Common Assessment Framework

Guide
Key aims of the CAF

A standard national approach
Assessment to support earlier intervention
Improve joint working and communication
Support the sharing of information
Rationalise assessments
Support better referrals, where appropriate

Principles of the CAF

A process supported by a standard form
Holistic
Focuses on needs and strengths
Simple and practical
Empowering and a joint process
CAF cannot guarantee service provision
When to undertake a common assessment

You should undertake a common assessment when it will help the child to achieve one or more of the five priority outcomes.

**Designed for when:**
- There are concerns about progress
- Needs are unclear
- The support of more than one agency is needed

**Need not be done when:**
- Progress is good
- Needs are identified and being met
- Needs are clear and can be met by family/assessing agency

Follow LSCB procedures where appropriate.
CAF is for those children identified as having additional needs, beyond the universal services of School’s, GP, Health visitors etc.
The content of the CAF

- Pre-assessment checklist
- Process for undertaking a common assessment
- Standard form
- Parents and carers
- Groups & elements
- Family and environment
- Development of child

All underpinned by the Common Core of Skills and Knowledge for the children’s workforce
The CAF Process

The CAF processes can be broken down into three steps. These define what a practitioner needs to consider before, during and after the gathering of information with the child and family. The process is designed to provide a framework that enables local flexibility in how the CAF operates.

- **Step 1: Preparation.** This involves recognising potential needs and then discussing the situation with the child, involving parents or careers unless this is not appropriate. The practitioner may talk to their manager, colleagues, or others – possibly those already involved with the child. It is important to find out whether a common assessment already exists. After reviewing the existing information, a practitioner decides whether to undertake a common assessment with the agreement of the child or family, as appropriate.

- **Step 2: Discussion.** This involves completing the assessment with the child and family, making use of information already gathered from the child, family, or other practitioners, and completing a consent statement. At the end of the discussion, the practitioner should understand better the child’s needs, and what can be done to help.

- **Step 3: Delivery.** This involves agreeing actions that the practitioner’s service or the family can deliver, and considering what may be needed from other services. **Note:** the CAF does not give a practitioner the ability to guarantee a service from another organisation without consulting that organisation. It is important that practitioners have a good knowledge of local services and how they operate.

According to local practice, decisions may be made through meetings with other practitioners and the family. Where integrated support is required, one practitioner should be appointed as lead professional. Managers should ensure that there is good systemised communication between services. This is to ensure that joint understanding of needs is identified by a common assessment and how best to then meet those needs. Good communication will also ensure the relevant services are delivered, ongoing support is provided, and these actions are reviewed within a three-month period...

If a review concludes that needs have been met (other than the need for continuation of universal services), the current process will come to an end. If there are still additional needs, there will be further discussion, possibly undertaking further reviews, to identify further needs and discuss how they should be met. **Managers must ensure that practitioners understand local processes, including how to monitor and review the delivery of services.**
STEP 1 Preparation
Identify if the child has additional needs, possibly through using the Pre-CAF checklist.

STEP 2 Discussion
Gather and analyse information on strengths and needs, using the CAF process.

STEP 3 Delivery
Determine and deliver interventions to meet these needs. Appoint a lead professional if relevant.

Provide ongoing support; review delivery.

Close involvement
CAF Process – basic overview

1. Concern Identified
   Obtain agreement to proceed with CAF from child/family

2. Check Liverpool CAF log
   0151 233 3700

3. Give Child – name, aliases, date of birth, gender, address and practitioner details

4. Agree on Lead Professional with child/family

5. Undertake assessment

6. Agree Action Plan

   Set Review Date
   (Must be within 3 months)

7. Record assessment and outcomes on CAF Form

8. Store Copy Locally
   Give copy to child/family (and all professionals providing support)
   Obtain consent to share CAF information

9. Update Log with CAF status
   Open or closed.

   Use the Delivery and Review sheet, this is part of the CAF process
   Review within three months of the original CAF episode and three monthly thereafter.

10. Send copy to the
    CAF Coordinator
    pauline.ashton@liverpool.GCSX.gov.uk
Process flowchart

Flowchart for situations where more than one child in a family requires a CAF.

1. Practitioner begins CAF with one child
2. Identifies other children in family who need CAF
3. Practitioners involved with other children invited to multi-agency meeting
4. Multi-agency meeting held
5. Practitioners identified to undertake CAF for each child
6. One lead professional identified to co-ordinate action plans, reviews etc.
Examples of when to initiate a common assessment

Situations where a common assessment might be initiated

The situations that might lead to a common assessment include where a practitioner has observed a significant change or worrying feature in a child’s appearance, demeanour or behaviour; where a practitioner knows of a significant event in the child’s life or where there are worries about the parents or carers or home; or where the child, parent or another practitioner has requested an assessment. A common assessment might be indicated if there are parental elements (e.g. parental substance abuse/misuse, domestic violence, or parental physical or mental health issues) that might impact on the child. For example, common assessment may be appropriate when significant changes have been observed in children who are, have been or are at risk of (being):

- missing developmental milestones or, e.g., making slower progress than expected at school, regularly missing medical appointments and immunisations etc;
- presenting challenging or aggressive behaviours (e.g. abusing/misusing substances or committing offences);
- experiencing physical or mental ill health or disability (either their own or their parents’);
- exposed to substance abuse/misuse, violence or crime within the family;
- undertaking caring responsibilities;
- bereaved or experiencing family breakdown;
- bullied or are bullies themselves;
- disadvantaged for reasons such as race, gender, sexuality, religious belief or disability;
- homeless (or being threatened with eviction), and those living in temporary accommodation;
- becoming a teenage mother/father or the child of teenage parents;
- not being ready to make the transition to post-16 services;
- Truanting persistently.
- where a routine post-natal visit causes the practitioner to be concerned about the living circumstances of a newborn;
- where a practitioner believes a child may have additional needs and wants to understand better what they are and what the appropriate response is, for example, where a school or early years setting perceives a child is being affected by elements such as domestic situations or health which are not necessarily related to SEN;
- where a practitioner is considering a referral to another service (e.g. to local authority Children’s Services, Child and Adolescent Mental Health services or a youth service); (note that if the child is at risk of harm or it is self-evident that specialist assessment is necessary, an immediate referral should be made);
- to provide more holistic information to augment decision-making at School Action or School Action Plus in cases where needs are not such as to require a statutory SEN assessment;
• as the basis for integrated case-working within multi-agency teams or targeted support in universal services, e.g. within extended schools or children’s centres and other early years settings;

• to support lead professionals by enabling them to build up and maintain an overview of needs and strengths; or where it is likely that several agencies are or need to be involved in supporting the child;

• where a child is displaying aggressive behaviour, e.g. in relation to bullying, truancy, withdrawal or other behavioural and emotional issues;

• where a child is exhibiting problematic or anti-social behaviour and where the underlying cause may be hidden (e.g. substance abuse/misuse);

• Where a child appears to have additional needs, but is unlikely to be eligible for support under existing threshold criteria for specialist services e.g. local authority Children’s Services or a statement of SEN.

The lists above are not meant to be exhaustive. Also, the presence of one or more of these elements does not in itself mean that the child has additional needs – each case should be considered on its own merits, by skilled practitioners operating in line with local policy and practice. The CAF pre-assessment checklist may also help and can be used as a single assessment request i.e., CAMHS, Ed Psychology.

All children who are or are considered to be at risk of significant harm should be referred directly to Childrens services or the police in accordance with the local LSCB procedures. There is no change to this procedure.

A common assessment should not be completed if the child and/or their parent/carer do not give consent. In these circumstances and assuming there are no concerns for the child’s safety, case working systems should simply record the fact that a common assessment has been refused and the record should indicate which agencies will continue their involvement with the family.
What Makes a Well Completed Form?

**Quantity of information**
Sets the scene well - comments made on all 3 domains.
Something in every box.
Sufficient detail to inform all practitioners involved.
No gaps left.
Information recorded is fit for purpose.

Well-ordered
Issues weighted appropriately
Information sources are clear and comments attributed and clearly explained, for example, the comment “Mum says” (this also indicates involvement)
Jargon/sector-specific acronyms avoided
Well-presented: bullet points if needed, check spelling, names and dates are correct.
Frequency/duration qualified, rather than terms such as ‘often’ or ‘sometimes’

**Approach**
Whole family engaged; this helps trust
Purpose made clear
Evidence – informed by fact
Non-judgemental
A one-off: a snapshot in time
Owned by the author (="data controller")
Observations linked to analysis
Child involved throughout (not just at end)
Comments made specific e.g. who said what
Focus is on impact on the child, not others

Positives included; strengths before needs
Child’s views given enough prominence
Comments indicate that it has been discussed with child
Analysis shown
Conclusions are strong and clear; well pitched and achievable

**Action Planning**
Clear plan of action with dates and who is responsible for what
Action plan tailored to next stage of the process
Actions prioritised
Timings included, where actions are to be taken within a reasonable time- include dates for actions to be completed, length of treatment etc, and project end date.
Review
All reviews should be undertaken within a three month period. The review dates should be set at the time of the CAF Assessment and agreed with the parent/carer and agencies involved...
All actions and outcomes should be recorded

For more information
email: – pauline.ashton2@liverpool.gov.uk
Email: - pauline.ashton@liverpool.GCSX.gov.uk

http://www.liverpool.gov.uk/
About the council, - Children and Families - Common Assessment Framework, CAF Practitioner information
Example Questions

Introduction
The purpose of this document is to provide practitioners completing a common assessment with example questions. The example questions featured here have been developed as a result of consultations with a wide range of practitioners, and reflect what they have found to work well with children, young people and families, enabling the necessary information and evidence to be collected.

The example questions presented here are NOT intended to be seen as a 'script' for assessment (and not all questions will need to be asked), but will aid thinking in respect of the type and style of questions that a CAF practitioner might use in each domain. The questions may be of particular use to new or less experienced colleagues approaching assessment for the first time.

It is not intended, appropriate or desirable that assessment should be a mechanical process through the use of stock questions and a rigid, overly formal style of presentation. Practitioners will need to use their experience and professional judgement, guided by these examples and local CAF training, to determine how best to select questions in order to explore and evidence areas of strength and need with children, young people and their families. The CAF is not intended to impinge on professional practice in this respect, but to offer a context for greater consistency and clarity between professionals and agencies working with children, young people and families.

The example questions presented here can be used by practitioners as a starting point for discussion in local CAF awareness raising and training, with the aim of ensuring that local guidance reflects local circumstances and the approach of local practitioners. The style of questioning and methods of communication will need to be adapted to suit children and young people of different ages, those unable to answer questions directly, and in respect of children unborn at the point of assessment. Many of these questions can also be applied to parents/carers and, where this is appropriate, should be phrased accordingly.

A number of toolkits, resources and training materials are available to help children and young people contribute to assessments, reviews and planning meetings, e.g. the I’ll go first toolkit produced by the Children’s Society http://www.widgit.com/symbols/publications/publications/gofirst.htm.

The context of CAF assessment
In order for assessment to be a useful and positive experience for everyone involved, it is important that careful thought is given to the context as well as content of the assessment discussion. Where assessment takes place in families’ own homes, for example, assessors may be able to better contextualise what is said, and families may feel more secure and in control of events than might be the case in a more sterile office setting. Clearly, care must be taken to ensure the privacy of assessments, as these will almost inevitably raise personal, sensitive and confidential matters. Where it is necessary to ask adults to represent the views of children, for example if the child is unborn or is too young or unable to speak for themselves, it is vital to establish that the adult you talk to is the person who can best do this, and not just the person who happens to be available on the day.

It is also likely that assessors will need to be flexible with the ordering and level of the questions they ask, and how they address each of the assessment domains, using their experience and professional judgement to respond creatively to what they find. Importantly, whilst the focus of the CAF rests on the child or young person in the context of their family and community, practitioners will need to remain sensitive to the impact that other, possibly undisclosed, issues such as domestic violence, may have in relation to how easy it will be for children, young people or their parents/carers to respond to CAF questions. It is
important to acknowledge that in some families there may be issues (such as the undisclosed ill
health of a parent or financial difficulties) where parents may not wish to comment in front of
their children or vice versa. In many cases children or young people and parents/carers will
both are present at a CAF meeting, but it should be made clear that both have the right if they
choose to see the assessor separately. If “private time” is requested, this should be presented
positively.

Finally, in addition to using professional judgement and experience to determine what questions
to ask, and in what order, practitioners will need to reflect on how best to include their
observations and professional opinions as part of the assessment. This may pose challenges,
for example, if what a practitioner observes, or already knows, contradicts what they are told.
Observations and professional opinion are likely to be a vital part of assessment, but must be
recorded in a way that clearly differentiates between opinion and what has been seen, said, or
is otherwise implied by the child, young person or family. Although the focus is on the child,
practitioners should take care to note factors affecting the parents or carers, or wider family,
which may have an effect on the child or young person.

Example Questions for Practitioners
The number of example questions in respect of each of the CAF assessment domains reflects
what professionals have told us. Consequently, where a greater number of example questions
are listed for one domain, this should NOT be taken to imply that domain is worthy of greater
questioning, or somehow more important than the others.
You will notice that, wherever possible, the example questions are phrased as if asked directly
of a child or young person, as in all circumstances practitioners have advised us not to
under-estimate the contribution that children and young people can usually make for
themselves, even where others suggest that the child is unable to do so.
Additionally, at the bottom of each section there are some questions in italics. These are
intended specifically for parents of unborn children and parents or carers of babies, toddlers
and young children.
DEVELOPMENT OF THE INFANT, CHILD OR YOUNG PERSON

Health

General health: The infant, child or young person’s current health condition (for example, conditions of relevance to an infant, child or young person including growth, development, physical and mental well-being).
How far the infant, child or young person appears healthy and well, is growing and developing normally and is accessing health services (such as GP, dentist or optician) appropriate to their age.

- Who is your family doctor? When did you last see them?
- Who is your family dentist? When did you last see them?
- Have you had all the immunisations and health checks you should have had?
- What food do you like to eat? What have you eaten today?
- Are you feeling well today? Do you usually feel well?
- Are you taking any medication at the moment? Do you regularly take medication?
- Would you describe yourself as having a disability or special need?
- Do you feel you are the right weight for your height?
- Are you presently receiving or waiting for specialist medical services like a hospital consultation or operation?
- Do you see any other doctors, therapists or nurses on a regular basis?
- Do you feel you are getting all the health services you need? If not, what do you think you are missing and why do you think you are not getting them?
- What things do you do to keep healthy?
- Are you seeing your midwife/health visitor regularly?
- Does anything concern you about the general health of your baby?

Physical development: The infant, child or young person’s means of mobility, level of physical or sexual maturity/delayed development.
How far the infant, child or young person’s physical skills seem to be developing normally for their age, for example whether they are crawling, walking and running as expected and whether their vision and hearing seems normal.

- Do you do any physical activities like walking, swimming, running or playing [wheelchair] sport?
- What activities do you like doing best?
- Do you need to wear glasses/hearing aids etc...? If so do you have them?
- Do you think you are a similar weight and height to others of your age?
- Does your baby, toddler, child have access to a play group or play facilities, for example a mother and toddler group or play area?
- What types of physical skills has your baby acquired?
- If your child has any form of developmental delay have any referrals been made so far?
Speech, language and communications development: The ability to communicate effectively, confidently and appropriately with others. How far for their age the infant, child or young person seems able and willing to speak, communicate, read and write, and express their feelings.

- What is your address?
- How is your writing and reading?
- How are you at filling in forms?
- Do you sometimes worry that your spoken English lets you down?
- Do you sometimes find it hard to talk to people?
- Do you have enough support with speech, language and communication? If not, what would help you?
- How does the child communicate? Do they cry when unhappy? Are they making noises or words yet?
- How do you communicate with your child?
- If your child has a visual or hearing impairment or possible developmental delay difficulties have any referrals been made so far?

Emotional and social development

The emotional and social response the infant, child or young person gives to parents and carers and others outside the family. How well the infant, child or young person copes with everyday life, e.g. their disposition, attitudes and temperament, any phobias or psychological difficulties.

- What makes you happy or sad? Tell me who you go to for help if you feel unhappy.
- When you are frustrated, angry or upset, how would people around you know that something was wrong?
- Do you ever do things because they are exciting without thinking about what might happen or that it might get you into trouble?
- Do you find it easy to talk to people about how you feel? How do you feel?
- Have you ever been bullied?
- Tell me who you spend most of your time with
- What sort of things do you do with other people?
- What do you like doing best?
- How much time do you spend on your own?
- Tell me who you feel close to.
- What types of sounds and facial expressions does your baby make in response to your attention?
- In what ways does your baby express their feelings?
**Behavioural development**

The behaviour of the child or young person. How well behaved the infant, child or young person is and, for example, any anti-social or aggressive behaviour.

- How would you describe your behaviour today/usually?
- How do you think other people would describe your behaviour today/usually?
- If you sometimes get into trouble because of your behaviour, tell me what happened last time.
- Can you tell me about a time when you helped somebody?
- How do you know what your baby likes and dislikes?
- Are you worried about any aspect of your baby or child’s behaviour?

**Identity, including self-esteem, self-image and social presentation**

The growing sense of self as a separate and valued person. How far the infant, child or young person seems to be developing the right measure of confidence and self-assurance, and how far they have a sense of belonging.

- Who is the most important person in your life?
- If you had to name one special thing about yourself, what would that be?
- Is there anything about yourself that you don’t like?
- What do you think other people most like about you?
- Do you feel you are different from other people?
- Do you feel you “fit in” with family and friends?
- Can the child point to family on a picture or respond to their own name?
- Does the child respond differently to different family members or siblings?
- How does your baby demonstrate individual preferences?

**Family and social relationships**

The ability to empathise and build stable and affectionate relationships with others, including family, peers and the wider community. How far the infant, child or young person is building stable and affectionate relationships with others, including family, peers and the wider community.

- Whom do you call family? How often you see them?
- What do you enjoy doing with your family?
- How important are your friends to you?
- Do you have a ‘best friend’? If so, who is that and why are they so special for you?
- Do you have to help to look after anyone?
- Does the child respond to their name?
- Can the child identify their mother’s and/or father’s voice?
Self-care skills and independence

The acquisition of practical and emotional competences to increase independence. How independent the infant, child or young person is for their age – how far they can do routine tasks for themselves and make their own decisions.

- How independent are you? What can you do for yourself?
- Do you need any help with day to day living? How do you feel about the help you receive?
- Who will help you learn to be more independent as you grow up?
- Do you get to do what you like to do?
- How do you cope with big changes in your life?
- How does your baby express their feelings or preferences?

Learning

Understanding, reasoning and problem solving: The ability to understand and organise information, reason and solve problems. How well for their age the infant, child or young person is able to understand and organise information, reason and solve problems.

- Tell me what you did yesterday?
- Are your friends mostly the same age as you, or are they mostly younger or older than you?
- Imagine someone treated you unfairly; what would you do?
- Do you like reading? If so what do you like to read?
- How are you at sorting out day to day problems?
- What types of resources/toys are provided for your baby?
- How does your baby respond to the environment around them?

Participation in learning, education and employment: The degree to which a child or young person has access to and is engaged in education and/or work based training and, if he/she is not participating, the reason for this. How far the infant, child or young person is engaged in and attending learning appropriate to their age, whether through play, early years settings, school or college/employment.

- What school or college do you go to? How regularly do you attend?
- Do you enjoy school/college/training?
- What might stop you going to school/college?
- If you don’t go to school/college at all, why is that, and how long have you been out of school/college?
- What are you studying?
- What do you think you are good at doing?
- If you need help and advice about education and learning who can you go to?
- If you are working, what is your job? Do you enjoy your job?
- What do you want to do long term?
- Does the child attend a nursery or play group?
- How does your baby interact with others of a similar age?
Progress and achievement in learning: The child or young person’s educational achievements and progress, including in relation to their peers.
The infant, child or young person’s educational achievements and progress, including ability to read and write, compared with what would normally be expected from someone of their age.

- How well do you think you are doing at school/college/with your learning?
- What is your favourite subject and why?
- Is English your first language?
- Do you have any qualifications in maths or English?
- If you lack qualifications or confidence with reading, writing or maths, do you think that this is holding you back?
- If you think you need additional help, how would you like to get this?
- What learning opportunities does the child have?
- Do they have a favourite game or book?
- Does anyone read books to the baby/child?

Aspirations: The ambition of the child or young person, whether their aspirations are realistic and they are able to plan how to meet them. Note there may be barriers to a child or young person’s achievement of their aspirations, for example the child or young person’s other responsibilities in the home.

- What do you hope that learning will help you do?
- What help do you need with learning to make sure you do your best?
- Do you give up easily if you find something hard?
- What are your goals for the future?
- What do you want for your baby/child?

PARENTS AND CARERS

Basic care, ensuring safety and protection
The extent to which an infant, child or young person’s physical needs are met and they are protected from harm or danger, including self-harm.
How far the infant, child or young person is safe from harm or sexual exploitation, is well-fed and cared for, and living in a safe, warm and clean home.

- Is the place where you live warm enough for you not to need to wear outdoor clothes (like coats and hats) when you are inside?
- Can you make warm food and drinks where you live?
- Can you keep yourself clean where you live?
- Do you have a least one other set of clothes, which are the right size for you, and suitable for this time of year?
- Is there anything about the place you live that makes you feel unsafe?
- If you share the place you live with others, can you be in private when you need to be?
- In an emergency how would you call the services you need?
- Do you feel able to look after your baby, toddler, and child and make sure they’re safe?
- Do you feel your home is in good repair and a safe place to bring up children? If not, what would make your home a better place to live?
**Emotional warmth and stability**

Provision of emotional warmth in a stable environment, giving the infant, child or young person a sense of being valued. How far the infant, child or young person is loved, in a stable environment, and in contact with those who are important to him/her.

- Who lives with you at home? How long have they lived there?
- Who cares for you and takes responsibility for you?
- If you were upset or frightened who would look after you, and make sure you were all right?
- If you do something well, who would be proud, and praise you?
- How long have you lived where you do now, and how many times have you moved home in the last year or so?
- How often do you give your baby, toddler a cuddle?
- How are you coping/managing at the moment?
- How are you coping with looking after your baby/toddler?

**Guidance, boundaries and stimulation**

Enabling the infant, child or young person to regulate their own emotions and behaviour while promoting the infant, child or young person’s learning and intellectual development through encouragement and stimulation and promoting social opportunities. How far the infant, child or young person is subject to, and provided with, appropriate guidance and discipline at home and elsewhere, and helped to learn.

- In general are your parents/carers interested in you and involved in what you do?
- Do your parents/carers usually encourage you with your learning; for example, giving you the space and time you need to complete school or college work?
- Do you have a quiet place where you can do your college or school work?
- Do you think your parents/carers sometimes overprotect you, and treat you as younger and as less able than you are?
- If you do something wrong, what happens, and how do the people around you respond?
- How do you react when people ask you to do the things that you don’t want to do?
- *Does the child respond to NO?*
- *What rules or boundaries do you think are important for young children?*
- *Who plays with the child?*
- *Do you enjoy playing with the child? If so, what do you play?*
- *What do you do to communicate with your unborn baby?*
- *Does your unborn baby respond to different music or noises or voices?*
FAMILY AND ENVIRONMENTAL FACTORS

Family history, functioning and well-being

The impact of family situations and experiences
Who lives in the household and how they relate to the infant, child or young person, including any changes since the child's birth; family routines; and anything about the family history, such as family breakdown, illnesses (physical or mental) or problems with alcohol or other substances that are having an impact on the child’s development.

- When you want to know something about your family, whom might you ask?
- Is there some predictable routine to your family life at home, for example, in relation to meal times, bed times and who will be at home when?
- Tell me what you did for your last birthday?
- Think about a really good time you enjoyed with your family. What was it, and what made it so special for you?
- Is there someone in your family that you know and trust that you could turn to for help if you needed to?
- Is there someone in your family that your parents/carers know and trust that they could turn to for help if they needed to?
- How does your baby indicate what he/she needs?
- How does your baby respond to different family members?
**Wider family**
The family’s relationships with relatives and non-relatives. Whether there is an appropriate level of help for the infant, child, young person or parents/carers from relatives and others.

- Other than your family, who is important to you in your life?
- Are there people in your neighbourhood or community that you know and trust that you could turn to for help if you needed to?
- Are there people in your neighbourhood or community that your carers know and trust that they could turn to for help if they needed to?
- Can someone who is not really a member of your family, feel like family and be just as important, and do you have anyone like that in your family?

**Housing, employment and financial considerations**
What are the living arrangements? Does the accommodation have appropriate amenities and facilities? Who is working in the household, the pattern of their work and any changes. Income over a sustained period of time. Whether the accommodation has everything needed for living safely and healthily, and the effect on the infant, child or young person of the work and financial situation of the family or household.

- What is it like to live in the area you do?
- At home, who is working and what do they do?
- Does anyone in your family work away from home or at night, such that you don’t see them very often?
- Does their work mean that your family are always too tired to give you the attention you need?
- Is there enough money, from work and any benefits, to meet your family’s needs?

**Social and community elements and resources, including education**
Explores the wider context of an infant, child or young person’s neighbourhood and its impact on them, including local services and facilities available. Impact on the infant, child or young person of the local area, including crime levels, availability and quality of shops, schools/colleges etc. This includes how well the child or young person fits in with neighbours, friends and others.

- Tell me what local facilities you use (for example schools, day nurseries, sports, play and leisure centres, nurseries, libraries etc).
- Are there any local facilities that you would like to use but can’t for some reason?
- If so, why can’t you use these facilities (for example cost, transport, inaccessible to disabled people)?
- When you are out and about locally with friends or family, what sort of things do you do?
- What is the best thing about living where you do?
- What is the worst thing about living where you do?
- Are you aware if drugs are bought and sold in your area?
- Do you think there is a lot of crime in your area?
- **What local facilities like pre-natal clinics, child care services such as day nurseries or play schemes, support groups or Sure Start programmes are available? Do you use them?**
**Adult’s and Children's Family Assessment and CAF Pathway**

**ADULT Assessment**
Child's potential need identified

**CHIILDREN’S**
Need Identified For CAF Assessment

- Request for Service from Single Agency
- Complete Pre-CAF

**CAF Coordinator**
(CAF Coordinator will contact relevant agency-service to initiate CAF)

- Adult Services consults with parent and advises that a CAF could be beneficial.
- Get consent and agreement to share information.

**Pre-CAF / Young Carers Assessment Undertaken**

- Parent/Carer identified as requiring a package of support from Adult Services

- Share outcomes of Adult Assessment and contribute to the Team around the Family (TAF) meeting. Adult / Children's Services and Child Lead Professionals share information at all times to monitor progress of plans and impact of service provision.

**CAF to be Initiated**

*If you think a Child is at risk of harm follow LSCB procedures*
A Continuum of Service Provision

Level 1
CAF not required

Level 2
CAF always considered

Level 3A
CAF assessment desirable

Level 3B
Children’s Services Assessment may be required, CAF Assessment Desirable

Level 4
Children’s Services Assessment Required

Services for all children and families

Services for children and families with identified needs

Services for families with complex needs

Services for children at high risk

CONTINUUM

SPECIALIST

TARGETED

UNIVERSAL
### Annex B

#### CAF Quality Supervision Checklist

**Step 1: Identify needs early**

<table>
<thead>
<tr>
<th>Valid</th>
<th>Is there a clear reason for undertaking the CAF (i.e. concerns about the child’s or young person’s progress towards the five ECM priority outcomes without additional services)?</th>
<th>Y</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inclusive</td>
<td>Has a discussion with child/young person and/or parent/carer about the practitioner’s concerns taken place?</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Efficient</td>
<td>Has the practitioner checked to see who else is working with the child/young person and whether a common assessment already exists?</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Transparent</td>
<td>Has the practitioner explained to the child/young person and/or parent/carer the purpose of the CAF process, why and how their information will be recorded, what it will be used for and who else will see it?</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Voluntary</td>
<td>Has agreement/consent been gained from the child/young person and/or parent/carer to undertake a common assessment?</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Equal opportunity</td>
<td>Where appropriate, have any special arrangements been organised for the assessment (e.g. interpreter, access etc)?</td>
<td>Y</td>
<td>N</td>
</tr>
</tbody>
</table>

**Step 2: Assess those needs**

<table>
<thead>
<tr>
<th>Complete</th>
<th>Has the practitioner completed all mandatory fields?</th>
<th>Y</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid</td>
<td>Have both the strengths and needs of the child/young person and family been explored holistically?</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Accurate</td>
<td>Has an accurate representation of the discussion been provided, highlighting what is fact and what is judgement or opinion (including whose judgement/opinion)?</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Solution-focused</td>
<td>Does the assessment focus on what the child/young person and their parents/carers want to achieve?</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Clear</td>
<td>Is the assessment clear, concise and understandable?</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Inclusive</td>
<td>Has the practitioner represented the views and opinions of the child/young person and/or parent/carer?</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td></td>
<td>Has the child/young person and/or parent/carer had their comments included on the form?</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td></td>
<td>Does the form clearly state who the information will be shared with and is there a signed consent statement?</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Equal opportunity</td>
<td>Are you content that the assessment is not biased and gives positive expression to the opinions and experiences of the family without prejudice or discrimination?</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Professional</td>
<td>Is the assessment non judgemental and does it follow your organisational codes of practice for recording/writing public documents?</td>
<td>Y</td>
<td>N</td>
</tr>
</tbody>
</table>
### Step 3: Deliver integrated services

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Y</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are the mandatory fields on the delivery plan complete and accurate, and have actions from the CAF action plan been brought forward?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Voluntary</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Where a multi-agency/disciplinary response is required, has consent been gained from the child/young person and/or parent/carer to share information?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Inclusive</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Where a multi-agency/disciplinary response is required, has a Team Around the Child (TAC) been organised?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Where a multi-agency/disciplinary response is required, has a lead professional been agreed and recorded?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Were the child/young person and/or their parent/carer part of the TAC, have their views been sought, recorded, and used to inform next steps in delivery?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Efficient</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has value for money (in terms of time and resource) been taken into account in developing a support package?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Comprehensive</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have all significant options and impacts been considered?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Inclusive</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Were the child/young person, their parent/carer (and other people affected by the plan) involved in decisions taken, and encouraged to take on actions themselves where appropriate?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Solution-focused</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do all the short term decisions taken support long-term goals?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Logical</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does each step lead to the next within a broad strategic framework of SMART(^1) objectives and solution-focused outcomes?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Informative</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Were the decisions taken understood by all the people involved?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Transparent</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does everybody involved understand how the process works?</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

### Step 4: Review Progress

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Y</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Timely</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are reviews taking place at appropriate intervals based on the child/young person's needs (every 3 months as a minimum)?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Complete</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are the mandatory fields on the review form complete and accurate?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Have existing actions been reviewed and closed or updated, and where appropriate have new actions been agreed and recorded?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Holistic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has the child/young person's progress been discussed and recorded against the original aims?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Inclusive</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Were the child/young person and/or parent carer present at the review and were their views sought and utilised in planning the next steps and their comments recorded?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Have any newly identified needs and strengths been recorded and used to inform the next steps in delivery?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Progressive</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is progress being made between reviews? Have outcomes (as opposed to outputs) been met?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Have any difficulties in engaging/commissioning a service, or in services not delivering on agreed actions been recorded and escalated?</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

\(^1\) Specific, Measurable, Achievable, Realistic and Timebound
The checklist is intended for any line manager who is managing a professional who is undertaking the role of lead professional.