

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

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 staff, mental health and outreach workers, adult services where there is a child in the family, 3rd 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 3 and 4 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 the Local Delivery team;
Julie Montigue
jmontigue@bucksc.gov.uk
01494 586303

November 2008

- 1. Introduction- context**
- 2. Key principles and objectives**
- 3. Early Intervention flowchart**
- 4. A quick guide to the processes used in Local Delivery**
- 5. Levels of service/need**
- 6. Local Delivery teams**
- 7. Consent and competence**
- 8. Support**
- 9. Resolution processes**

1. Introduction

The Local Delivery Framework ([hyperlink](#)) is the agreed vehicle for delivery of the Children Act 2004 outcomes It also helps deliver the Prevention and Early Intervention Strategy 2007 -2010 ([hyperlink](#)). Both have been endorsed by the Buckinghamshire Children's Trust. ([hyperlink](#))

There are 8 Children and Young People's Local Delivery Areas (CYPLDAs)([hyperlink to map](#)) that link together Children's Centres, Extended Services, schools, child health services, and multi-agency local delivery teams with aligned specialist support services. With some very small adjustments these map to the 8 new local delivery areas formed by the Buckinghamshire PCT. The CYPLDAs are underpinned by common integrated processes such as the Common Assessment Framework and Lead Professional (also known as Lead Practitioner) and offer early, accessible support, shifting the balance away from specialist services towards universal services, early intervention and prevention

2. Key Principles and Objectives of Local Delivery ([hyper link to detailed explanation](#))

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

- 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 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

3. 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.

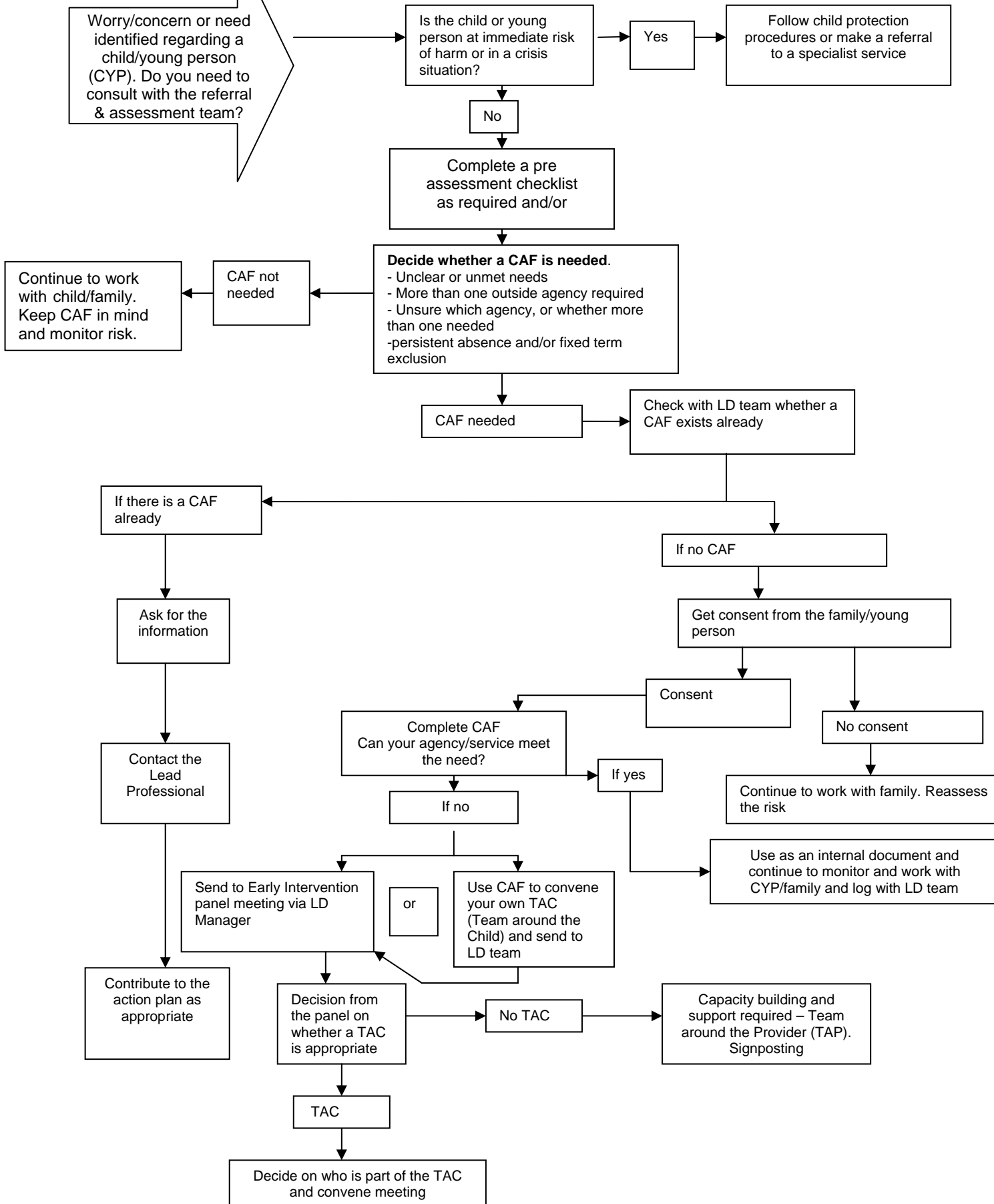
For level 2 services (see section 5 below – Core Teams) a CAF must be completed in order to get them involved. Completing the CAF will also help you be clearer about what is going on and to establish what support is required. CAF can only be completed with the family and/ or young person's agreement, 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 local delivery 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 there are two options; to call your own multi-agency meeting, but tell the local delivery team what you are doing; or if this is not your normal practice, to send the CAF for consideration at the Early Intervention panel.

For details on each of these processes please look at section 4

Early Intervention through the Local Delivery Framework – Age range is pre-birth to 19 inclusive



A quick guide to the processes used in Local Delivery

i. Information Sharing

There is an 8-step process designed by Every Child Matters – Change for Children and adopted locally. The multi-agency Information Sharing Protocol for Children and Young People (link) endorses these steps and most major agencies and services are signatories to this agreement. All practitioners need to attend the half-day training on how and when to share information. These steps inform the use of CAF and the future use of ContactPoint. One of the criteria for becoming a user of ContactPoint is completion of IS training. The intention is that Information Sharing training will be available on-line.

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.

<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 3 or 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
a multi-agency response is 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

<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 local delivery 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 local delivery 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 LD team that you are going to complete a CAF and forward the CAF to the LD Team for consideration by the Early Intervention Panel
- If your current practice is to convene a multi-agency meeting yourself, continue with this practice but notify the local delivery team
- At all stages with the permission of the parent/young person

When to complete a CAF (from DCFS guidance) [hyperlink](#)

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:-

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

iv. Early Intervention Panel (link to ToRs)

Access to services will be via the CAF and the Early Intervention 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 LD team. In effect, any multi-agency group is also a TAC. Other practitioners will send their completed CAF for consideration by the Early Intervention panel. This group will be chaired by the local delivery team and will be made up of managers from a pool including the Youth Offending Service, Social Care, Health, Child and Adolescent Mental Health Service, Education Welfare 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.
- If the assessment does not require a TAC, to recommend what support and capacity building might be offered to the CAF completer to enable them to support the child or young person
- To benchmark the level of need

v Lead professional

Once a CAF is completed, the person who initiated the CAF becomes the LP until such time as there is a decision by the Early Intervention Panel and/or a TAC is convened. The TAC will identify the most appropriate person to be the Lead Professional.

The person who first completes the CAF may not become the on-going Lead Professional but they must hold on to this role until a LP is formally agreed

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

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.

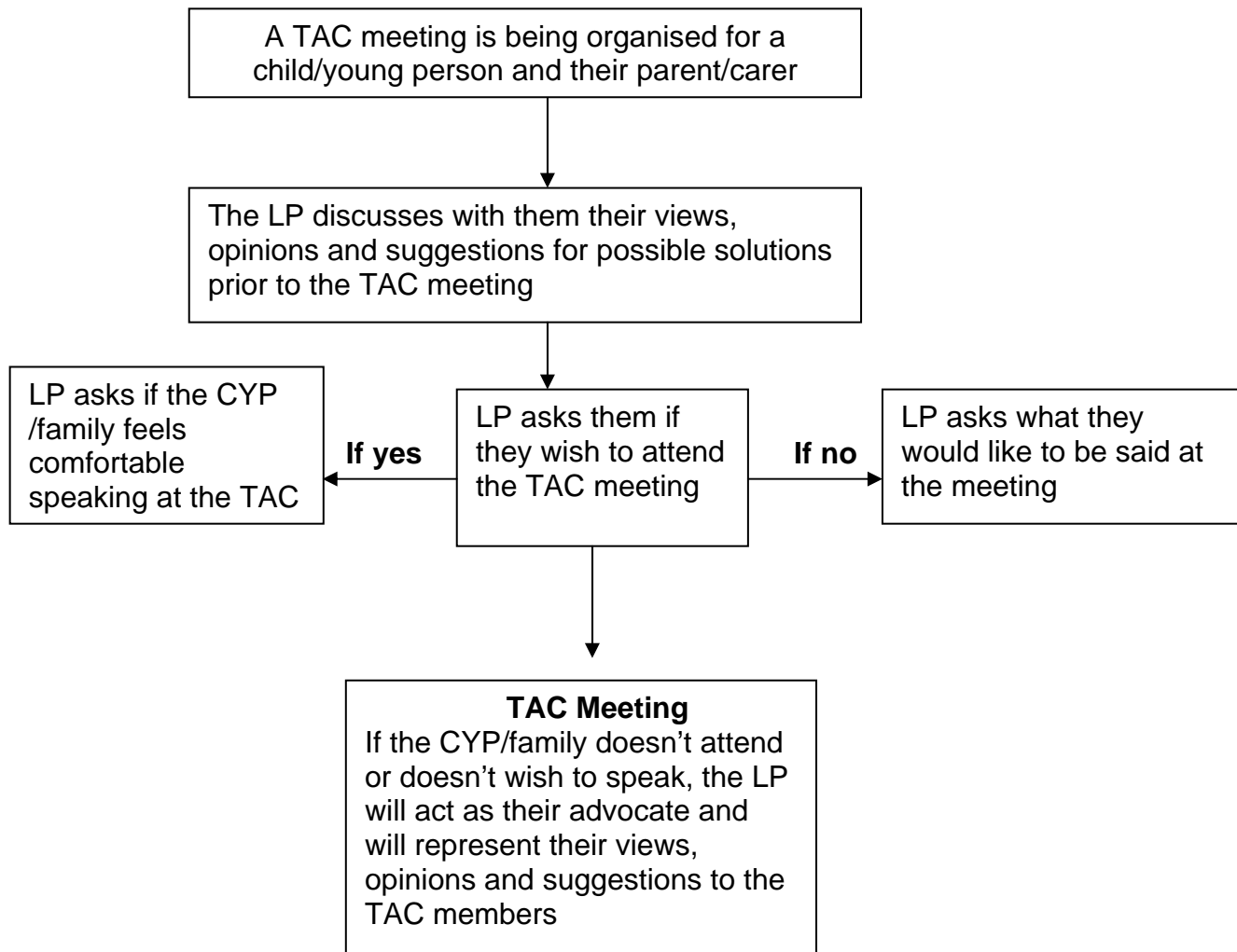
Who can be a lead professional?

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

Team around the Child (TAC) flowchart





The TAC plan is agreed and shared with all involved and the CYP/family have a copy

vi Team Around the Child (TAC)

When a CAF has been completed the Panel may challenge the need for multi-agency involvement, but recognize 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.

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.

(link to further detail on TACs, their function and how they will work)

vii. 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.

viii. ContactPoint

Work is taking place across agencies to be ready for the deployment of ContactPoint in 2009. 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 in late 2009, and/or the national eCAF system is implemented, finding out if a CAF has already been completed will require a request to the Local Delivery team.

ix. eCAF

A national system is being developed and will be available in 2009 whereby a CAF will be completed and held 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.

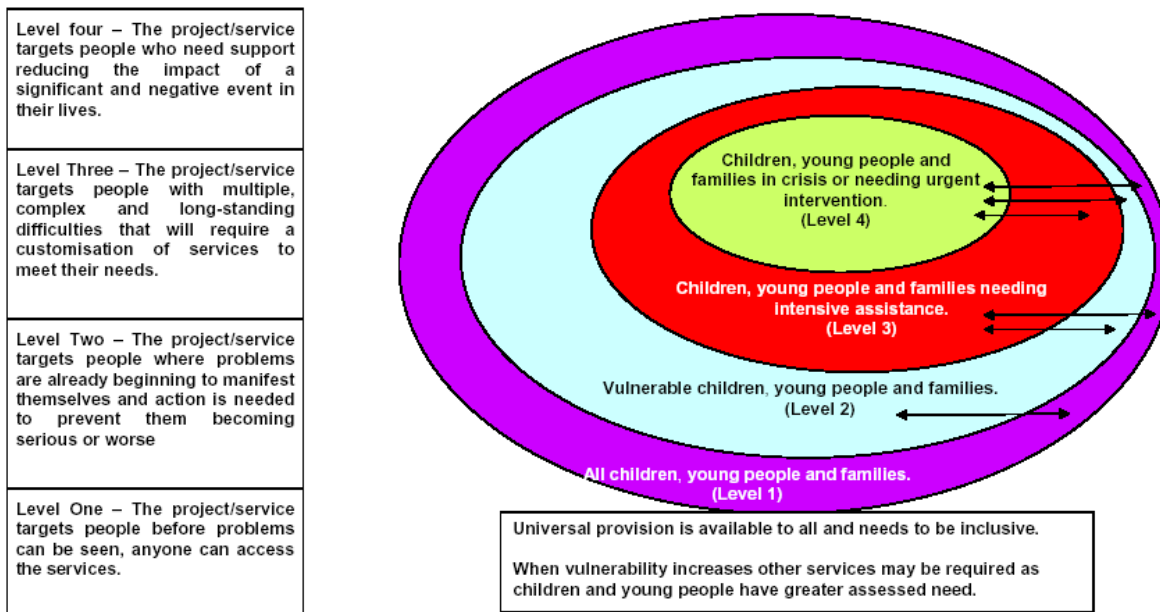
5. Levels of service/need

The Buckinghamshire Early Intervention and Prevention Strategy is based on a 4-level model.(link to the prevention and early intervention strategy)

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.

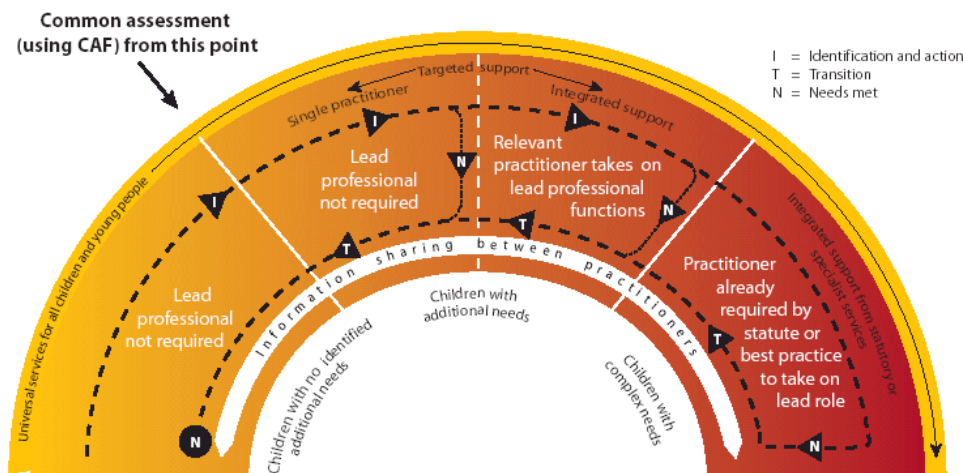
The shift from level 1 to level 2 is the focus of the local delivery framework as this is where vulnerability can be identified early in time for an effective intervention.

Buckinghamshire Prevention & Early Intervention Framework



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
- Involves and empowers 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.

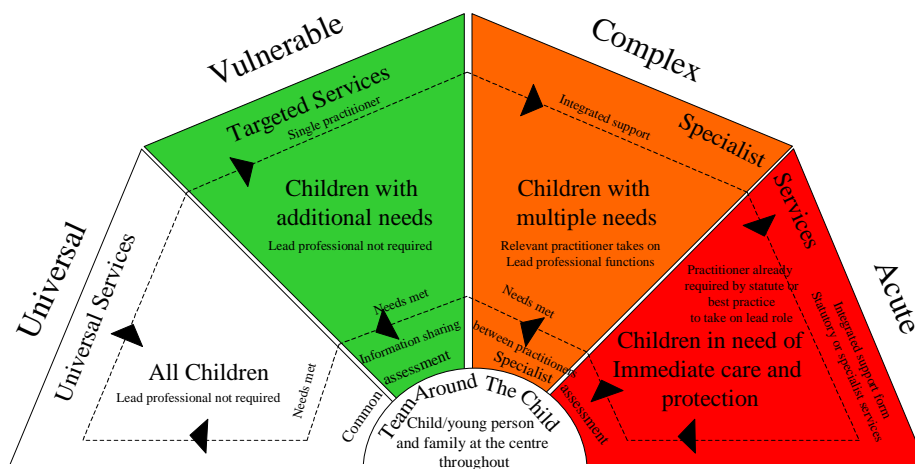
It is important that while these numbers are small, these children are identified early so that appropriate specialist services, including immediate protection if necessary, can be provided.

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 on the Child Protection Register
- 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.



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.

6. Local Delivery teams

These will be made up of core practitioners supported where necessary by aligned specialists.

CORE DELIVERY TEAM (CDT)			
Focus on early intervention & prevention. Levels 1 / 2 universal and targeted services for vulnerable children with additional needs. (Some level 3).			
Health Visitors	School Nurses	Schools	PRUs
PCSO	Level 2 CAMHS	Community Midwives	Family Centre Workers
Family Support Workers (Children's Centres)	Co-ordinators (Children's Centres and Extended Services)	Voluntary Organisation (depends on locality)	R&A Social workers
Educational Welfare Officers (Case Work)	Educational Psychologists-prevention	Youth Workers	Connexions PAs
YOS Prevention (YISPS & RJ)	Housing Workers	Outreach Services	

ALIGNED SPECIALIST SUPPORT SERVICES			
Levels 3 / 4 Specialist services for children with complex or acute needs. Workers aligned to teams (some will cover more than 1 of the 8 areas and some will be county wide)			
Educational Welfare (Enforcement)	Therapists (health)	Psychiatrists	Paediatricians
Social Care	Exclusions & Reintegration	Education of Children in Public Care	Level 3/4 CAMHS
Children's Nursing Team	YOS	Educational Psychologists – individual work	Children with disabilities team
Family Group Conferencing			

7. 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.

8. Support

The training programme is as follows: -

1. - 3-hour session on information sharing
2. - 9.30 – 3.00 session on Integrated Processes: CAF, the Lead Professional and local procedures.

Sessions will be provided for managers of frontline staff, as necessary. They may not complete CAF themselves or take on the role of LP but they will supervise staff who do, and they need to understand the workload implications and how they will need to modify their own processes to dovetail with the Local Delivery model.

It will be more appropriate for practitioners who work mainly at levels 3 & 4 to have dedicated sessions.

Support will also be offered to Lead Professionals in developing their role

The Interim Local Delivery Team Development Manager, Julie Montigue, 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.

She is available for consultation by phone on
01494 586303
email at jmontigue@buckscc.gov.uk
there is a CAF email address caf@buckscc.gov.uk

Champions

Someone in your service may be a member of the **Local Delivery Implementation Working Group** (link ToRs) 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.

The Local Delivery Programme also has a **management group** (link ToRs) with representatives from most services, the project leads and project managers for the framework and for integrated processes

9. Resolution processes

If there is
No agreement on LP
Services 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 Local Delivery Implementation Team Manager , and the disagreement can then be escalated to the Local Implementation Working group

FAQs (hyperlink)

Resources (hyperlink)

Issues still to be resolved

How do integrated processes fit in with the SEN code of practice and the formal statementing process under the 1996 ACT

