

Consultation

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Common Assessment Framework

The “Every Child Matters” Green Paper proposed the introduction of a Common Assessment Framework (CAF) as a central element of the strategy for helping children, young people and their families. This consultation invites comments on a proposed CAF from anyone involved in working with children.

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Common Assessment Framework

A Consultation

To

Issued 25 August 2004

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1 Executive Summary

- 1.1 The “Every Child Matters” Green Paper proposed the introduction of a Common Assessment Framework (CAF) as a central element of the strategy for helping children, young people and their families. This consultation updates stakeholders on progress of CAF development and invites them to comment on continuing development. The consultation sets out a proposal for putting a CAF in place; what it is for; who will use it; and how it will work in practice, and invites responses to specific questions about the processes involved.

2 Background and Context

2.1 INTRODUCTION

The green paper, *Every Child Matters*, proposed the introduction of a national Common Assessment Framework (CAF) as an important part of a strategy for helping children and young people to achieve the five priority outcomes of:

- **being healthy:** enjoying good physical and mental health and living a healthy lifestyle;
- **staying safe:** being protected from harm and neglect;
- **enjoying and achieving:** getting the most out of life and developing the skills for adulthood;
- **making a positive contribution:** being involved with the community and society and not engaging in anti-social or offending behaviour;
- **economic well-being:** not being prevented by economic disadvantage from achieving their full potential in life.

- 2.2 Most agencies and practitioners who work with children and young people to achieve these outcomes undertake some form of needs assessment to determine what services should be offered in each case. But, because each agency has its own approach to assessment, there is a lack of coordination and consistency between them, in some cases leading to important needs not being picked up early enough, or at all, and in other cases leading to agencies asking families for similar information time and time again. Some practitioners routinely refer children and young people on to other agencies, most notably to social services, with only a very minimal needs assessment being done first, sometimes with the result that the child/young person does not then qualify for any support.
- 2.3 Our aim is to improve the consistency and quality of assessments by introducing a non-bureaucratic, common method of assessing the needs of children and young people that can be used by the whole children's workforce, including those in universal services. We would see such a CAF as providing the main (or only) assessment approach used at the first sign of emerging vulnerability, and the main method for establishing whether and to whom a referral to another agency is indicated. The CAF would essentially act as a common frontend to more specialist assessments, which would need modification to accommodate the standards imposed by the CAF. As such, the CAF is a development that is relevant to every practitioner and agency providing services to children and young people.
- 2.4 This paper is intended to take forward consultation on the practical issues surrounding the implementation of a CAF, and to seek views on possible solutions. At this stage, it is focused on the principles and processes for developing and implementing the CAF, not on the draft materials, because we want to be clear that we have taken account of the range of views of stakeholders before we develop and share draft materials.
- 2.5 The potential benefits of a CAF have already been demonstrated through initiatives in North Lincolnshire and a number of Information Sharing and Assessment (ISA) Trailblazers. It is clear however, that its practical design, application and management raise complex issues which must be resolved before a specific proposal can be agreed and implemented nationally. We have

established a working group of practitioners to advise the Department on these issues (see Appendix).

- 2.6 Informed by the thinking of that working group and the experience of local initiatives, we now aim to extend the debate, to ensure that we understand and take into account the views of the wide and diverse range of stakeholders with interests in the CAF. In particular, we want to hear the views of practitioners and agencies who work with children, young people and families, and of their representative organisations. We also want to hear the views of children, young people and families themselves.
- 2.7 We plan to support this consultation with events designed to draw in representatives of key stakeholder groups, including children, young people and families. These will be held in October. In addition, we would encourage local authorities, partner agencies, professional organisations and others with an interest to consult widely within their constituencies and let us know the results.
- 2.8 We will consider carefully all responses before producing supporting materials and tools for effective use of common assessment, together with an implementation plan, in December for implementation within first wave authorities from April 2005.

3 The Proposals

3.1 PURPOSE OF THE COMMON ASSESSMENT FRAMEWORK

The proposal for a Common Assessment Framework (CAF) arose from concerns that the existing arrangements for identifying and responding to the needs of children who are not achieving the five outcomes identified in *Every Child Matters* do not work as effectively as they might. In particular, services and practitioners tend to assess particular aspects of a child's welfare and development, with the risk that potential needs lying outside that focus may be overlooked. Assessments often take place entirely uninformed by previous assessments. Too often assessments simply lead to a decision that the child does not meet the threshold for service delivery by the assessing agency. When needs outside a particular practitioner's remit are identified, this tends to lead to formal referrals and further assessments that may not be appropriate or productive. The results are too often that there is a poor service experience for the child or young person, help is not forthcoming or is delayed, and valuable professional time is not spent as productively as it should be. This leads to frustration among practitioners as well as decreased service efficiency.

- 3.2 Through the CAF, we intend to implement a common approach to needs assessment that can be used by the whole children's workforce, whether they are in universal or specialist services, for any child in need of support. Its aim will be to provide a mechanism whereby any practitioner working with a child or young person can conduct a good quality, but relatively nonspecialised, assessment of unmet needs and, where appropriate, share it with other agencies. It aims to provide a non-bureaucratic 'whole child' assessment, drawing on good practice, enabling the practitioner to make a decision about how far they themselves can meet the needs and who else needs to be involved. Where a referral to a more specialised practitioner is required, use of the CAF should help ensure that the referral is really necessary, that it is to the right service and that it is supported by accurate, up to date information.
- 3.3 We would see common assessment being undertaken at the first sign of difficulty, most likely, but not always, within a universal setting, so as to prevent a child's needs becoming more serious. Common assessment is therefore particularly aimed at the group described in *Every Child Matters* as "vulnerable children", who need additional services in order to meet the five outcomes, but who are perhaps better described as children with additional needs. Although children in need under the Children Act 1989, including those at risk of significant harm, clearly represent an important sub-group of those with additional needs, the CAF is not aimed solely at this group.
- 3.4 We would also see common assessment being used where a referral between agencies or a multi-agency approach is likely, so that information can be shared between agencies. Common assessment would also essentially form a front-end to more specialist assessments, which would themselves need modification to accommodate the standards imposed by the CAF. Individual agencies may find that common assessment meets all their requirements for needs assessment and therefore adopt it as their standard.
- 3.5 Through the development of the CAF, we want to encourage and help all practitioners working with children to identify the broader needs of a child whom they judge unlikely to achieve the five outcomes without additional support. We want to support earlier intervention, encouraging practitioners to look outside their normal work area and recognise where the provision of extra support (by themselves or another practitioner or agency) is necessary.

- 3.6 Introduction of the CAF should reduce the number of assessments that an individual child or young person undergoes by improving the quality of referrals between agencies and by enabling information to follow the child. Where a number of agencies and practitioners are involved, they should all have access to CAF information rather than gathering their own. Where a specialist assessment is still necessary, or following a referral between agencies, the fact that some information will have already been gathered through the CAF should reduce the scale of what is required under specialist assessment.
- 3.7 The CAF will also act as a lever to multi-agency working by embedding a common, multi-agency process, helping to embed a shared language of children's needs and improving the information flows between agencies. As the quality of inter-agency referrals improves, we would expect to see a greater acceptance of the validity of assessments done by other practitioners and agencies, reinforcing the wider culture change that we are seeking to bring about. Improved information flows between agencies should help practitioners identify and link together emerging signs of vulnerability or 'weak signals', thereby providing the opportunity for earlier, more coordinated, intervention.
- 3.8 The CAF will further these aims by offering:
- a common process for understanding and articulating the range of needs for an individual child, involving the child, their parents/carers and other practitioners as appropriate;
 - guidance to help practitioners record the findings from their assessment in terms that are helpful in determining the most appropriate response to unmet needs;
 - guidance to help identify the most appropriate response to identified needs, whether through a single service or in collaboration with other services;
 - a common format for sharing assessment information with other practitioners and services as appropriate, while assuring the necessary levels of confidentiality and security.
- 3.9 We believe that there are some basic principles which should underpin the development of the Common Assessment Framework, notably:
- it must be centred upon the child or young person and the whole spectrum of their potential needs, rather than on the policy focus and statutory obligations of particular services;
 - it must be geared towards delivery of practical and appropriate solutions to a child or young person's unmet needs, whether within the remit of the service through which the CAF is initiated or by others;
 - it must reduce the bureaucracy of different assessments and data gathering by different services, using common models and information as far as possible before service-specific tools and systems are applied;
 - it must involve children and young people and families at all stages.
- 3.10 **Question: Are these (paragraphs 3.1-3.9) the right aims and underpinning principles for the CAF?**

3.11 HOW THE COMMON ASSESSMENT FRAMEWORK WILL WORK IN PRACTICE

We envisage that the CAF will consist of:

- general guidance as to the circumstances where a child or young person might benefit from common assessment;
- a common set of processes for practitioners to follow if they think a child or young person would benefit from a common assessment;
- a common method for assessing the needs of children and young people and deciding how they are best met, based on a conceptual framework for successful child development and good practice in involving the child/young person and their parent/carer;
- supporting guidance to help practitioners record the findings from their assessments, including gaining appropriate consent, identifying an appropriate response and sharing information with other local agencies appropriately;
- a common format for sharing assessment information when a child or young person moves between local areas;
- requirements and guidance as to the roles and responsibilities of agencies and practitioners.

3.12 We believe that all practitioners who provide services to children and young people should know about the CAF and know how to have a common assessment completed, or how to complete one themselves. We would also expect some level of awareness among those who provide relevant services to adults, such as adult health and social care services and the immigration service. We believe the CAF should be understood and used in every setting in which children's services are delivered, and particularly in universal services where children with unmet needs are likely to be first identified. The relevant services include health, education, Connexions, early years, social care, police and youth justice. We want the CAF to be widely used not only across statutory services and those they commission but also to be recognised as good practice and adopted as such by non-statutory services delivered by the voluntary sector.

3.13 The CAF will be rolled out over a period of time and how it is rolled out must reflect local patterns of service delivery and priorities. But we envisage that the aim should be that in each local area the following practitioners should be trained to use the CAF (note: this is not necessarily an exhaustive list):

Connexions and youth work: Connexions Personal Advisers, youth workers;

Early years and childcare: some early years workers (nominated on a setting-by-setting basis), child minders (where appropriate), area Special Educational Needs Coordinators (SENCOs), Sure Start workers;

Education: SENCOs, head teachers or their deputies, teachers with child protection responsibilities, some teachers (those with distinct pastoral responsibilities), learning mentors, BESTs and EWOs, some other school support staff (those with distinct pastoral responsibilities), Educational Psychologists;

Health: general practitioners, A&E staff, some practice nurses (nominated on a setting-by-setting basis), health visitors, school nurses, speech and language therapists, paediatricians, children's nurses, midwives, CAMHs practitioners and (nominated on a setting-by-setting basis) other children's practitioners in the range of occupations and settings who provide support to children and young people in areas such as psychotherapy, occupational therapy, learning disabilities, visual or hearing impairment, physiotherapy, drugs or alcohol abuse, sexual health and teenage pregnancy;

Police: beat officers; community officers who regularly come into contact with children and families;

Social care: children and families social workers, the range of family support workers and other practitioners providing social care to children and families in a range of settings;

Voluntary sector: some (nominated on a setting-by-setting basis) staff in voluntary organisations who provide services to children and young people;

Youth Justice: Youth Offending Team (YOT) workers, some people working in the juvenile secure estate (those with distinct pastoral responsibilities), police officers with specialist responsibilities for working with young people, probation officers working with young people.

In addition to the list above, we would expect a level of awareness of the CAF among all practitioners in schools, LEAs, health, social services, Connexions and youth services, youth justice and the police. We would also expect some CAF knowledge and expertise among other practitioners providing services to adults and families, including those in immigration, housing, adult health and social services, probation officers and others dealing with family problems that might impact on children and young people.

- 3.14 Our current thinking is that the overall process for using the CAF would usually consist of the stages a-g below. This is not meant as a linear process to be applied rigidly, but as a demonstration of how we would like to see common assessment working in practice.
- a. A practitioner judges that a child or young person may have additional needs which are currently unmet and which need to be met if the child is to achieve his or her potential (in relation to the five *Every Child Matters* outcomes). This view may have arisen from observing the child in class, as the result of a referral from a parent or self-referral, during a routine health visit, knowledge of a significant life event, as a result of contact with other practitioners or any other route;
 - b. Through discussion with the parent, young person or child, and consultation with manager/peers as appropriate, the practitioner identifies whether further action may be required. If it is, the practitioner identifies who else is involved with the child, whether the child has a lead professional, whether other concerns have been raised, and whether a common assessment has already been completed and if so by whom;
 - c. If there is already a common assessment, or a lead professional and/or other agencies are involved or have raised concerns, the practitioner talks to them about the range of their joint concerns, details of the common assessment may be shared, and a way forward agreed including, if necessary, agreeing who will be the lead professional. The child,

young person or parent is involved in this process and their consent sought;

d. If a common assessment has not previously been completed, the practitioner, with the consent of, and in partnership with, the child/parent/carer or young person, completes one (or arranges for someone else to do it), involving other practitioners as appropriate. If a common assessment has been previously completed it is updated as necessary;

e. Completion of the common assessment helps the practitioner to identify the child and family's strengths, additional needs, the nature of any additional needs, and the appropriate response to those needs. The common assessment provides pointers to help determine the types of services required to address the child's identified needs. The actual response in individual cases is a matter of practitioner judgement in discussion with the child, parent, young person and, where appropriate the practitioner's line manager;

f. Where joint action or referral to a practitioner in another agency is appropriate, this is discussed between the practitioners/agencies and with the child/parent/carer or young person. A lead professional is agreed and, having sought consent from the parent or young person, the assessment information is shared with/transferred to the relevant practitioner or lead professional as appropriate;

g. A record is made of the common assessment and the agreed actions, responsibilities and review processes.

3.15 It is also important to understand the relationship with the statutory processes for safeguarding and promoting the welfare of children, including those who are suffering or are likely to suffer significant harm. Where a practitioner considers the child is or may be a child in need under the Children Act 1989, a referral of the child and family should be made to social services. This may include a child whom it is believed is, or may be at risk of suffering significant harm (paragraph 11.2 in *What To Do If You're Worried A Child is Being Abused*, 2003). We anticipate that the CAF will help practitioners to understand and articulate their concerns about a child's welfare and, therefore, make a judgement about whether a referral to social services is the correct response. Common assessment would normally therefore be undertaken before a decision about referral to social services is made. However if there is considered to be a risk to the life of the child or a likelihood of serious immediate harm a referral should be made to social services, the police or the NSPCC without delay. These agencies should then act quickly to secure the immediate safety of the child.

3.16 This process is further illustrated in Figure 1.

3.17 The following represent illustrative examples of how the CAF might be used.

3.18 **Parent**

Child A is an active 4 year old who does not sit still for two consecutive minutes. As a result, his behaviour is often disruptive, he is generally unresponsive to learning stimuli and is usually unwilling or unable to do anything his parents ask of him. The parents worry about how their child will be received at school next September. He is currently attending an early years setting on a half-time basis, but staff are concerned about his behaviour. They have received complaints from other parents. The parents are reluctant to seek advice because they feel that their parenting skills may be seen as inadequate. But they are also anxious that their son may be excluded from his early years setting. They feel his behaviour is worse at home because of their poor housing

and lack of any safe outdoor play-space in the area. They are unsure how to improve the situation.

3.19 After consultation with the Area SENCO, the early years setting puts the parent in touch with a local parent support group run by a voluntary organisation. A community worker, with the help of a colleague in that voluntary organisation who has been trained in common assessment, completes the common assessment with the parents. The community worker, in consultation with the parent and the early years setting, agrees that an educational psychologist should be consulted in order to develop appropriate strategies to help the child manage his behaviour. Social services are asked for information on local playschemes and afterschool clubs so that the child can enjoy active play away from his limited home environment. The community worker helps the parents make a request to the Housing Department for re-housing. The mother finds the parent support group helpful and feels more confident in managing her child's behaviour.

3.20 **Health Visitor**

A health visitor visits 3 year old Child B as part of the Child's Health Programme. On entering the house she is immediately concerned. Although Child B meets all of the standard developmental criteria, the health visitor and mother agree that there are other concerns to be addressed, including:

- dilapidated and unsafe accommodation – the walls and floors are marked and appear to be damp;
- Child B's mother is struggling to cope and feels at the end of her tether.

3.21 The health visitor checks to identify whether Child B is known to any other agencies, determine whether a common assessment has already been carried out on Child B and research other agencies' views. As no common assessment or contact with other agencies is recorded, the health visitor completes a common assessment and draws up a plan with the family.

3.22 **Teacher**

Child C's performance at school is declining. She seems to have low self-esteem, has few friends and her pattern of attendance has become noticeably erratic. The teacher has also noted that her parents are often very late picking her up from school. The parents give some explanation, but the teacher feels the need to explore the situation further in order to help the child.

3.23 Following consultation with the school's SENCO and the member of staff responsible for home/school liaison, it is agreed that the SENCO will complete a common assessment together with the parents. The common assessment leads to a school-based programme to improve Child C's performance. The parents agree to proposals within their child's individual education plan to provide support at home with reading and some other activities. Discussion about the reasons for the parents' lateness in picking their child up from school reveals that the mother is busy looking after her frail elderly mother. As a result of the common assessment, social services and community nursing services arrange for extra support for Child C's grandmother. Child C is also offered a place at an after-school club.

3.24 **School Nurse**

The school nurse notices that Child D, normally outgoing and playful, is quiet and withdrawn.

Initial discussion with Child D's mother suggests that this is simply the result of a virus and there is no cause for concern. The nurse decides to keep an eye on Child D and becomes concerned when, after a further week, he has shown no sign of returning to his normal outgoing self. When she raises the issue again with Child D's mother, she has concerns about the answers she is given.

3.25 The nurse follows the local arrangements for checking which agencies are involved with Child D and whether a common assessment has been undertaken. This results in the school nurse contacting another health care practitioner who has already completed a common assessment but offers of support have not been taken up. They discuss their relative concerns and the school nurse discusses with her supervisor. When they compare concerns, they find evidence that the child may well be at risk of harm. They discuss their concerns with the mother and inform her that they will be making a referral to social services. The referral is made immediately and followed up with the updated information from the common assessment.

3.26 **GP**

Child E has a range of physical disabilities. His mother is concerned about his development and reports that she is finding it difficult to meet his needs and care for other children in the family. On meeting Child E, the GP believes that more could be done if there was a co-ordinated effort across agencies to deal with many of the issues raised.

3.27 He considers that a common assessment, which reveals the extent of Child E's unmet needs may be needed. As they are unlikely to be adequately addressed by any single agency, he refers the child to a community paediatrician, working in a local child development centre. She initiates a common assessment, as a result of which a multi-agency review is undertaken in order to develop an action plan and agree support arrangements.

3.28 **Working with parents/carers and with children/young people**

We want the CAF to operate according to current good practice in involving parents and carers fully within assessment. In many cases, for young children, we anticipate they will play the leading role. In all cases we would want to encourage children and young people to involve their parents and carers in the process.

3.29 We expect common assessment to be completed with the full knowledge, consent and involvement of children and young people in ways appropriate to their age. The guidance will include examples of how to gain the consent of children and their parents as appropriate as well as of situations where information may be shared without consent in the best interests of a child, and will provide further guidance on good practice in support of the CAF.

3.30 **Relationship with specialist assessments**

The depth and detail of common assessment will necessarily be limited. We do not therefore expect the CAF to replace specialist assessment frameworks in their entirety, although we will expect agency-specific assessments to evolve in light of the introduction of the CAF. The CAF will aim to complement and enhance the arrangements already in place for identifying and responding to children with serious or specialist needs, especially those relating to statutory interventions, for example, those relating to safeguarding or statutory assessment of children with special educational needs. In particular it should enable such needs to be identified earlier and with greater accuracy.

3.31 **Links with database developments**

It is envisaged that the CAF will work alongside other developments, including the information sharing databases proposed in the Children Bill to deliver a more coherent service to children and young people. In particular, for CAF information to follow the child as we intend, there will need to be local arrangements for recording that a CAF has been undertaken, when and by whom. That information, available to all practitioners, e.g., through databases, will enable them to make contact with the appropriate practitioners and share assessment information. It is envisaged that a practitioner would be able to indicate that they had carried out a common assessment in respect of a child or young person through the proposed information sharing databases, although the content of the common assessment would not itself be included on the database. We would expect common assessments to be stored on services' own secure systems, including, for example, the Integrated Children's System for children's social services.

3.32 **Cross-border issues**

It will be important that common assessment information can be transferred across local area boundaries and not need to be collected again. As part of the guidance to local areas, we expect to specify minimum standards for effective transfers of information across authority boundaries, including minimum datasets, information sharing rules and, where appropriate, data formats. We would be interested in views about how prescriptive we should be in this area.

3.33 **Questions**

Is the proposed coverage of practitioners and services right?

Is the proposed process feasible and how could it be improved?

How can we ensure that the process is acceptable to parents, young people and children?

How can we best ensure consistency between local areas?

3.34 HOW THE COMMON ASSESSMENT FRAMEWORK WILL BE DEVELOPED

We believe that there should be one Common Assessment Framework for children's services in England. When children move between local areas or services, it should be possible for their assessments to be transferred and used without the information having to be gathered again by the new area or service. When practitioners move, their skills in using the CAF should also be transferable. There is currently no single national agency which is best placed to develop a framework which must have relevance across the full range of health, education, social care and other children's services. The DfES therefore proposes to take responsibility for leading work to develop the CAF, and is drawing actively and substantially on external expertise to enable it to do so effectively.

3.35 Discussions with the working group and other practitioners have identified a number of criteria which are seen to be important in developing the CAF. Practitioners want the assessment framework to:

- be child or young person centred. This means that the child or young person is seen and kept in focus throughout the assessment, and that account is always taken of their perspective and of their view. The assessment needs to recognise that every child or young person is different and that interventions must be needs-led, not service-led;
- be rooted in child development. Children have a range of different and complex developmental needs that must be met during different stages of childhood and through the teenage years if optimal outcomes are to be achieved. The CAF has to be relevant for children and young people of all ages;
- be holistic. Common assessment needs to look at the whole person and not be overly restricted by the specialism of the practitioner doing the assessment. As such it needs to take account of the fact that a child or young person may have a range of education, health and social care needs that need to be considered. An understanding of a child must also be located within the context of the child's family (parents or caregivers and the wider family) and of the educational setting, community and culture in which he or she is growing up. Practitioners will need to take account of circumstances affecting the family that may impact on the child. This may include circumstances where the parent has mental health, alcohol or drug related problems or where there are serious relationship difficulties/domestic violence occurring between parents or carers;
- ensure equality of opportunity. An important aim is that all children who are assessed have the opportunity to achieve optimal development according to their circumstances and age;
- involve working with children, young people and their families. It will be critical to develop a co-operative working relationship, so that parents or caregivers feel respected and informed, that staff are being open and honest with them, and that they in turn are confident about providing vital information about their child, themselves and their circumstances;
- be solution- and action-focused. The assessment needs to provide a sound basis for effective intervention, not be an end in itself. Action and services should be provided according to the needs of the child and family, in parallel with assessment where necessary, and not await completion of the assessment. It should enable identification of

what the family and/or the community can do to meet the identified needs;

- build on strengths as well as identifying difficulties. It is important that assessment identifies strengths as well as needs. These will vary for each child and young person;
- develop an inter-agency culture of understanding and trust. Agencies working together will need to be confident that the information they share is reliable and that there is no need to repeat previous assessments. To do this, the assessment will need to be demonstrably based on sound evidence and judgement;
- become an on-going process not an event. Common assessment is a process of gathering information and making sense of it with the family and other practitioners as necessary. The common assessment itself needs to be part of an on-going process of planning, providing services and reviewing the support given to a child or young person;
- be easy to use and not time-consuming to complete. It must be an accessible process for all practitioners, and the knowledge, understanding and skills to use it should be a prescribed standard for all the children's workforce; and
- be based on evidence, experience and expertise from existing models, while being relevant and acceptable to practitioners across a wide range of disciplines and services. It must also dovetail sensibly with existing arrangements, eg, for safeguarding, and with existing assessment frameworks.

- 3.36 These are a demanding set of criteria against which we will test the CAF as it is developed.
- 3.37 We propose that the conceptual framework for the assessment will be based on the Framework for the Assessment of Children in Need and their Families, as is the Connexions Appraisal, Planning, Implementation and Review (APIR) and most of the Trailblazer examples. This is an established evidence-based conceptual model of child developmental needs. Although this Framework was designed for multi-agency use when assessing children in need under the Children Act 1989, it is currently used primarily in social care. To ensure that the CAF has wide acceptability across all children's services, it will be necessary to modify and represent existing materials to ensure that they are seen as applicable and relevant to the full age range of children and young people, and usable by the full range of practitioners and agencies in the children's workforce. In doing this, we intend to engage fully with practitioners and their representatives, particularly teachers and support staff in schools, to ensure we provide a CAF that is fully usable within schools and other universal settings and does not impose unnecessary extra burdens on staff.
- 3.38 We envisage that the common assessment materials will draw from the frameworks already in existence - the Framework for the Assessment of Children in Need and their Families; Special Educational Needs Code of Practice; Connexions APIR, ASSET and others - as well as the experiences of local authorities that have made particular progress.
- 3.39 In developing the CAF it will also be important to identify the relationship between it and existing specialist assessment frameworks such as those mentioned above. Common assessment aims to provide basic assessment information required by agencies to deliver their specialist services more effectively. The CAF will provide a common front-end to all specialist frameworks, although it will not seek to replace them entirely. More work is needed to clarify the relationships with specialised assessments, for example, the provisions within Part IV of the Education Act 1996 for

statutory assessment of children with special educational needs. There is a need to ensure that parental confidence is not undermined, while at the same time avoiding a further layer of bureaucracy. Where common assessments have taken place, they will reduce the information required at the initial stages of specialist or agency-specific assessment. Agencies may see benefits in adopting the CAF as a replacement for parts of some agency-specific assessments. In the development phase of the CAF, DfES will map its content against that for existing universal checks and specialist assessments. It will be important to avoid the CAF becoming another tier of assessment which is itself duplicated when children and young people encounter specialist services.

3.40 **Questions:**

How can the CAF and its materials be presented so as to ensure that they are perceived as relevant across the range of practitioners?

How prescriptive should we be from the centre about the detail of assessment forms?

Which elements of which specialist assessments might be incorporated into the CAF?

How can the interface between common assessment and specialist assessment be best managed?

3.41 HOW THE COMMON ASSESSMENT FRAMEWORK WILL BE IMPLEMENTED

Implementation of the CAF will require sustained, determined and coherent action at both local and national levels. This will take place not in isolation but as part of a wider range of reforms to the delivery of children's services. *Every Child Matters* sets out a clear agenda for the development of integrated services for children and families which includes:

- improved information sharing between agencies, removing legislative and technical barriers, setting common standards, and tackling cultural issues;
- identifying lead professionals to take the lead on each case where the child is known to more than one agency;
- integrating practitioners through multi-disciplinary teams responsible for working with the child and family to ensure services are tailored to their needs; and
- a workforce reform strategy including a common core of training, common occupational standards, and tailored training and development programmes for leaders and managers.

3.42 The CAF will be an integral part of this package of reforms and in particular is a central part of the improved "offer" to children and young people with additional needs envisaged in the *DfES Five Year Strategy for Children and Learners* published in July 2004.

3.43 The CAF will also be implemented in the context of the proposed new arrangements for accountability and integration set out in the *Every Child Matters: Next Steps* document published in March 2004, and in particular:

- new duties on local strategic bodies to cooperate to promote the well-being of children and on delivery agencies to safeguard children and promote their welfare;
- integrated commissioning of children's services through Children's Trusts;
- the roles of Directors of Children's Services and Lead Members for Children's Services in local authorities; and
- the integrated inspection framework for children's services and joint area reviews by the relevant inspectorates.

3.44 In terms of local implementation, subject to the passage of the relevant provisions of the Children Bill, the DfES plans to issue in early 2005 statutory guidance in relation to the new duties described in the first indent above. This guidance will make it clear that adoption of the CAF is something to which the relevant bodies must have regard in discharging their duties. It will also set out or signpost detailed guidance for managers and practitioners on how the CAF should be used.

3.45 Detailed guidance for local authorities in implementing the CAF will be provided. The guidance will include information about what the CAF is, who should operate it and how. It will also contain road-map guidance as to how to implement it, drawing on experience so far, and on the timetable. Within the parameters set out by the guidance, local areas will have scope for local flexibility.

- 3.46 We are also looking to every local authority, working through the local Children's Trust, to champion the introduction of the CAF. Directors of Children's Services and Lead Members for Children's Services will have an important role in leading this effort. *Every Child Matters: Next Steps* announced a £20 million change fund to support local and central developments on the Every Child Matters agenda. We hope to issue formal notification about allocations to local authorities by the end of August and anticipate that the grant conditions will include planning for the implementation of the CAF.
- 3.47 Use of the CAF will be one aspect to which we expect inspectorates to have regard in inspecting children's services.
- 3.48 It will clearly be important to ensure that all local agencies providing services to children (including health and other non-LA bodies) cooperate with the development and embedding of the CAF. This will be shown by their willingness to encourage and train their staff to use the CAF. The forthcoming National Service Framework for Children, Young People and Maternity will signal to Primary Care Trusts and other local health agencies the importance of the CAF as part of a new vision for children's health services with a preventative role which takes account of the child's holistic needs rather than focusing exclusively on the presenting medical problem. Schools will have a critical role too in ensuring that CAF is positioned within the broader vision of collaboration between schools and closer working between schools, communities and specialist services, set out in *Every Child Matters*.
- 3.49 All agencies providing services to children will need to review their own assessment frameworks in order to accommodate the introduction of the CAF and the interface with the new arrangements and take CAF development into account when they are developing new assessment frameworks or models.
- 3.50 Clearly there will be a significant challenge in terms of preparation and training of existing children's services staff in the role and use of the CAF. Although we aim to make the CAF itself easy to understand and use, there will be large numbers who will need to be able to use it. As we develop the CAF we will consider the local training need and will set out proposals in the December implementation plan.
- 3.51 We do not expect that "opting-out" of the CAF will be an option for local areas or individual agencies. Nor will the CAF attempt to prescribe or specify matters which must be subject to professional or local managerial judgment, such as criteria for referrals or detailed thresholds for carrying out a common assessment. But there will nonetheless be scope for local initiative and flexibility in how CAF is implemented across localities. For example it is expected that, taking account of national systems such as Integrated Children's System (ICS), local areas will make their own arrangements for how assessment information should be securely recorded, how the fact that an assessment has been carried out should be recorded and communicated, and how lead professional contact details should be recorded and communicated, taking account of any plans for implementing information sharing databases envisaged in the Children Bill.
- 3.52 There is also a major national implementation challenge. We need to ensure that initial training and continuous professional updating for children's workforce includes training in the role of CAF and, where appropriate how to carry one out, including through incorporation in the common core of training and relevant occupational standards. We need to ensure that national professional bodies and national agencies working with children and young people understand, support and are committed to the CAF for their members and workforces. We need to ensure that the "owners" at national level of specialist assessment frameworks review them against the CAF, and

set out guidance for practitioners on which element of the specialist assessment need not be repeated where a CAF has been carried out. And we will work to ensure there is consistent cross-Government support and encouragement for all these change processes including across DfES, Department of Health and Home Office. The DfES proposes to take the lead role in driving this agenda forward at national level.

3.53 An outline timetable for implementation is:

- End of public consultation: November 2004;
- Publication of CAF materials and implementation plan: December 2004;
- Publication of statutory guidance under the Children Bill (subject to the will of Parliament): February 2005;
- Implementation within Trailblazer and other first wave authorities: April 2005– March 2006;
- Implementation within all remaining authorities, drawing on lessons from first wave: April 2006 – end 2008.

3.54 We will draw up and publish a more detailed timetable in the implementation plan.

3.55 **Questions:**

Are the levers described above sufficient to implement CAF successfully? What more needs to be done by whom at local and national level?

What can be done to ensure maximum support of CAF by practitioners, parents, children and young people?

4 How To Respond

4.1 On Line

You can respond on-line by selecting the 'Respond on line' option at the beginning of the consultation webpage.

4.2 Other options

There is also an option on the first webpage to download copies of the consultation paper and the questionnaire. These can be returned as hard copies by post to: Department for Education and Skills, Consultation Unit, Area 2A Castle View House, East Lane, Runcorn, Cheshire, WA7 2GJ or by email to: commonassessment.framework@dfes.gsi.gov.uk

5 Additional Copies

5.1 Additional copies of the Common Assessment Framework (CAF) consultation document may be requested by email from commonassessment.framework@dfes.gsi.gov.uk, by post from Paul Watts, Information Sharing and Assessment, Children's Workforce Unit, Department for Education and Skills, W4b, Moorfoot, Sheffield S1 4PQ, or by telephoning 0114 259 4796.

6 Plans for making results public

6.1 CAF materials and implementation plan will be published in December 2004.

Appendix 1

1 CAF working group

1.1 CAF working group

Name	Title	Organisation	Location
Tom Aldridge	Young Person's Manager	NHS National Treatment Agency	London
Fran Beck	Director of Services for Children & Young People	Telford & Wrekin Primary Care Trust	Telford
Sue Berelowitz	Head of Families and Schools Unit	Family and Schools Unit	West Sussex
Clare Bullement	IRT Project Manager	Sheffield IRT	Sheffield
Jo Burden	Projects Division Operations Manager	Crime Concern	Leicester
Pauline Hinitt	Leicester Junior YIP Programme Manager	Crime Concern	Leicester
Phil Dinham	Regional manager North East	Crime Concern	Leicester
Ellen Chant	Commissioning and Development Coordinator	North Lincolnshire County Council Children's Services	Lincoln
Des Charles	Programme Development Manager	Children and Young People's Partnership	Sheffield
Peter Chester	Service Manager	Leicestershire County Council	Leicester
Cathy Doll	Practitioner Lead	Camden IRT	Camden
Keith Edwards	Principal Operations Manager	Warwick Social Services Department	Warwick
Grainne Fegan	Resource Development Officer	Passport to Services (IRT) Project	Gateshead
Sue Hare	Team Manager	Children and Young People's Services Department	Rotherham
Helen Hewitt	Director of Educational Services	Boys' and Girls' Welfare Society	Stockport
David Howard	Operations Director	Connexions	Greater Merseyside
Viv Hogg	Solution Focused Practice Consultant	Passport to Services (IRT) Project	Gateshead
Denise Hyde	Head of Children's Services	North Lincolnshire County Council Children's Services	Lincoln
Judith Jones	Education consultant	Education consultant	Birmingham
Lynne Jones	Assistant Director	Children and Family Services	Bolton
Jayne Kerr	Professional Practice and Training Dev't Manager	Sheffield SafetyNET Project	Sheffield
Vikki Lee	Educational Psychologist	Camden ISA project	Camden
Brenda Long	Liaison Health Visitor/Service Lead Neonatal Unit	Jessop Hospital	Sheffield
James Lynch	Policy and Planning Officer	Leicester ISA Project	Leicester
Tom O'Loughlin	Principal Officer Advice and Assessment	Social Services Department	Bolton

Penny Penny	ISA Professional Lead	Kensington & Chelsea CAMHs	Kensington & Chelsea
Helen Powell	Head Teacher	Arnold Children's Centre (primary)	Rotherham
Lucy Ruddy	IRT Manager	East Sussex County Council	E Sussex
Philippa Russell	Disability Consultant	National Children's Bureau	London
Janet Smithson	Head of Chantry Community School	Chantry Community School	East Sussex
Keith Sorrell	Head teacher	Windsor High School	West Mids
Di Thomas	Housing Social Services Adviser	Kensington & Chelsea CAMHs	Kensington & Chelsea
Sarah Tough	IRT Project Manager	TW&S Trailblazer	Telford
Ian Vinal	Families and Schools Support	West Sussex County Council	W Sussex
John Wheeler	Solution Focused Practice Consultant	Passport to Services (IRT) Project	Gateshead
Deborah Williams-Jones	Multi-agency Training Coordinator	Sheffield Child & Adolescent Mental Health Service	Sheffield