

Frequently asked Questions

	Question	Response
	CAF Form	
1	Do I have to fill in every box on the CAF form?	No. just fill in the boxes that are relevant. try and focus on strengths and needs with the child/young person /family for every area which is relevant
2	What does EDD mean	Expected Delivery date – for an unborn child
3	Where can I get the paperwork	CAF can be downloaded from http://www.everychildmatters.gov.uk/resources-and-practice/TP00004/
4	Isn't it a bit excessive to complete a CAF for low level initial need with only one or two agencies involved	The ability to intervene early makes a difference to outcomes, but this is hampered when the first 2/3 services involved don't share information, and CAF provides a way to do this. If a basic assessment (CAF) is not completed, then assumptions can be made about what is going on, and there is a missed opportunity to build on strengths. CAF will be required if at a later date if you decide you need to refer on
5	How does CAF link to adult services	Adult services may be the best placed professionals to see the emerging needs of a vulnerable child. Eg a housing officer may see the living conditions of a child before anyone else. We particularly need adult services colleagues working with vulnerable adults who are parents to initiate a CAF when it is appropriate
6	Why do I have to let the local delivery team know if I am contemplating completing a CAF	So that you can know if someone else has completed one or if another service enquires they can be put in touch with you. Several services might begin to have concerns at the same time and it is important that there is only one open CAF at a time.
7	What is the CAF database	It is a simple record of the child and a tracking mechanism for what actions followed the CAF
8	How do I contribute if a CAF's already been started by someone else	We will put you in touch with the Lead Professional
9	What do we do about services which need a referral form to accompany CAF	We are working to make referral much simpler, so that there is no duplication with the information already contained in the CAF. CAF is not a referral form, but with a simple cover sheet it could be used to support a referral
10	How does CAF dovetail	Specialist assessment such as the Core

	with other assessments	Assessment (social care) ASSETT (YOS) Mental and Emotional Health Assessment (CAMHS) require a level of detail not present in CAF but they will be informed by the information in CAF and there will be reduced duplication.
11	How do I involve small children	Observation and using play to engage them in basic discussions
12	Why does the family/young person need a copy of the CAF	The CAF process is designed to be empowering, open and transparent. It is important that the person who gave consent for a CAF to be completed has a copy of exactly what has been recorded on CAF
13	What are the time frames for completing CAF	Early Intervention panels will be held fortnightly in the first instance but the processes allow a practitioner to convene their own Team around the Child if that is how they currently work. Speed is important, but CAF is usually completed when there is no crisis intervention needed. If there is a crisis, you do not wait for an EI panel
14	How often should reviews be conducted	As a minimum three monthly but this will depend on the complexity of need, which might dictate a greater frequency
15	How do I close a CAF	If you are using it as an internal document, and you feel there are no further needs to be met you inform the local delivery team that the CAF is no longer 'live'. You will need to retain the copy in line with your own agency's procedures. The other way for a CAF to be closed is when the TAC review shows that needs have been met, or the family/CYP wants the process to end
16	How long do I keep a CAF	You should keep records in line with your agency's record keeping policy. If you do not have a policy or you are an independent provider eg a child minder, we suggest you keep them securely for five years
17	Does every child/young person that my service currently works with need a CAF?	We recommend that you prioritise new children in order to make implementation manageable. However, if you think starting a CAF with a CYP you are already working with will help, their needs are increasing, or there are a number of services which need coordination, then ask for informed consent to start one
18	If a CYP is receiving a service from another authority how does CAF fit in?	CAF is a national initiative and all areas will be using CAF. We may not be at the same stage of implementation, and there may be differences in process, but all our near neighbours will be looking at how to work

		together on this. In obvious boundary areas such as Burnham/Slough, children attending Thame schools who live in Bucks, and North Bucks/Milton Keynes TACs may well be made up of a mix of practitioners from each authority
19	What happens if different practitioners don't agree on what constitutes an appropriate response or who needs to do what	CAF is about negotiation and compromise, seeking what is best for the child. Inevitable there will be differences of opinion, and the LP has an important role to play as does the local delivery team manager. Issues will be escalated through line managers in the first instance
	Communication	
20	How do we communicate this new way of working to Children Young People (CYP) and families?	There will be family friendly information developed in consultation with young people to be given when a Common Assessment (CAF) is agreed and also a family guide to the Team around the Child (TAC) for CYP and families that are going forward to a TAC
21	How will on-going communication be managed?	There is a monthly Local Delivery newsletter and we will develop distribution groups of interest. Suggestions on effective methods of communication are welcome
22	Feedback to practitioners on local delivery working and the evidence	See above. This will depend on the performance indicators agreed.
23	How to get updated info to those already trained about changes	As the processes evolve there will be change and refinement. In each area we will send updated information to all who attended that area's training. When the first panel dates are agreed any updates will be sent to those who have been trained. There are practice guidelines that will be published on the internet
	Process	
24	Who calls the TAC 1. The Early Intervention (EI) panel? 2. The Local Delivery (LD) team? 3. The CAF initiator	If the EI panel recommends a TAC the LD team will make the necessary arrangements for the initial meeting
25	Making the EI panel mandatory builds in delay for teams such as	There are processes for referral to levels 3 and 4, but at level 3 it is still anticipated that CAF will be used. Flowcharts for levels 3 & 4

	METAS, R U Safe, Addaction, teenage pregnancy midwife etc. These have been used to convening their own multi-agency meetings	appear in the practice guidelines. At levels 2 and 3 some teams will action their own TACs but this will need to be notified to the LD team and CAF used as the assessment. All CAFs need to be recorded
26	Clarity on where specialist processes such as Individual Education Plan, statementing and Formal Assessment Panel fit in with CAF	Not every stated child will have needs that are unclear and/or being unmet so they may not need a CAF If the route through school action and school action plus is clear and the needs are unambiguous they probably do not need a CAF.
27	Child Protection – even though this goes straight to level 3/4 do we have to complete a CAF	If there is a clear need for a referral to Social Care this will be done in the usual way. This might prompt the completion of a CAF for other CYP in the family. If a CAF has been completed, and the Panel feels that a referral to Social Care is appropriate the expectation is that a Common Referral Form (CRF) will be completed. It is important to understand that CAF is an assessment, it is not a referral form
28	Practicalities about setting up meetings, feedback,	These processes are being worked on, but the first panel date has been agreed and CAFs can be sent to Julie Montigue c/o the Amersham Area Office, Chiltern District Council, King George V Road, Amersham, HP6 5BN
29	Need for robust cross boundary processes, both between the 8 areas and out of county	Once all 8 areas are working then the central database will hold information on CYP and CAFs irrespective of where the CYP live or where the CAFs have been completed. We will build relationships with border authorities to cover those CYP who live or access health or education in another area. This has already been done with Oxfordshire and the need is recognised for Herts, MK, Berks, Hillingdon etc.
30	Need more clarity on sharing CAFs. - email, fax, post etc	Each service must decide on how they wish to receive and send CAFs. This will be part of the LD team processes and the dissemination of CAFs will follow these procedures. It will mirror the processes used for CP conferences and core groups
	CAF issues	
31	Guidance on the age at which a YP can consent to a CAF independently of	This is covered in information sharing training and is also in the practice guidelines. However the intention is that a competent young person can agree to a CAF, and if they insist that their

	parents	parents/carers are not involved the TAC process can take place. In most cases, a practitioner will have highlighted how a better outcome might be achieved in partnership with parents.
32	How to link CAFs of siblings or co-located children so that their specific needs are met and a team around the family can be convened to avoid duplication	The LD team will be able to search for CAFs by address
33	Clarify how to update or contribute to a CAF. And when to complete a new one. What happens to those that are no longer current? Who decides this?	While a CAF is 'open' and there is a TAC, other services can be invited to be part of the TAC or can ask to join. If a CAF is being used as an internal document it may be updated and/or closed as needs are met. That service needs to log whether the CAF is 'open' or closed with the LD team Specialist TACs need to update the LD team on the status of the involvement
34	How is a CAF completed for a CYP who is moving down through the levels	This could be a CAF from scratch, or it could use the relevant parts of an existing assessment such as the initial or core social care assessment (with the consent of the CYP/family)
35	What happens if in the course of completing the CAF I discover a child is not registered with a school	Speak to Educational Welfare who will know if the family has elected home education, and if not, will need to know about the child
36	What happens if during the CAF process it transpires that the child is privately fostered	Check with the fostering service to see if they are aware
37	Can a CAF be used to assess the needs of unborn babies?	Yes – but some fields will not be relevant so leave them blank. Make sure you speak to the midwife
38	What happens if CAF highlights competing needs of a teenage parent and child	In this situation you would need a CAF for both so that each is supported in their own right. One person's needs must never preclude meeting another's needs. The two LPs will need to work very closely together and reviews and action plans will need to be complementary
	Lead Professional	
39	Lead Professional or	All the literature specifies Lead Professional

	Lead Practitioner?	and non statutory services operate in a professional way even if they are 3 rd sector
40	Can there be a Lead Professional Forum for support?	Yes. Part of the evaluation of the process will be to look at the skills required. As LPs start to chair TACs there will be support for those who need extra training
41	What is the process for changing LP? Is it clear?	This is still being worked on, but it will be clear and it will always be the responsibility of a Lead Professional to ensure that handover has taken place effectively. There may need to be a change over for a number of reasons, including a shift in need. The key issue is that this is not done until another LP is firmly in place and that the family is included in the process
42	How long might a LP 'hold' a case before there is a decision on the on-going role	Hard to say. The frequency of Early Intervention panels will vary from area to area but they will be based on need and volume. There will then be a delay before the TAC is convened. Eventually there may not be 8 panels. As the purpose is to assess risk and allocate resource this could be done by fewer panels, with a pool of members meeting very frequently. There may also be a larger number of TACs which are convened directly and then referred to the panel.
43	How do we decide who is the LP	There is a set of criteria in the practice guidance which highlights family preference, the area of need, the extent of the involvement and capacity.
	Resources	
44	Will there be admin support for the LP and the TAC – if not it will impact on capacity to take on LP role	Yes, for the TAC processes. We do not have an answer on whether there is support for all of the LPs tasks as these should be met within their own service . We think that the TAC plan will be completed, using a pro forma, at the TAC meeting. Copies can then be given to the family and to the practitioners.
45	Are there resources for this new way of working?	Resources are available for the Interim Local Delivery team manager's post, training and support. In time as the emphasis moves towards early intervention and prevention resources will be refocused. Gaps in service provision will be notified to the commissioning team
46	Can services spare the time to be LP?	This way of working is not optional – it has been agreed. However over time this role should not be too onerous as there will be

		families where practitioners have to liaise less as a result of there being another practitioner taking on the LP role. Most practitioners will find that they either fulfil these functions already or there is an expectation that they do.
47	In families where more than one sibling has a CAF does the LP have to be the same?	No. the LP has to be the right person to respond to the particular needs and strengths of the individual child and to inspire confidence and trust. We can let you know about children at the same address who already have CAF and LP if you initiate a CAF and this will allow you to liaise.
	Confidentiality	
48	As CAF will be entered on ContactPoint, this may be a disincentive to people agreeing to a CAF	This is a risk, but minimised if CAF is not seen as stigmatising. ContactPoint will not be live until mid 2009, but this is a relevant point.
49	How will parental objections be handled	CAF is completed with consent. If a parent/carer or competent child does not consent you will carry on supporting them and working with them and broach the subject at a later date. As part of your monitoring you will keep in mind that if circumstances change they may have to be referred to a level 3 or 4 service without consent. Families and young people have the choice to engage in the CAF and TAC process.
50	How do we manage the service user's choice not to share the CAF with certain services? What if these are represented on the panel	This is similar to question 26. The panel is made up of people with a range of expertise, rather than with representatives of services.
51	Certain confidential services may be delivered as part of a package but the YP does not want their involvement known to the wider TAC – how does this work?	It may be that there is a TAC and outside this framework a young person is working with another service which is confidential.
52	Should child protection be put on the CAF (about a sibling perhaps?)– it might be appropriate but it is	This is tricky. CAF is an agreed document so it is difficult to include something that the family has not agreed to. However the content needs to be discussed with them and the advantages of this information being shared, IF it is

	confidential and not for wide dissemination	relevant, explained. Usual information sharing rules will apply – will this information contribute to improved outcomes for the child who is the subject of the CAF?
	Quality assurance	
53	Will on-going training be needed to ensure that practice stays the same	All steps in the process will be quality assured and action taken to ensure minimum standards are met and that there is consistency
54	How will quality be evaluated and monitored	All CAFs will be seen by the LD manager. A random sample of CYP/families will be asked for their feedback on the process. Regular reports will be published on the operation of LD
55	What will be success?	Performance indicators are being developed that will help us to see the difference this process will make. They will be both qualitative and quantitative. Change will take time
	Miscellaneous	
56	Publish timescales so families and practitioners know how long each stage might take	The dates of the panel will be published so that practitioners know when a CAF will next be considered
57	Drop down menus might be helpful on an e-CAF	Not currently within our control We can almost guarantee it will be part of the national eCAF
58	How does the action plan work – is it completed before or during the TAC	An agency can develop some actions for themselves, but they will not be able to commit another service. This will happen at the TAC in conjunction with the family when the action plan will be expanded and priorities decided
59	Clarity on the criteria for which area a CYP falls into – home address, school address, or provider address	It will depend on who first identifies the unmet need. For many services such as the school nurse, SEN, EWS, and EPS, the school attended will decide who is involved. For pre-school children or health-focused need it might be the home address or health setting that decides the LDA
60	How to manage CAF when the service serves a number of areas but rollout is localised – using 2 systems simultaneously (Addaction and YOS)	A decision needs to be made on whether to wait or to whether to run 2 systems. With YISPs it may be that they continue until the catchment area of the entire YISP has changed to LD. With Addaction waiting may be the better option. Discussions will take place individually with each service to which this situation applies, through the local

		implementation group.
61	Explaining that CAF does not necessarily result in delivery of a service – credibility for the CAF initiator	CAF will stand alone as a means of clarifying exactly what the needs/issues are. Even if a TAC does not ensue there will be a better understanding of what needs to be put in place to support a family, and a benchmark to measure progress. CAF is an assessment process not a request for services.