring and employment roles and responsibilities

### **Housing**

Adequacy of living arrangements (heating, water, sanitation, cooking facilities); cleanliness, hygiene and safety; homelessness

### **Employment and work patterns**

Employment and work patterns; family's attitude towards work or absence of work; child or young person's experience of work

### **Income and finance**

Sufficiency of income or benefits; use of resources available to family; effects of hardship

### **Social integration**

Degree of acceptance and integration or isolation of family within the local community and peer groups and the importance attached to them

### **Community resources**

Availability, accessibility and standard of amenities - health centres, day-care, schools, leisure, transport, worship; extent of anti-social behaviour or crime



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# UK Research Evidence

- 1 Welsh authority (early pilot - 2005)
- 6 English authorities (2007-8)
- 5 Wales Pilots (2007 - current)



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# The key Welsh pilot study

- ❑ **Intervention and comparison sites**
- ❑ **Our research questions related to service impacts**
- ❑ **Will CAF - Standardise processes?**
- ❑ **Reduce inappropriate referrals?**
- ❑ **Enhance joint working and reciprocity?**
- ❑ **Lead to more focused further action?**



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# Preparing the ground.....

- Steering group & focus groups
- Parents in family support projects
- Young people from Youth Forum
- Views on 'mild' 'moderate' and 'serious'
- Young people and parents – consensus
- Professionals agree? (vols v stats)
- Different views on smacking and parenting
- Trained 250 professionals in the CAF



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# 12 Months Pre and Post

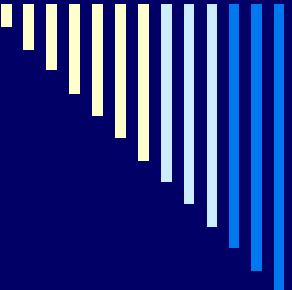
- ❑ Compared children in need aged 0-9,
- ❑ 12 months pre - post implementation, referrals down 7% (comparator up 37%)
- ❑ Family / public referrals – down
- ❑ No increase in child protection from participating agencies



# Missing information before (n=120) and after (n=88)

Pre and post samples matched for referring agency, household structure and primary needs -

<input type="checkbox"/> Ethnicity	27% and 10%
<input type="checkbox"/> First language	80% and 46%
<input type="checkbox"/> Religion	94% and 85%
<input type="checkbox"/> Parental responsibility	27% and 9%
<input type="checkbox"/> Had always lived with parent	73% and 19%
<input type="checkbox"/> Looked after or not	77% and 27%
<input type="checkbox"/> Registered as 'disabled'	75% and 23%
<input type="checkbox"/> CPR history	68% and 23%



# User views + other agencies before and after

- Parents knew about referral 43% and 86%
  - Consent given by parents 24% and 83%
  - Parents views in referral 29% and 69%
  - Children's views 4% and 5%
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- **Knowledge of agencies involved with family**  
Pre- 110 - Post- 228



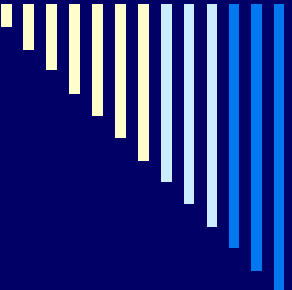
# Pre & Post: references to needs and strengths

□ Education needs	13% to 51%
□ Parent's capacity re child's health needs	3% to 24%
□ Concerns about emotional needs	17% to 35%
□ Concerns about presentation	10% to 34%
□ Basic care	3% to 48%
□ Ensure safety	5% to 34%
□ Child's development strengths	10% to 24%
□ Child's education strengths	3% to 38%
□ Emo warmth- strengths	1% to 46%
□ Boundaries - strengths	1% to 31%
□ Stability – strengths	1% to 34%



# Service impacts for local authority social services department

- ❑ Reduction in referrals requesting advice and information down from 35% to 28%.
- ❑ Reduction in referrals in and out of SSD, down from 15% to 7%.
- ❑ Reduction in 'No further action' 47% to 38%
- ❑ More cases allocated to teams 17% to 26%
- ❑ Initial assessments increase up from 33% to 44%.



# Lessons from early pilot – CAF completions and detail

- Basic background detail – 80+% completed family info, consent, referrer detail, agencies
- Key domains – average 43% completed Health, Ed, Identity, Family Rels, Enviro
- Density of detail evident in 1 in 5
- Summary section – 84% completed
- Referrer's suggested action missing in 80%



# Key messages from workers - England and Wales

- Prompts help focus the analysis
- More rounded view of child's needs
- Helped recognise strengths in family
- Liked standardised / comprehensive format
- Made them think about other services
- Made them think what needs to be done
- Helped generate 'everybody's problem'
- Workers think families empowered by knowing more about what services available.



# Key messages from workers

## - England and Wales

- They referred DV, neglect, mental health, drugs and alcohol misuse, child behavioural problems, parents refusing access.
- Busy professionals / paperwork a burden
- Big opportunity cost if no payback
- Time consuming and repetitive - what's wrong with talk and trust?
- Not my job to assess – gaining consent a problem for some – prefer to place on SW desk.



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# Key issues across research sites

- Little detail on identity, emo, family life
- More detail on 'factual' and on prof's area
- Limited knowledge about child development
- Limited contact with families
- Some resistant to time investment
- Some token or non-completions
- Little on actual views of child
- Child's consent rarely sought



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# Challenges to practice in England

- Holistic mindset a challenge for some
- CAF not meant to be a quick referral
- Some continue with own assessments
- Lead Prof with good knowledge and skills valued by families
- Too much discretion – firmer guidelines on a nationally approved CAF
- IT quality and clarity over information sharing



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# Challenges to practice in England

- ❑ Needs an E.Office environment and access to private PC space –
- ❑ often mobile working and ‘hot-desking’
- ❑ Wide variation on ICT skills
- ❑ Written from occupational disposition – some agencies set lead & character of CAF
- ❑ Some LAs have closed and invited system, others more open and use CAF to ‘colonise’.
- ❑ Some use purely as intra-agency mechanism
- ❑ Others use as referral system of preference.



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# Challenges to practice in Wales

- ❑ CAF depends on agency buy-in, can't refer to agency where staff not trained to receive.
- ❑ To train need CRB, CP training, understand data protection, and local information systems.
- ❑ Staff reluctant to train if it means more work
- ❑ Support more tangible from different occs.
- ❑ Some vol organisations still have to use their own nationally designated forms
- ❑ HR fragile - key people move – eg password admin'



# Challenges to practice in Wales

- ❑ High enthusiasm & training but few eCAFS –why?
- ❑ Some parents see CAF as intrusive.
- ❑ Lack of clear model for embedding practice – what does a good CAF look like?
- ❑ No clear prescription about when and how to do a CAF – emphasis on local arrangements may undermine uniformity.
- ❑ People confused about where CAF is pitched — how it connects with more specialist assessments?
- ❑ Are more complex needs being overlooked?



# Delivering the CAF system - easier said than done!

- ❑ Corporate vision and partnership
- ❑ Multi-agency recognition across sectors
- ❑ Top-down direction: bottom up enthusiasm
- ❑ Strong project leadership
- ❑ Fit with local criteria for intervention
- ❑ Clear information sharing protocols
- ❑ Continual training loop
- ❑ Quality co-ordinator



# Statistical tests

- Data re-coded into binary score - info missing or info present for 140 items, used non-parametric Pearson Chi-Square test – suitable for basic categorical data
- Pre: intervention and comparator no significant differences in missing data
- Pre & post: comparator no significant differences in missing data
- Pre & post: Intervention - significant differences on 31 items – referral detail, child needs, fam strengths