Family A: Male (10 years old)

Mum and dad were not communicating. They had separated a few years back and the child at school was caught up in the adult arguments, which in turn was impacting on his ability to engage effectively full time in class.

The family situation meant I had to engage the father, as mum was already involved, and the child was disclosing behaviour and concerns around both his parents. Due to the breakdown in the adult’s relationship, I engaged them both separately, where I undertook the CAF Assessment with both parents at separate meetings.

Mum:

“I have been able to speak about my feelings in a room without any arguments”
“Reading the CAF Assessment back with you has helped; where I could read about his dads feelings that he has allowed you to share has made me see that we need to be working together to show our son we care”

Dad:

“Working with you on this CAF has meant I have had the chance to be a part of my son’s life, not just at weekends”
“You have made me feel I am important and have helped me see what I need to change”
“When you did the assessment with me I did not realise how much I opened up to you. Then you went back through it with me a week later where you kept me in control allowing me to take anything out I felt I was not ready to share with people yet.
Reading back all of the assessment, reading my son’s and his mums feelings too, made me realise what me and his mums behaviour was actually doing to him”
“This has helped me be a part of my son's education”

Where possible we have used the exact words of the workers and parents taken from transcripts of discussions with them. The first two are exactly as submitted to us by the worker.

They have all been collated in the past 18 months.
Child:

“My dad said he cried when he read back the form to himself you did with him. He said it has made him see he needs to change”
“You are the first person who has listened to my feelings….my actions you let me choose, I know they will help me get close to my mum again. Thank you”

Mum and dad now attend meetings together, and both contribute to the CAF review meetings. The access dad also has now to his son has been extended, so he shares the care for his son over the week, where he never thought this could happen.

Over time the child has seen his mum and dad attend meetings together, working together to help him. He is starting to respond differently since this change.

Additional to this, CAMHS were involved in the work, but due to the sensitivity of the parents own emotional needs, they requested this was not shared with school staff. I co-ordinated two separate CAF review meetings for this family.

1) For the CAMHS work, to ensure the work with the agency has been met and the outcomes on the CAF are logged.
2) For the school support around the Childs behaviour and engagement in class with the school staff.

I share progress to date of the CAMHS work at the school meetings to ensure staff are aware of any additional changes around this, as the emotional impact around the family was the key cause for concerns around dis-engagement from the classroom. Keeping the CAMHS meetings separate has allowed the parents to be confident in engaging effectively, knowing that some of these meetings are difficult, and have become volatile. Done in a secure and confidential setting has allowed both mum and dad to return the next time, moving forward not worrying about judgement, which they both stated they feel would happen, if done with up to another 7 staff members that were linked to the school. Additional to this, the school updates are delivered to the CAMHS worker to ensure the school progress is monitored around the emotional impact the family dynamics are having on the child.

I was severely criticised by one agency for setting this up for the family. I insisted the family requests were listened to and that for us to have any progress or confidence in keeping the family engaged, I was to listen and work with how the family wanted to work, to give them the confidence they needed to move forward.

The CAF has been running for approx 8 months now, the two way meetings have been a success.

Family B:

Child has had no contact with dad for two years; since he was born contact with dad was limited. Due to child’s behaviour at home and at school, after seeing his other siblings see their fathers every week, he became challenging and disruptive and aggressive towards his siblings.

Mum agreed that listening to the child’s wishes in having access to his father again would be a dream come true, but mum felt that she could not achieve this or get it started.

Agreeing to the CAF, I was able to get a full history of the relationship around the child and his father from mum’s perspective prior to making contact with dad. Dad eventually agreed to meet with me, but wanted to see me alone, without any contact from mum and also felt that he could try working alongside the CAF before meeting with his son again.

The CAF proved a powerful tool for dad, as through the assessment, he himself was able to identify key emotional issues he had contained for many years that had prevented him from having consistent contact with his child.
Since his son was born, he was always left with questions that were never answered. Reading the CAF back after putting mum and dad’s responses together on one form, dad was overwhelmed with the content of the CAF;

“There are things she has told you that have given me the answers I have been looking for years.”
“Reading the assessment complete has helped me to confirm the support I want for myself”

The outcome of this assessment has helped dad to be clear in the work he would like to achieve during the CAF and again has brought opportunities to a family that have been separated for so many years due to misunderstanding.

**Family C - Workers story**

My name is Sarah and this is the story of my first CAF...

The main reason I initiated a CAF on David was to avoid a permanent exclusion. His behaviour had become increasing challenging in school and he had already received some fixed term exclusions.

David was becoming increasingly isolated from his peer group and class. He was being taught in complete isolation on a 1:1 basis, this was not sustainable.

I began the CAF by increasing engagement with his parent whom the school felt was unresponsive. I did a couple of home visits, met in school, established regular weekly telephone contact and used text messages to keep in touch.

I had to do the ground work first, really listen and build up her trust. By doing this she was were willing to consent for the CAF and share information.

I also met with David in school every week. We completed a work book about various things including his feelings and this was shared in the Team Around the Child meetings as he was too young to actually attend. He liked the thought we were looking at this.

On reflection thinking about the 6 month period of the CAF there have been dramatic changes in and for David.

- There have been no further exclusions
- People recognise he has learning needs, rather than ‘behaviour problems’
- He is in receipt of much better provision, the most appropriate Teacher and TA who have the skills and understanding of his needs to manage him.
- He is no longer being taught in Isolation, he is integrated back into the classroom, taught in a small group with the support of the TA.
- He is having different medication for his seizures, and has not had a recent seizure.
- One of the best things is the way school staff talk about him, this has changed dramatically; it is now very positive, even affectionate.
- He has shown a love of writing and has been able to join an after-school club that he is interested in.
- David is happier

I am also happier as all the time I put in at the beginning has paid off; I am not being called into the school every week to address another crisis.
Family C - Mothers Story

I am the parent of David, and this is our CAF story…

When the CAF started I was really hoping that it would help the school have more understanding of David and his needs, why he was acting like he did, and to see that it was not just ‘Bad Behaviour’.

I was really worried at this time that he would get permanently excluded.

The CAF was really useful; people listened, they looked deeper to understand his needs more.

They brought in more workers who could explain things to school, including a play therapist. An epilepsy nurse sent information even though she couldn’t come to the meeting.

They offered support even over the school holidays. Sarah the Lead Professional did home visits, she was somebody for me to talk to, she was brilliant, and she helped us all to understand why David was acting in this way.

Since the CAF started six months ago he has really settled down, and he has not been excluded at all.

The teachers communicate with me better; we have school – home telephone contact now

I do think he is better understood and school are doing more with him, like the TA in class.

For me things have changed as well…. I am calmer, I feel like I have good support now, I know I can phone Sarah if I have any problems, I have reassurance and support.

Family D

Provided by: Behaviour Support Teacher & School Nurse in a Secondary School
Subject Child – 11 year old boy

Reason for CAF

Year seven pupil, showing increasing signs of not coping in the secondary school environment, poor academic achievement and outbursts of difficult behaviour in school; attendance increasingly poor, academic achievement also poor and parental mental ill health, affecting his mothers ability to cope.

Workers already involved:
School teaching staff
School Inclusion Manager
BST – teacher and extended team worker
School Nurse

Initial feelings of Behaviour Support Teacher; the case felt very messy, it was deteriorating, local police and youth service had become aware of this pupil. There had been several conversations about initiating a CAF in school but this just hadn’t happened, Behaviour Support Teacher decided to take the lead and do the CAF, especially as a transition into a County School was likely.

Background

As described above the pupil was finding it increasingly difficult to engage in school, he had aggressive outbursts, which had resulted in a part time timetable being offered, school had referred on to the behaviour support team who had had offered out of school and holiday activities, plus begun to build a relationship with Mother. There were additional family pressures, the family were threatened with eviction due to the Anti Social Behaviour of older siblings (17 and 19 years). Positively there was a supportive landlord who was willing to move the family minus the older sons to another of his properties in the County. The mother had significant mental health problems that she did not feel able to address due to all the pressures and concerns. There was a consensus opinion that the barriers to the pupils learning were not clear.
In addition due to the part time timetable, the Child had become known to the local police as he was getting involved in minor anti social behaviour and just hanging around during the day when not in school. The police had referred on to the youth service, who had been trying to engage with him.

**Action (by BST teacher)**

- Behaviour Support Teacher initiated CAF, BST extended worker supporting the parental involvement. Including gaining consent.
- CAF Assessment Completed
- Liaised with other agencies including, school, education psychology service, County family support service, youth service and local police; ensuring that their knowledge and information was included in the CAF assessment.
- Organised and chaired the initial and second TAC meeting, typed up the action plan and circulated to all parties.
- Ensured the transition plan was implemented.

**Reaction / comments**

Though the initial paperwork did take a long time, this was mainly due to it being her first CAF.

**Outcome**

1. The child had a successful and supported transition.
2. The family moved house.
3. Links were made and the relevant information shared with County agencies.
4. Lead Professional identified in the County to take things forward.
5. Consultation with and assessment completed by Educational Psychology.
7. Parent received support in selecting a school in the County.
8. Parent began accessing support for her own mental health.

Comment made by parent:

> “Everything has got better, and it is all down to you lot. Referring to the TAC
> He is calmer now and doesn't attack me anymore.
> His dad is seeing him and this has had a positive effect.
> Parent actually asked the school nurse who was part of the team to thank everybody involved.”

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**Family E (Female - 7 year old)**

Some repeated episodes of Head Lice - Odd days of school missed due to this, marked down as medical authorised absence.

School nurse involved, gave advice to family about treatment and maintenance.

Still problems persisted, scalp became infected, (dermatitis) breakout on scalp, bleeding and weeping, hair beginning to fall out in patches.
Child complained of being bullied, name calling due to scalp.

Child then absent from school for three and a half weeks, parents told school it was due to health issues associated with scalp infection. School continued to mark as authorised medical absence for the three and a half week period, but did make a referral to EWO.

EWO did home visit, **observation / outcomes**

- Family home was cluttered, untidy and posed a potential health hazard, particularly in light of Child’s skin condition.
- Mother did become upset and said she had tried to sort Child out and that she recognised she needed support as “things had got on top of her.”
- Mother informed worker that she had recently injured her foot which was observed to be in a bandage, she said this was hindering her ability to move.
- Father said he worked night shifts as a security guard and it had been difficult to support his wife during the day, as he needed sleep, but added that he had begun to sort the house out.
- Discussed ways to improve the situation.
- Child present in a very uncomfortable state, head sore and weeping, and prescribed medication present in the home but appeared not to be effective or effectively used.

Mother agreed that Childs absence from school may have isolated her and added that due to Childs appearance she had restricted taking her out.

Ways to improve the situation discussed and actions identified, e.g. both parents were advised to make an appointment at school following the half term to secure her return.

Due to severity of medical issues, social care referral considered, worker felt with the right help this would not be necessary as parents recognising need for action.

- Consent for a common assessment obtained.
- CAF logged at CAF central records
- Support to access immediate medical advice from the GP

**Activity**

Feedback of information obtained from home visit to school by EWO
Feedback of information from home visit to School Nursing by EWO
EWO completed second visit to complete Common Assessment Form and share assessment already gathered from other sources shared.
Small actions identified for the parents to gradually improve the home environment.

‘Team around the child’ meeting held and goals / actions identified on CAF multi agency action plan. Time scales agreed.

Third home visit by EWO to monitor / observe progress.

**Team Around The Child REVIEW meeting**

All actions completed, sustainability observed
Child reintegrated back into school and friendship circle
No further absence
Scalp healthy and good hygiene routines established to prevent reoccurrence of Head Lice.

CAF closed (Time line twelve and a half weeks)

**These cases are designed just to give a flavour of the work being achieved by front line practitioners using the CAF process and highlight the improved outcomes for the families involved.**

**Thank you to those involved who were willing to share their stories.**