

Working together to reach your goals



Buckinghamshire **Children**  
and **Young People's** Trust

Local Delivery of Services for Children  
and Young People in Buckinghamshire

Practice Guidance

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### 1. How to use the guidance

These guidelines explain how Information Sharing, the Common Assessment Framework, Lead Professional and the other integrated processes fit together to support children and young people.

They are relevant to schools, PCT and hospital staff, mental health and outreach workers, adult services where there is a child in the family, 3<sup>rd</sup> sector, police, midwives, children's centres, substance misuse agencies, housing and leisure staff, YOS, community safety, and any other agency that works with children and young people or with adults who are parents.

**By looking at sections 4 and 5 a practitioner will see what the processes are and how they might use them. For those working in universal services, who may be the first to see that the child has unmet needs, the early intervention flowchart is the one to understand.**

If you are unsure please contact  
Integration Manager  
01296 387754  
[caf@buckscc.gov.uk](mailto:caf@buckscc.gov.uk)

### 2. Introduction - context

The Local Delivery Framework is the agreed vehicle for delivery of the Children Act 2004 outcomes It also helps deliver the Prevention and Early

Intervention Strategy 2007 - 2010. Both have been endorsed by the Buckinghamshire Children and Young People's Trust.

There are 3 Children and Young People's Early Intervention and Prevention Areas that link together Children's Centres, Extended Services, schools, child health services, and multi-agency local delivery teams with aligned specialist support services. The three areas are underpinned by common integrated processes such as the Common Assessment Framework (CAF) and Lead Professional (LP) and offer early, accessible support, shifting the balance away from specialist services towards universal services, early intervention and prevention

### 3. Key Principles and Objectives of Early Intervention and Prevention (EIP)

The over-riding purpose of EIP is to improve outcomes for children and young people and

- To ensure children have access to universal services
- To adopt the Common Assessment Framework (CAF)
- To target services for vulnerable children
- To provide effective early intervention
- To encourage and promote user participation
- To facilitate Team(s) around the Child (TAC)
- To support access to specialist services for children with complex and acute needs
- To support the introduction of the Team around the Provider
- To change business processes to accommodate the integrated processes including ContactPoint and eCAF

### 4. Early Intervention

In Buckinghamshire it has been agreed that **all** staff working with children and young people have a responsibility for identifying when they require additional support; therefore early intervention means taking action when you feel that a child or young person with whom you have contact may have needs which are not being met, which are not clear, or where some other agency may need to be involved.

If the child or young person is at risk you will make a referral to Social Care - Safeguarding Division, in line with the local safeguarding procedures. Someone in your organisation will have responsibility for this, and you should seek advice from them.

A CAF will usually be completed in order to involve level 2 or 3 services. Completing the CAF will also help you be clearer about what is going on with a family or young person and to establish what support is required. CAF can only be completed with the family and/ or young person's agreement, and the process is a collaborative one.

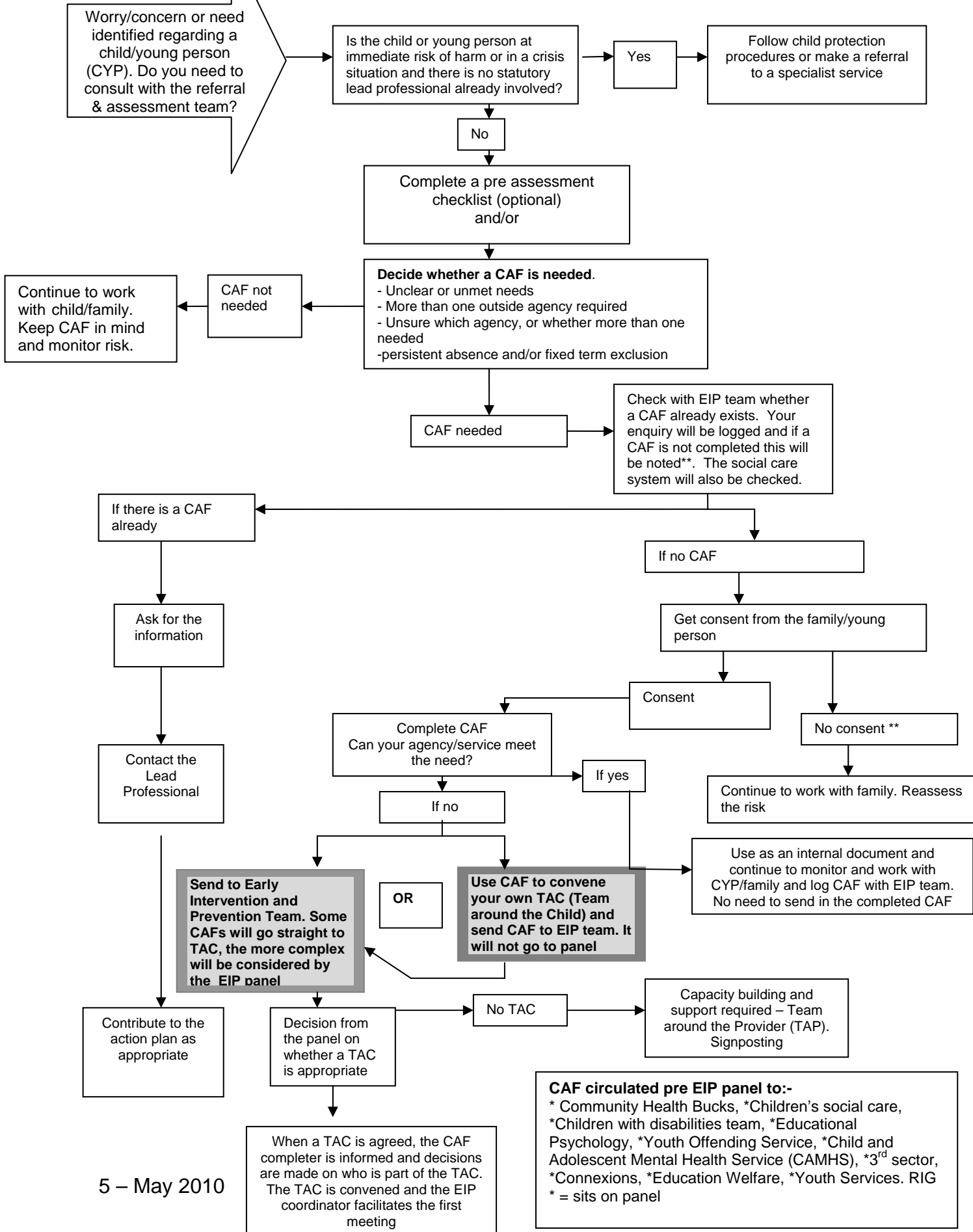
You might find the pre assessment checklist helpful, or you might feel confident to go straight to the CAF. As there should never be more than one open CAF please check with the EIP team about whether a CAF already exists, or if another service has signaled that they are starting one. In either of these cases you will want to join forces with them, but will have to discuss sharing with the family/young person.

Once a CAF is completed and a TAC is needed there are two options; to call your own multi-agency meeting, and tell the EIP team what you are doing; or if this is not your normal practice, to send the CAF for consideration by the EIP team.

For details on each of these processes please look at section 5

## Early Intervention and Prevention Process

Use the practice guidelines for further explanation.  
Age range is pre-birth to 19 inclusive



**CAF circulated pre EIP panel to:-**  
 \* Community Health Bucks, \*Children's social care,  
 \*Children with disabilities team, \*Educational  
 Psychology, \*Youth Offending Service, \*Child and  
 Adolescent Mental Health Service (CAMHS), \*3<sup>rd</sup> sector,  
 \*Connexions, \*Education Welfare, \*Youth Services. RIG  
 \* = sits on panel

## 5. A quick guide to the processes used in Local Delivery

### i. Information Sharing (IS)

There is a 7 step process designed by Every Child Matters – Change for Children and adopted locally. The multi-agency Information Sharing Code of Practice for Children and Young People endorses these steps and most major agencies and services are signatories to this agreement. These steps inform the use of CAF and the future use of ContactPoint. An online course is available and access to this is available on request from:-

[informationsharing@buckscc.gov.uk](mailto:informationsharing@buckscc.gov.uk)

For more information see [www.ecm.gov.uk/informationsharing](http://www.ecm.gov.uk/informationsharing)

### ii Pre assessment checklist

This is a simple A4 sheet which can be used by a practitioner to help establish if a CAF is required. It can also be used as a screening tool for new service users or as a benchmark against which to measure progress. Link: - <http://www.everychildmatters.gov.uk/files/C02087097EA27155915396EB0FBE8710.doc> . Not all practitioners or services will use the pre assessment – it is an optional process.

### iii Common Assessment Framework (CAF)

**A CAF is never used if a child might be at risk of significant harm – follow local child protection procedures**

**If it is clear that a level 4 service is required, a CAF may not be appropriate**

The Common Assessment is a **Framework** to help practitioners assess children's additional needs for services earlier and more effectively, develop a common understanding of those needs and agree a process for working together to meet those needs.

The Common Assessment:

- Helps identify the child or young person's needs.
- Provides structure for recording information
- Can support referrals to other services
- Provides a common form of assessment which will be familiar across children and young people's services
- Reduces duplication for practitioners
- Reduces multiple assessments for young people and their families
- Can be shared with consent

The CAF is a generic, shared assessment tool used to identify children and young people with additional needs. It is completed if the needs are:-

unclear, not being met and a multi-agency response may be required. If needs are being met then there will be no need for a CAF.

It is a holistic assessment so it looks at all of a child or young person's needs, not just those in the remit of the service which first undertakes the assessment. It is a tool to enable earlier intervention so that problems do not escalate. It is completed with the consent of the family/young person and can be shared with other agreed professionals in order to provide a single action plan and coordinated delivery. CAF does not replace specialist assessments, but might be completed alongside these if there are additional needs which require a multi-agency approach. In many cases a specialist assessment will have identified all the needs and there will be no need for a CAF in addition.

A downloadable CAF is available at link

<http://www.everychildmatters.gov.uk/resources-and-practice/TP00004/>

When a CAF is completed there can be a number of outcomes

- No further action. Continue as before and monitor, but notify the EIP team that you have completed a CAF
- There are needs but they can be met within the service/agency. Use the CAF action plan as an internal document and monitor. Notify the EIP team that you have completed a CAF
- It looks as though there is a need for multi-agency action, and a Team around the Child (TAC) will be needed. Notify the EIP team that you are going to complete a CAF and forward the CAF to the EIP Team for consideration
- If your current practice is to convene a multi-agency meeting yourself, continue with this practice but notify the EIP team

At all stages the permission of the parent/young person is required

**When to complete a CAF (from DCFS guidance)**

[www.ecm.gov.uk/caf](http://www.ecm.gov.uk/caf)

**Completed CAFs, and information that you are about to complete one or have a TAC in place, should be sent to:-**

**Early Intervention and Prevention Team**

**Amersham Area office  
Chiltern District Council  
King George V Road  
Amersham  
HP6 5BN  
01494 586303**

#### **iv. Early Intervention and Prevention Panel**

Many CAFs are assessed as needing a TAC on receipt at the EIP team in Amersham. However some are more complex and need discussion. These will be considered at the Early Intervention and Prevention Panel. Some practitioners, where there is a high level of need and risk, already convene multi-agency groups. They will continue to do this but will notify the EIP team. In effect, any multi-agency group is also a TAC. The EIP panel will be chaired

by the EIP manager and will be made up of managers from a pool including the Youth Offending Service, Social Care, PCT, Child and Adolescent Mental Health Service, Education Welfare Service, Connexions, Youth Service and the Educational Psychology Service. They represent a range of skills, not their service, and it is their knowledge/skills and experience which are necessary. Their role will be

- To assess risk
- To screen assessments that should go directly to a level 3 or 4 service
- To agree that a TAC is needed,
- To suggest who needs to participate in the TAC.
- To discuss de escalations from social care
- To give advice when the TAC process is stuck
- To recommend support and capacity building to the provider (TAP)

#### **v. Lead professional (LP)**

At the first TAC meeting a practitioner will be identified as the most appropriate person to be the Lead Professional.

The Lead Professional carries out a series of functions:-

To act as a single point of contact

To co-ordinate the actions agreed by the practitioners involved

To reduce overlap and inconsistency

Lead Professionals cannot be accountable for the other members of the TAC, but they will identify and escalate problems.

It is not a separate role, and in practice many practitioners are already carrying out this function

[www.ecm.gov.uk/leadprofessional](http://www.ecm.gov.uk/leadprofessional)

Deciding on who should be the Lead Professional is part of the TAC process. As families/young people are included in the TAC their views will also be taken in to account.

Criteria for the choice of Lead Professional include

- CYP/family preference
- Contact/involvement with the CYP/family
- Main area of need
- Skills/capacity

There will be a formal process for changing the Lead Professional. This may happen as needs change, as pieces of work are completed or as staff move on.

#### **Who can be a lead professional?**

The following practitioners might take on the LP role:-

Staff in schools such as head teacher in the primary sector, SENCO, pastoral or behaviour specialists, designated teacher (safeguarding), or as the school decides.

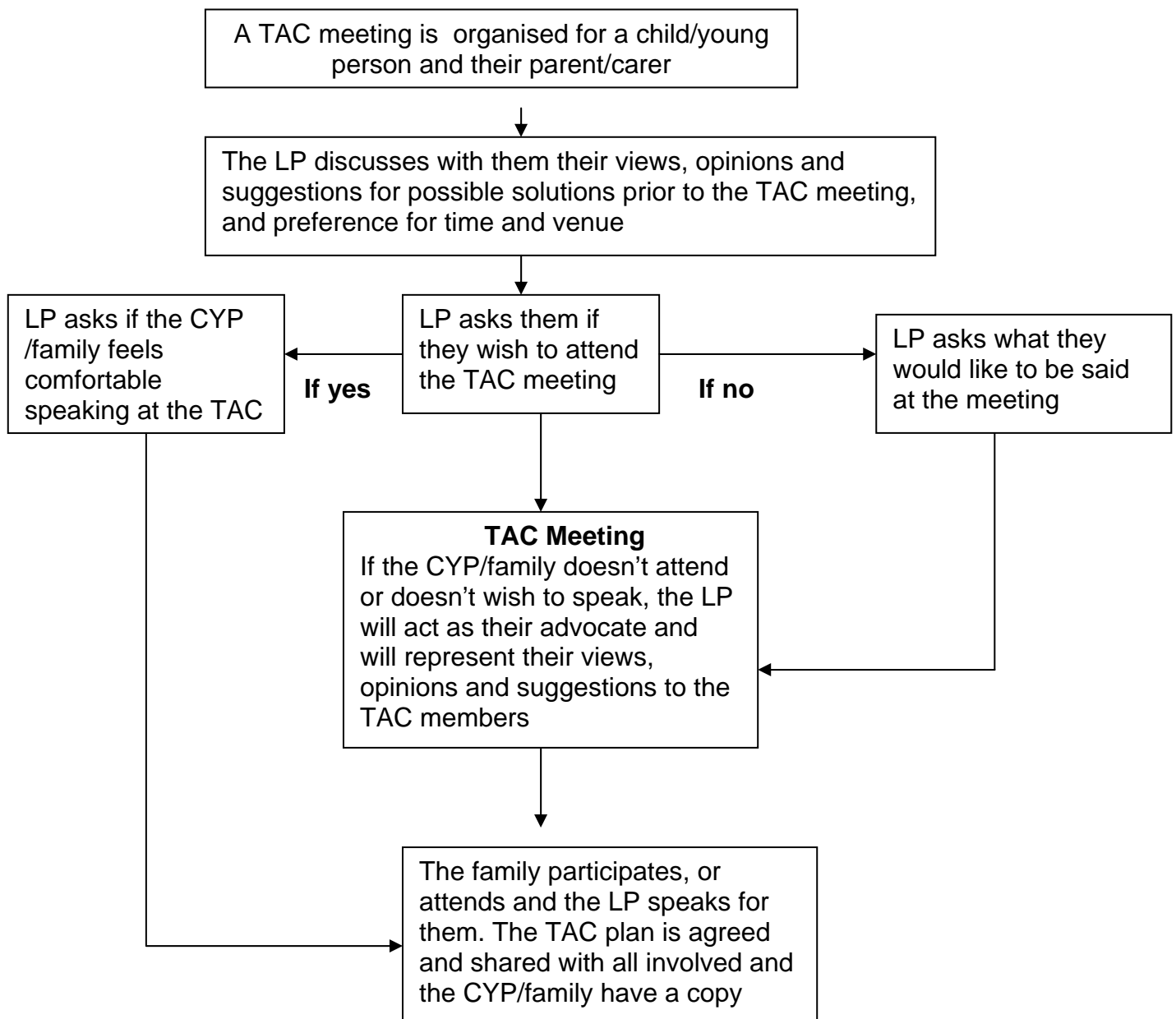
School nurses and health visitors, Community midwives, Children’s centre staff, EWOs, YOS, Connexions, Youth Workers, Educational Psychologists, GPs, Police, substance misuse workers, therapists, nursery nurses, voluntary sector workers, housing support staff, and district council staff if their work involves contact with children and families

**vi Team Around the Child (TAC)**

If a TAC is needed, relevant services will be contacted and invited to the meeting with the parent/carer/young person. At the TAC meeting priorities are decided, a Lead Professional is appointed and services agree the delivery plan. The LP monitors this and a review date is agreed.

The Team around the Child (TAC) has been developed in response to the need for joined up services and the need to provide a more integrated approach within existing resources.

**Team around the Child (TAC) flowchart**



### **vii. Team around the Provider (TAP)**

When a CAF has been completed the Panel may recognise the need for additional support for the provider. Part of the Team around the Provider (TAP) concept, is capacity building from higher level services in order to support universal services to keep a child at level 1 or 2.

### **viii. At the review(s)**

- If the child or young person's needs have been met, maintain support via universal services; no further action required.
- If the child's or young person's needs have not been met, reconvene TAC and revise the plan.

### **ix. ContactPoint**

Work is taking place across agencies to be ready for the deployment of ContactPoint in 2010. This is a national directory of every child in the UK which will enable practitioners to find out who else is working with a child, and if they are in receipt of universal services. It will be a quick way of establishing if a CAF exists and if there is a Lead Professional in place. If a practitioner's role requires them to use ContactPoint their agency will ensure that training and access is provided. Until ContactPoint is fully functioning, and/or the national eCAF system is implemented, finding out if a CAF has already been completed will require a request to the EIP team.

### **x. eCAF**

A national system is being developed whereby a CAF will be completed and stored on line and authorised practitioners, with the appropriate permissions, will be able to access it. This will be a tool which will aid the process, but it is not a substitute for good practice. Use of integrated processes needs to be embedded before ContactPoint or the eCAF system become available.

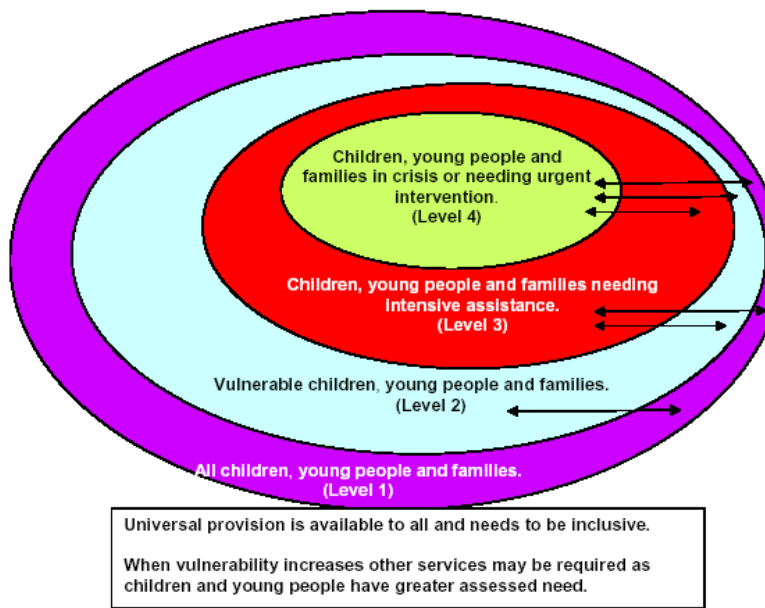
## **6. Levels of service/need**

The Buckinghamshire Early Intervention and Prevention Strategy is based on a 4-level model.

A number of services are offered at level 1 - such as schools, primary health and Connexions, and many services are not exclusive to one level, they offer tailored provision dependent on the level of need.

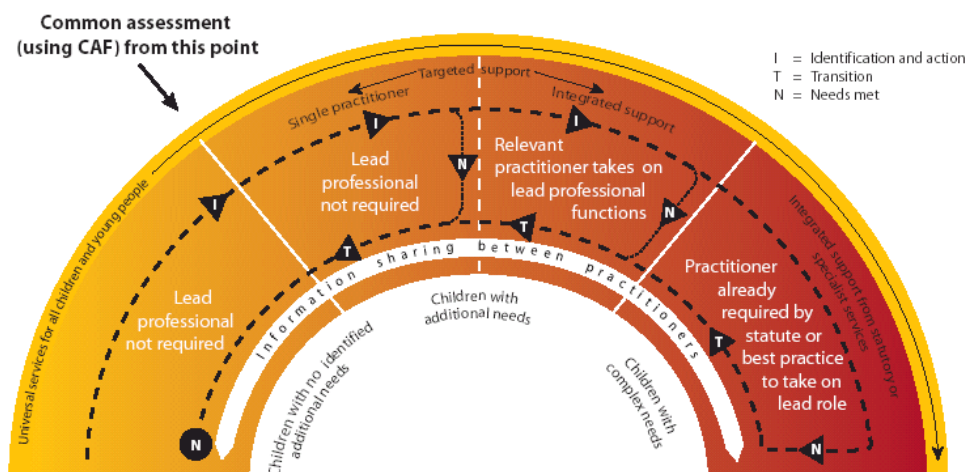
The shift from level 1 to level 2 is the focus of the EIP framework as this is where vulnerability can be identified early in time for an effective intervention.

<p>Level four – The project/service targets people who need support reducing the impact of a significant and negative event in their lives.</p>
<p>Level Three – The project/service targets people with multiple, complex and long-standing difficulties that will require a customisation of services to meet their needs.</p>
<p>Level Two – The project/service targets people where problems are already beginning to manifest themselves and action is needed to prevent them becoming serious or worse</p>
<p>Level One – The project/service targets people before problems can be seen, anyone can access the services.</p>



All children access universal services; additionally some also receive services at any or all of the other levels, and can move between levels according to need.

This diagram of the continuum of needs shows at what point a CAF might be completed.



### Universal Services

Universal services on the left hand side are those available to all children, young people and their families. Most children achieve the five outcomes set out in the Every Child Matters through the care of their families and the

support of a range of universally provided services, for example schools, primary health care, and leisure facilities.

### **Vulnerable children**

Moving towards the right of the diagram, a child or young person identified as vulnerable can be defined as needing some additional support without which they would be at risk of not reaching their full potential. The additional support required may relate to health, social or educational issues. They may have difficulty making a transition from primary to secondary school; their development may be delayed; they may break the law; or have emotional difficulties. Others are always vulnerable, because of their own development, family circumstances, or environmental factors. Early identification of children as 'vulnerable' is critical in making sure targeted services can intervene early. If ignored, these issues could develop and lead to poorer life chances or the need for more intrusive interventions.

Intervention is most likely to be successful if it is:

- Child centred and non stigmatising
- Empowering for the family
- Provided within the community, with a good understanding of what support and facilities are available
- Can be provided straight away and not after a long wait for an appointment

### **Children with complex and acute needs**

On the right half of the diagram are the smaller number of children who have complex or acute needs because of, for example, disability, abuse, rejection by their families, serious difficulties in schools, or severe mental health disorders, whether their own or their parents.

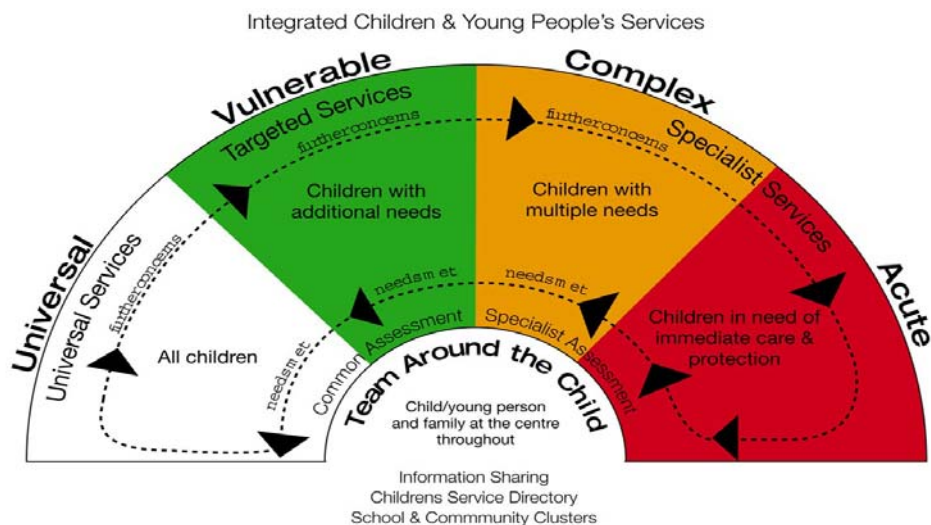
It is important that while these numbers are small, these children are identified early so that appropriate specialist services, including immediate protection if necessary, can be provided.

Children and young people with acute needs who are subject to specialist assessment may include children and young people who are:

- at risk of significant harm and all children with a Child Protection Plan
- being Looked After by the local authority, including children Accommodated under S.20 of the Children Act 1989 (voluntary accommodation)
- not in education, employment or training.

The diagram below indicates where the TAC fits into the continuum. A TAC is any multi-agency team, and a team may change in its composition and purpose as children and young people move in each direction through the levels of need.

In some situations the Lead Professional (LP) role will be an existing key worker, a Youth Offending Services (YOS) worker, a mental health care coordinator or a social worker where there is a core group.



**Continuum of Needs  
(commonly known as The Windscreen)**

It is important to remember that while children and young people may have needs for specialist or targeted services, they will also continue to access universal services.

The goal is to have one coordinated plan for a child/young person and their family, and one person carrying out the functions of the L P. This avoids duplication and allows members of the TAC to be confident about who is offering which elements of support.

## 7. Early Intervention and Prevention teams

The Local Delivery Framework sets out that each area will have an EIP Team which will be a multi-agency team of professionals from universal and targeted services with practitioners focusing on early intervention and prevention. Specialist services will be aligned to the local delivery teams in each area focusing on level 3 and level 4 work for children and young people with complex and acute needs to ensure clear pathways between services and capacity building in universal and targeted services.

The development of local delivery teams will evolve as the framework is implemented in the local areas; however, there are two key stages that must be achieved as a minimum and before further development of the EIP teams and management arrangements can be progressed:

1. Common processes - practitioners working together using common processes, building understanding, and relationships etc.
2. Virtual teams - meeting together and being part of TACs and Early Intervention panels, staff forums etc.

## 8 Consent and competence

CAFs are completed with the agreement of parents/carers and young people. It is a collaborative process and should be offered at an early stage in order to try and prevent the situation deteriorating.

There are families who will not want to engage and this is their right unless you feel that this moves the situation into one where intervention is justified without consent; for instance where a child is in need of protection.

From the beginning of secondary school young people are becoming competent to make their own decisions. This includes being the subject of a CAF. In most circumstances it will be right, and better outcomes will be achieved, if their parents or carers have an involvement in the CAF process.

If a young person cannot be persuaded to involve their parents/carers and you believe that they are competent to take this decision, a CAF can be completed, and if necessary a TAC convened without the parents/carers agreement.

Factors to be taken into account when deciding on competence are the understanding of the young person and their ability to see the consequences of alternative courses of action, their consistency, and how complex the issues are. The CAF should be completed in conjunction with a person who knows the young person quite well, and the decision will be taken over a period. As CAF is not completed when there is an immediate need to respond, there is time to make a judgement.

## 9. Support

Details on the training programme are available from Liza Wormell, the Integration Manager. There are workshops for CAF, Lead Professional and for facilitating TACs.

Telephone 01296 387754  
[lwormell@buckscc.gov.uk](mailto:lwormell@buckscc.gov.uk)

The Duty Coordinator is available to give advice and support to practitioners who have questions about the process, assessment, the need for a TAC or about child protection.

01494 586363  
CAF email address [caf@buckscc.gov.uk](mailto:caf@buckscc.gov.uk)

### **Champions**

Someone in your service may be a member of the **Early Intervention and Prevention management group** and they will be able to help you with the changes to your internal processes that are taking place as a result of the introduction of CAF and Lead Professional.

## 10. Resolution processes

If there is :-

No agreement on LP

Services are unable to take part in a TAC

TAC action plan not implemented by those who have agreed to contribute

In the first instance recourse will be to the EIP Manager, and the disagreement can then be escalated to the EIP panel or the management group.