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To: Specialist Children's Services Policy Overview and Scrutiny
Committee – 22 March 2012

Subject: **COMMON ASSESSMENT FRAMEWORK (CAF) IN KENT – A
PROGRESS REPORT**

Classification: Unrestricted

Summary: The purpose of this report is to inform and update Members about the progress on embedding of the Common Assessment Framework (CAF) in Kent.

Introduction

1. (1) The Common Assessment Framework (CAF) is a way of working that aims to identify, at the earliest opportunity, a child's and family's additional needs which are not being met by universal services, and provide timely and co-ordinated support to meet those needs. The CAF is based on solution-focused practice and enables practitioners and families to work in partnership to improve their outcomes.

(2) 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

(3) Strengthening the CAF process in Kent is a key task (3.2) under Priority 3 of Phase 2 of KCC's Improvement Plan for Safeguarding and Looked After Children, Putting Children First and supports the Early Intervention and Prevention Strategy. The plan 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" Phase 2 Putting Children First, outcome 3.2.1

(4) Ensuring that use of the common assessment process (including the Team Around the Family and the Lead Professional) is part of day-to-day practice is not about slavishly following a form or process: it is about ensuring there is a robust assessment of need that brings together the right package of support and advice at the right time and puts the child and family at the heart of the process. This principle is backed by the recent final report of *The Munro Review of Child Protection*.

Progress update on the CAF in Kent

Use of CAF and Partner engagement

2. (1) Over the last 12 months, there has been a trend of increasing engagement in the CAF process, with 1,817 CAFs completed in the ten months to date in 2011/12 compared with 1,467 CAFs completed in the 2010/11 financial year. This increase takes us to a ratio of 67.1 CAFs per 10,000 children as at January 2012, which has already exceeded the target in Phase 2 of Putting Children First to increase the total number of CAFs to a ratio of 58.9 per 10,000 children in Kent over the 2011/12 financial year.

(2) Schools continue to be the main initiators of common assessments, accounting for 83.2% of the CAFs from April 2011 to January 2012, although there is emerging evidence of an increase in engagement of other agencies.

(3) Health initiation of CAFs has been low and slow to build, given that some health services are universal. There are some initial signs of improvement, for example, the number of common assessments completed by health staff has started to increase in the last year (28 CAFs initiated in 2010/11 compared with 90 in the ten months to date of 2011/12). However, it is recognised that use of the CAF still needs to be embedded in day-to-day practice for health staff, and there is now a strategic commitment to use of the family CAF across Kent Community Health Trust from April 2012. Colleagues from Health Commissioning are also working with SCS to develop an administration hub to help remove previous barriers to engagement.

(4) Following a pilot in Swale, Thanet and Medway, Kent Police has also agreed to roll out use of the CAF, where appropriate, to support young people with anti-social behaviour issues. Work is also underway to agree how Kent Police will use the CAF to support in some domestic abuse cases and children missing from home.

(5) Partner engagement in Team Around the Family reflects that although agencies such as health and education support services (e.g. specialist teachers, educational psychologists) do not initiate high numbers of CAFs, they have strong engagement in the process as members of Teams Around the Family.

(6) Members should note that further work is needed to secure strategic commitment to the Early Intervention and Prevention Strategy and the use of the Family CAF across wider KCC and partner services.

Development of the Family CAF

3. (1) Following feedback from a number of services, practitioners and families using the CAF, Kent has now developed a more user-friendly and family-centred approach to the common assessment process. The new family CAF assessment form and action plan were introduced across the county from November 2011 and are now available for all CAF initiators and lead professionals to start using with families as well as individual children. Practitioners who have used it already have given us positive feedback:

“Parents are actually feeling comfortable and not threatened”

“Using the family CAF has opened up my conversations with families that may never have been opened up before.”

(2) The family approach also reflects recent local analysis of a sample of 100 CAFs. This found that most CAFs are about family circumstances and needs, with only a few being focused solely on children's needs. The family CAF approach has already encouraged engagement from some partners, notably health services. It is hoped that it will also encourage use by wider partners, including those primarily working with adults.

(3) To support this approach, the range of services engaged with the CAF process, particularly those that contribute to the team around the family, needs to be broadened. This reflects the need to engage services working with adults as well as children. Strengthening links with services that already take a family approach, such as Family Group Conferencing, will help support some individual families in the CAF process and could also provide best practice examples for other practitioners to work in this way.

(4) As mentioned above, securing full strategic commitment to the Early Intervention and Prevention Strategy and the use of the Family CAF across wider KCC and partner services will be crucial to this approach.

Ensuring effective links with Children's Social Services

4. (1) Working with families through the CAF and Team Around the Family approach can help to prevent the need for specialist children's services. Procedures have been put in place with Children's Social Services (CSS) to make sure that social workers identify families who would benefit from this way of working and that they are transferred to be supported by preventative services (this is sometimes known as 'stepdown'). There are three key points at which this is being embedded:

- At the point of decision-making by Central Duty Team about consultations and referrals that do not meet the threshold for intervention by Children's Social Services.
- Following an Initial or Core Assessment when it is determined that the family does not meet the threshold for intervention from Children's Social Services
- At the point of closure of Child in Need cases.

(2) Effective transfer arrangements are intended to ensure families receive support to prevent them needing specialist services. This will contribute to a reduction in referrals and re-referrals to Children's Social Services.

(3) Following improvements to the CAF performance monitoring framework, monthly data on the number of cases and children being supported through these procedures has been collected since November 2011. Although there is insufficient data to establish trends, these early figures show that the number of cases transferred following an Initial Assessment or Child in Need closure is increasing: 27 more cases transferred during January (104 in total) than there were transferred during November (77 in total).

(4) Action to further embed the appropriate use of these transfer procedures is underway and includes:

- Establishing a consistent full-time representation of Early Intervention Co-ordinators in the Central Duty Team
- Enhancing social workers' awareness and understanding of the procedures through inclusion in the Children and Families Performance Improvement Programme

- Improving tracking and monitoring of cases through inclusion of step down to CAF as an outcome in relevant ICS exemplars ahead of implementation of the new system
- Inclusion of CSS transfer data in the monthly performance management reporting. Targets are currently being developed.

Further areas of progress

5. (1) Under the Improvement Plan, a number of other actions have been undertaken to strengthen and embed the CAF in Kent:

- A review of the Single Point of Access in order to simplify processes and ensure that appropriate advice and support packages can be agreed in a timely manner. Guidance is being drafted for the changes to take effect from 1 April 2012.
- A review of the performance management framework has been completed and implemented to ensure effective recording and reporting of activity and outcomes for CAF initiation, Team Around the Family and transfers from Children's Social Services. Performance Indicators and targets have been developed to monitor progress.
- The Integrated Processes Training Programme has been reviewed and revised in response to practitioner feedback. This now includes e-learning and a revised one day practice-based workshop. The new programme is now available across the county and initial feedback from delegates has been very positive that the course has increased their confidence to use the family CAF.
- Development of service standards for the CAF and Team Around the Family is underway and will shortly be consulted on with partners and service users.
- The quality assurance framework is being reviewed to help ensure improved outcomes for children and families, and to highlight areas for further development and training needs.
- Service specifications for the commissioning of Early Intervention and Prevention Services have incorporated use of the family CAF as a way of working and assessing need to inform decisions about access to services.
- Capacity within Specialist Children's Services (SCS) to support early intervention and the CAF process is being taken into account as part of the restructure of the service.
- Colleagues from Health Commissioning are actively exploring funding additional capacity with SCS CAF support.

Recommendations

6. (1) Members of the Specialist Children's Services Policy Overview and Scrutiny Committee are asked to NOTE the progress so far with regard to the strengthening and embedding of the Common Assessment Framework (CAF) in Kent. It is suggested that a further progress report is considered in September 2012.

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Background documents: None