

THE COMMON ASSESSMENT FRAMEWORK – PART 1

London Borough of Barking and Dagenham
Local Safeguarding Children Board

Course Outline

- Background to Integrated Working and Early Help (Common Assessment Framework)
- Information sharing and parental responsibility – law and guidance
- Thresholds of needs and services
 - The Common Assessment Framework:
 - Dimensions of the CAF
 - Introducing a CAF to parents
 - Making a structured assessment of needs
 - The CAF Form
 - Good practice pointers for recording

Every Child Matters Outcomes

1. Be healthy
2. Stay safe
3. Enjoy and achieve
4. Make a positive contribution
5. Achieve economic well being

‘Helping children achieve more’

1. Health
2. Safeguarding and security
3. Education
4. Employment and Skills
5. Engagement and Participation

Children Act 2004

Legal framework for Every Child Matters and Laming

Section 10 – Duty on the local authority promote co-operation with key partner agencies to promote the welfare of children in their area.

Section 11 – Statutory duty to safeguard & promote the welfare of children.

Section 53 – Children's Social Care to take reasonable steps to find out children's wishes and feelings when assessing a child 'in need' and a child at risk of 'significant harm'

Section 58 – updated law on 'reasonable chastisement'.

ECM: Change for Children

- Central government programme to safeguard and promote children's welfare
- Includes 'Integrated Working'
- Three interdependent elements:
 1. The Common Assessment Framework
 2. The Lead Professional
 3. Information Sharing

Working Together guidance, 2015

- Emphasis on early identification of needs and prompt action to prevent escalation
- Local authorities to provide early help as part of their duty to safeguard children
- Refers to continued use of the CAF as a way of providing early help
- Assessors should be able to discuss concerns with a local authority social worker
- If parents / carers do not consent to an early help assessment, the assessor should make a judgment about whether, without help, needs will escalate
- If so, referral to Children's Social Care may be necessary

Priority groups for early help

- Disabled and has specific additional needs;
- Has special educational needs;
- Is a young carer;
- Is showing signs of engaging in anti-social behaviour;
- Is in a family circumstances presenting challenges for the child, such as substance abuse, adult mental health, domestic violence;
- Has returned to their family home from care; and/or
- Is showing early signs of abuse and/or neglect

Working together to safeguard children, 2015

LSCBs to publish a threshold document that includes:

- The process for an early help assessment and the type and level of early help services to be provided
- The criteria, including the level of need, for when a case should be referred to children's social care for assessment and statutory services under:
 - S17 Children Act 1989 – child in need
 - S47 Children Act 1989 – significant harm
 - S31 Children Act 1989 – care and supervision orders
 - S20 Children Act 1989 – duty to provide accommodation

Working together to safeguard children, 2015

Seven Golden Rules for Information Sharing

1. Remember that the Data Protection Act 1998 is not a barrier to sharing information
2. Be open and honest
3. Seek advice if you are in any doubt
4. Share with consent where appropriate
5. Consider safety and well-being
6. Necessary, proportionate, relevant, accurate, timely and secure
7. Keep a record of your decision

Who can give or refuse consent?

😊 A person aged over 16

😊 A child under 16 who has the capacity to understand and make their own decisions, may give (or refuse) consent to sharing information

- ✓ Think through whether they are of sufficient age and understanding to make the decision
- ✓ We also need to consider what are the reasonably foreseeable consequences for the young person of deciding one way or another

What is confidential information?

Confidential information is:

- information of some sensitivity;
- information which is not already lawfully in the public domain or readily available from another public source;
- information which has been shared in a relationship where the person giving the information understood that it would not be shared with others.

Information sharing

- Not all information about families is confidential
- At the time of collecting a person's information, inform them about:
 - Why you require it.
 - Whether it may be shared with other departments and external organisations.
 - What information is to be shared.
 - How it may be held e.g. electronic system/ paper records.
 - Who has access to it.

Key points about Info Sharing - 1

- Explain openly and honestly at the outset what information will or could be shared and why
- Seek agreement
- The child's safety and welfare must be the overriding consideration
- Respect the wishes of children or families who do not consent to share confidential information – unless there is sufficient need to override this
- Seek advice if in doubt.

Key points about Info Sharing - 2

- Ensure information is accurate, up to date, and relevant to the purpose
- Share only with those who need to see it and shared securely
- Check whether the recipient intends to pass the information on
- Always record the reasons for your decision
- Confidentiality is never a reason for not sharing information if this is in the child's interests

Information Sharing and the Law

- Common law duty of confidence
- Human Rights Act 1998 (articles 8.1 & 8.2)
- Data Protection Act 1998
- Crime and Disorder Act 1998 (s115)

- NB none of the above creates an absolute right to privacy. Information will need to be shared if a child or adult is at risk of significant harm or impairment.

Parental Responsibility

- All Birth Mothers
- Birth Fathers if...
 - Married to the child's mother (before or after child's birth)
 - Parental Responsibility Agreement
 - Named on birth certificate - children born after 1st Dec 2003
 - Child Arrangements (s.8 CA 1989 – formerly known as Residence) or PR Order (s.2 CA 1989)
- Step parents by written agreement with birth parents (if married/civil partnership with a birth parent)
- Adopters
- Others - through court application, e.g. Child Arrangements* and Special Guardianship Orders - Members of extended family, step parents (if application opposed) and foster carers
- Local Authorities - through Emergency Protection, Interim Care and Care Orders

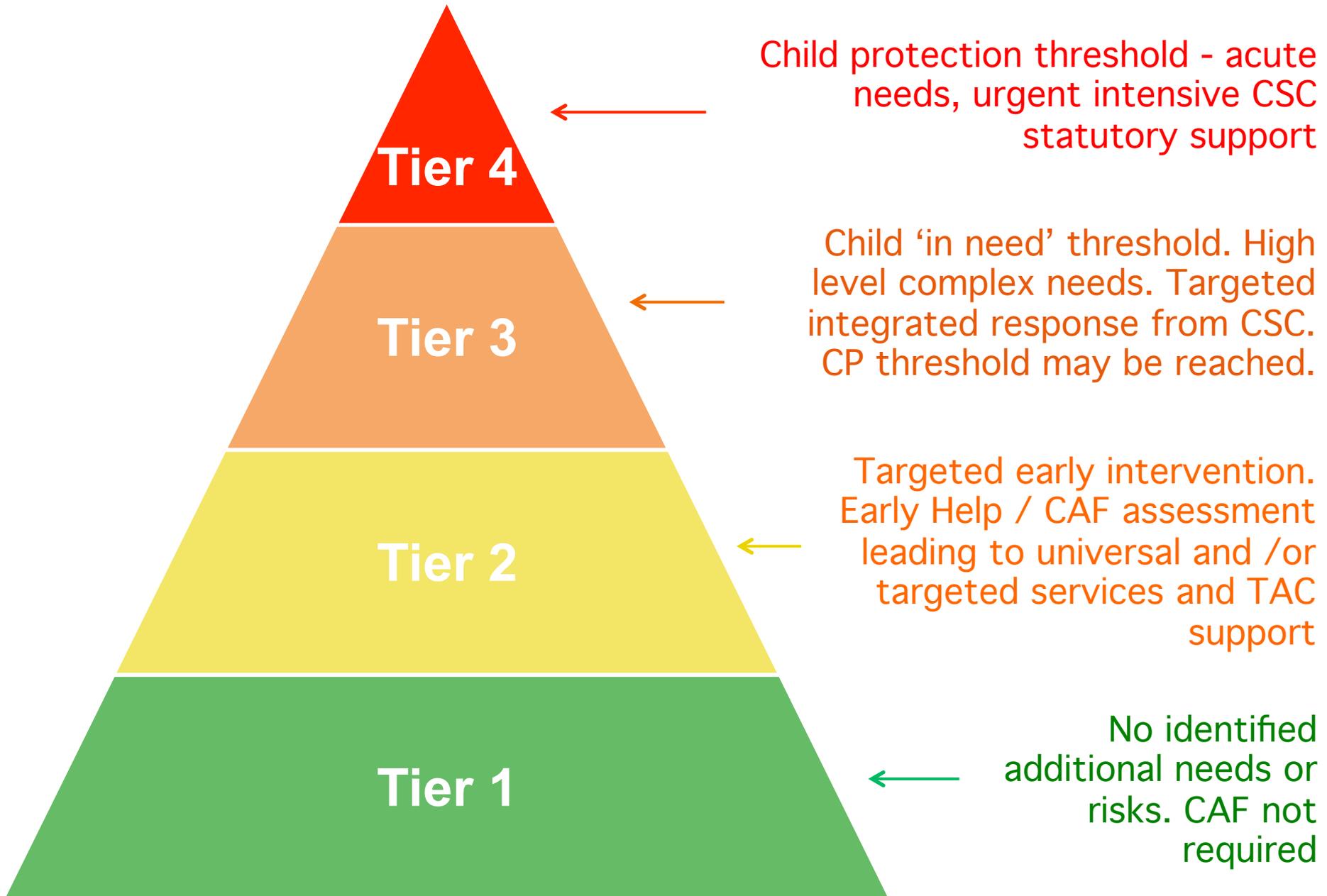
*Child Arrangements replaces Residence and Contact Orders, s8 Children Act 1989

Guidelines for access to files

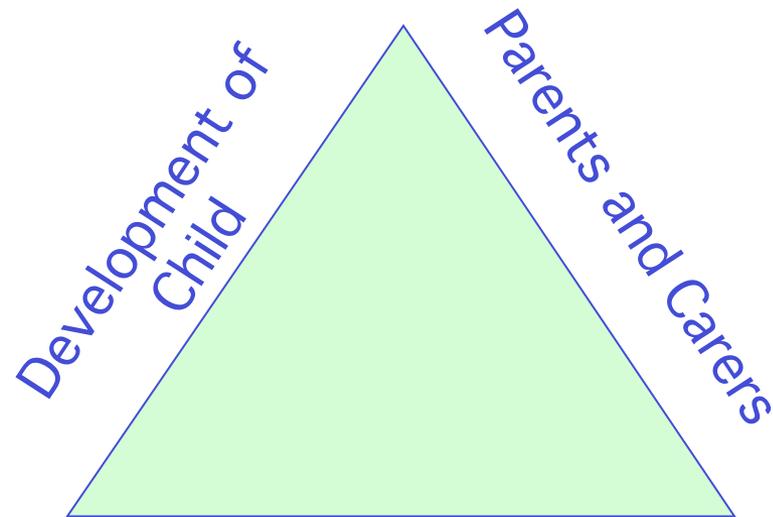
- A parent with parental responsibility can request access to their child's information
- This is not an automatic right and may need to be weighed against potential risks to a child or adult
- 'Gillick competent' children under 16 may consent to, or veto, parental access to their information
- In cases of intimate partner violence:
 - Has a court ordered disclosure/non disclosure of information?
 - Would disclosure escalate domestic abuse?
- Always record your reasons for sharing or not sharing information

What is the Common Assessment Framework?

- A simple **pre-assessment checklist** to help practitioners identify children/young people who would benefit from a common assessment;
- A **process** for undertaking a common assessment, to help practitioners gather and understand information about the needs and strengths of the child and family
- A **standard form** to help practitioners record, and, where appropriate, to share with others, the findings from the assessment.



Health
Emotional and social development
Behavioural development
Identity
Family and social relationships
Self-care skills and independence
Learning



Basic care, ensuring safety and protection
Emotional warmth and stability
Guidance, boundaries and stimulation

Family &
Environmental

Family history, functioning and well-being

Wider family

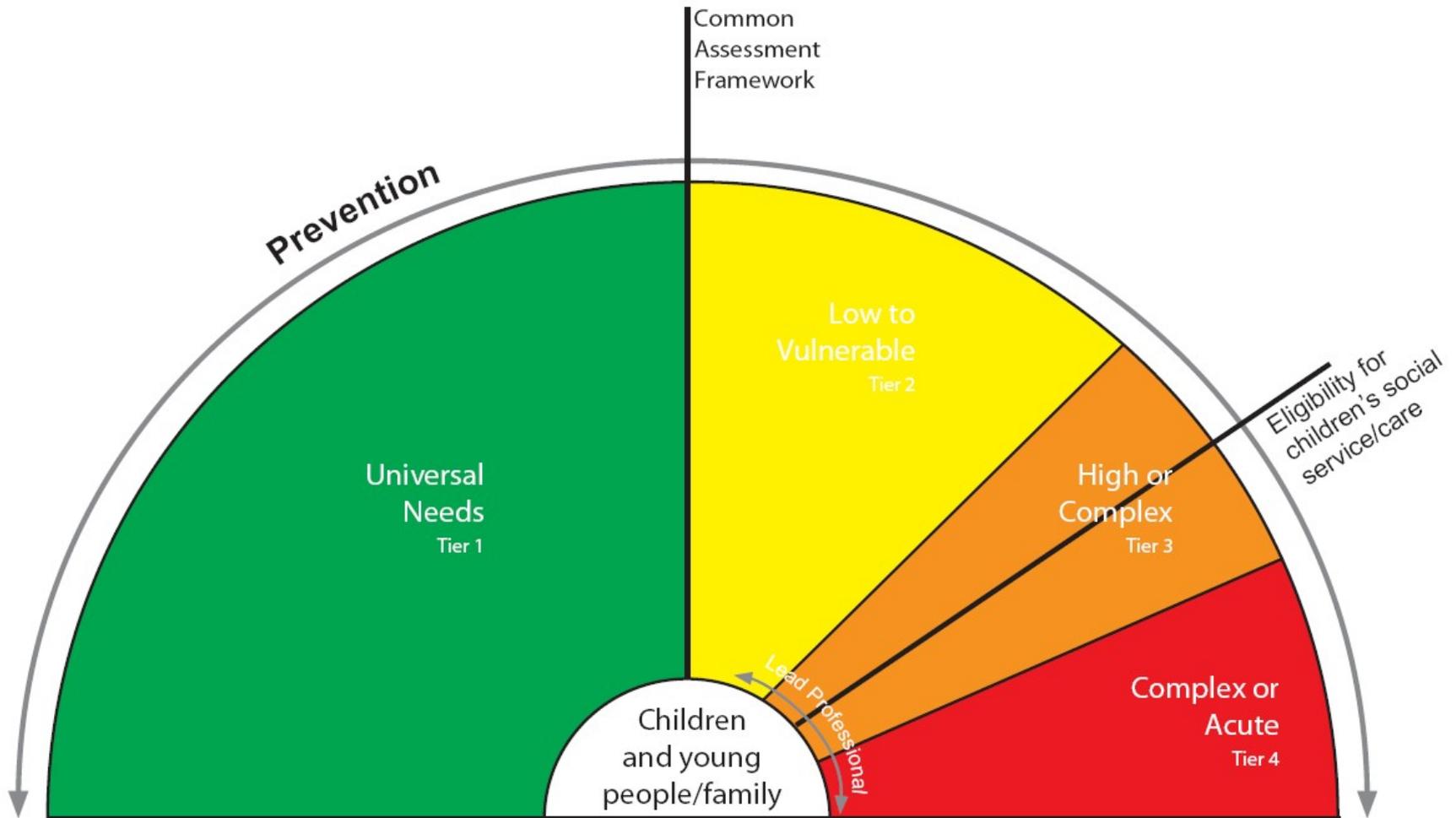
Housing, employment and financial
Social & community elements and resources, including education

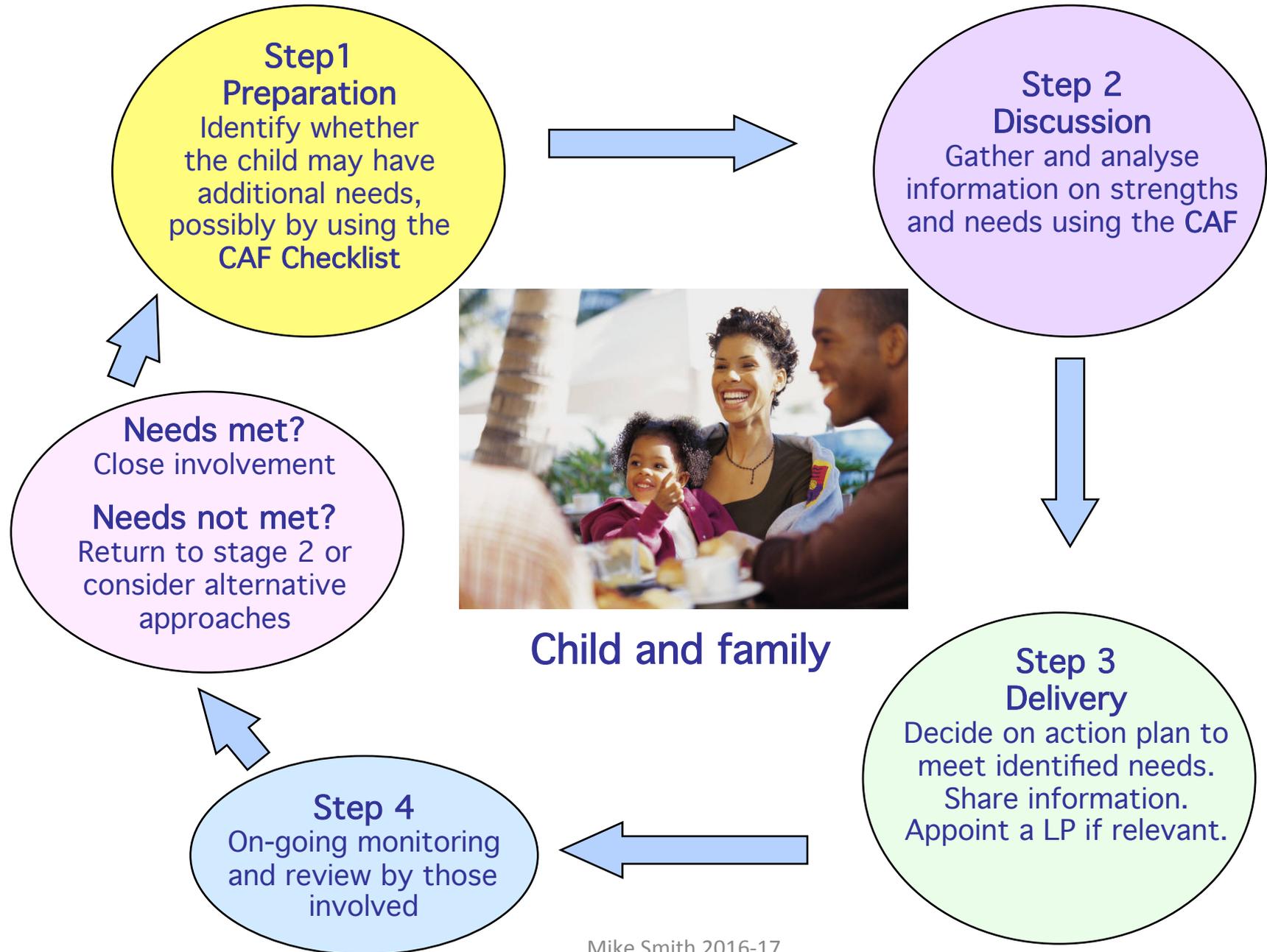
Basic principles of an effective common assessment

Assessment should be:

- Child/young person centred
- Non-discriminatory
- Collaborative – work with the child and family
- Continuous – on-going process rather than a one-off event
- Progressive
- Transparent – be clear, open and honest
- Consensual
- Current – valid and reliable
- Sufficient and informative
- Grounded in evidence
- Consider strengths as well as needs

Tiers of intervention





Critical thinking in assessment

- What are the unmet needs?
- What am I basing this view on?
- Have I used a framework to think about the needs?
- Have I checked out my concerns with others (and do they share these?)
- Could my own biases have had an influence?
- How does the family see the problem?
- What are the child's wishes and feelings?

A Child 'In Need'

- (a) he is unlikely to achieve or maintain, or have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision of services by a local authority...
- (b) his health or development is likely to be significantly impaired, or further impaired, without the provision for him of such services; or
- (c) he is disabled.

(Children Act 1989, section 17.1)

'Development' means physical, intellectual, emotional, social or behavioural development; and "health" means physical or mental health.

Deciding whether a child is ‘in need’

- The critical factors to be taken into account in deciding whether a child is in need under the Children Act 1989 are:
 - what will happen to a child’s health or development without services being provided; and
 - the likely effect the services will have on the child’s standard of health and development.

Working together to safeguard children, March 2010

Some pointers on significant harm

1. Is the child at risk of harm?
2. Is it significant? The OED describes significant as 'considerable, note worthy, or of importance' .
3. Think about severity, intent and chronic effects
4. Is the harm attributable to:
 - Parental care not being what it would be reasonable for a parent to provide for this child?
 - Child beyond parental control
 - Impairment caused by seeing or hearing the ill-treatment of another

A process for making a
structured assessment
of needs

Situation

Needs & Strengths

Outcomes

Resources

Action

Review

What helps in developing partnership

- Families want to be shown respect, trust and to have their point of view acknowledged
- Co operation between workers and families should be developed at the outset
- An emphasis should be placed on building the strengths of the family.

Turnell and Edwards 1999

The 'rules of engagement'

- Families need to know:
 - Why we are there
 - What we want them to change
 - Why we want them to change
 - How we will measure change
 - What powers we have
 - What (if anything) will happen if things don't change

Source: Ivanoff et al, 1995

Recording pointers

- Write as if the parent or young person were sat next to you
- Read it out loud
- Avoid jargon – even terms like ‘assessment’ ‘agency’ and ‘functioning’ can be confusing or misleading
- Ask parents how they would like you to refer to them in the CAF
- Always check accuracy with the family
- Be prepared to correct errors and /or note areas of disagreement
- Avoid repeating information in several boxes – cross reference instead

What children want - 1

- Introduce yourself. Tell us who you are. What your job is.
- Give us as much information as you can.
- Tell us what is wrong with our mum or dad.
- Tell us what is going to happen next.
- Talk to us and listen to us. Remember it is not hard to speak to us. We are not aliens.
- Ask us what we know, and what we think. We live with our mum or dad. We know how they have been behaving.

Barnardo's 2007 (study in Merseyside of young carers of parents with mental illnesses)

What children want - 2

- Tell us it is not our fault. We can feel really guilty if our mum or dad is ill. We need to know we are not to blame.
- Please don't ignore us. Remember we are part of the family and we live there too!
- Keep on talking to us and keeping us informed. We need to know what is happening.
- Tell us if there is anyone we can talk to. **MAYBE IT COULD BE YOU.**

Barnardo's 2007 (study in Merseyside of young carers of parents with mental illnesses)

Multi-agency working: The Team Alongside the Family (TAF)

- Effective multi- agency working and the Lead Professional are key elements of improving outcomes for children, young people and their families
- Team Alongside the Family (TAF) is a framework for multi- agency working with children with additional needs
- The TAF brings together relevant practitioners **with** the child/young person and/or their family to address any unmet needs
- The team works **together** to plan coordinated support from agencies

Team Alongside the Family (TAF)

- The TAF framework aims to achieve the following for the child/family:
 - They are **fully** involved in **all** decisions regarding the help and support they receive
 - Parents/carers, and where appropriate, the child are **equally valued members** of the TAF
 - Coordinated, seamless support is provided to the family
 - Practice is **child-centred** and focussed on solutions
 - Empowers child / family

Key to the TAF approach is the role of the Lead Professional (LP)

The rationale for a Lead Professional

- The Lead Professional is central to the effective delivery of integrated services to children who require support from a number of practitioners.
- It helps to overcome some of the frustrations traditionally experienced by service users with a range of needs, e.g.:
 - numerous lengthy meetings;
 - lack of co-ordination;
 - conflicting and confusing advice;
 - not knowing who to speak to;
 - the right support not being available at the right time.
- It can also help alleviate the frustrations often felt by practitioners in accessing other services.

Selecting a lead professional

- Could be drawn from **any of the people currently involved**
- Practitioner who is **most relevant** to the child or young person's action plan and who has the most appropriate skills.
- **Not necessarily the first person** to be involved nor the practitioner who carries out the common assessment.
- Deciding on lead professional can be done most effectively as **part of the assessment and planning process**

Key Accountabilities of a LP

- Each lead professional is accountable to their home agency for delivery of:
 - their part of the action plan; and
 - the lead professional functions (as defined previously).
- **The lead professional is not responsible or accountable for services delivered by other services.**
- The LP will be responsible for gathering people together to review progress, but it is up to the individuals to deliver on their agreed actions.
- A clear line of accountability for LPs runs from the practitioner, through their management structure to the children's trust arrangements and the Director of Children's Services.