

The Common Assessment Framework in Haringey – Guidance for Practitioners

The Common Assessment Framework in Haringey – Guidance for Practitioners

(1) Introduction	3
(2) Who can undertake a common assessment?	5
(3) When should you undertake a common assessment?	6
(4) The Haringey CAF Process	11
<i>Step 1 – Identify needs early, gather information, and seek consent</i>	11
<i>Step 2 – Completion of the common assessment</i>	13
<i>Step 3 – Submission of the common assessment</i>	19
<i>Step 4 – CAF Panel</i>	20
<i>Step 5 – Team Around the Child meeting</i>	21
<i>Step 6 – Intervention</i>	21
<i>Step 7 – Reviewing progress</i>	22
(5) Consent, Information Sharing, and Confidentiality	23
(6) The CAF, Special Educational Needs, and disabilities	25
(7) The CAF and school attendance	27
Appendix 1 – Guide to Definitions	29
Appendix 2 – Services that can be accessed through the CAF panel	37

(1) Introduction

This guidance is aimed at all practitioners in all agencies, including those working in adult services and the voluntary and community sector. It provides information on the Common Assessment Framework (CAF) for children and young people, and when to use it. The CAF is one of the three interdependent elements of Integrated Working, alongside the lead professional/ Team Around the Child (TAC) and information-sharing.

i. The Common Assessment Framework (CAF)

A framework to help practitioners working with children, young people and families to assess children and young people's additional needs for earlier, and more effective services, and develop a common understanding of those needs and how to work together to meet them.

ii. The lead professional

The person responsible for co-ordinating the actions identified in the assessment process; a single point of contact for children and young people with additional needs, supported by more than one practitioner in a Team Around the Child (TAC).

iii. Information sharing

Helping practitioners work together more effectively to meet children and young people's needs through sharing information.

The CAF is a standardised approach to undertaking an assessment of a child or young person's additional needs, identifying how best to meet those needs, and putting in place a plan to address them. It provides a generic and holistic assessment of a child or young person's strengths and needs across three domains: development of the child or young person; parents and carers; and family and environment. It is a voluntary process, with a strong emphasis on engaging and working in partnership with children and young people and parents/carers.

The CAF aims to promote early intervention – identifying additional needs at an early stage and putting in support before things reach crisis point. It promotes co-ordinated service provision, improving communication and integrated working between practitioners supporting a child or young person. In Haringey, undertaking a common assessment facilitates access to many of the targeted and specialist services that support children, young people and families.

This guidance is intended to be a single point of reference on the CAF for practitioners and managers in Haringey, incorporating both relevant national guidance and detail on local processes. It draws on and reproduces sections from the Children's Workforce Development Council (CWDC) Common Assessment Framework managers' and practitioners' guides (available from <http://www.dcsf.gov.uk/everychildmatters>). It is also compliant with the key standards for effective cross-borough working set out in the London CAF Protocol (for further information on cross-borough working see <http://www.commonassessmentframework.co.uk/>).

This guidance is part of a suite of Integrated Working guidance documents for Haringey alongside *The Lead Professional and the Team Around the Child in Haringey* and *Haringey Information Sharing Guidance for Practitioners working with Children, Young People and Families*. The full suite of documents is available at www.haringey.gov.uk/integratedworking.

(2) Who can undertake a common assessment?

You do not have to be an expert in any particular area to do a common assessment. You do, however, need to have an enhanced level Criminal Records Bureau (CRB) check, and the right skills. In Haringey, the agreed policy is that only staff who have attended the *CAF Assessor* training, or who have had training in undertaking assessments at a similar or higher level (e.g. APIR¹), can undertake common assessments. If you would like more information on this course, or if you are unsure whether your current level of training enables you to undertake common assessments, please contact caf@haringey.gov.uk

Many organisations working with children and young people and families in Haringey have someone who is able to undertake common assessments, so if you think a child or young person would benefit from a common assessment but you are not able to do one yourself, you should discuss this with that person. If there is no-one in your organisation who is able to do a common assessment, you should contact the child or young person's school and inform them of your concerns. If the child is under 5, you can also contact their Health Visitor.

Whilst not all practitioners will undertake common assessments, it is expected that they know about the CAF, when it is appropriate, how to find out if a CAF already exists, and how to arrange for one to be undertaken. In addition to this guidance, the ½ day *Introduction to Integrated Working in Haringey* course covers these areas. It is aimed at all practitioners working with children and young people and their families in Haringey. Please contact caf@haringey.gov.uk for further information.

¹ *APIR (Assessment, Planning, Implementation and Review)* is the operating framework for Connexions Personal Advisers. The assessment aspects of this framework have been replaced by the CAF. Given the similarity of the CAF to the APIR assessment, APIR-trained Connexions staff do not need to attend the CAF assessor training in order to undertake CAFs.

(3) When should you undertake a common assessment?

Significant harm to infant, child or young person

If you have any concerns that an infant, child or young person may be or is at risk of significant harm or has been harmed or abused then you must make immediate telephone contact with First Response (contact details below). You will then be asked to confirm the referral by completing the First Response referral form and submitting it to First Response within 48 hours.

First Response

Address: 48 Station Road, 5th Floor, Wood Green, London N22 7TY

Tel: - 020 8489 4592 / 4582 / 5652/ 5762 - during office hours
(Monday to Thursday 8.45am to 5pm; Friday 8.45am to 4.45pm)
- 020 8348 3148 - out of office hours (including weekends)

Fax: - 020 8489 2110

The CAF can be used to assess the needs of unborn babies, infants, children or young people up to the age of 18². You should consider undertaking a CAF when:

- you are worried about how well a child or young person is progressing. You might be worried about their health, development, welfare, behaviour, progress in learning or any other aspect of their well-being
- a child or young person or their parent/ carer raises a concern with you
- the child or young person's needs are unclear, or broader than your service can address

You should then use the *Haringey thresholds of need and service responses* to help you decide whether to undertake a common assessment. This document describes need in terms of 'tiers', ranging from level 1 - 'child achieving intended outcomes' - through to level 4 - 'vulnerable child with acute or highly complex needs'. It includes a set of example indicators for each level of need which may help you identify where the child or young person falls on the continuum of need, and therefore what the appropriate response should be.

It is important to remember that the example indicators are only a guide and cannot be applied mechanically – they can never be a substitute for professional judgement. Also, it is sometimes only by completing a common assessment that you can gain a clear understanding of the child or young person's level of need and the appropriate response.

You do not need to undertake a common assessment for children and young people who are progressing well and having their needs met by the universal services who are working with them – those at **level 1** on the continuum of need. The CAF becomes appropriate at **level 2** - 'vulnerable children with additional needs'. This

² In the case of the Connexions service, the CAF can be used with young people up to the age of 19, and up to the age of 24 where a young person has a learning difficulty or disability.

level covers a large group of children and young people, ranging from those who actually sit just above universal provision to those who sit only just under the point where a social care assessment is appropriate. For this reason, level 2 is divided into 2a and 2b.

For children and young people at **level 2a** (vulnerable children with one or two additional needs), you should always consider undertaking a common assessment, though you may decide in some cases that it is not necessary, if the child's needs have been identified and are being addressed. **For children and young people at level 2b (vulnerable children with some additional needs), you should always undertake a common assessment.** Note that if you have concerns about more than one child or young person in the same family, you should undertake a common assessment for each one of them. If you are uncertain about whether to undertake a common assessment, the CAF manager can be contacted to consult about this and also to advise about who may be best placed to undertake the common assessment if necessary.

If you feel that a child or young person's needs are at **level 3** (vulnerable children with multiple and complex needs), then it is possible that they will meet the threshold for a social care assessment under the *Framework for the Assessment of Children in Need and their Families*, carried out by the First Response service (First Response is the 'front door' into the specialist multi agency safeguarding service for children and young people in Haringey and social care services for children and families). If in doubt, you should contact First Response for advice and consultation, to help decide whether you should make a referral.

Children and young people at **level 4** (vulnerable children with acute or highly complex needs) will always require a social care assessment, if they have not received one already. Level 4 includes children and young people who are at risk of significant harm or who have been harmed and abused. Remember that **you must immediately inform First Response, by telephone, if you have any concerns about significant harm or abuse.**

The CAF and School Exclusions

It is not always easy to establish where a child or young person sits on the continuum of need and whether to undertake a CAF or not. For staff working in schools, a fair rule of thumb in the context of exclusion from school is that you should always consider a CAF for children or young people who have had more than one fixed-term exclusion (FTE), and always undertake a CAF for children who have had more than two.

Another way of putting this is to say that a second FTE moves a child from level 1 to 2a, and a further FTE moves a child from 2a to 2b. Of course, the overall assessment of a child's level of need should consider all aspects and indicators, of which exclusion from school is only one. There will be children at level 2 and higher who have not received any FTEs but who are vulnerable in other ways.

The CAF and children missing from home

Where you are aware that a child or young person has been missing from home on two or more occasions, you should always undertake a CAF (this is in addition to the normal reporting arrangements to the police any time a child or young person is known to be missing from home).

The CAF and substance misuse

Where there are concerns about a young person's substance misuse, then as a minimum a CAF should be undertaken. If substance misuse is identified as an issue then the Young Persons Substance Misuse worker will become involved and a DUST screen will be completed. This is a tool that will assist practitioners in identifying whether more specialist support services need to get involved. For children known to YOS or Social Care, specialist staff will undertake the DUST screen.

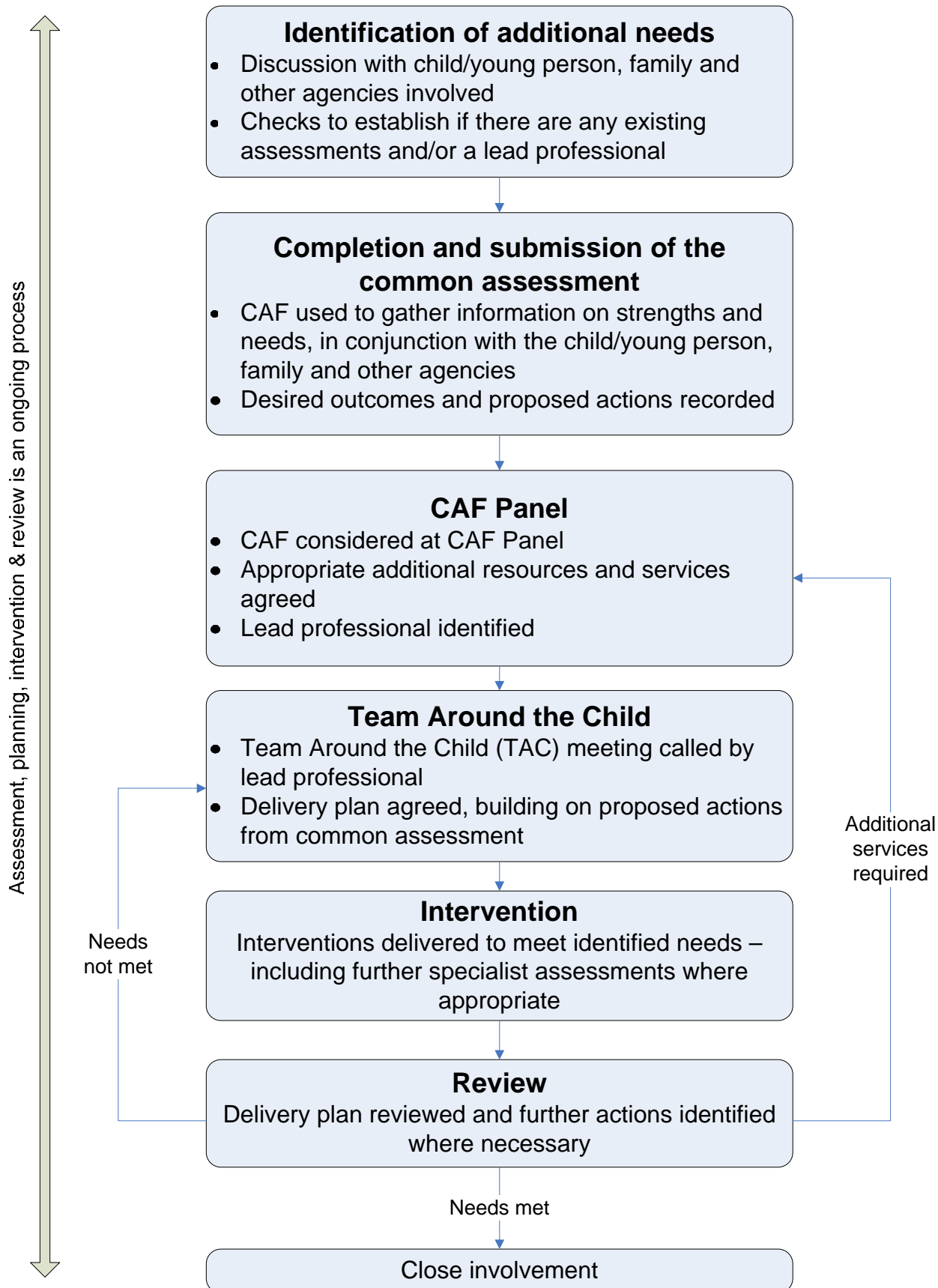
For guidance on levels of need, risk and protective factors, and suggested interventions in relation to substance misuse see Annex 2(b) of the London CAF Protocol (<http://www.commonassessmentframework.co.uk/>). For further information on drug and alcohol support and treatment services in Haringey see: http://www.haringey.gov.uk/drug_and_alcohol_service_directory_haringey_2009.pdf

Figure 1: Haringey continuum of need and intervention



Figure 2: Overview of CAF process

The Common Assessment Framework (CAF) - Overview of Haringey Process



(4) The Haringey CAF Process

Figure 2 provides an overview of the CAF process in Haringey. This section provides detailed guidance on each of the steps.

Step 1 – Identify needs early, gather information, and seek consent

Before you do a common assessment, you should check who else is working with the child or young person (including in all cases, either the Health Visitor or School Nurse), and check too for practitioners who may be working with other family members (including those in adults services). You should also check whether a common assessment already exists and find out if the child or young person has a lead professional or other practitioner undertaking the lead role in line with statute or best practice, such as a social worker (for more information on the lead professional, see *The Lead Professional and the Team Around the Child in Haringey*).

You can find out whether a common assessment exists and whether there is a lead professional by contacting the CAF administrator on 020 8489 3169 or by emailing caf@haringey.gov.uk. You can find out whether a child has a social worker by calling First Response on 020 8489 4592 / 4582 / 5652/ 5762.

If there is already a lead professional or other practitioner undertaking the lead role then, with the consent of the child or young person and family, you should contact them and inform them of the need or vulnerability. As lead professional, they will take the lead in deciding what to do next. If a CAF has been undertaken within the last 6 months then you should contact the person who completed the CAF to discuss whether a new CAF should be undertaken.

If there is no lead professional or recent CAF then you should proceed, bearing in mind of course that the CAF is voluntary and, as such, you must have the informed consent of the child or young person and/or their parent/carer for the assessment to take place. At this stage, consent need not be written, but it must be 'explicit' – you cannot just assume that they are happy to proceed. See section (5) for further guidance on consent and information sharing.

If the child or young person or parent/carer has a disability, you should consider whether there are any special communication requirements, such as signing, or access requirements. Where the child or young person's, or their parent/carer's, first language is not English, you should consider whether an interpreter is needed. There may also be other cultural issues to consider.

If there are other practitioners working with the family (including practitioners working in adults services and in the voluntary and community sector), you should work with them to ensure that their views and information is taken into consideration in your assessment.

What makes a good assessment?

A 'good' assessment is both a good quality process and a good quality product.

A good quality CAF process should be:

- empowering – engaging the child or young person and/or their parent/carer, and supporting them to participate in, and take responsibility for, their contribution to a collaborative assessment
- developmental – supporting the child or young person and parent/carer to adopt a self-determining, outcomes-focused approach to the discussion
- accessible – for all concerned, including the efficient use of time and access to the means needed to undertake the assessment (e.g. equipment, interpreter)
- transparent – the purpose of the assessment is clear, the discussion is open and honest and there is no hidden agenda

A good quality common assessment provides an analysis of the child or young person's strengths and needs. The principles underpinning it should include:

- validity – the assessment has assessed what it is intended to assess (i.e. the needs of the child or young person, as opposed to, for example, the needs of someone else, e.g. parent)
- accuracy – the assessment provides an accurate representation of the strengths and needs of the child or young person
- clarity – the assessment is clear, concise and understandable by all those involved and any practitioners who may get involved or take responsibility for the child or young person's case at a later stage
- inclusive – the assessment represents the views and opinions of the child or young person and/or family; this is reflected through their language and expressions
- equal opportunity – the assessment is not biased and gives positive expression to the opinions and experiences of the child or young person and/or their parents/ carers without prejudice or discrimination
- authenticity – the assessment is an accurate, evidence-based record of the discussion
- professionalism – the assessment is non judgemental and follows organisational codes of practice for recording/writing public documents
- outcomes-based – the assessment promotes an approach that focuses on what the child or young person and their parents/carers want to achieve
- practical – the assessment identifies the strengths and needs clearly and specifically to allow for identification of appropriate action

Step 2 – Completion of the common assessment

This step involves working with the child or young person and, as appropriate, their family, and undertaking the assessment with them. You should consider the child or young person within their family relationship and community, including their cultural and religious context. It will help to use plain, jargon-free language which is appropriate to the age, level of understanding and culture of each person, explaining any unavoidable technical and professional terms.

Remember, the discussion does not have to be highly formal or presented as a 'big event'. You will want to use a method and style that suits you, the child or young person, their parent/carer, and the situation. Apart from an ante-natal assessment, **it is not possible to do a common assessment without seeing or involving the child or young person.**

The key points to remember about your discussion are:

- It is collaborative – you are working together with the child or young person and their family to find solutions, and they will often have a better understanding of the issues and potential solutions than you
- You should consider the child or young person's and family's strengths as well as needs, and these should be recorded
- You should make use of information you have already gathered from the child or young person, parent/carer or other practitioners so they don't have to repeat themselves
- It is a voluntary assessment, and if the child or young person and/or their parent/carer don't want to participate, you can't force them. However, where a persistent lack of engagement is impacting on the wellbeing of the child or young person you should consider what further action you need to take
- If you are concerned about the safety or welfare of a child or young person, you should seek advice from your designated officer for Child Protection, the Named or Designated nurse, First Response, or a Child Protection Adviser
- At the end of the discussion, you should be able to understand better the child or young person's and family's strengths and needs, and what can be done to help

You should begin by explaining the purpose of the assessment:

- explain why you are recording information and what will happen to it
- make sure the child or young person and family understand who else will see their information
- make sure they understand that the CAF is an assessment that will help services work together to support them
- check they fully understand and consent to undertaking a CAF and recording the information (either on paper or electronically)

The following table provides guidance on undertaking the assessment and using the CAF form to record it.

Page 1: Identifying details	Complete the first page of basic details about the child or young person. This is the minimum information that must be captured as identifying details.
Page 2: Assessment information	<p>You should include the relationship to the child or young person of any person listed in the section ‘People present at assessment.’</p> <p>If you have consulted other services before completing the assessment, you may want to add this information to the free-text box ‘What has led to this child or young person being assessed?’ Remember to reference the source of the information you record.</p>
Page 2: Details of parents/ carers	Complete details of the parents/carers and use the check boxes to indicate whether they have parental responsibility for the child.
Page 2: Current family and home situation	<p>This is a free-text section which you can use to record the child or young person’s family and home situation. Please ensure you include details of the family structure including:</p> <ul style="list-style-type: none"> • all siblings • all children living in the house • other adults that the child is spending time with • who lives with the child and who does not live with the child • addresses and contact numbers, where appropriate.
Page 3: Services working with this child or young person	<p>Complete the details of:</p> <ul style="list-style-type: none"> • the person conducting the assessment and, if appropriate/ known, the lead professional. • the universal services working with the child or young person. • other services working with the child or young person, including voluntary & community sector organisations.
Pages 4, 5 and 6: CAF assessment summary	<p>You should consider each of the three assessment areas separately.</p> <ul style="list-style-type: none"> • Development of child or young person: how well they are developing, including their health, emotional and social development, and progress in learning. • Parents and carers: how well parents and carers are able to support their child or young person’s development and respond appropriately to any needs. • Family and environmental: the impact of wider family and environmental elements on the child or young person’s development and on the capacity of their parents/carers. <p>For each of the three domains, you should consider each of the CAF elements. Where a field is not completed, you must indicate that it is not applicable. Appendix 1, Guide to Definitions, provides a general</p>

description of signs to look for in relation to each of the elements. You should also use the 'threshold guidance' in *Haringey thresholds of need and service responses* to help you assess the level of need in relation to each element.

You should explore areas around your immediate concern, so as to look behind the presenting issues and come up with a more holistic view. For example, behavioural problems in school could be related to domestic violence at home. You do not need to comment on every element; include only what is relevant.

Domestic violence

'Domestic Violence is defined as any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are or have been intimate partners or family members, regardless of gender or sexuality.'

It is difficult to define Domestic Violence as it is a pattern of behaviours and is very rarely confined to a one-off incident. However, all Domestic Violence has a common theme of intentional, pre-meditated, disempowering and controlling behaviour through which the abuser seeks power over their survivor. In more than one in eight Domestic Violence incidents, the Metropolitan Police Service note issues around child contact or residence and there is a common link between domestic violence and child abuse. Among victims of child abuse, 40 per cent report domestic violence in the home.

The harm a child may suffer includes any impairment of the child's health or development as a result of witnessing the ill-treatment of another person. There may also be an association between domestic violence and other behaviours, such as poor school attendance, bullying, aggression or offending.

It is important that when undertaking a common assessment practitioners are mindful of the possibility that current or previous Domestic Violence may become apparent as part of the assessment. The level of risk must be considered in line with the *London Child Protection Procedures*, and appropriate action taken if current risks are identified. Where current risks are not identified the ongoing impact for children and young people must be considered as part of the common assessment. For further guidance please see:

<http://www.londonscb.gov.uk/procedures/>

http://www.haringey.gov.uk/domestic_violence

	<p>You are not expected to diagnose problems in a professional field other than your own, but you must consider the whole child or young person, not just your own service focus. You should also focus on areas of strength in the family, not just needs. The discussion should be supportive and non-threatening.</p> <p>Wherever possible, you should base the discussion and your comments on evidence, not just opinion. Opinions should be recorded and marked accordingly (for example ‘Michael said he thinks his dad is an alcoholic’).</p> <p>In recording information on the form, you should be mindful of how the information will be used and who will see it. You should include what is relevant to your assessment, but you should not include confidential information (e.g. from health records) unless it is directly relevant and the child or young person or parent/carer explicitly agrees that you should.</p>
<p>Pages 7, 8 and 9: Conclusions, solutions and actions</p>	<p>With the child or young person and/or their parent/carer, record:</p> <ul style="list-style-type: none"> • the key aims you and the child or young person and/or their parent/ carer would like to address • your overall conclusions and the evidence behind them • what changes are wanted, and how change can happen <p>Agree what you say with the child or young person and/or their parent/carer, and record any major differences of opinion.</p> <p>Try to focus on what the child or young person and family can do for themselves. If they need more support, think about where they could find it; if it is appropriate to your role, see if you can provide it, or see if targeted support is provided by others within your service. You can also use the Family Information Service Directory to identify additional services that may be able to offer support. This is available at: http://www.haringey.gov.uk/index/children_and_families/fisd.htm</p> <p>Use the initial action plan on page 8 to record the actions the people present at the meeting (including the child or young person and family) agree to undertake, specifying who will do what by when.</p> <p>If it is agreed that the child or young person and family would benefit from support from a service that can be accessed through the CAF panel process, you should include ‘<i>submit CAF to CAF administrator</i>’ as an action in this initial plan, specifying which service(s) you would like to become involved and what you would like them to do. See Appendix 2, ‘Services that can be accessed through the CAF Panel’ for a full list. Do not make any promises of support on behalf of other services – the CAF does not guarantee service provision.</p>

If you, the child or young person, or the parent/carer has a view on who should take on the lead professional role, include this in the initial plan too.

Agree a review date and agree the goals for that review date – if everything goes to plan, what will things look like at the review? Encourage the child or young person and parent/carer to record their comments on the assessment and actions identified, including any points of disagreement, in the boxes at the top of page 9.

Explain that with their consent³, the assessment will be stored by your agency, and that basic details (such as name and date of birth) will be provided to the Haringey CAF co-ordinator for logging on a central database.

Where the assessment has identified a need for additional services to become involved, explain that (again with their consent) a copy of the CAF will be submitted to the CAF Panel, who will consider the information presented and agree appropriate service involvement. You should also make clear that if the CAF is submitted to the CAF Panel, the Haringey CAF co-ordinator will securely keep a copy.

See steps 3 and 4 below for information on submitting the CAF, and on the role of the CAF Panel – use these sections to guide your response if the child or young person and/or parent/carer has questions about ‘what happens next’. See also section (5) of this document for further guidance on consent and information-sharing.

Once any questions have been resolved, use the box on page 9 of the CAF form to explicitly record which agencies the child or young person and/or parent/carer does and does not consent to sharing their information with, and for what purpose, and also to record any other limits to the consent. If they consent to the CAF being submitted to the CAF Panel (with no agencies excluded), you should write in the box: *‘All agencies represented on the CAF Panel, for the purposes of agreeing additional service involvement and providing consultation and advice as appropriate’*.

Make sure that the child or young person and/or parent/carer have seen the content of any appendices you have completed in addition to the main form. Then ask them to sign the form to record their consent to the recording of the assessment information and to sharing it with other agencies. Give a copy of the assessment to the child or young person or their parent/ carer and explain that they can show it to other services if they wish to, so they don’t have to keep repeating their stories.

³ You should already have established whose consent it is appropriate to seek (the child/young person or their parent/carer) at the beginning of the assessment process. For further guidance, please see Section (5) of this document.

Annex A: Further information	All practitioners undertaking common assessments in Haringey must also complete Annex A. This annex collects additional information on siblings, and on Child Protection and LAC episodes.
Annex B: Schools' Supporting Information	This annex must be completed by all school-based staff undertaking common assessments. It requests additional information on exclusions, SEN status, and attainment. It also includes a checklist of the supporting information that school-based staff should include with the completed assessment when submitting a CAF to the CAF panel: <ul style="list-style-type: none"> • Evaluated Individual Education Plans/ Pastoral Support Plans • Review notes (including where possible views of child or young person and parent/carer) • Copies of relevant reports • Details of interventions provided in school and their impact • Attendance record/ printout
Annex C: Request for Statutory Assessment of SEN	This annex must be completed when a practitioner or parent/carer wishes to request a Statutory Assessment of Special Educational Needs. It requests the additional information needed to enable a decision to be made. See section (6) of this document for further information.
Annex D: Health Visitors Early Years S&LT	This annex must be completed by health visitors wishing to request support from the Early Years Speech & Language Therapy Service.
Annex E: CAMHS additional information	This annex must be completed by any practitioner wishing to request support from Child and Adolescent Mental Health Services.

Why does the CAF form have two action plans?

The **initial action plan, on page 8 of the CAF form**, is for recording the actions that follow immediately on from the completion of the common assessment. This could include actions for the child or young person and/or their family, actions for your service, and also submitting the CAF to the CAF Panel to request the involvement of additional services. You should not at this stage include actions for anyone who is not involved in the assessment.

Where the CAF panel agrees the involvement of additional services and appoints a lead professional, a Team Around the Child (TAC) meeting will be held, involving the child or young person and their family and all agencies involved in supporting them (including voluntary and community sector organisations, if appropriate). The **delivery plan, on page 10 of the CAF form**, should be used to record the actions agreed at this meeting, and for further actions agreed at subsequent TAC meetings. Where no additional services become involved, and hence there is no lead professional or TAC, you can still use the delivery plan within your setting to record subsequent actions and review progress if you find it helpful.

Step 3 – Submission of the common assessment

Completion of a common assessment will result in one of the following outcomes:

- (1) Through the process of undertaking the assessment, you have resolved your concerns and those of the child or young person and/or parent/carer, and no further action is required.
- (2) You have agreed that any identified additional needs can be addressed by actions to be taken by your service and/or the child or young person and their family. Delivery will involve you undertaking these actions, setting a date for review and monitoring progress.
- (3) In addition to actions for your service and/or the child or young person and their family, you have identified additional services which may need to be involved.

In the case of (3), you should submit the completed CAF to the CAF Administrator, for consideration by the CAF Panel. In the case of (1) or (2), whilst you do not need to submit your CAF, you must still provide the CAF administrator with some basic details for entering onto the central CAF database. You will need to inform the CAF administrator of:

- Full name of child or young person
- Their gender and date of birth
- Your name, job role, agency and contact details
- The date the CAF was completed
- Home postcode
- Ethnicity
- School attended

Completed CAFs, or details of CAFs, can only be submitted if you have the signed consent of the child or young person and/or their parent/carer (which you will have obtained at the close of the assessment process – see Conclusions, solutions, and actions in step 2 above). The CAF administrator’s contact details are as follows:

CAF administrator

5th Floor
48 Station Road
Wood Green
London
N22 7TY
Tel: 020 8489 3169
Fax: 020 8489 3188
Email: caf@haringey.gov.uk

If submitting the CAF by email, please ensure you include a scanned copy of page 9, with the section on consent completed by hand and signed by the child or young person and/or parent/carer, and by you.

If in the process of undertaking the common assessment, it becomes clear that the level of need is such that it may meet the threshold for social care assessment, or if at any stage you become concerned about potential significant harm or abuse, you must immediately contact First Response, by telephone, for further advice.

Step 4 – CAF Panel

When a CAF is received it is logged on the central Haringey CAF database. The CAF co-ordinator reviews the CAF and any supporting information, and carries out a check against Framework-i, the social care case management system. Where necessary, the CAF co-ordinator will contact you to request further information or to clarify any aspect of the assessment that is unclear.

If the CAF indicates a need for potential social care involvement, the CAF co-ordinator will liaise with the First Response screening manager. In a small minority of cases this will result in a recommendation that the case is allocated for a social care assessment. The CAF co-ordinator or the screening manager will then contact you to discuss next steps.

In the majority of cases, though, the case will be added to the agenda of the next CAF Panel, and once this has been confirmed you will be sent an acknowledgement letter informing you of the date of the meeting at which the CAF will be considered (panel meetings are held every two weeks). The CAF Panel includes representation from a range of agencies including both universal settings and those that provide targeted and specialist support for children and young people). The role of the CAF Panel is to:

- endorse and agree CAF action and delivery plans, including agreeing the involvement of additional services
- provide consultation and advice to universal settings and targeted services about the best way to meet a child or young person’s needs

- identify where parents, carers and other family members may need additional specific support to meet the child or young person's needs
- ensure effective liaison and communication with agencies and services (including voluntary and community sector organisations) not represented at the Panel, but relevant for a particular child or young person
- agree the Team Around the Child
- designate the lead professional
- oversee the Quality Assurance of the CAF process
- review the implementation of individual delivery plans

Following the meeting, a letter informing you of the outcome will be sent within 5 working days. This will include any services allocated, who the lead professional will be, and any other recommendations. Please contact the CAF administrator caf@haringey.gov.uk for meeting dates and submission deadlines.

Step 5 – Team Around the Child meeting

Following the agreement of any additional services and the designation of a lead professional, the next step is to hold a meeting of the 'team around the child' (TAC) – i.e. the child or young person, their parent/carer, and all practitioners who are working with them. The lead professional has the responsibility of calling and chairing this meeting, and guidance can be found in section 6 of *The Lead Professional and the Team Around the Child in Haringey*. If you are invited to a TAC meeting, you should consult section 3 of *The Lead Professional and the Team Around the Child in Haringey*, which sets out the roles and responsibilities of TAC members.

The meeting should result in a completed delivery plan detailing how everyone will work together to address the child or young person's needs and achieve the intended outcomes. The lead professional should make sure that all are clear on what the next steps are, who is doing what by when, what the intended outcomes are, and when progress will be reviewed. After the meeting, they must **confirm to the CAF administrator that the delivery plan has been agreed and inform them of the review date.**

Step 6 – Intervention

Everyone delivers their actions as agreed, with the lead professional co-ordinating delivery and communication and resolving any difficulties that may arise.

In some cases and for some services an appropriate action from the first TAC meeting may be to undertake a specialist assessment to further investigate issues identified in the CAF and to determine appropriate interventions. In such cases, the practitioner should use the information in the CAF as a starting point for their specialist assessment, and communicate relevant conclusions from it to the rest of the TAC to inform their ongoing work.

What makes a good action plan?

Good action planning builds on strengths to help meet needs. It is insightful, comprehensive and strategic. You therefore need to develop a holistic understanding of the child or young person's strengths and needs, not just in terms of your own service interests. Effective action planning requires a thorough assessment and analysis of the situation based on asking critical questions and actively listening to answers.

Good action planning requires a methodical process that clearly identifies the components and steps needed for improved outcomes. This process should be:

- comprehensive – considering all significant options and impacts
- efficient – not wasting time or resources
- inclusive – the child or young person, their parent/carer and other people affected by the plan must be involved and encouraged to take on actions themselves where appropriate
- informative – decisions are understood by the people involved
- focused – short-term decisions support long-term goals
- logical – each step leads to the next within a broad strategic framework of SMART⁴ objectives and outcomes
- transparent – everybody involved understands how the process works

Both the initial plan and delivery plan should state clearly what is to be done, by when and by whom. The plan should also include the anticipated outcomes, how these will be measured, and details of how the plan will be monitored, reviewed and evaluated.

Step 7 – Reviewing progress

It is recommended that a review is held at least every three months (although this may be more frequent and should be decided on a case by case basis). At the review, progress is checked against the identified actions and recorded using the template on page 11 of the CAF form. Actions are closed or updated, or new ones added, as appropriate. The lead professional will ensure that the child or young person's and parent/carer's comments on the review and actions identified are recorded.

Where the review identifies the need for the involvement of additional services, it is the responsibility of the lead professional to request this by contacting the CAF panel. See section 6 part (b) of *The Lead Professional and the Team Around the Child in Haringey* for further guidance.

Sometimes the CAF panel will have requested a progress update from the lead professional – where this is not the case, it remains the responsibility of the lead professional to **inform the CAF administrator either of the next review date, or that the child or young person's needs have been met and the CAF can be closed.**

⁴ Specific, Measurable, Achievable, Realistic, Time-bound

(5) Consent, information sharing and confidentiality

The CAF is a voluntary assessment with a strong emphasis on working in partnership with the child or young person and their family. Their agreement is crucial to the entire process, and at two points in particular you should ensure you have consent before proceeding any further:

1. ***At the start of the process*** (i.e. in step one) you must seek and obtain the informed consent of the child or young person and/or their parent/carer for the assessment to take place. At this stage, consent need not be written, but it must be 'explicit' – you cannot just assume that they are happy to proceed. Without consent, you cannot proceed with the assessment.
2. ***Once the assessment has been undertaken***, you must seek and obtain explicit, written consent for the information to be stored and where relevant considered by the CAF Panel and shared with other services. You cannot store the assessment or submit it to the CAF Panel without consent.

You may need to consider whose consent to seek. A young person aged 16 or over, or a child under 16 who has the capacity to understand and make their own decisions (see box below), may give or refuse consent for the assessment to take place. However, staff undertaking CAFs in school settings must always seek the consent of the parent/carer for children under 16. In other settings, you should still encourage children under 16 to involve their parent/carer as appropriate – including if the young person is pregnant or already a parent.

Assessing capacity to understand

Whilst children aged 12 or over may generally be expected to have sufficient understanding, it is crucial that you assess for each particular child or young person on each particular occasion whether this is so. You will need to consider:

1. *Can the child or young person understand the question being asked of them?*
2. *Do they have a reasonable understanding of:*
 - what information might be shared;
 - the main reason or reasons for sharing the information; and
 - the implications of sharing that information, and of not sharing it?
3. *Can they:*
 - appreciate and consider the alternative courses of action open to them;
 - weigh up one aspect of the situation against another;
 - express a clear personal view on the matter, as distinct from repeating what someone else thinks they should do; and
 - be reasonably consistent in their view on the matter, or are they constantly changing their mind?

When assessing a child's understanding you should explain the issues to the child in a way that is suitable for their age, language and likely understanding. Where applicable, you should use their preferred mode of communication.

As with any other confidential information, you are only able to share CAF information (whether that is the full CAF, or some details from it) with the consent of the child or young person and/or their parent/carer, unless, in your judgement based on the facts of the case, there is sufficient 'public interest' to share the information without consent.

Where there are concerns regarding potential significant harm or abuse, sharing information without consent (by referring to First Response) is justified on this basis. There may also be other circumstances where sharing without consent is justified – see Section 3, Question 5 of *Haringey Information Sharing Guidance for Practitioners working with Children, Young People and Families* for further guidance. Where there is persistent refusal to engage you should evaluate what that means for the child or young person's level of need/vulnerability – a lack of cooperation or appreciation about the concern may of itself raise the level of the need and required response.

If there are any issues around consent to share information from the CAF with agencies, please contact the CAF manager for advice on 020 8489 3314.

(6) The CAF, Special Educational Needs, and disabilities

Statutory Assessments of Special Educational Needs

In Haringey, undertaking a CAF is a prerequisite for practitioners requesting a Statutory Assessment of Special Educational Needs. **If there is no existing CAF, a practitioner wishing to request a Statutory Assessment (SA) must undertake a common assessment⁵**, following the guidance in section 4 of this document. This must then be submitted, along with Annexes A, B and C and relevant supporting papers, to the CAF administrator. Where a CAF has already been completed and is less than a year old, it is sufficient to submit updated Annexes, the supporting papers and a report outlining any significant changes in the child's development or circumstances. If an existing CAF is over 1 year old a new common assessment must be undertaken.

The CAF will be logged on the central Haringey CAF database and the usual checks carried out. The request for SA will then be forwarded to the SEN panel, or in the case of children under 5, the Early Support programme, for consideration. If the CAF includes a request for additional service involvement not directly related to the Statutory Assessment of SEN process (e.g. family support), or such a need is identified by the SEN panel or Early Support, then the CAF will also be considered by the CAF Panel.

The Early Support programme

Early Support is a national programme designed to bring services together to offer better co-ordinated, high quality care to families of babies and children with complex health needs and disabilities. It is available to children who are:

- Under 5 and who have complex health needs or a disability
- Over 5 who are new to the borough and have a disability
- Over 5 who develop a disability following an accident or illness

In Haringey, undertaking a CAF is a prerequisite for practitioners⁶ wishing to refer to the Early Support programme. If you are working with a child who you think meets the eligibility criteria, you should liaise with other relevant practitioners and agree who is best placed to do this.

The common assessment should be undertaken in line with the guidance in section (4) (steps 1&2) of this document, however note that the process for submitting the CAF is different. Please refer to the *Terms of Reference for the Early Support Referral and Planning Meeting* for further information including the eligibility criteria, the process for accessing the programme, and where to submit the CAF once completed (available at www.haringey.gov.uk/index/children_and_families/children-disabilities/earlysupport.htm).

⁵ Please note this requirement does not apply to parental requests for statutory assessment. When a parental request is made, the school is only required to submit annexes B and C and any additional papers.

⁶ As with requests for Statutory Assessment of SEN, this requirement does not apply to parental requests.

Children accepted for Early Support are allocated a key worker who will provide the family with a single point of contact to enable them to have easy access to information, support and services to meet their needs. The Early Support programme thus ensures a Team Around the Child approach analogous to that set out in steps 5-7 in section (4) of this document.

(7) The CAF and school attendance

Regular and punctual attendance at school is key to the academic and social development that improves life chances. Children and young people who do not attend school regularly are at risk from a range of factors that may lead to poor outcomes including low attainment, anti-social behaviour and offending, substance misuse and teenage pregnancy.

The document *Guidance for schools and services on attendance procedures* (pages 19-20) sets out the circumstances in which schools must notify or refer to Haringey Education Welfare Service regarding the absence of individual pupils. These fall primarily into two categories – Children Missing Education (CME) and pupils with poor attendance.

(A) Potential CME (Children Missing Education)

When a primary/special school pupil stops attending school, staff should employ the usual school procedures (same day telephone calling/ texting/ home visits/ checks with family members etc.) to try to establish the reason for the absence. If after 10 days there has been no outcome from this action, then the case should be referred **directly to the Education Welfare Service** as a missing pupil/non-returnee notification using a CAF form. (If however any school staff are aware that the family may have moved, or the family has provided a new address, then schools should notify EWS immediately of this and not wait for 10 days).

This form should contain as much information as the school has – especially in relation to contact numbers /addresses, and details and contact numbers of any other agency that has recently been involved with the child/family. An attendance summary printout should **always** be included. This information is vital to enable EWS to trace the pupil.

(B) Pupils with poor attendance

It is highly likely that where there is poor attendance, there are other factors behind this – factors which may also be impacting on other aspects of the child/young person's development and wellbeing. Sometimes these issues are complex and serious, and can include child protection matters.

In light of the clear link between school attendance and other risk factors/ aspects of vulnerability, it is recommended that **at or before the point where a pupil meets the criteria for referral to the EWS, you should strongly consider undertaking a common assessment (CAF).**

It is good practice for this process to begin *before* the child or young person has reached the threshold for an EWS referral. When staff at primary/ special schools notice a decline in attendance, the reasons for this should be explored with the child/young person and their parent/carer. The CAF is the ideal tool for this – it allows the practitioner, the child/young person and their family to take a holistic view, explore the factors that may be behind poor attendance, and to put in place a plan to address them.

The CAF is a voluntary process, and it is acknowledged that some parents/carers will not want to engage with it. You should make every attempt to explain the CAF process and how it could help support their family, however if you are unable to obtain consent (and the child/young person meets the criteria for EWS referral), you should proceed with a direct referral to the EWS, using the CAF format. Where there is persistent refusal to engage you should evaluate what that means for the child or young person's level of need/vulnerability; in some cases you may need to consider making a referral to First Response.

Direct referrals made to the EWS are kept under review, and in some circumstances this may lead to the Education Welfare Officer (EWO) working with the family identifying a need for a common assessment to be undertaken – this could either be on the basis of the information provided on the referral, or on the basis of additional information gathered as part of their work. In such cases, the EWO will contact the referrer to discuss how a common assessment can be progressed. The EWO may be able to work with the family to secure their engagement in the CAF process.

Completed common assessments should be submitted to the CAF administrator. Direct EWS referrals (i.e. potential CME or poor attendance cases where you cannot obtain consent for a common assessment) should be sent to:

Education Welfare Service
Professional Development Centre
Downhills Park Road
Tottenham
London
N17 6AR

Tel: 020 8489 3866
Fax: 020 8489 5997
Email: ews@haringey.gov.uk

Appendix 1 – Guide to Definitions

1. Development of the infant, child or young person

Health

General health – the infant, child or young person’s current health condition (for example, growth, development, physical and mental well-being). Also includes consideration of:

- health conditions or impairments which significantly affect everyday life functioning whether chronic or acute, including obesity
- access to and use of appropriate health services, such as those provided by a GP/dentist/optician, immunisations and appropriate developmental checks
- number and frequency of hospital admissions and accidents
- access to and use of appropriate health advice and information; for example, diet, sexual health and contraception, and management of any health condition such as diabetes or asthma

Physical development – the infant, child or young person’s means of mobility, level of physical or sexual maturity/delayed development. Also includes consideration of:

- being well nourished; being active, rested and protected; gaining control of the body; acquiring physical skills
- vision and hearing
- fine and gross motor skills including:
 - crawling, balancing, walking, running and climbing
 - participation in football or other games
 - ability to draw pictures, do jigsaws etc
 - show awareness of space, of themselves and of others
 - recognise the importance of keeping healthy, and what contributes to this

Speech, language and communications development – the ability to communicate effectively, confidently and appropriately with others. Also includes consideration of:

- interaction with others, negotiating plans and activities and taking turns in conversation
- sustained, attentive listening; responding to what has been heard with relevant comments and questions
- using speech to organise sequences and clarify thinking, ideas, feelings and events
- extending their vocabulary, exploring the meanings and sounds of new words
- using their phonic knowledge to write simple regular words
- showing an understanding of the elements of stories, such as main character, sequence of events and openings, and how information can be found in non-fiction texts to answer questions about where, who, why and how
- using a pencil and hold it effectively to form recognisable letters
- using first language
- ability to gain attention and make contact, access positive relationships, be with others, encourage conversation
- the impulse to communicate, exploring, experimenting, labelling and expressing, describing, questioning, representing and predicting, sharing thoughts, feelings and ideas

- listening and paying attention to what others say; making playful and serious responses; enjoying and sharing stories, songs, rhymes and games; learning about words and meanings
- ability to communicate meaning, influence others, negotiate and make choices, understanding of others
- vision and hearing
- language for communicating and thinking
- linking sounds and letters
- reading and writing
- willingness to communicate
- articulation skills and language structure
- vocabulary and comprehension
- fluency of speech and confidence
- appropriateness of social and communications skills; for example, body language
- excessive use of expletives or inappropriate language; for example, brusque manner

Emotional and social development

The emotional and social response the infant, child or young person gives to parents, carers and others outside the family. Also includes consideration of:

- the importance of being special to someone, being able to express feelings, developing healthy dependence, developing healthy independence
- nature and quality of early attachments
- self-harm or risk of self-harm
- phobias or psychological difficulties, fears or psychological difficulties such as persistent sadness or tearfulness
- temperament, coping and adjusting abilities; for example, after experiencing domestic violence, bereavement or family relationship breakdown
- disposition, attitudes and motivation to change
- confidence to try new activities, maintain attention, concentrate and sit quietly when appropriate
- form good relationships with adults and peers
- understanding what is right, what is wrong, and why
- work as part of a group or class, taking turns and sharing fairly
- the consequences of their words and actions for them and others

Behavioural development

The behaviour of the child or young person and whether behaviour occurs in a particular setting or all settings. Also includes consideration of:

- lifestyle and self-control (including participation in reckless activity and need for excitement)
- behaviour in nursery, class or other environments where the child or young person comes into contact with their peers
- whether undiagnosed conditions may be impacting behaviour (e.g. hearing or visual impairment)
- substance misuse (includes alcohol, volatile substance misuse and controlled drugs under the *Misuse of Drugs Act 1971*)
- anti-social behaviour; for example, destruction of property, aggression towards others, harm or risk of harm to others

- sexually inappropriate behaviour and attempts to manipulate or control others
- early sexual activity, unprotected sex, lack of reflection or positive decision-making about sex and relationships, making them vulnerable to coercive or exploitative relationships
- offending behaviour and risk of re-offending
- violent or aggressive behaviour at home or school
- attitudes to offending
- over-activity, attentiveness, concentration and impulsive behaviour

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

The growing sense of self as a separate and valued person. Also includes consideration of:

- growing awareness of self, realisation of separateness and differences from others, recognition of personal characteristics and preferences, finding out what they can do
- importance of gaining self-assurance through a close relationship, becoming confident in what they can do, valuing and appreciating their own abilities, feeling self-assured and supported, having a positive view of themselves
- knowledge of personal and family history
- access to recognition, acceptance and comfort, ability to contribute to secure relationships, understanding they can be valued by and important to someone, exploring emotional boundaries
- sense of belonging, being able to join in, enjoying being with familiar and trusted others, valuing individuality and contributions of self and others, having a role and identity within a group, acceptance by those around them
- race, religion, age, gender, sexuality and disability – may be affected by bullying or discriminatory behaviour
- understanding of the way in which appearance and behaviour are perceived, and the impression being created
- understanding that people have different needs, views, cultures and beliefs, and that they need to be treated with respect
- understanding that they can expect others to treat their needs, views, cultures and beliefs with respect
- have a developing respect for their own cultures and beliefs and those of other people

Family and social relationships

The ability to empathise and build stable and affectionate relationships with others, including family, peers and the wider community. Also includes consideration of:

- stable and affectionate relationships with parents or caregivers
- sibling relationships
- involvement in helping others
- age-appropriate friendships
- association with predominantly pro-criminal peers or lack of non-criminal friends
- understanding of others and awareness of consequences
- association with substance-misusing friends/peer groups

Self-care skills and independence

The acquisition of practical, emotional and communication competencies to increase independence. Also includes consideration of:

- discovering boundaries and limits, learning about rules, knowing when and how to ask for help, learning when to say no and anticipating when others will do so
- discovering and learning about their body, demonstrating individual preferences, making decisions, becoming aware of others and their own needs
- early practical skills; for example, coping with routine such as washing, dressing and feeding (including swallowing, chewing and weaning, in the case of the very young)
- opportunities to gain confidence and practical skills to undertake activities away from the family
- independent living skills for older children; for example, appropriate use of social problem-solving approaches
- the readiness of older teenagers to make the transition from children and young people's services to adult services

Learning

Understanding, reasoning and problem solving – the ability to understand and organise information, reason and solve problems. Also includes consideration of:

- the impact of any disability or impairment, or special needs, and of any potential for these outcomes
- making connections through the senses and movement, finding out about the environment and other people, becoming playfully engaged and involved, making patterns, comparing, categorising, classifying
- being creative; exploring and discovering; experimenting with sound; other media and movement; developing competence and creativity; being resourceful
- being imaginative, imitating, mirroring, moving, imagining, exploring and re-enacting, playing imaginatively with materials using all the senses, pretend play with gestures and actions, feelings and relationships, ideas and words
- exploring, experimenting and playing, discovering that one thing can stand for another, creating and experimenting with one's own symbols and marks, recognising that others may use marks differently
- play and interaction
- demonstration of a range of skills and interests
- numbers as labels and for counting
- calculating
- shape, space and measures
- progress in learning, including any special educational needs identified
- knowledge and understanding of the world
- saying and using number names in order in familiar contexts
- using and developing mathematical ideas and methods to solve practical problems
- using language such as 'more' or 'less'
- recognising and recreating simple patterns

Participation in learning, education and employment – the degree to which the child or young person has access to and is engaged in education and/or work-based training and, if they are not participating, the reasons for this. Also includes consideration of:

- attendance
- the degree to which prior non-participation has led to current needs and circumstances
- access to appropriate and consistent adult support
- access to appropriate educational resources; for example, books

Progress and achievement in learning – the child or young person’s educational achievements and progress, including in relation to their peers. Also includes consideration of:

- adult interest in the child or young person’s educational activities and achievements
- progress; for example, measured against the early learning goals in the Early Years Foundation Stage; prior attainment in learning; national curriculum levels achieved; and their peers
- basic skills – the ability to read, write and speak in English and use mathematics at a functional level
- key skills – the ability to learn, work with others, carry out tasks
- participation in activities in the community; development of particular strengths or skills; for example, in sports, arts or vocational training
- special educational needs – whether the child or young person has significantly greater difficulty in learning than the majority of children or young people of their age
- whether the child or young person needs help to catch up when education has been disrupted
- disability – whether the infant, child or young person has a disability, and reasonable adjustments are being made to support their access to the curriculum and school life generally
- aspirations – the ambitions 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. Also includes consideration of:

- the child or young person’s view of progress
- the family background
- motivating elements
- the child or young person’s level of self confidence
- perseverance

2. Parents and carers

Basic care, ensuring safety and protection

The extent to which the infant, child or young person's physical needs are met and they are protected from harm or danger, including self-harm. Also includes consideration of:

- provision of food, drink, warmth, shelter, clean and appropriate clothing, personal and dental hygiene
- level of engagement in securing universal services; for example, doctor, dentist, optician
- provision of a safe environment, where family members and other carers act to safeguard the safety and welfare of the infant, child or young person, and the infant, child or young person is not exposed to domestic violence, alcohol/ substance misuse, sexual exploitation or other abusive experiences
- recognition of hazards and danger both in the home and elsewhere
- quality of care
- parental substance misuse (includes alcohol and volatile substances, as well as illegal drugs)

Emotional warmth and stability

Provision of emotional warmth in a stable family environment, giving the infant, child or young person a sense of being valued. Also includes consideration of:

- parent or carer's feelings about looking after this infant, child or young person
- ensuring the infant, child or young person's requirements for secure, stable and affectionate relationships with significant adults are met, with appropriate sensitivity and responsiveness to the infant, child or young person's needs
- appropriate physical contact, comfort and cuddling sufficient to demonstrate warm regard, praise and encouragement
- maintenance of a secure attachment to the primary caregiver(s) in order to ensure optimal development
- ensuring the infant, child or young person keeps in contact with important family members and significant others, when it is safe to do so
- frequency of moves of house and/or early years provision, school or place of learning or employment

Guidance, boundaries and stimulation

Enabling the child or young person to regulate their own emotions and behaviour while promoting their learning and intellectual development through encouragement and stimulation, and promoting social opportunities. Also includes consideration of:

- modelling appropriate behaviour and control of emotions and interactions with others
- provision of clear, consistent and appropriate guidance, boundaries and discipline such that a child or young person can develop a positive internal model of value and conscience
- appropriate stimulation of learning
- effective discipline
- ensuring the infant, child or young person's safety while encouraging independence and avoiding overprotection
- encouraging the child or young person to participate in and benefit from education and leisure activities

- supporting the child or young person's personal and social development so they are independent, self-confident and able to form positive relationships with others

3. Family and environment

Family history, functioning and well-being

The impact of family situations and experiences. This includes consideration of:

- culture, size and composition of the household – including changes in the people living in the accommodation since the child's birth
- family history – including any concerns about inheriting illnesses from a parent
- family routines
- disorganised/chaotic lifestyle
- failure to show care or interest in the infant, child or young person
- impact of problems experienced by other family members, such as physical illness, mental health problems, bereavement or loss
- whether the infant, child or young person is witness to violent behaviour, including domestic violence (both physical and verbal)
- involvement in criminal activity/anti-social behaviour
- experience of abuse
- family relationships – including all people important to the infant, child or young person; for example, the impact of siblings, absent parents and any serious difficulties in the parents' relationship
- history of family breakdown or other disruptive events
- father or mother away from home through work, e.g. armed forces or in prison
- parental physical and mental health (including depression) or disability
- involvement in alcohol misuse
- involvement in substance misuse (includes alcohol and volatile substances as well as illegal drugs)
- whether anyone in the family presents a risk to the infant, child or young person

Wider family

The family's relationships with relatives and non-relatives. This includes consideration of:

- formal and informal support networks for the infant, child or young person
- formal and informal support networks for the parents or carers
- wider family roles and responsibilities; for example, including employment and care of others
- appropriate level of support from family members

Housing, employment and financial considerations

Housing – what are the living arrangements? Does the accommodation have appropriate amenities and facilities? This includes consideration of:

- who the infant, child or young person has been living with
- the exterior of the accommodation and immediate surroundings
- the interior of the accommodation with specific reference to the infant, child or young person's individual living arrangements

- water, heating, sanitation, cooking facilities, sleeping arrangements, cleanliness, hygiene, safety, security and privacy
- reasons for homelessness

Employment – Who is working in the household, the pattern of their work and any changes. This includes consideration of:

- the impact of work upon the infant, child or young person
- how work or absence of work is viewed by family members
- how work affects the family's relationship with the infant, child or young person

Financial considerations – income available over a sustained period of time. This includes consideration of:

- the family's entitlement to, and receipt of, benefits
- income to meet the family's needs
- the ways in which the family's income is used
- how the family's financial circumstances affect the infant, child or young person; for example, inadequate legitimate personal income
- whether the family is suffering financial hardship due to an emergency; for example, loss of possessions/ homelessness
- whether there is serious debt or debt payments reducing income

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 the infant, child or young person, including details of the facilities and services available. Also includes consideration of:

- neighbourhood characteristics; for example, levels of crime, disadvantage, employment, high levels of substance misuse/trading, teenage pregnancy
- relationship with neighbours
- availability and accessibility of universal services, including schools/ colleges, schools offering access to extended services, youth service, early years settings, day care, primary healthcare, places of worship, transport, shops and leisure activities, and family support services
- quality of the learning environment and educational support services
- physical access to facilities and services
- degree of child or young person's social integration or isolation
- the influence of peer groups, friendships and social networks; for example, substance or alcohol misuse

Appendix 2 – Services that can be accessed through the CAF panel

The CAF panel has the authority to agree the involvement of the following services:

- Educational Psychology Service
- Education Welfare Service
- Early Years Speech and Language Therapy
- Speech, Language and Communication Service
- Behaviour Support Team (Primary)
- Behaviour Support Team (Secondary)
- Supporting Teenage Parents Team
- Drugs Education Vulnerable Young Persons' Worker
- Pupil and Family Mediation
- Family Support Workers
- School Nurses
- Health Visitors
- Child Development Centre
- Occupational Therapy
- Haringey Youth On Track (YOS Early Intervention and Prevention)
- Tuition (under medical needs) Service
- Pupil Support Centre(s)
- Child in Need nursery places
- CAMHS

For further information please contact the CAF administrator on 020 8489 3169 or by email caf@haringey.gov.uk