



LARC
Local Authorities Research
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LARC2: integrated children's services and the CAF process

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Contents

Foreword	vii
Executive summary	xi
1 Introduction	1
1.1 About the study	1
1.2 Policy context	2
1.3 Impact model	4
1.4 Methodology overview	5
2 Does the CAF process support the achievement of better outcomes for children, young people and families?	10
2.1 Be healthy	12
2.2 Stay safe	13
2.3 Enjoy and achieve	15
2.4 Make a positive contribution: participation in positive activities	17
2.5 Achieve economic well-being	18
2.6 Improvements in other areas	20
2.7 No change?	22
2.8 Impact on specific groups of children and young people	22
3 What are the key contributing factors that promote the effectiveness of the CAF in different contexts?	24
3.1 Engaging children, young people and families	24
3.2 Making best use of the lead professional role	26
3.3 Integrating the elements of the CAF process	29
3.4 Promoting multi-agency working and information sharing	32
3.5 What is unique about the CAF process?	35
3.6 The impact on Children's Trust arrangements and school engagement	35



4	Where next?	38
4.1	Where next for LARC LAs?	38
4.2	Where next for CAF and integrated working?	41
5	The local impact of LARC research	45
6	Conclusion	47
	Appendix 1 Participating authorities: contextual information	48
	Appendix 2 Supporting authorities to develop their research capacity: Summary	50
	Appendix 3 LARC Steering Group 2010	52
	Appendix 4 LA research propositions	53
	Glossary	56
	References	58

Foreword

John Harris, Chair of the LARC Steering Group, April 2010

Background

The Local Authority Research Consortium (LARC) is a collaboration of local authorities (LAs) and national agencies jointly carrying out research aimed at improving integrated working. It encourages and assists participating councils to be reflective, to tell their own story and to benchmark with and learn from others in a spirit of honest and collaborative enquiry. Its focus is on the *how* of integrated working and on developing local leadership and research capacity.

The Common Assessment Framework (CAF) is an important example of integrated working and aims to ensure that children and young people experience a joined-up service that identifies their needs as early as possible and meets them effectively. More than six years on from Every Child Matters (HM Treasury, 2003), how close are we to achieving this and what is holding us back?

During 2009, the 24 participating councils in LARC undertook and documented local research projects in order to help to answer these questions. This work (referred to later as LARC2), builds on the first LARC project conducted in 2007/8. This report presents the broader picture which emerges from LARC2.

Some important messages

Taking account of the current context in children's services, the following messages are particularly brought to your attention.

Progress at local level

The impact model (see page xvi) used in the first stage of LARC's work continues to provide a helpful way of categorising signs of progress by councils, their partners and individual services towards achieving better outcomes for children and young people. In 2009, LARC2 indicates that LAs were recognisably further along this journey than they had been some eighteen months earlier.

CAF is a key mechanism

LARC2 shows that the CAF process can be a key mechanism for enhancing and embedding integrated working and can lead to improved ECM outcomes for the children and young people involved – in a way which some practitioners do not believe was possible pre-CAF. Uniquely, CAF is seen as a single, neutral and universally used system that is not 'owned' by one sector or service.

Better outcomes are being achieved

The full report highlights some of the positive outcomes achieved. These included improvements in school attendance, engagement and aspirations, in physical health and self-confidence, in family relationships and in housing and financial support.

Five factors seem to contribute to the effectiveness of the CAF

Authorities' reports show that the effectiveness of the CAF process arises from the following five key contributing factors:



- **engaging children, young people and families** – as equal partners in the process
- **developing a better understanding of children and young people’s needs** – at the earliest possible stage
- **ensuring consistency of the lead professional support** – which helped families and professionals work better together
- **ensuring multi-agency working and information sharing** – which improved understanding of need and service provision
- **integrating all of the elements of the CAF process** – holistic assessment, engagement with families, Lead Professional role, the Team around the Child (TAC) model and meetings, action planning and reviews: in combination, the strength of these different elements is increased.

The full report gives examples of what good practice looks like in these different aspects.

Benefits for schools

All authorities looked specifically at the engagement of schools in the CAF process. While the extent of this engagement varied within every LA area, those schools which were fully engaged improved their awareness of families’ needs, families’ home environment and how these impacted on the school life of the child or young person concerned.

Remaining challenges

Alongside this generally positive evidence that CAF can work well and add value, authorities have identified some remaining barriers and challenges to the process. In general each individual challenge was reported by a minority of councils, but taken together some strong and important messages come through:

1 Lack of shared accountability and commitment

The CAF process is not yet fully embedded in any one service locally. In some agencies and services there is strong reluctance to engage with or support the CAF process. Where there is engagement it can feel like an add-on process and workload can be a barrier.

2 Lack of capacity and support to fulfil the Lead Professional role effectively

Ongoing training and informal support is needed, together with appropriate administrative assistance. In addition, there is some reluctance to initiate assessments for fear of becoming the Lead Professional.

3 Process confusion

The CAF is not always well understood and consistently applied. Questions raised include which groups should have an assessment, how does CAF relate to other formal assessments, should social care be involved and who has access to what information?

Need for more strategic monitoring and evaluation

In addition, it is clear that there is scope for improved monitoring and evaluation of outcomes. Few Children’s Trusts are yet using CAF data to inform the planning and commissioning of services. And while we have evidence of improved outcomes through CAF in the short term, systems are generally absent at both local and national level to provide evidence for the sustainability or otherwise of such improvements and of any longer-term benefits.

Benefits of LARC participation

Most participating authorities were clear that the LARC process had successfully encouraged reflection and learning and would result in real improvements in practice in

their areas. We know too that such practitioner-led research has other benefits – providing insights into front-line working and local practice for middle and senior managers, valuing staff professionally and providing evidence of impact on outcomes.

The origins of LARC 2

In May 2008, we published the first report from LARC. This highlighted a number of issues which local staff, children and their families in the participating areas felt needed to be resolved in order to make effective integrated working a reality:

- workload implications, especially in relation to CAF
- logistical arrangements needed to make ‘working together’ work, for example, convening and attending multi-agency panels
- lack of sign up from all agencies, such as schools and GPs
- communication and leadership.

In the light of this, the CAF process was a natural choice by LARC participating authorities as the focus for LARC’s second study which was conducted during 2009.

Methodology

Within an overall framework based on the concept of realistic evaluation (Pawson and Tilley, 2004), the research in each authority area was owned and managed by local staff, around a topic of their choice in relation to the CAF. Support, technical advice and learning from other councils was facilitated by a series of workshops and an allocation of NFER time to each authority. Each authority provided a written report of their local study in order to contribute to a national picture.

LARC2 was not designed as a representative survey of progress but these small-scale studies across a significant number of authorities have a number of findings in common. Following systematic synthesis of their reports, we bring together in this LARC overview report a broader picture, which we believe is indicative of the progress and effectiveness of integrated working in children’s services in 2009. While each local project was small, in total the views of over 350 participants are reflected in this report, a mix of practitioners, children, young people and their parents/carers.

The Association of Directors of Children’s Services (ADCS) has called for a new delivery model for the inspection of LA children’s services (ADCS, 2009), one which is based on the principles of sector-led improvement and includes ‘LA self-evaluation and audit (know your story and benchmark it)’. LARC’s work fully reflects these principles and helps to build local capacity for such a model.

Conclusions and next steps

We said in the 2008 report ‘...the real test is whether end users [children, young people and families] experience a “joined-up” service that identifies their needs as early as possible and meets them effectively’ (Lord, *et al.*, 2008). This remains true, and is reinforced by recent Children’s Trust guidance and Ofsted’s inspection framework. In the current economic climate we must also add that the *cost-effectiveness* of the identification and intervention services is important.

Overall, what these local studies suggest is a steadily improving but still somewhat *inconsistent implementation* of a system of identification and effective early support for



children, young people and families, with significant variations in approach between different areas. What we are expecting on the front line is not yet fully supported by the strategic management and infrastructures of the Children's Trust partners or by clear and consistent messages at national level. In the absence of such leadership, systems have developed in different ways and with patchy buy-in. At national level there have been inconsistent steers with Laming questioning the impact of CAF on referrals, and Ofsted using CAF as an indicator of integration.

Add to these the need for major change to established practices in various professional groups in order to effect successful integrated working and it is not surprising that CAF progress has been slower than many would wish. However, more than six years after publication of *Every Child Matters* (HM Treasury, 2003) – and with major public spending cuts looming – we have probably reached a crossroads for the model of delivery of children's services. Processes now need to be as lean and as effective as possible, with greater consistency across local area boundaries.

Some of the LARC authorities are now looking at more strategic targeting of CAF – focussing on particular groups of children and young people, informed by good local monitoring data. We might also ask whether universal services such as schools and their partners now have the capacity through their extended services to take on more of the early identification and intervention work. At the request of the participating authorities, LARC3 in 2010 will contribute to this debate by focussing on **improving the cost-effectiveness of the CAF process** in different local areas. In parallel, we are aware that other studies are in hand to explore what works in early intervention (for example, DCSF, ADCS and C4EO activity) and how senior managers can best support the effective front line integrated working which is emerging in some areas despite the challenges noted above (current project about developing inter-agency working in children's services, led by Professors Anne Edwards and Harry Daniels, March 2010 to early 2011).

Immediate action is needed

To address the challenges identified in this report, in each local area there needs to be:

- clear commitment and action from the Children's Trust Board to support the effective operation of the CAF process across all partner agencies, including a strategic focus on the collection and use of monitoring data and evaluation of impact
- a clear policy for how the Lead Professional role is allocated and supported (including the possibility of a new cadre of professionals dedicated to this role)
- absolute clarity on what the CAF is, who it is for, and how it relates to other formal assessments undertaken by LAs and partner agencies.

Leadership is crucial

Leadership has a key role to play – both at national level to ensure there are clear shared expectations from all parts of government and relevant agencies, and at local level through the Children's Trust and the key role played by the DCS. The anticipated DCSF early intervention document, and the ongoing guidance from Children's Workforce Development Council (CWDC) go some way towards this. The current DCS Leadership Development Programme may provide a good opportunity to test out new leadership approaches to resolving the challenges of the CAF process swiftly so that, for more children and young people, problems are identified and outcomes are improved – earlier.

Executive summary

Introduction

The local authority research consortium (LARC), established in 2007, supports children's service authorities in using and conducting research to evaluate progress, to inform practice, share findings and make recommendations locally and nationally. This summary reports the collective findings of the 24 authorities involved in the LARC2 project which explored the effective integration between targeted and universal services looking at outcomes for children, young people and families using the Common Assessment Framework (CAF) as a proxy. CAF, as defined by CWDC, is:

... a shared assessment and planning framework for use across all children's services and all local areas in England. It aims to help the early identification of children and young people's additional needs and promote co-ordinated service provision to meet them. (CWDC, 2009a, slide 3)

Does the CAF process support the achievement of better outcomes for children and young people?

Twenty of the 24 LARC2 authorities provided detailed information on outcomes for groups of children.

Be healthy

Fifteen LAs provided evidence that the CAF process supported improvements to the emotional health of children, young people and families through the targeted interventions, such as behavioural support and positive parenting programmes, implemented as a result of the CAF. In five authorities, benefits also extended to the physical health of children. During a CAF episode (or even post-CAF), LAs reported that children and young people demonstrated better behaviour (13 LAs), a greater level of self-esteem and confidence, a better sense of responsibility and greater resilience, enhanced social and emotional awareness and general well-being (sometimes as a result of obtaining a medical diagnosis prompted by the CAF process).

Stay safe

One quarter of reporting LAs found that, through CAF episodes, children, young people and their families received a thorough needs assessment that helped multi-agency professionals identify individuals engaged in risky behaviours. Professionals were able, therefore, to provide families with a range of support mechanisms that led to young people engaging in less risky behaviours and helping them to feel safe.

Enjoy and achieve

LAs reported that the CAF process helped children, young people and parents to access appropriate support from multi-agency professionals, which then improved engagement in all aspects of school life, from greater attendance (13 LAs) and learning (nine authorities) to enhanced peer relations (four LAs).



Make a positive contribution

Authorities' research reports provided local evidence that the CAF process helped children, young people and families to develop and improve their relationships, empowered families (13 LAs) and gave children access to positive activities.

Achieve economic well-being

Six LAs said that the CAF process supported children, young people and families by improving their economic well-being, addressing housing and welfare difficulties and raising their aspirations for engagement in further education, employment or training.

Other positive changes were reported by authorities and these included:

- improved parenting (14 LAs)
- better relations between families and schools (eight LAs)
- improved relationships within families (seven LAs)
- enhanced transition arrangements between early years settings, primary schools and secondary schools (six LAs).

What are the key factors that promote the effectiveness of CAF in different contexts?

LA research showed that the key contributing factors that appeared to promote the effectiveness of the CAF process in different contexts were:

- engaging children, young people and families as equal partners in the process
- ensuring consistency of the lead professional support, which helped families and professionals work together better
- integrating all of the elements of the CAF process, from holistic assessment, TAC (team around the child) model and meetings, lead professional role, action planning and reviews
- ensuring multi-agency working and information sharing, which improved understanding of need and service provision
- developing a better understanding of children and young people's needs at the earliest possible stage.

The process was not always straightforward and it should be recognised that the exact mechanism that led to the observed outcome was not always clear. Nonetheless, these five factors featured strongly in relation to reported successes in all 24 LAs. Ensuring these enabling factors were in place sometimes posed challenges, as discussed below.

Engaging children, young people and families

All 24 authorities reported the importance of engaging children, young people and families fully in CAF episodes. The reported benefits of such engagement were:

- supporting parents to understand their child's needs:

I've learnt that I know [Jack] a lot more, I know him better than I did ... that things upset him and [that] things ... hurt him, which he wouldn't tell me about.' (Parent)

-
- helping parents to develop skills and parenting techniques and the confidence to deal appropriately with their child and the home environment:

Mum looked stressed, but at the last CAF, she just looked happier, she was doing more. Mum realises that she doesn't have to be responsible for the entire family, the CAF brings up things that make the family think. (Lead professional)

- developing improved relationships between families and professionals:

I was glad that if there was a problem that I could go to her ... she's just so easy and she's willing to give you all the information and help that you need ... it just makes it so much easier when you're talking to someone and they're not looking down at you or judging you. (Parent)

- families feeling better supported:

Before [the CAF] with all the other agencies we were always going around the houses. I hoped it wasn't going to be the same, luckily enough it's been brilliant. (Parent)

- providing new opportunities for multi-agency professionals to work with parents to best support individual children and young people:

The meetings are chaired in a way that is very person centred, totally non-judgemental and allows every person round the table to have a say [in] what happens. (Parent)

- being solution focused so parents understand the process is not about blaming them, but benefiting them:

The CAF was a useful and positive tool assisting in a solution-focused approach with parents and young people. It allowed me to see people during school holiday time, in their own homes, offering practical assistance. (Lead professional)

LAs identified a number of challenges associated with engaging children, young people and families, including trying to engage parents in the process when they were reluctant to talk to children's services departments. Where parents fully understood the purpose of the CAF process, this helped engagement and, in these circumstances, gaining parental consent for involvement was rarely an issue for lead professionals.

Consistency of lead professional role

LAs reported that the lead professional role is crucial in supporting the engagement of families in the CAF process. The lead professional role is said to be most successful when:

- professionals develop or build on existing relationships with children, young people and families:

She's the sort of person that you know you can actually confide in and you know she was there to give you the support and help. (Parent)



- appropriate and timely support is provided and effectively coordinated and communicated by the lead professional with support from other TAC practitioners
- professionals are empowered personally and professionally to undertake the role, through local formal and informal support mechanisms
- they are the single point of contact for families and TAC practitioners. Families have to tell their story once only and practitioners know who to contact in relation to individual children, young people and families.

Inevitably, challenges were reported associated with the role and these related mainly to clarity about CAF processes and to having the confidence and skills to undertake the role successfully.

Integration of all the elements of the CAF process

Each element of the CAF process (holistic assessment, TAC model and meetings, lead professional role, engagement with families) has its own strengths (and weaknesses) but taken together, the strength of the combined aspects appears to be much greater on outcomes for children, young people and families. The elements of a CAF episode that supported improved outcomes were:

- the initial assessment which helps provide a holistic understanding of need supported by the structured CAF form. Authorities reported divergent views about the time required to undertake a CAF assessment and about the suitability of the questions that were posed as part of the process.
- the TAC model and meetings that support a multi-agency view of need and identifies appropriate and timely support intervention with a clear action plan and review. In some cases, LAs said that there was a lack of shared accountability and understanding of the CAF process, which was an issue in ensuring that all areas of the children's workforce used the TAC model and meetings effectively.
- multi-agency working and information sharing that was underpinned by the TAC model of working. Multi-agency commitment and engagement to the CAF process tended to range from full engagement (for example, being an episode initiator and lead professional) to partial engagement (for example, being involved in a TAC). The LA research findings suggest that professionals needed greater clarity over information sharing processes to support further integrated working.

Children's Trust arrangements

The CAF process was reported as helping to support Children's Trust arrangements and as enhancing integrated working between services and between services and families. The communicative and collaborative nature of CAF episodes (and through the multi-agency training and meetings) developed practitioners' and families' understanding about service provision. The CAF process was reported to influence when practitioners wanted to engage practitioners from other services in a TAC for a family.

The main challenge said to affect the effectiveness of Children's Trust arrangements was a perceived lack of shared accountability and commitment to the CAF process across and between services. More needs to be done to promote the CAF as a tool to support early intervention and prevention. The anticipated DCSF early intervention guidance could play a crucial part, both at a local and national level, in supporting agencies to improve outcomes for children, young people and families.

Engaging schools

School engagement was a cross-cutting theme across most of the 24 authority reports. Analysis of data shows that school involvement in CAF episodes varied from partial to full engagement. Where schools were fully engaged in the process, staff:

- increased their focus on early intervention and prevention and multi-agency working, often identifying concerns around attendance and behaviour early on
- improved their awareness of families' needs, their home environment and how these impacted on individual children and young people's school life
- undertook the lead professional role
- engaged parents, developing trusting and positive relations
- mutually supported multi-agency professionals.

The benefits for schools of being involved in the CAF process related to gaining a full understanding of the issues facing pupils outside the school setting. The support interventions put in place through the CAF process for children and young people helped to improve pupils' behaviour, attendance and willingness to learn.

The main challenges for schools related to the fact that the CAF process was seen by some senior leaders or staff as an 'add on' to the daily work of the school; it was not yet fully embedded, therefore. Time, capacity and resource issues associated with the CAF process further prevented schools' full engagement. It must be noted, however, that these challenges were not specific to the engagement of schools, and that issues of time capacity, resource and status were evident in all sectors of the children's workforce.

What is unique about the CAF process?

Nine authorities specifically noted benefits of the CAF that are unique to the process. These related to:

- CAF being a single, neutral and universally used system that is not 'owned' by one sector or service. Authorities also reported that the CAF has the influence to get services involved:

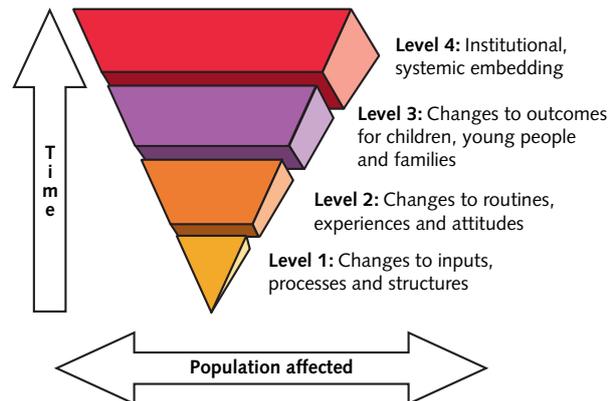
[the CAF] puts in a formalised structure and gets people round the table. When you invite people through the CAF system it's logged. In normal situations, phoning people etc. it doesn't give people accountability, but [the CAF] gives it some weight.'

- the speed at which the process commences: one LA said that within two weeks of a need being identified and the CAF initiated, an action plan would be developed. Another LA highlighted the fact that the process speeds up referrals to other services.
- the supportive role played by the CAF process, facilitating communication between families and services and between services, so enhancing joint working. In turn, this helped all parties to gain a holistic understanding of need and, at times, reduced duplication of effort.
- the use of pre-CAF assessment to support the initial assessment of need.



Based on the collective analysis of LA reports, therefore, a strong sense emerged that it is the **combined features** of the CAF process that lead to improved outcomes. Taken in isolation, each of these elements (holistic assessment, TAC model and meetings, lead professional role, engagement with families) has its own strengths (and weaknesses) but, when taken together, the strength of the combined aspects appears to be much greater. Arguably the CAF is a vital tool to support integrated working and a tool to support early intervention within localities.

NFER impact model



LARC2 analysis draws on the NFER impact model (Stoney *et al.* 2002 and Morris and Golden 2005) that was used in LARC1. Local authorities reported the local impacts of CAF using the NFER four-stage model of impact, which suggests different levels of impact over time.

Level 1 impacts of the CAF process included changes to inputs and process such as:

- increased engagement of children, young people and families in improving outcomes
- information sharing between agencies and multi-agency professionals
- targeted training programmes on the CAF process and lead professional role rolled out across authorities
- introduction of locality-based co-located teams (or multi-agency support teams – MASTS)
- introducing the CAF assessment as a single service request form for use by all agencies.

Level 2 impacts of the CAF process included changes to the routines, experiences and attitudes of practitioners, children and families:

- increased use of the CAF process when supporting families in moving between universal and targeted services
- increased numbers of multi-agency professionals carrying out CAF assessments
- improved multi-agency working through better awareness of each other's working practices and greater trust between agencies, including police, health professionals (including general practitioners) and others.

-
- improved relationships between families and multi-agency professionals
 - improved focus on the holistic needs of children, young people and families by placing them at the centre of the solution (that is, 'think family')
 - parents reporting high levels of satisfaction with being involved in elements of the CAF process, such as multi-agency meetings, the TAC model and information sharing
 - improved commitment to early intervention and prevention across most multi-agency groups
 - multi-agency professionals reporting more positive experiences of being involved in the CAF process.

Level 3 impacts of the CAF process included examples of improved outcomes for children, young people and families. These included improved behaviour and better school attendance amongst children and better parenting practices. Evidence for positive outcomes was found through LAs' LARC research, other local evaluation and monitoring procedures and CWDC's *One Workforce Tool*. More needs to be done locally and nationally to ensure the recording and monitoring of the longer-term impacts of early intervention and prevention, using the CAF process with children, young people and families.

Evidence of Level 4 impacts of the CAF process was limited, with some LAs reporting that although the CAF process was partially embedded, this was only evident in some areas of children's services. LAs expressed a strong commitment to embedding early intervention and prevention and ensuring the full integration of the CAF process in the future.

From the evidence provided by LAs, it would appear that, in relation to integrated working, most authorities were between level two (improvements in attitudes and experiences) and level three (improved outcomes for children and young people) of the impact model. Although a small number of authorities considered themselves already to be at (or between) levels three and four, the evidence for this was less secure; none of the reporting LAs demonstrated complete embedding of the CAF across all agencies and with all personnel in an integrated working setting. Even so, there is evidence of progress in integrated working between LARC1 (in 2008) and LARC2 (2009) and an apparently clearer understanding of what integrated working entails.

Where next for CAF and integrated working?

LARC2 suggests that, on the basis of findings from participating LAs, more progress has been made towards integrated ways of working than was evident in LARC1. Integrated working appears to support improved outcomes for children, young people and families and is facilitated by the CAF process. Important lessons for policy makers, Children's Trusts, directors of children's services (DCSs), heads of service (including headteachers) and practitioners (including school staff) about how to promote and ensure such working practices by using the CAF can be learned from this research.



To further embed the CAF as a tool to support early intervention and to improve integrated working, we recommend:

- creating better links between monitoring and evaluation of the CAF data and strategic planning. Providing front-line practitioners and heads of services with clear monitoring and evaluation procedures will help to assess the longer-term impact/s of CAF and integrated working on outcomes for children, young people and families.
- sharing the benefits of the CAF process with universal services, clarifying the role of the CAF for children and young people moving between universal, targeted and specialist services (either into or out of specialist intervention), at a national and local level.
- promoting DCSF and CWDC guidance on early intervention, CAF, the lead professional role and integrated working as tools and mechanisms to support early identification of need. This should also help to promote stronger multi-agency accountability and commitment for these processes, both locally and nationally.
- ensuring that national and local policies and procedures support the use of the CAF and integrated working, where it is beneficial to outcomes for children, young people and families.
- considering funding national and/or local roles to manage and support the use and management of the CAF, integrated working, E-CAF and ContactPoint within and across localities.
- reviewing the referral procedures used to support intervention services so they are (at least) complementary to the CAF process and not duplicating.
- acknowledging and helping front-line practitioners to initiate and lead CAF episodes, supported by rolling training programmes and in/formal support networks where possible
- communicating the support available to families from multi-agency professionals to support early intervention and empower families to seek help for themselves.

Most of these recommendations relate to improving clarity around the CAF process and its place in supporting early intervention for front-line practitioners, service managers and at a national level. The forthcoming Early Intervention Guidance and the continuously updated resources from CWDC are welcomed in supporting authorities to embed the CAF in everyday practice to improve outcomes for children, young people and families.

About LARC

LARC adopts a collaborative approach between national organisations and local authorities (LAs), with the focus of each round of research being determined with and by authorities. The first LARC study (LARC1, 2007/8) looked at the early impact of integrated children's services; the second (LARC2, 2009), explored the processes around the Common Assessment Framework (CAF) in order to give clearer insight into the impact of integrated working and how well it was operating.

LARC2 explored the mechanisms that enable effective integration between targeted and universal services by exploring outcomes for children, young people and families. The two main questions were:

- Does the **CAF process support the achievement of better outcomes** for children and young people?
- What are the **key factors that promote the effectiveness of CAF** in different contexts?

All 24 authorities undertook small-scale, predominantly qualitative research projects. Over 350 participants were involved in this research, including children, young people and their families, lead professionals, school-based staff, health visitors, midwives, paediatricians, children's centres (practitioners and managers), youth offending teams, CAMHS professionals, Connexions staff, educational psychologists, school improvement and attendance teams, integrated working advisers, school nurses, family support workers, education welfare officers, housing officers and drugs and alcohol teams. During their research, participating authorities had access to NFER training (both generic and bespoke), as well as professional support during the analysis and writing period.

A further set of studies in Round 3 (LARC3, 2010) will continue to explore the CAF process as a tool to support early intervention and prevention, but focusing on cost-effectiveness and looking specifically at the concept of 'invest-to-save'.

Methodological overview

LARC2 adopted a realistic evaluation approach. Realistic evaluation depends upon the identification and investigation of anticipated outcomes, the mechanisms that are thought to be working to deliver that outcome and the contexts in which those mechanisms are operating. Each LARC2 LA developed its own research proposition on which to focus its research and was asked to think about the particular mechanisms of the CAF process that they thought might be instrumental in bringing about the outcomes for children and families that they hoped to see. Using this approach, small-scale research studies can be combined and analysed to provide insights into the bigger picture and contribute to a better understanding of the theoretical basis for an intervention.

During the LARC2 research process, authorities were supported to develop their own research propositions (or hypotheses) around the CAF process and the particular mechanisms they thought might be instrumental in bringing about positive outcomes for children and families. LAs were directed to focus on one of three outcome groups of children or young people: early years, key stage 3 non-attenders or children at risk of negative outcomes. In order to reflect local circumstances, each chose a preferred context for the research (the engagement of children, young people, families and communities, the work of the lead professional or the effectiveness of Children's Trust arrangements). All participating LAs were asked to consider the role of schools in the CAF process, in order to provide a unifying operational focus. NFER researchers collated and summarised each LA report pulling out the key findings. Each report was analysed in relation to the two key research questions for LARC2.



This research does not claim to be directly representative of all LAs or all children, young people and families with current or past CAF episodes at a national level. Nonetheless, we are confident that the research provides valid insights into the operation and impact of CAF. LARC2 included LAs from each of the nine Government Office regions, for example, and represented all scales and types of LAs, from small to large authorities, with urban and rural constituents and including unitary, metropolitan, London borough, and county authorities. The participants in authorities' research studies were selected in a variety of ways (in either a purposive way, as part of an opportunity sample, on a 'snowball' basis and/or on the basis of a structured list of those engaged in CAF activities). Most authorities undertook a qualitative approach although some studies were preceded with a quantitative element (for example, interrogation of database/s or a postal or telephone survey).

Conclusion

Although the CAF process appears to be supporting improved outcomes for children, young people *and* families, the evidence suggests that more needs to be done to embed the CAF as a tool to support early intervention and prevention, nationally and locally. LARC2 authorities found that the CAF helps families to receive appropriate and timely support that supported a change in circumstances and improved outcomes for children and young people across all five of the ECM areas. More needs to be done, however, to ascertain whether the CAF supports *sustained* improvements to outcomes for children, young people and families.

Despite the successes of the CAF process in supporting improved outcomes, it was clear that there were inconsistencies and confusion about the CAF process (namely, the use of the pre-CAF assessment, the information recorded on CAF forms, the format of TAC meetings and/or the role of lead professional). There is a need, therefore, for national bodies to support local areas to uniformly implement and embed the CAF process and investigate the long-term impact of the process on outcomes for children, young people and families.

Contact us

The full LARC report can be accessed at www.larc-research.org.uk. For further details about LARC findings or to get involved in LARC3, please contact the team at LARC@nfer.ac.uk.

1 Introduction

The local authority research consortium (LARC), established in 2007, supports children's services authorities in using and conducting research to evaluate progress, to inform practice and share findings and make recommendations locally and nationally through research. One of the key principles underpinning LARC is a collaborative approach between national organisations¹ and local authorities (LAs), with the focus of each round of research being determined with and by authorities. LARC Round 1 (2007/8) evaluated the early impact of integrated children's services.² For Round 2, the LARC consortium and LARC1 authorities specifically identified the processes around the Common Assessment Framework (CAF) as the main focus for LARC2 (2008/9). LARC Round 3³ (2010) will continue to explore the CAF process as a tool to support early intervention and prevention, focusing on cost-effectiveness and looking specifically at the concept of 'invest-to-save'.

This report has been written for and by LARC and presents a detailed description of the findings from LA research. It is likely to be of interest to those involved in or managing the CAF process. The report focuses on drawing out the key messages and implications of the research rather than presenting all of the details of the analysis of the raw data that was carried out. A short summary report is available with key messages for different audiences, including national policy makers, Children's Trusts, directors of children's services (DCSs) and practitioners, including schools. This can be accessed at www.larc-research.org.uk.

1.1 About the study

By investigating the outcomes for children, young people and their families emerging through the CAF process, LARC2 sought to learn more about the mechanisms that enable effective integration between targeted and universal services. In other words, LARC used the study of the CAF process as a proxy for exploring the impact of integrated services in locality working.

The research focused on two main questions:

- Does the **CAF process support the achievement of better outcomes** for children and young people?
- What are the **key factors that promote the effectiveness of CAF** in different contexts?

CAF, as defined by CWDC, is:

... a shared assessment and planning framework for use across all children's services and all local areas in England. It aims to help the early identification of children and young people's additional needs and promote co-ordinated service provision to meet them. (CWDC, 2009a, slide 3)

1 See Appendix 3 for steering group members

2 LARC1 research involved 14 LAs. The report and summary of findings can be found at www.nfer.ac.uk/larc

3 Further information about LARC3 can be found at www.larc-research.org.uk



Integrated working, as defined by CWDC and DCSF,⁴ is still an under-researched area and does not have a strong theoretical base. Equally, local authorities often do not all have the capacity to carry out large-scale research projects (Southcott and Easton, 2010). Using an approach adapted from realistic evaluation (Pawson and Tilley, 1997), however, LARC2 provided the opportunity for local authorities to:

- develop and explore their own ideas about how CAF might support better outcomes for young people
- set up and conduct research projects at different scales (and using a range of quantitative, qualitative or mixed methodologies) that would feed into a larger-scale, systematic synthesis of the findings.

Each participating authority identified a group of children and young people in whose outcomes they were most interested (early years, key stage 3⁵ non-attenders or children at risk of negative outcomes) and the context on which they wanted to focus (the engagement of children, young people, families and communities, the work of the lead professional or the effectiveness of Children's Trust arrangements). As an integrating theme, all projects looked at the place of the school in the CAF process.

Almost 30 authorities have been involved in LARC2, in varying degrees, though some were unable to complete and submit their research in time to be incorporated into this combined report. This report, therefore, represents the findings of the completed studies from 24 LARC2 authorities, collated, synthesised and analysed by NFER.

Authorities say that the LARC process has enabled them to gain insight into the successes, challenges and areas for improvement of implementing the CAF process in their local areas, as well as the impact of the CAF on children, young people, families, services and lead professionals.

1.2 Policy context

During the course of LARC2, a number of policy developments, as well as changes to the CAF guidance, have taken place. These included specific responses to a perceived need for better identification of need, earlier intervention, greater clarity of process and improved front-line intervention, supported by research into what was effective practice. These responses are summarised briefly here.

The Laming Report

The single policy development that dominated all others during the period of the LARC2 project was the Laming Report (Laming, 2009), which followed the Baby Peter case in Haringey, (DCSF, 2009b). The Laming report restated the importance of effective integrated front-line working and suggested that the picture in relation to the effective use of CAF was mixed, allowing for it being too early to make a judgement. Various responses to that report included the following publications:

4 <http://www.cwdcouncil.org.uk/what-is-integrated-working>

5 Although the focus was on key stage 3 (KS3) non-attenders, most authorities choosing this area focused their research on year 6 pupils before they entered KS3.

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- A joint response to Laming from LGA, IDeA, London Councils, Solace, ADCS (LGA, April 2009), which called for greater clarity over the different assessment processes currently in use
 - The DCSF Action Plan, (DCSF, 2009b), which restated the importance of early intervention and the effective engagement of all agencies.

The Laming Report also influenced the priorities set out in other major policy developments, such as the final report of the Social Work Task Force (Social Work Taskforce, 2009), established as part of the 2020 Children's Workforce Strategy.

Although the LARC work was not directly concerned with child protection, these various responses and reports addressed some of the issues that are central to the LARC work, including:

- the organisation of front-line services
- early identification of children in need and effective early interventions
- the role and effectiveness of the Common Assessment Framework
- the need for and availability of evidence of effectiveness in front-line services
- the engagement of schools with other local services.

The Social Work Task Force, as part of the far-reaching recommendations about the future of the social work profession, also called for more use of research on effective front-line practice. Alongside the intense focus on child protection issues, there was a continuing recognition of the importance of early intervention and the need to develop effective close working between universal and targeted services.

System Change

Alongside these policy developments, the continuing implementation of the Children's Plan gave rise to a progress review two years on, (DCSF, 2009a), which called for better evidence of the effectiveness of interventions and restated the need for:

partnerships within and between schools and children's services – because no one can deliver for children alone and services need to work together if they are to intervene early and successfully. (p5)

Children's Trust Boards (CTBs) are now on a statutory basis, following Royal Assent (in November 2009) of *The Apprenticeships, Skills, Children and Learning Act 2009* (England and Wales Statutes, 2009). This Act (amongst a great many other changes) also expands the number of statutory partners (including schools from April 2010) that are required to be members of the CTBs. The joint strategy document from Department of Health and Department of Children, Schools and Families *Healthy lives, brighter futures* (DH and DCSF, 2009), also highlighted the role of the Children's Trust Board as 'a mechanism to promote joint leadership and strengthen local accountability'. The implication of these structural and strategic changes is that more needs to be done to strengthen the local strategic management of integrated services to support the front-line working that is the focus of this current research.



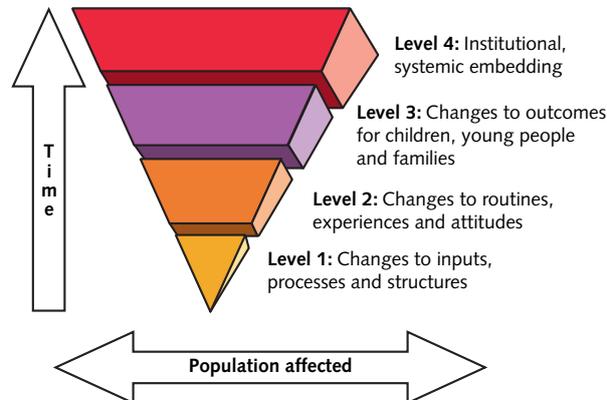
Common Assessment Framework

LARC has used CAF as a focus for research on integrated working, rather than seeking to evaluate CAF *per se*. As noted above, the Laming report was inconclusive about the value (to date) of using the CAF, but policy developments indicate a continuing need to develop its effective use. These developments include:

- Updated guidance for managers and practitioners on the use of CAF (CWDC, 2009b), prepared by CWDC, was published by DCSF in July 2009.
- Ofsted's framework for unannounced inspections of contact, referral and assessment arrangements (Ofsted, 2009) refers to 'analysis of Common Assessment Framework activity over the last 12 months' as one of the issues to discuss with relevant managers during an inspection, and a number of the letters to authorities following inspection in the second half of 2009 have referred to CAFs as evidence of integrated working.
- An update on the National e-CAF project (DCSF, 2009a) promises piloting of this online system from spring 2010 and national roll-out starting summer 2011, suggesting that for most front-line practitioners this is at least two years away, so progress will need to be made with the current arrangements.

1.3 Impact model

LARC2 analysis draws on the NFER impact model that was used in LARC1. This four-stage model of impact suggests different levels of impact over time.



The NFER impact model was developed by Morris and Golden (2005).

The model comprises:

Level 1 impacts that relate to **changes to inputs** (such as the introduction of tools and frameworks), to processes (such as the type of service offered, for example, earlier intervention) and to service and management structures.

Level 2 impacts that involve **changes to the routines, experiences and attitudes** of the key players within the services involved, that is, practitioners and service managers. These impacts, which are dependent upon perceptual evidence, can also be considered 'soft' impacts.

Level 3 impacts that **are seen in changes in outcomes for** children, young people and families in each of the three key groups (for example, improvements in children and young people's emotional well-being and in family relationships). These impacts include a number of related measures around each of the five ECM outcome areas.

Level 4 impacts in which changes to the infrastructure, systems and processes within services become **longer-term, stable and embedded changes**, and include more widespread sharing of practices and ideas.

The NFER impact model has proved a helpful tool for LAs to reflect on their progress towards integration. It has been used again for this report.

1.4 Methodology overview

This section provides a brief overview of the overall research methodology used in LARC2 and outlines the processes that LAs undertook.

The realistic evaluation approach is particularly useful where no clear theoretical basis for an intervention or activity has been established. Using a series of linked or related evaluations, it seeks to shed light on the underlying factors by which a particular outcome for a particular group (or groups) emerges in a particular context. In other words, 'what works, for whom and in what circumstances'? The approach depends upon the identification and investigation of the outcomes that are anticipated, the mechanisms that are thought to be working to deliver that outcome and the contexts in which those mechanisms are operating. Using this approach, a series of small-scale research studies can be combined and analysed to provide insights into the bigger picture and contribute to a better understanding of the theoretical basis for an intervention.

In accordance with the realistic evaluation approach, each LARC2 LA was invited, during workshops and with structured guidance, to develop its own research propositions (or hypothesis) on which to focus its research (see Appendix 4 for a list of all propositions). LAs were asked to think about the CAF process and the particular mechanisms they thought might be instrumental in their local area in bringing about the outcomes for children and families that they hoped to see. In order to facilitate the higher-level analysis that NFER would conduct at the end of the research period, LAs were directed to focus on one of three outcome groups of children or young people: early years, key stage 3 non-attenders or children at risk of negative outcomes. In order to reflect local circumstances, they could also choose their preferred context for the research (the engagement of children, young people, families and communities, the work of the lead professional or the effectiveness of Children's Trust arrangements). All participating LAs were asked to consider, in the course of their research, the role of schools in the CAF process, in order to provide a unifying operational focus.

Of the 24 authorities that submitted reports and/or data, the number choosing each outcome group is displayed in Table 1.



Table 1 Number of LARC2 authorities within each context and outcome group

Context and outcomes	Engaging children, young people and families	Lead professional role	Children's Trust arrangements	Total
Early years	2	0	2	4
Key stage 3 non-attenders	1	4	2	7
Children and young people at risk of negative outcomes	3	3	7	13
Total	6	7	11	24

Almost all 24 authorities reported that they had found evidence that supported (or supported in part) their original proposition, suggesting that there were a number of different mechanisms at work behind the successful implementation and use of CAF with different groups of children across a range of contexts. However, the quality of the individual evidence varied, with some LA reports providing insufficient information to assess the extent to which the mechanisms under investigation were linked directly to the observed outcomes.

NFER researchers collated and summarised each LA report, pulling out the key findings. Each report was analysed in relation to the two key research questions for LARC2: *'does the CAF process support the achievement of better outcomes for children and young people?' and 'what are the key contributing factors that promote the effectiveness of CAF in different contexts?'*

In addition, key messages related to the following areas were also summarised:

- the various outcomes amongst groups of children and young people (early years, non-attenders, those at risk of negative outcomes)
- the different context groups (families, lead professionals, Children's Trust)
- school/service engagement
- identified challenges
- recommendations for further development.

The main findings from each report were collated and analysed systematically to provide an indicative national picture of the CAF process and integrated working. In addition to the LA research reports, data was analysed from the monitoring and evaluation templates submitted by 17 LAs during the LARC2 process. These asked LAs to report on the research process, identify any changes to propositions, summarise key findings and provide evidence of any impacts identified. In some cases, LAs were unable to find the time to complete either reports or the templates, but submitted their research data (interview notes and supporting evidence) to the research team at NFER, where the data was analysed and, where appropriate, incorporated into the final report.

Local authorities signed up to the LARC2 project on a voluntary basis. As such, this report does not claim to be directly representative of all LAs or all children, young people and families with current or past CAF episodes at a national level. Nonetheless, we are confident that the research provides valid insights into the operation and impact of CAF. LARC2 included LAs from each of the nine Government Office regions, for example, and represented all scales and types of LAs, from small to large authorities, with urban and rural constituents and including unitary, metropolitan, London borough, and county authorities (see Appendix 1 for a list of authorities involved).

The participants in the local authority research studies were selected in a variety of ways. In some LAs, a quantitative exercise (exploring the number, location and characteristics of the children and families engaged in the CAF process) preceded the qualitative work, in others a particular locality was targeted from the outset. The selection of children, young people and families varied according to the outcome group under focus (early years, non-attenders, or those at risk of a negative outcome) and the propositions that LAs were exploring. As a result, the families engaged in the research were selected in either a purposive way (to explore the medium- or longer-term impact of the CAF on subsequent transition from pre-school to school, for example) or as part of an opportunity sample (where the lead professional had been able to broker family engagement, following a CAF exercise). This does not mean that LAs selected only those children and families where there had been a positive outcome, but does mean that the selection of participants was not random and did not attempt to be representative. Further participants in the research were selected on both 'snowball sampling'⁶ and/or (more frequently) on the basis of a structured list of those professionals and others who would have engaged (or might have been expected to engage) with the family and child during the CAF process.

1.4.1 LA methodological overview

All 24 authorities undertook small-scale, predominantly qualitative research projects, sometimes using trained researchers (whether from NFER or external researchers commissioned for the role), sometimes using their own staff, a few of whom had a research background (educational psychologists or staff who had recently completed – or were completing – higher degrees such as MAs, for example). The qualitative elements included face-to-face interviews with the child or young person with a CAF episode and parent/s; as well as face-to-face or telephone interviews with the lead professional and other professionals. Five authorities also used focus groups with professionals and one used the innovative method of 'speed-dating'. In research terms, speed-dating involved practitioners being asked a question such as, 'How can we strengthen the role of the lead professional?' Each participant then spent three minutes giving a response while another professional recorded their ideas. Responses were then collated by professional group (for example, headteachers or children's centre managers) and analysed thematically by NFER. Twelve authorities included a quantitative element in their study (for example, interrogation of CAF databases and/or questionnaire surveys) while four LAs conducted secondary analysis of existing data (analysis of data collected for a different purpose, for example, data collected for a

⁶ In 'snowball sampling' the researcher identifies participants who match the research criteria; participants then refer the researcher to other potential participants who also fit the pre-specified criteria. Snowball sampling is particularly useful for accessing 'hard to reach' groups.



previous evaluation or for monitoring purposes). During their research, participating authorities had access to NFER training (both generic and bespoke), as well as professional support during the analysis and writing period.

1.4.2 Research participants

Over 350 participants were involved in this research, including children, young people and their families, lead professionals, school-based staff and professionals from a range of sectors, including health visitors, midwives, paediatricians, Children's Centre practitioners and managers, youth offending teams, CAMHS professionals, Connexions staff, educational psychologists, school improvement and attendance teams, integration officers (or integrated working advisers), school nurses, family support workers, education welfare officers, housing officers and drugs and alcohol teams. The number of practitioners involved in group discussions (in five LAs) has not been included in the figures given below, but we are aware that a minimum of 50 professionals were involved across 19 focus groups.

Table 2 Total number of research participants

Research participants	Number of participants
Children and young people	35
Parents	90
Lead professionals	105
School-based staff	45
Other professional	56
Total	331

Please note that Table 2 does not include the number of focus group participants. The total number of participants involved, therefore, exceeds 331.

1.4.3 Analysis

Following the research, most local authorities completed a guided thematic analysis of their qualitative data, some using the templates provided by NFER, and based on their local interview transcripts or case-study examples. These analyses extracted key messages related to the CAF process, the lead professional role and multi-agency engagement, with a focus on schools and outcomes for children, young people and families. In some cases (14 LAs), analyses were conducted and final reports were written mainly by local personnel, with some NFER support. In ten LAs, NFER researchers took on responsibility for analysing some (if not all) of the data and, for nine of these, NFER staff wrote the final local report.

As indicated, most authorities also completed monitoring and evaluation templates, which enabled the NFER to set their reports in context when drawing together the studies, so that all claims could be rooted in local contexts. This synthesis report, therefore, provides insights into the current state of play and progress of the CAF on improving outcomes for children, young people and families. Longer-term mixed method studies of the CAF process would be required to ascertain whether early intervention and prevention supported by the CAF achieves *sustainable long-term* positive impacts for children, young people and families.

Summary of outcomes and contributing factors

Authorities reported how the CAF process supported improved outcomes for children, young people and families, these are summarised below.

ECM outcomes	Be healthy	Stay safe	Enjoy and achieve	Make a positive contribution	Achieve economic well-being
Improved outcomes for children, young people and families	Improved emotional and physical health	Fewer incidences of risky behaviours and improved sense of safety	Improved attendance, learning and transition arrangements	Developed positive relationship and empowered families	Developed aspirations for the future and received welfare support
LA said CAF contributes to improved outcomes through:	<ul style="list-style-type: none"> Initial CAF assessments that create improved understanding of holistic need Lead professionals who provided families with one point of contact, targeted support and coordinate multi-agency professionals Multi-agency information sharing and TAC model, which support a holistic understanding of need and identifies targeted support interventions Targeted complementary support from range of agencies 				
National indicators*	NI150	NI17**/NI71/NI115	NI87	NI110	NI22**/NI23**/NI116

*The reported benefits of the CAF process in improving outcomes for children and young people relate to the NIs listed.

**These national indicators also relate to 'Stronger Communities' outcomes



2 Does the CAF process support the achievement of better outcomes for children, young people and families?

As outlined in 'Methodology overview' (section 1.4), the realistic evaluation approach depends upon the identification and investigation of anticipated outcomes, the mechanisms that are thought to be working to deliver that outcome and the contexts in which those mechanisms are operating. Each LARC2 LA developed its own research proposition on which to focus its research (see Appendix 4 for a list of all propositions) and was asked to think about the particular mechanisms of the CAF process that they thought might be instrumental in bringing about the outcomes for children and families that they hoped to see.

While a number of authorities were able to assess the extent to which their proposition was correct, others provided insufficient evidence to gauge whether their propositions were borne out in reality. Individual authority reports often focused on the *outcomes* of CAF episodes and supportive factors rather than on testing their original propositions about the mechanisms at work. In addition, the propositions posed by some authorities proved overly ambitious for this round of research. They do, however, provide a context and baseline from which to develop and measure future practice and outcomes. In summary:

- in a fifth of the LAs the anticipated link between context, mechanism and outcome was observed, with LAs reporting evidence that clearly supported their propositions
- in just under two-fifths of the LAs, participants in the study provided evidence of a positive outcome of the CAF process, or evidence that the mechanism appeared to be working even if the outcomes were not yet fully established
- in about half of the cases, however, even where outcomes appeared to be positive, the written reports did not provide evidence of clear and direct links between the proposed mechanism and outcome. In some cases this was because the mechanism the authorities had anticipated were slightly different from the ones they observed. In others it was simply because the report focused solely on outcomes and did not look closely at the mechanisms in operation.

While we have evidence of improved outcomes following the CAF and of mechanisms that appear to support the achievement of those outcomes, it is not possible to say definitively whether or not the observed changes in outcomes for children, young people and families would have taken place without the CAF process, based on the evidence currently available. This is not to say that the CAF process was not working, or that it did not lead to such outcomes, however. In most cases, the evidence is lacking because the propositions related primarily to concepts of early intervention; while LAs reported *earlier* intervention, it often was not early intervention.

Drawing on the authority reports and other research evidence obtained during LARC2, this report provides insights into what does and does not work in relation to CAF episodes and where integrated working requires further development. Each authority's research reports gave evidence or examples of improved outcomes for their chosen group of children and young people (early years, non-attenders or those at risk of negative outcomes). Four of the 24 authorities, however, explored the local CAF *process* rather than looking specifically at outcomes for children and young people at this stage.

Table 3 Summary of positive ECM outcomes for children, young people and families involved in CAF

Improved or enhanced outcomes related to:	Number of authorities	Link to relevant National Indicators
Be healthy		
Emotional health	15	NI 50: Emotional health and well-being
Physical health	5	-
Stay safe		
Behaviour	9	NI 17*: Perceptions of anti-social behaviour
Feeling safe or engaging in less risky behaviours	5	NI 71: Children who have run away from home/care overnight NI 115: Reduce the proportion of young people frequently using illicit drugs, alcohol or volatile substances
Enjoy and achieve		
Attendance	13	NI 87 Secondary school persistence absence rate
Learning	9	-
Transition arrangements	6	-
Raised aspirations	6	-
Make a positive contribution		
Participation in positive activities	12	NI 110: More participation in positive activities
Achieve economic well-being		
Parenting	14	NI 22*: Perceptions of parents taking responsibility for the behaviour of children in the area
Family relations	7	NI 23*: Perception that people in their area treat one another with respect and dignity
Housing and welfare	6	NI 116: Proportion of children in poverty
Peer relations	4	NI 23*: Perception that people in their area treat one another with respect and dignity
Other outcomes		
Sense of empowerment	13	-
Relations between families and schools	8	-
Sense of responsibility	7	-

* These outcomes also relate to National Indicators for 'Stronger Communities'.



This section, therefore, reports only on the outcomes as stated in 20 of the 24 authority reports. Chapter 3 (which looks more closely at process) reports findings from all 24 reports and addresses the reported challenges associated with the CAF process for professionals and families.

All 20 authorities reported at least some positive change in outcomes for children, young people and families, as summarised in Table 3, which is structured around the Every Child Matters agenda (ECM).

Seven authorities, however, also provided examples of cases where there had been no change – or even a negative change - in outcomes for children, young people and families, even where they also gave examples of positive changes for others. This suggests that the CAF process is far from being a universal panacea and raises questions as to why the CAF is and is not effective in certain circumstances. These questions are discussed in section 2.7.

Changes in outcomes are reported below under each of the ECM outcome areas, following the sequence reported in Table 3.

2.1 Be healthy

Research reports from the authorities gave evidence or examples of improved outcomes for children and young people related to emotional and physical health.

Emotional health

Three-quarters of the reporting authorities noted improvements in the emotional health of children, young people and families as a specific outcome achieved through the CAF process. In particular, the improvements noted related to improved self-confidence, enhanced self-esteem and better social and emotional awareness. Authorities reported that young people and parents were better able to cope with and manage their emotions and attitudes as a result of the support interventions put in place through the CAF process. According to LAs, young people and parents felt happier and had a more positive outlook on their future.

[Jack's] self-esteem has risen, you can see that, [Jack] is a lot happier in class and much happier about moving up to the next stage. (Lead professional)

Authorities provided evidence of enhanced social and emotional awareness in young people and parents following involvement in a CAF episode, quoting examples of children whose moods had improved now that they were equipped with the skills to manage their feelings. One parent explained how the support for her son helped him to learn how to cope with his emotions and adjust his behaviour accordingly:

You believe in yourself, that I can do things like 'cos I used to think 'oh I can't do that' but ... [the lead professional] helped me try. (Young person)

'He's settled down ... not so many outbursts, not so many fights ... he's learnt to calm his temper ... rather than kick off and getting exclusion after exclusion.'

A range of agencies were brought together through the CAF process to offer targeted support to children and young people to help them acknowledge, understand and manage their emotions and behaviour, according to LAs. Support was provided, for example, through CAMHS, educational psychologists, Triple P, Family SEAL, one-to-one and group counselling, Behaviour and Attendance Teams and through engagement in positive activities.

Physical health

Five LAs provided evidence of the CAF process supporting improvements in the physical health of children and young people. Authorities found that the holistic nature of the CAF process helped professionals to understand the physical health needs of individual children and young people. In some of the case studies recorded, LAs reported that the TAC model had identified a need for referrals to a healthcare professional which led to diagnosis of medical conditions including ADHD, speech and language development, eating disorders or poor eyesight. One LA quoted the example of a family whose child was being cared for by medical professionals, but where the parent had stopped attending medical appointments because she queried the diagnosis. Through the CAF process, however, the parent re-engaged with the medical professionals, resulting in a satisfactory diagnosis and treatment for the child. For children and young people with medical problems, the need to tell their story only once through the CAF process was reportedly valued by families, particularly where it was distressing for them to talk about their condition/s.

2.2 Stay safe

LA reports gave evidence or examples of improved outcomes for children and young people related to improved behaviour; feeling safe and engaging less in risky behaviours (see Table 3).

Improved behaviour

Nine authorities reported examples of CAF episodes that dealt with and supported improved behaviour among children and young people. These CAF episodes were initiated mainly due to poor behaviour at home and/or at school.

The CAF process enabled professionals and parents to both identify reasons for and to address certain behaviours that frequently linked to emotional health (see section 2.1). Therefore, once support interventions were put in place to help children, young people and their families to manage emotionally, behaviours often improved. This resulted in wider impacts, such as more positive engagement in school life, improved family relations and a greater sense of responsibility.

Authorities reported that multi-agency working during a CAF episode facilitated the development of skills for professionals; this in turn helped better support improvements to children and young people's behaviour. One LA, for example, reported that the behaviour support team had worked with a child for a short time and, once support for the child stopped, the school was able to call the team for advice when required. This enabled consistent and targeted strategies for the child to be maintained, resulting in improved outcomes:



'We carried on with their [Behaviour Support Team] advice over the telephone if we needed it. Now's he's in year four ... We've noticed a marked improvement in his behaviour and now academically he's moving forward. [CAF] has made a big difference.' (Headteacher)

It could be argued that the use of the CAF process to support individual children and young people to address their behaviour may have a wider and positive impact on their family, peers and society. Reducing the numbers of young people who bully teachers and their peers, or who are verbally or physically abusive at home and in the community, should improve the safety of others and so support improved outcomes for people outside the CAF process.

Feeling safe and/or less engagement in risky behaviours

Evidence from five participating LAs showed how CAF episodes helped children, young people and families adopt safe practices either in the home, school or community. Reported risky behaviours with which children and young people were engaged prior to the CAF episode included alcohol, drug misuse and/or not returning home at night. Although the purpose of CAF is to support early intervention, authorities reported that, for some children and young people, their presenting issues were higher up the threshold levels (that is, receiving targeted or specialist service support) but examples of early intervention and prevention (that is, at universal service level) were also provided by authorities. In addition, authorities provided examples of children, young people and families who felt unsafe within their home.

In other LAs where concerns around safety were expressed as a consequence of children and young people's behaviour, the CAF process enabled young people to access support from education welfare services. Practitioners argued that, by improving levels of school attendance, this reduced the risk of young people engaging in risky behaviours during school hours. Similarly, LAs reported that access to positive activities during school holidays reduced the chance of young people engaging in anti-social activities.

For young people and parents with complex needs, such as alcohol/drug dependency or exposure to domestic abuse, LAs reported how the CAF process supported families to manage emotionally by targeting interventions to each family member based on their individual needs (see section 2.1 'emotional health').

A very small number of LA reports made reference to children who had been subject to child protection proceedings and who had a CAF to support them 'moving down the threshold'. However, these examples were few and far between. In these cases it was not clear how the CAF process was initiated and what was the specific involvement of social care and other services. The role of the CAF process for children and young people moving down the threshold was specifically mentioned in six reports as one of the areas that professionals need greater clarity. It may also be an area that requires further investigation and/or direction at a national level.

Authorities reported a lack of engagement with the CAF in some agencies, particularly in social care. In one LA it was reported that social care had refused to engage in the initial CAF process for one young person. As the young person's needs escalated and they required social care intervention, the duty team then requested a CAF assessment.

The lead professional was frustrated that social care had not engaged at the outset and that, when they did, this effectively necessitated a duplication of effort.

2.3 Enjoy and achieve

LAs' research reports gave evidence or examples of improved outcomes for children and young people related to school attendance and learning.

School attendance

Improvements in attendance for children and young people during a CAF episode were reported in 13 of the 20 authority reports. Authorities reported that, for parents, the CAF afforded the opportunity for an initial assessment, dialogue with the lead professional and TAC meetings which helped parents understand the negative impacts of un/authorised absences on their child and their engagement in school life. Some parents, for example, had not realised that if their child was late for school, they would miss vital aspects of school life, as well as being marked as absent.⁷ Others had not acknowledged the full extent of their child's absenteeism until it was discussed during a CAF initial assessment or TAC meeting. LA reports provided details of the ways in which TAC meetings gave parents access to different support interventions to help their child get to school. This included, for example, family members and/or the community (mainly other parents) taking their child to school where a parent was unable to do so, or, in some cases, funding was found to get children access to private transport.

He's punctual, he's on time, he's happy, when he goes to his form he's part of the conversation from the start, he's forming relationships with kids he might not normally hang around with in the evening. He said things are a lot better, he's said in terms of learning. He is progressing because of his attendance. (Lead professional)

LAs reported that, once support was put in place, through the CAF process, for a family to improve a child's attendance, wider impacts also resulted. Improved parenting skills helped parents to assist with their child's education by ensuring children had a quiet place to do their homework, helped parents understand when their child was feigning illness in an attempt to miss school and/or supported parents to introduce better routines within the home.

For other families, the CAF supported a better coordination of services. Within one LA, the example was given of one young person who was working with over ten agencies prior to the CAF process; this resulted in her being taken out of school for significant amounts of time to meet with professionals. In this instance, the CAF process led to better coordination of services and better communication between agencies. As a result, the young person was able to reduce the number of appointments – and, therefore, the time missed from school. This young person's father noted how the CAF process helped the agencies to collaborate to meet his child's needs, leading to quicker decision making and action planning than when they had worked in isolation.

Another LA reported that each of the case-study children in their sample showed improved attendance. The amount of improvement ranged from 4.8 percentage points (from 72.5 to 77.4 per cent attendance) to 46.3 percentage points (from 25.8 to 72.1 per cent), with a further example of attendance increasing to over 98 per cent. Such improvements were not always sustained, however. Once the CAF process had ended,

⁷ Latecomers are recorded as unauthorised absences, see: <http://www.teachernet.gov.uk/docbank/index.cfm?id=13903>



some LA reports noted that attendance had fallen again. Even so, levels tended to remain higher than before the CAF process. This suggests that implementing the CAF (and its attendant support mechanisms) may not be enough and that more needs to be done to support families to sustain higher levels of pupil attendance post-CAF.

Learning

Almost half of the reporting authorities (nine) found that, in most cases, children and young people's learning had improved during or after their CAF episode. Authorities did not analyse centralised attainment data, however, and relied primarily on information from teaching and other professionals and/or school reports. This evidence should not be dismissed as simply anecdotal, since these professionals will have a clear understanding of the progress (or lack of it) made by the child prior to the CAF process. It does, however, highlight the need for LAs to gather quantitative monitoring data (wherever possible) as well as qualitative evidence on the impact of the CAF process and/or interventions.

Authorities reported that the CAF process facilitated improved learning for children and young people as a result of:

- greater attendance at school, so that children and young people no longer missed vital learning
- improved support for learning through one-to-one or group learning and/or by applying for a statement of special educational needs (SEN)
- greater engagement in school life through, for example, out of school activities or by no longer being late for school
- raised aspirations for the future, for example, as a result of greater confidence and self-esteem.

LAs cited examples of how improved attendance, combined with enhanced emotional maturity, meant that children and young people now wanted to attend school and learn, whereas prior to their CAF episode they had not. One parent noted the improvement in her son's education following the CAF process, which reflects many of the case-study examples in LA reports:

“This year it's improved totally ... I was getting letters home constantly which was driving me mad ... Now, I get postcards home saying how well he's done in Maths and French.”

Transition between key stages

All of the six authorities exploring either early years (readiness for school) or transition between primary and secondary schools found that the CAF process helped strengthen transition arrangements.

Although educational organisations (early years settings and schools) have long had transition arrangements in place, professionals felt that the holistic nature of the CAF assessment further supported the identification of need, picking up additional non-educational factors that would not have emerged through normal transition procedures.

Issues included parental mental health and its impact on a child's attendance and emotions, for example. One lead professional described the benefit of the CAF process for transition: *'it works well ... to go into so much detail about every aspect of a child's life'*.

The research alerted two LAs to poor practice and a lack of information sharing between early years services and schools. They noted that a small number of children had received a CAF assessment during their pre-school years, but that schools had not received a copy of the CAF form or the action plan and were not made aware that the child had identified additional needs. Both LAs were taking steps to address the lack of information sharing with immediate effect.

LAs reported that targeted support interventions implemented during a CAF episode to aid transition resulted in:

- better support for children, including those with SEN, through one-to-one working with nursery/school staff
- one-to-one support for parents from lead professionals and/or other early years practitioners to help with a range of needs, from parenting skills to welfare rights
- referrals to agencies/service, including nursery places for two-year-old children or a continuation of nursery provision to enhance a child's development before attending school
- improved attendance at nursery, therefore, supporting higher levels of attendance and engagement in education
- better identification of medical needs and prescribed medication
- enhanced relationships between parents and schools and between different schools.

Raised aspirations

Six authorities found that the CAF process supported young people to re-engage in education and improve their aspirations for future education, employment or training (EET) opportunities. Authorities referred to examples of young people who had previously disengaged from education, but, having been involved in the CAF process, took GCSEs and secured college placements – something they had not considered prior to the CAF process. One parent described the change in her daughter:

“[Emily] is now, actually completely different. She wants to stay on now and get qualifications and I thought she was going to get excluded.”

Young people's aspirations for their wider life prospects improved as their confidence and self-belief developed, authorities reported. As one parent explained, *'... it's helped [Paul] he's actually stayed in school ... now he feels that he is good enough to go to college and have this future he wants.'*

2.4 Make a positive contribution: participation in positive activities

Around half of authorities found that children and young people (sometimes for the first time) were able to engage in positive activities as a result of the CAF process. Breakfast



clubs, for example, were offered to support attendance at school and healthy eating; after school sports clubs provided the opportunity to develop peer relations and take part in physical activity and emotional support was provided through referrals to networks such as 'Young Carers'. Some families were also given funding to access family activities during school holidays. LAs quoted the benefits of being involved in positive activities on the emotional and physical health of children and young people. These included young people feeling less isolated or anxious, as developing confidence and greater self-esteem as they felt more settled in school. Young people's participation in positive activities had wider impacts for the whole family by providing parents and siblings with one-to-one time, therefore, developing their emotional well-being also (see, section 2.1 'emotional health').

One authority, for example, explored the CAF process for a young person who was provided with respite care to support him and his family manage his autism. He explained that the CAF provided him with the chance to receive respite care, explaining that it gave him opportunity to participate in new experiences:

I find it [respite care] very helpful, because you're able to play games, make stuff, and they feed you biscuits and some drinks if you want to I met a friend there and we've sometimes been to the park, so that helps, and sometimes we play games like domino and chess I've gone swimming, gone to a few farms, done different things. Puzzles, I do art, I do all sorts of different things that I wouldn't be able to do at home ... it's really fun. Once I went to [a farm], and I found that brilliant because there was all the lambs and the pigs, and there were antelopes to look at.

2.5 Achieve economic well-being

Authorities' research reports gave evidence or examples of improved outcomes for children and young people related to improved parenting, family and peer relations and housing/welfare issues.

Improved parenting

The CAF process was said to support improved parenting skills, as mentioned in almost three-quarters (14) of the LA reports. Parents themselves noted how working with a number of professionals through a CAF episode made them feel understood, listened to and less isolated. Professionals recognised, through the CAF assessment, that many parents needed to develop their parenting skills and so gave them the opportunity to access positive parenting programmes such as Triple P or Family SEAL.⁸ Accessing such support programmes and working with multi-agency professionals enabled parents to learn new strategies and techniques to acknowledge and understand their child's holistic needs, often to deal with their child's behaviour, as one parent noted:

⁸ Triple P is a parenting and family support programme which helps parents prevent behavioural, emotional and developmental problems in their children. It enhances parents' knowledge, skills and confidence: www.triplep.net. SEAL (Social and emotional aspects of learning) supports primary, secondary schools and parents (Family SEAL) to develop social, emotional and behavioural skills of children and young people: <http://nationalstrategies.standards.dcsf.gov.uk/node/66383>

We've had our arguments and he'd just walk out and I'd go 'don't walk away' but [the lead professional] tells me that's the best way for him to deal with it, to walk away ... to calm down and then come back and speak to you.

Where the CAF assessment identified a specific need to support and refer parents to positive parenting programmes, LAs reported that these interventions helped parents to recognise when their child was feigning illness, perhaps, or overplaying symptoms in an attempt to stay at home rather than attend school. Parents began to understand the need to send their child to school, communicating any concerns to school staff rather than allowing their child to miss school. Authorities reported how the CAF process had supported the development of better communication and relations between home and school (see section 2.6).

Improved family relations

Around a third of reporting LAs (seven) said that the CAF process had led to improved relations within families. As families developed as a unit, owing to the support received through the CAF process, LAs found that families enjoyed spending more time together and engaged in positive activities, sometimes for the first time. Activities included cooking, shopping, DIY, homework projects and whole family activities such as BBQs or picnics.

Sometimes we cook together and it [the CAF process] probably taught us to be more cooperative. (Young person)

A case study provided by one LA gives a good example of the impact of the CAF on family relations, which mirrors the benefits experienced by others. The lead professional explained that, prior to the CAF episode, the mother of one large family had to look after her nine children and the home with no support from the father or the children themselves. The school had concerns about the eldest son, who regularly arrived late for school, was underachieving and sometimes appeared unwell. A CAF episode was, therefore, initiated with the family. It emerged via the CAF form that the young person lacked independence, was regularly ill, had a poor diet and hygiene and that his father was spending little time with the family. Through the CAF process, the school nurse offered advice to the family about hygiene and healthy living and set them targets to support improvement in these areas. The lead professional noted the resulting benefits for the family of being involved in the process:

Dad looks more together. It's hard to give nine children individual attention but he's developing more of a relationship with them. [The family] did an art project, and they all had a go, all the family were involved, A's talking to his family more now than he did before.

Housing and welfare

Six authorities provided evidence of ways the CAF process helped families to access welfare benefits, financial support and/or housing support. Through the holistic assessment, it emerged, sometimes for the first time, that families had financial difficulties or housing concerns or were not receiving the financial support they were entitled to. For other families, a lack of finance to fund their child's participation in positive activities was identified through the CAF process and so financial support was offered, as one lead professional explained:



“Financially it’s hard to, so [Tom] wasn’t involved in any extra activities, so I looked into that and got them some funding and [Tom] has gone on an activity week.”

All four of the authorities that explored the early years outcome group made reference to the CAF assessment identifying a need that required financial assistance for the family, whether through a children’s centre placement or additional input from the housing department to secure the family’s tenancy agreement, for example. It was reported that, as a result of a child’s behaviour or tension in the local community, some families were at risk of being evicted from their home. This obviously had an impact on the emotional well-being of the entire family and was extremely unsettling for the children who might have to consider moving to a new area and school. The CAF initial assessment helped such families identify the need and then the TAC enabled the LA housing department to support the family. For others, where families were living in disorganised homes, referrals were made to organisations who offered support to parents, for example, HomeStart.⁹

Peer relations

Four authorities reported that professionals, particularly school-based practitioners, had noticed improved relations between young people with a CAF episode and their peers resulting in more friendships inside and outside school, fewer instances of bullying, higher self-esteem and/or greater feelings of happiness and a sense of independence. One young person explained how his friendships had changed following his involvement in CAF, which had prompted self-esteem work from the behaviour and education support team, individual counselling and designated learning mentor support in school:

“I used to hang around with the wrong people last year, like they’d get me in loads of trouble ... but now I’ve started like hanging around with one of my mates something from primary school again, well a couple of my mates from primary school and I’m getting better, while I’m hanging around with them.”

2.6 Improvements in other areas

Improved outcomes in other areas, not directly related to ECM outcomes, were reported by authorities, these related to empowering children, young people and families, relations between home and school and a sense of enhanced responsibility.

Empowering children, young people and families

Thirteen authorities reported that being involved in a CAF episode had empowered children, young people and parents. Not only were children, young people and families given a voice *through* the CAF process (during initial assessments, by attending and/or having their views represented at TAC meetings and through the support of the lead professional), but the process also enabled them to seek support proactively, demonstrating a greater sense of responsibility for themselves and their behaviour. One parent explained:

⁹ Parent volunteers at HomeStart support and empower parents who struggle to cope with a wide range of issues (<http://www.home-start.org.uk/>)

I think the CAF team has actually taught him to respect other people, the fact that there are other people there that will sit and listen to his problems instead of just brushing him to one side. He feels like he's part of something and you know he just feels as though when he goes there if he's got a problem, he can actually turn round and he can actually sit down and discuss it and know that no one's going to judge him.

Some LAs expressed concern about the use of jargon and non-child friendly language during a CAF episode, however, particularly during TAC meetings, as this sometimes hampered children, young people and families fully engaging in the process.

A small number of authorities gave examples of young people and parents seeking further support during or after a CAF episode. Young people, for instance, would contact their lead professional or members of the TAC when they felt they needed additional support. One LA cited the example of a parent recognising that she could benefit from counselling, having seen the positive changes in her son after he received similar support through the CAF process. Although this parent sought support outside of the CAF process, she felt the CAF had enabled her to identify a need for herself.

Relations between home and school

Eight LAs said that discussions during the TAC meetings often enhanced communication between school and home and enabled both parents and school staff to appreciate fully the need to communicate with each other to best support a child. Even where relations between home and school prior to the CAF process were strained, relationships appeared to improve through the process. That said, professionals noted the importance of understanding that some parents find it difficult to attend meetings in school, following their own experience of school life. Practitioners felt that this needed to be taken into consideration when arranging TAC meetings and when thinking about who should become the lead professional. To address this concern, one LA was actively asking parents about their experience of school during the initial assessment, so as to gain a thorough understanding of family background and to inform decisions about the location in which to hold future TAC meetings.

One parent's example, which reflects many other families' experiences, gives an insight into how the CAF process brokered relations between home and school. Communication between home and school had broken down because the child was regularly being sent home from school due to a medical condition. This resulted in the parent not being able to gain employment or effectively support her other child, who had special needs. The CAF process helped the mother and the school to communicate about better ways to support the child and highlighted the negative impact of him being sent home from school regularly. For parents, knowing that professionals understood and were able to support their child provided them with a sense of security that their child's needs were being met in different settings, that is, when they were not at home. As the mother explained:



“[CAF was] really good for [the] school because I think they felt that they were getting second- or third-hand information and it gave them an opportunity to get it from the horse’s mouth. It was good that I could tell them you know, you’ve left me with this, sending him home ... I think they understood then how they’d left me to it.”

Enhanced responsibility

Seven LAs said that, by supporting children, young people and parents to manage their emotions and environments, their resilience and sense of responsibility was often enhanced. Children, young people and parents began to realise the consequences of their actions and take more responsibility for their behaviour and emotional well-being. As one young person explained:

“I don’t hit walls anymore ‘cos like that’s just silly and just like making my mum pay for bills for the walls and the door, so I’ve stopped that now and I’m like, I’m behaving more ... I’ve developed how to be aware of when I’m going to become angry I think of ways to calm myself down.”

2.7 No change?

Seven authorities referred to individual CAF episodes or case-study examples where no improvement in outcome was recorded. Mostly, these authorities referred to children and young people where hoped for improvement in behaviour had not taken place. In most cases, the reason for this lack of change in outcome appeared to be as a direct result of a lack of family engagement in the CAF process. As discussed in section 3.1 below, LAs found that family engagement in the CAF is crucial to achieve a positive change in outcomes.

2.8 Impact on specific groups of children and young people

When looking at whether there was a change in outcomes for each of the three participating groups of children and young people that were the foci of LARC2, LAs provided evidence to show that the CAF process supported an improvement for some of those involved, as summarised below.

Early years

Four authorities found that the CAF process supported improved outcomes for some of the pre-school children and their families studied. Because the CAF process helped identify and target appropriate support strategies to individuals, reported improvements related to:

- enhanced development, including emotional resilience and speech and language development, for example
- improved learning and readiness for school (pre-school children)
- a better understanding of and support for a child’s social, emotional and medical needs
- a better understanding of and support for a family’s financial situation.

LAs quoted examples of families in the early years group who were referred to adult mental health services, who received behavioural support interventions and/or received financial assistance through referrals to welfare agencies/housing departments. During CAF episodes, for example, the children's attendance and learning improved and friendships were developed. In most case-study examples, LAs reported that the CAF process supported information sharing between early years settings and schools before a child attended primary school. There were examples of pre-school settings not sharing information, however, and this was being rectified locally.

Non-attenders and children and young people at risk of negative outcomes

LA reports showed that the CAF process supported improved outcomes for the non-attenders outcome group and those at risk of negative outcomes by identifying a need and targeting support to:

- improve parenting skills and implement routines within the home that helped children and young people to attend school, because, for example, parents said they had a better understanding of their child and, therefore, could be a better parent.
- enhance relationships between children, young people and their parents, and between schools and families: *'I do see them more as a family unit than they ever were.'* (Lead professional)
- offer emotional support to children, young people and families to help them deal with any emotional difficulties: *'She felt helpless as a parent, and this [CAF process] also impacted on her parenting.'* (Lead professional)
- improve children and young people's behaviour in the home, school and community through targeted support programmes: *'Relationships at home have improved and the family will agree it's a happier and safer place to be ... mum can now feel at ease leaving [Charlie] alone in a room with his siblings, which she couldn't do before.'* (Lead professional)
- help children, parents and professionals to understand and manage medical needs by improving access to healthcare professionals, and so this led to, for example, respite care and a child wearing spectacles.
- help children and young people to enjoy and enhance their learning through better engagement in school life: *'Once he's [at school], he enjoys it and really tries hard.'* (Lead professional)

In addition, the CAF process supported improvements for the non-attenders group specifically by providing children, young people and parents with skills and techniques to get children to school on time, for example, by providing transport.

For children and young people at risk of negative outcomes, the CAF process helped to reduce young people's engagement in risky behaviours through appropriate referrals to multi-agency teams, including, for example, drugs and alcohol teams.



3 What are the key contributing factors that promote the effectiveness of the CAF in different contexts?

LA research showed that the key contributing factors that appeared to promote the effectiveness of the CAF process in different contexts were:

- engaging children, young people and families in the process
- ensuring consistency of the lead professional support
- integrating of all the elements of the CAF process
- ensuring multi-agency working and information sharing
- developing a better understanding of children and young people's needs at the earliest possible stage.

There were challenges associated with each of these enabling factors and these are discussed below.

3.1 Engaging children, young people and families

All authorities reported the importance of fully engaging children, young people and families in the CAF process, often indicating that the success of the CAF was dependent on family engagement. They argued that parents needed to be seen as equal partners in the process and be fully committed to it. Consequently, a lack of family engagement was seen as a barrier to successful outcomes.

Participation of children, young people and families in the CAF episode reportedly encouraged trust between families and services, made families feel supported, raised their awareness of service support available to them and their child, helped develop open and honest communication between families and services and created a sense of parental ownership. In addition, families and TAC practitioners were able to gain a holistic understanding of a child's and/or family's needs.

The combined elements of the CAF process that LAs reported as being crucial in which to involve children, young people and/or parents were:

- the initial assessment (CAF form), whereby honest and open communication from families reported as being essential in order to gain a thorough understanding of need
- TAC model and meetings, where it was vital that children, young people and parents at least had their voice represented but ideally, they would attend meetings
- action planning and reviews, to ensure that children, young people and families understood what support had been put in place and what would happen next.

Section 3.3 provides more detail on each of these elements of a CAF episode.

Lead professional and family relationship

In addition to engaging families in the entire process, another of the enabling factors of the CAF process specifically was the relationship between the lead professional and child, young person or family. Three-quarters of the reporting authorities referred to the significance of this relationship.

Where possible and appropriate, authorities recommended building on existing relationships between practitioners and families, particularly when initiating a CAF episode. Not only did this help the family feel at ease by talking to someone they knew, but it also helped the lead professional. Lead professionals worked closely with young people and their parents/carers, often discussing sensitive and personal issues, making mutual trust and respect paramount.

Even where pre-existing relationships were not in place prior to a CAF episode, authorities reported that families valued the lead professional role because they had someone they could trust, who was supportive, non-judgemental and shared their goals for the child/young person. As one parent explained:

*My lead professional was a great support. I mean, really, really great
I definitely couldn't have got through it without her, I wouldn't have
known what to do.*

In addition, even where relations between some professionals/services and families had been fraught prior to a CAF episode, the lead professional role, alongside TAC practitioners, was said to support improved relations between families and services. Lead professionals were able to recognise triggers for poor behaviour in young people, for example, and share these with other professionals working with a young person. Lead professionals were also able to find the best way to support individual parents as they understood how best to get results, as one parent explained:

*She's [lead professional] really good at kicking you up the backside. If she
doesn't see me, she'll come to the door. If I'm not feeling well, she's gone out of
her way to come and get my daughter so I'm getting support ...*

Challenges associated with engaging children, young people and families

Inevitably, authorities reported challenges associated with family engagement in a CAF episode. Most commonly, parents appeared not to engage due to a lack of understanding and/or commitment to the process. Arguably, this challenge could be addressed to some extent by investing time at the CAF initiation stage to ensure all family members fully understand the purpose and aims of the CAF.

Authorities reported that some families who had worked with agencies in the past were reluctant to engage in the CAF process, particularly where previous experiences had been difficult. For others, LAs found that some parents were willing to engage in the CAF process but did not want information sharing with specific services, namely social care and in some instances, their child's school. When the purpose of the CAF process and information sharing were fully explained, however, parents often changed their mind. This again highlights the critical need for parents to understand fully the purpose of the



CAF in identifying and supporting their child's needs if they are to engage. For families, personal difficulties, such as substance misuse, were also reported as barriers to engagement, as one lead professional explained: *'Mum's willingness to engage depends on her state of mind at the time'*.

Other challenges associated with engaging children, young people and families in the CAF process were reported by a small number of LAs as:

- families not being honest with professionals and disclosing information that they think professionals want to hear rather than the truth of a situation: 'You can try and push, but if the family keep those barriers up, then, in that instance, their CAF doesn't tell us anything at all, because it's a complete fabrication'. LAs reported, however, that the multi-agency approach to the CAF process helped overcome this challenge because lead professionals could draw on a range of opinions and expertise that provided a thorough picture of circumstances.
- parents' views of a child's needs differing from those of professionals. Expectations differed, therefore, which led to tension and feelings of unresolved issues. There is an important role for lead professionals in managing the expectation of families throughout CAF episodes.
- professionals not viewing children, young people and families as equal partners in the process so that they were not given the opportunity to engage fully. 'It was good for the family to hear all the professionals speak. It was an opportunity for the school to hear how the young person felt and for everyone to start building relationships'. (Lead professional) Authorities have a role in ensuring that services managers help practitioners to enable families to fully engage in the entire CAF episode.
- some parents feeling overwhelmed by the process, particularly in the early stages and during TAC meetings and so refusing to engage further. 'I didn't understand why you had to go into the financial things. I didn't query it. I didn't understand why there were those personal questions about me. I wondered if I'll have to finance it ... it would've been helpful if it was explained'. (Parent) The role of lead professional or CAF initiator is key in ensuring all family members understand that the CAF process is a solution-focused and supportive environment for families.

Authorities' data mentioned examples of parents choosing not to engage in the CAF, but where a young person was over a certain age and provided consent, the process was able to commence.

3.2 Making best use of the lead professional role

The lead professional role was crucial in supporting improved outcomes for children, young people and families through the CAF process, as reported in all authority reports. The lead professional role was found to support the CAF process because those taking on that role were:

- able to build on existing or develop positive relationships with children, young people and families
- in a position to develop a holistic understanding of a child's, young person's or family's needs

-
- a single point of contact for families and practitioners
 - able to coordinate appropriate and timely support for families
 - empowered personally and professionally to undertake the role.

Consistency of support

A small number of authorities reported examples of the lead professional changing during a CAF episode. In some examples, this was a deliberate decision to ensure that the CAF episode was successfully initiated by someone familiar with the process, but where the most appropriate person to become the lead professional was still new to CAF. It was decided, therefore, that someone with more experience would undertake the initial tasks before reallocating the role to the person with the closest relationship with the family. It was unclear through local reports, however, whether this had any effect on the outcomes for each CAF episode. However, a constant finding across the LA reports was that parents valued consistency in professionals – including the lead professional – involved in their TAC. We would recommend, therefore, that where possible one person, in collaboration with the family, undertakes the role of lead professional. If they are new to the CAF process, effective mechanisms should be put in place to support the role.

Single point of contact

Around a fifth of the reporting authorities claimed that having one point of contact was valued by families, particularly those who had experience of working with multiple agencies previously. Parents valued having the opportunity to tell their story but also valued having to tell it only once, as the following quote illustrates:

“[During the CAF] it was like we had one central area where we could all discuss what was going on. That was a lot better than explaining constantly what was going on to someone else.”

Coordination, communication and collaboration

Most authorities reported that the CAF process enabled professionals, who had identified a child or young person’s unmet needs, to work with other professionals to offer timely and targeted support. A small number of LA reports even referred to the CAF process as speeding up referrals to services and, within one LA, it ensured that an action plan would be developed within two weeks of the initial assessment.

Case studies of families working with a number of organisations prior to the CAF was reported and often resulted in poor coordination and communications resulting in needs being overlooked and in some cases, a duplication of work. The CAF and lead professional role reportedly enhanced the experience and outcomes for these families and professionals by streamlining joint support interventions. One lead professional explained: ‘In the past, everyone will have been giving them [families] different targets and different advice.’ A parent further supported this argument: ‘before [CAF] with all the other agencies we were always going around the houses, I hoped it [CAF] wasn’t going to be the same, luckily enough it’s been brilliant.’



Lead professional skills

Almost two-thirds of authorities said that lead professionals require certain professional and inter-personal skills to successfully undertake the role. In addition to developing positive relationships with children, young people, families and professionals, skills identified included:

- being a good communicator, adapting skills when dealing with sensitive topics or talking to young children
- being able to collaborate with and coordinate a range of multi-agency professionals: 'coordinate and ensure people are doing what they say they are going to do, create good working relationships with other agencies [and] identify the right support and support for the whole family'
- being equipped with the skills to chair meetings and/or take minutes
- requesting and sharing information as necessary
- being flexible and able to adapt to individual family's needs
- being honest, open and trustworthy.

Challenge: confidence and the lead professional role

Around a third of authorities reported that where professionals felt reluctant to undertake a CAF assessment or become a lead professional, this was often due to a lack of confidence or understanding about the role, something that training and local support could overcome. One professional explained:

I do find it a little bit difficult to move [the role of the lead professional] onto others, others who aren't clear about the CAF, or who haven't previously done a CAF and are not sure about what the role is. I've come across a couple of colleagues who didn't want to take it on because of the Lead Professional role.

Supporting lead professionals

Throughout the LARC2 process, many authorities reported a gap between the number of practitioners who had received CAF and lead professional training, and the number of people actually initiating a CAF episode. The data shows that, for some practitioners, there was a gap of over a year between the training and undertaking the lead professional role. Many authorities also identified a need to provide more formal support via refresher training for all staff and training to those new in post. As one professional explained, particularly with the changing pace of the CAF process, it is important to receive relevant and recent training:

You need to do a refresher course to keep up to speed with what's happening and that's crucial. You can do the training, but if you have a space when you're not doing full CAFs you need to have a clear understanding and keep up to scratch.

Most authorities also highlighted a need for informal support to help lead professionals and those who had received CAF/lead professional training but who had not yet undertaken an assessment. In a small number of LAs where a CAF coordinator¹⁰ or CAF team was available to offer support (by email or telephone, drop-in sessions, training or mentoring) it was highly valued by lead professionals, especially those who were new to the role.

In a very small number of LAs support of this nature had ended after one year, however, much to the disappointment and frustration of practitioners and managers. Having the opportunity to telephone a CAF coordinator with a question or for advice was reportedly seen as invaluable and something that other authorities should consider implementing.

Authorities found that practitioners would also value access to peer support, shadowing a lead professional and/or seeking advice from multi-agency professionals with expertise in specific areas. Having access to such support developed their confidence and as such they appeared more willing to undertake the role in the future. Similarly, once a professional had undertaken the role once, LAs said that subsequent involvement in a CAF episode was less daunting and they often found that it actually took less time. Important learning should be taken from these findings to support practitioners and those undertaking the role of lead professional to do so appropriately, consistently and confidently. It is evident from the local reports that LAs have a role in supporting colleagues by offering refresher training, rolling programmes of training for new in post staff and informal mechanisms of support.

3.3 Integrating the elements of the CAF process

The structure of the CAF process (namely the assessment form, the TAC concept and meetings, action planning and reviews and the multi-agency working) promoted its effectiveness, authorities reported.

Even so, around a fifth of authorities reported confusion or uncertainty from professionals about the assessment process. Professionals involved in the process were sometimes unsure about the place of the CAF in relation to other assessment or referrals and were not always clear as to which assessment form (CAF or their own service assessment) they should be using with children and young people. Others stated that their own service assessment would always take priority over a CAF.

The CAF form and initial assessment

The action planning and review section of the CAF form and TAC meetings was mentioned by eight authorities as being particularly valuable to the effectiveness of the CAF process. Even so, authorities reported that practitioner views on the CAF form varied. While many (20) authorities reported that a CAF episode increased their workload, at least a third felt that the time was well spent as it provided a holistic assessment of need. Three authorities said that it was a myth that CAF took longer than other assessments. As one manager stated: *'it doesn't actually cause any extra work, it's actually more structured, formal and written out and everyone is taking away a process and agreeing to certain actions'*. The use of the pre-CAF assessment, while noted in a small number of reports, was not a constant feature.

¹⁰ Also referred to as CAF manager



Mixed views about the appropriateness of the questions on the CAF form were reported, with some practitioners feeling that the questions were repetitious, and asked about sensitive and/or diverse issues which might not link directly with a child's presenting issue. Others valued having the opportunity to ask questions that they might not normally consider asking within their sector, or which they may feel uncomfortable broaching with families. This was a particular issue for professionals who were new to working with a family, for example, school staff who felt they might be encroaching on home-life issues. As one lead professional explained: '*... the form gives me a licence to ask more in depth questions, which I might not think of*'.

A small number of LAs reported examples of CAF episodes where practitioners had conducted assessments at home. They felt that it helped them get a thorough understanding of the home environment; an insight both parents and professionals valued. As one lead professional explained:

“In this child's case the house was extremely neglected to the level of being unable to sit down anywhere because it was extremely dirty. We were able to go through the questions to say 'erm, do you find it difficult to cope and manage with household chores?' and because it was on the form it was like it wasn't just us being noseey ... so that helped, that was really useful.”

One authority even reported an example whereby initiating a CAF episode with a young person was enough to acknowledge the problem and identify a resolution.

It emerged through the LA reports and data that practitioners undertook the initial assessment and completed the CAF form in various ways. Some professionals, for example, would make notes on the form before talking to parents to support the discussion (particularly when talking about sensitive issues as they felt it helped them to prepare); others completed the form with the family during the assessment and gained consent immediately; others, however, would take the form away to complete and return for signed consent. As a result of these varying ways of completing the assessment and form, the amount of time spent on this part of the process ranged considerably.

Practical administrative problems with the form caused frustration for some professionals, according to LAs, whereby the IT systems would not display all of the inputted text, for example. Some professionals, including paediatricians, noted that they had adapted the CAF form slightly to meet their sector-specific assessment needs and so as not to duplicate effort by completing two different forms. It will not be possible to amend e-CAF once it is implemented and so Children's Trust partners and services may need to consider where and how the CAF form sits with sector-specific assessment forms.

TAC model and meetings

Over two-thirds of LAs reported the importance of the TAC model and TAC meetings (with clear action planning and reviews) in supporting successful CAF episodes. LAs reported the benefits of the TAC model and TAC meetings as:

- supporting a shared and holistic understanding of the child's need
- identifying the right services and professionals to support a child/family, sometimes identifying the need for new agency involvement
- involving the family and offering timely support
- producing a clear action planning and review process, especially where services or individuals were given clear actions.

LA reports revealed some inconsistencies and misunderstandings amongst some professionals (from a range of agencies) about whether a TAC meeting should include parents and/or children and young people. When parents and/or young people were included in TAC meetings, the entire CAF process appeared to be viewed more successfully because everyone was involved and able to contribute to the discussion. A small number of reports referred to CAF episodes where families were disgruntled that they were not fully involved in the process, as one grandparent explained:

“How can decisions be made about children without the parents being involved and how can children be discussed when the people who know them the best aren't present?”

A parent in another authority who had not attended a TAC meeting explained how she felt: *'[I] felt a bit fed up If they're discussing you and your children and things about your life, you should be there.'*

LAs reported that TAC meetings were most successful when:

- there was an air of informality, with the use, for example, of relaxed meeting rooms, preferably in a neutral and central place
- plain language was used in meetings, documentation and during discussions: as one young person said: *'don't use big posh words that are hard to understand [the term] CAF doesn't explain what it is, it isn't very easy to understand'*. Some professionals noted that avoiding jargon also helped multi-agency working, as it helped develop a common language between professionals, as well as between families and professionals
- appropriate support interventions were identified and implemented
- there was clarity about next steps, which were documented and circulated to all TAC members, including the family, with a detailed action plan: *'what is going on at every stage. That's the most important thing'*.
- there was full engagement from parents and all professionals: *'Hearing the opinions of the parents and the child, it's very holistic. Likewise it gives parents the power to say "yes I do want a CAF and this is what I want" or "no, I don't want a CAF" - but you're giving them the choice.'*

Better understanding of service provision

Being involved in a CAF episode helped parents and professionals get a better understanding of service provision. Parents, for example, said they had not realised what support was available to them and their family and so were pleased that so many people



were willing to help them. One parent explained how the CAF process had helped her family improve their home environment:

“I didn’t know that housing and CAF had anything to do with each other. Me and the learning mentor were talking and she said how she would speak to the CAF manager because it would be less pressure on me and the whole family [to improve the housing situation] because I didn’t think anyone could do anything.”

Challenges associated with TAC meetings

LAs reported the following challenges with the TAC meetings, these related to:

- the time it took to arrange the meeting, specifically identifying and contacting professionals and organising meetings
- making sure that action planning and regular reviews took place; authorities reported examples of CAF episodes where commitment to the process diminished as time went on. This caused frustration and disappointment for families and professionals and, on occasion, was seen as prolonging the CAF episode.
- ensuring multi-agency professionals’ commitment to the process. There were reported incidences where professionals failed to turn up for TAC meetings or had not implemented an agreed support plan. This caused frustration for professionals, young people and families: *‘The first meeting four people came ... the next meeting only two people turned up. They said they were coming, but just didn’t turn up. It left me a bit confused; I thought a lot of people were going to help us.’* (Parent)

3.4 Promoting multi-agency working and information sharing

Almost all of the reporting LAs noted the importance of multi-agency working in supporting the effectiveness of the CAF process in improving outcomes for children, young people and families. Across local research studies, three main patterns of operation of multi-agency engagement in the CAF emerged. Practitioners from different services were engaged in one of these patterns, whereby they:

- identified the needs of children, young people and families, made initial contact, undertook the pre-CAF assessment and initiated full process adopting the TAC model, often taking a lead and becoming the lead professional
- or worked in partnership with other services to support the needs of children, young people and families, but the role of lead professional was undertaken by others
- or considered only their own sector-specific needs of children and young people rather than looking at them holistically. This model was reported in a minority of cases within a very few authorities, however.

Within any one authority, all three patterns of engagement (from full to partial involvement in the process) was evident, suggesting that the CAF process is not yet fully embedded in services. The agencies that were most or least engaged in the CAF process varied, as reported by authorities, with health professionals, schools, children’s centres, police and the youth sector having differing levels of involvement, across and between

local areas. For example, in some authorities, health visitors were fully engaged, yet in others, were poorly engaged. This was also true for schools, children's centres and those involved in the youth sector. Within some schools, for instance, pastoral staff were fully engaged in CAF episodes, yet other teachers were not. Evidence from the LA reports appeared to suggest that social care may be least engaged in the CAF process, however, with a number of instances of lead professionals and service managers referring to difficulties in getting social workers to engage in the CAF form, attend TAC meetings and/or share information. It appears that there is some confusion about the role of social care within the CAF process and a lack of clarity about threshold levels. Even so, a number of examples of good practice were provided by authorities, whereby multi-agency teams were co-located with social workers or where a team of senior social workers was appointed to support universal services with early intervention and prevention, including the CAF. It is not possible, therefore, to generalise about which sectors of the children's workforce are more or less engaged in CAF or integrated working.

The co-location of teams in some localities was reportedly valued by professionals as supporting multi-agency working and information sharing. Within one authority, for example, the co-located team included drugs and alcohol support workers, police, Connexions, Supporting Tenants and Residents Officer, school nurses, youth worker, Education Welfare Officer and a team manager. Authorities that reported the benefits of a co-located team noted that it helped multi-agency working as practitioners had instant access to specialist advice and/or support. As one lead professional explained:

Health visitors are based here and we're all in the same office [so] it's a case of there's no phone call involved and ... if we had any problems, she's there as well.

While one LA said that the CAF process reduced duplication of work, others felt that completing the form in fact duplicated effort, asking for the same information more than once. This was particularly true where a CAF assessment was completed alongside another assessment, for example, ONSET.¹¹ Where the CAF was used for early intervention and prevention, it could be argued that the need for other forms of assessment would be less likely, as referrals to some services are for children and young people with more complex needs.

LAs said that the CAF process supported multi-agency working, by:

- promoting an understanding of service provision among a range of professionals and parents
- providing multi-disciplinary training on the process and lead professional role
- developing a universally understood common language
- providing status when professionals tried to engage other services in the process
- supporting communication and information sharing between services
- enabling expertise to be shared between professional groups.

¹¹ ONSET is an assessment and referral tool used by YOTs to assess children and young people who are at risk of anti-social behaviour or at risk of offending.



Challenges of multi-agency engagement

Lack of shared accountability and commitment from all services was the most obvious challenge to the CAF process and multi-agency engagement. Where the CAF process achieved effective multi-agency collaboration, with shared accountability and commitment, the process seemed to support families better. This was because each professional was collaborating with others to achieve a shared goal and because progress was well communicated. However, the research shows that, in about half of LAs, there was a lack of commitment and shared accountability across services. Some services, for example, refused to engage in the CAF process at all, or would only engage in it partially showing reluctance to initiate the process with families. Failure to attend meetings, to commit to the process or to provide the support agreed led to frustration amongst lead professionals and also amongst young people and their parents, all of who saw this as a lack of commitment to the process.

These challenges that faced LAs may be attributed to a lack of understanding about the process as well as misconceptions that professionals hear from colleagues. There is need for policy makers, DCSs and Children's Trust partners to promote their expectations for multi-agency working and support heads of service to embed it further.

Information sharing

Over half of the reporting authorities noted the benefit of information sharing between agencies in supporting the CAF process. Yet it was also reported that some agencies were reluctant to share information on children, young people and families.

Authorities reported that information sharing was particularly crucial at the start of the CAF process and during TAC meetings in order to develop a holistic understanding of a child's or family's need, and arguably increasingly the likelihood of achieving positive outcomes. Information sharing also helped professionals and families to understand what services were provided by different organisations.

Despite the reported importance of information sharing between services, authorities found examples of lead professionals struggling to gain timely information about children, young people and families from other agencies. There did not appear to be any one agency or service that was more reluctant than others to share information, but it was noted that social care colleagues could be particularly unwilling. As one lead professional illustrated:

We all work well together, there was a lot of school representation, action for children, we put a referral into drug and alcohol group and also grandparents group. I did that by telephone, they are always willing to share information. The only problem I had was no representation from children's services.

Authorities reported some confusion amongst multi-agency practitioners about what information could and could not be shared and this may be the reason for reluctance. One lead professional explained '*Some barriers need to be broken down, [such as] Caldicott guardian¹² and the duty to share information.*' Other professionals said,

¹² Caldicott guardian is the person with responsibility to hold patient data secure within the NHS. See http://www.dh.gov.uk/en/PublicationsandStatistics/Publications/PublicationsPolicyandGuidance/DH_4068403

however, that they would always share information if they thought it would benefit a child or family, quoting information-sharing protocols such as the *Information Sharing Pocket Guide* (HM Government, 2008). It was evident through the LA reports that practitioners would benefit from receiving clear and consistent guidance from their authorities.

In addition to information sharing between services, a small number of authorities reported that practitioners wanted clarity about information on children, young people and families that was held centrally. The introduction of the National e-CAF and ContactPoint may help to overcome any ambiguity but, in the meantime, LAs might like to clarify to services and practitioners the sorts of information they hold centrally.

3.5 What is unique about the CAF process?

Nine authorities noted benefits of the CAF that are unique to the process, these related to:

- CAF being a single, neutral and universally used system that is not 'owned' by one sector or service. Authorities also reported that the CAF has influence to get services involved: '*[the CAF] puts in a formalised structure and gets people round the table. When you invite people through the CAF system it's logged. In normal situations phoning people etc it doesn't give people accountability but [the CAF] gives it some weight.*'
- the speed at which the process got under way: one LA said that within two weeks of a need being identified and the CAF initiated, an action plan would be developed. Another LA highlighted the speed at which the process speeded up referrals to other services.
- the supportive role played by the CAF process, facilitating communication between families and services and between services and so enhancing joint working. In turn, this helped all parties to gain a holistic understanding of need and, at times, reduced duplication of effort.
- the use of pre-CAF assessment to support the initial assessment of need.

Based on the collective analysis of LA reports, a strong sense emerged that it is the combined features of the CAF process that lead to improved outcomes. Taken in isolation, each of these elements (holistic assessment, TAC model and meetings, lead professional role, engagement with families) has its own strengths (and weaknesses) but when taken together, the strength of the combined aspects appears to be much greater. Arguably the CAF could be a vital tool to support integrated working and a tool to support early intervention within localities.

3.6 The impact on Children's Trust arrangements and school engagement

Chapter 3 has discussed the factors that support the effectiveness of the CAF process. Even where authorities did not choose the role of the lead professional or the engagements of children, young people and families as their LARC research context, all reports made reference to the importance of these factors to the effectiveness of the



CAF. The third LARC2 context group was 'effectiveness of Children's Trust arrangements' and this is discussed here, as is the overarching focus on school engagement.

Children's Trust arrangements

Of the 11 authorities that chose to focus on the effectiveness of Children's Trust arrangements, the level of detail about what was understood by Children's Trust arrangements was limited. The CAF process, however, was said to have helped to support integrated working for front-line practitioners. Through the communication and collaborative working that took place through CAF episodes (and through multi-agency training and meetings) relationships developed between professionals and understanding about service provision was enhanced. The CAF process was also reported as giving more weight or influence when practitioners wanted to engage practitioners from other services.

Through the analysis of LA data and reports, it is apparent that professionals in some agencies felt that they were more committed to the CAF process and integrated working than others. A lack of shared responsibility for the CAF process across and between services was reported by LAs and more needs to be done, nationally and locally, to support front-line practitioners work in an integrated way. The forthcoming DCSF Early Intervention Guidance is likely to play a crucial part in further developing early intervention and prevention and multi-agency working to support improved outcomes for children, young people and families.

School engagement

Although all authorities were asked to explore the role of schools in the CAF process as part of their research, the messages that emerged from LA reports varied and no one picture emerged of school engagement across localities, or within authorities. The data shows that school engagement in the CAF process varied from partial to full engagement, even with localities, and between educational phases (primary and secondary). Authorities reported that where schools were fully engaged in the process, staff:

- increased their focus on early intervention and prevention and multi-agency working, often identifying concerns around attendance and behaviour early on
- undertook the lead professional role
- worked hard to gain the engagement and trust of parents and developed positive relations
- had improved awareness of families' needs, their home environment and how these impact on individual children and young people
- valued the support given by multi-agency professionals.

About a third of all reports referred to issues specific to schools, with some examples of positive take-up of CAF through pastoral staff taking a lead on CAF to support embedding it within settings or schools being more willing to engage in the CAF process than previously. Even so, it was evident that there was a need for greater clarification of the role of schools in CAF, with some school staff seeing the CAF process being seen as an 'add on'. As was the case for other front-line practitioners, some school staff lacked

the confidence to initiate a CAF episode with children, young people and families and were reluctant to undertake the role of lead professional.

Analysis from across all LAs shows that these issues of confidence, willingness and perception are not in fact education specific, but related to all sectors of the children's workforce. More needs to be done to clarify the position, importance and role of the CAF in supporting early intervention and prevention across all services.

In a very small number of authorities, some teachers were said to focus mainly on educational issues, rather than seeing children and young people holistically. Examples of these were few and far between, however, and were not specific to school staff.

As with all services or agencies, time, capacity and resource issues associated with CAF episodes also tested the ability of schools to fully engage. As highlighted throughout the LA reports, there is a need for all front-line practitioners, including school staff, to undertake refresher training and receive clear and consistent guidance on how to initiate and undertake CAF assessments with children, young people and families.



4 Where next?

LARC2 (2008/09) suggests that, on the basis of detailed findings from 24 LAs in relation to the CAF process, more progress has been made towards integrated ways of working than was evident in LARC1 (2007/08). Local authority reports suggest that integrated working continues to support improved outcomes for children, young people and families and appears to be facilitated by the CAF process.

4.1 Where next for LARC LAs?

All but one of the 24 LA reports explicitly stated their recommendations to improve the CAF process further (Table 4), to enhance outcomes for children, young people and families (Table 5) and/or to improve integrated working (Table 6). These recommendations are summarised below.

Table 4 Summary of recommendations for future development of CAF process (as detailed in LA reports)

Recommendation	Number of authorities	Solutions
Training for multi-agency professionals	16	Authorities identified a need to revise their training programme and/or offer refresher training to professionals who had previously received CAF and lead professional training. Specifically, LA reports mentioned a need for more multi-agency training on scenario/case studies, role play, CAF form and the skills required to undertake an assessment – both assessor skills and administrative skills to take notes and ask sensitive questions.
Promote and clarify the CAF process	15	LAs reported some misconceptions or misunderstanding about the CAF. Clarity was required around: <ul style="list-style-type: none">• which assessments to use, when and how• the need for CAF episodes to be regularly reviewed• sharing examples of good practice or positive outcomes• clarity about the time it takes to undertake a CAF episode.
Support for lead professionals	14	LAs reported the need either to continue to support or better support professionals to undertake the role of lead professional. Both formal (refresher training and sharing guidance) and informal (drop-in 'surgeries' or a 'lead professional champion') support mechanisms were recommended.

Table 4 Summary of recommendations for future development of CAF process (as detailed in LA reports) *contd*

Recommendation	Number of authorities	Solutions
Support practitioners manage time and/or workload commitment of the CAF process	10	LA reports noted the importance of acknowledging and supporting practitioners, but also challenging misconceptions about the time and workload required to undertake a CAF episode and to support practitioners accordingly. Three reports specifically mentioned exploring the needs for administrative support for lead professionals.
Promote the full involvement of children, young people and families in the CAF process	9	LA reports recommended that the full involvement of children, young people and families in the CAF process, including attendance at TAC meetings (as appropriate), is promoted to professionals.
Clarify and develop the role of lead professional	9	LAs recommended that the role of lead professional should be clarified and misconceptions about the role challenged. They said the skill set required of lead professionals should be clearly and consistently defined. [LARC recommendation: LAs should refer to CWDC updated guidance on the role of lead professional: http://www.dcsf.gov.uk/everychild/matters/resources-and-practice/IG00064/].
Clarify threshold levels between universal and higher tier services	6	Authority reports identified a need to clarify to practitioners the threshold levels between universal services and targeted/specialist services and in particular, in social care, where confusion appeared most evident.
Promote the CAF process to children, young people and families	5	LAs mentioned producing targeted, age appropriate guidance/information for children, young people and families through posters and/or leaflets. Two LAs also wanted to promote the use of the CAF for children and young people moving between early years and/or school settings.
Clarify or develop TAC meeting procedures	5	LAs recommended that TAC meeting procedures are reviewed so as to produce clear local guidelines about when and where to hold TAC meetings, for example, and also to support anxious parents to attend meetings.
Revise existing CAF procedures	4	LA recommended updating existing procedures to include re-launching CAF locally, introducing a single referral form and aligning CAF and transition profiles.



Table 5 Summary of recommendations to further improve outcomes for children, young people and families (as detailed in LA reports)

Recommendation	Number of authorities	Solutions
Promote early intervention and prevention to practitioners	12	LAs noted the importance of promoting the importance of early intervention and prevention to services specifically related to how it can improve outcomes for children and young people and prevent escalation of children and young people needing referrals to higher tier services, as one professional summarised: <i>'It is essential that CAF is raised before the situation gets to crisis levels, in order to maximise its potential and hence reduced demands on the higher tier services.'</i>
Manage the expectations of children, young people and families	8	LAs noted the importance of regular, open and honest communication between practitioners, lead professionals and families in order to manage families' expectations and, therefore, reduce instances of disappointment or frustration following misunderstanding. Some LAs said that the TAC meetings were important mechanisms by which to manage expectations.
Build on existing relationships between families and professionals	5	LAs recommended that professionals, where possible, should build on existing relationships with families to support better engagement in the process.
Develop local monitoring and evaluation procedures	4	LAs explicitly stated the importance of proactively and thoroughly monitoring and evaluating the CAF process locally to inform practice and to help measure outcomes.
Target use of CAF to certain groups of children, young people and families	3	LAs mentioned using the CAF to target certain groups of children, young people and families (whether in specific geographical areas or young people moving from primary to secondary education) and also using local monitoring data to target its use.
Commit funds to implement action plans	2	Reports referred to ensuring that resources are made available locally to implement actions plans for children and young people.

Table 6 Summary of recommendations to further improve integrated working (as detailed in LA reports)

Recommendation	Number of authorities	Solutions
Promote and embed shared accountability and commitment	17	There was evidently a need (expressed through LA reports) to promote and embed shared accountability and commitments to integrated working and the CAF process, specifically related to the initial assessment, becoming a lead professional, attending and/or chairing TAC meetings and information sharing.
Clarify and embed information-sharing expectations and protocols	11	LA reports referred to a need to promote multi-agency information-sharing expectations and protocols. A small number of reports also recommended improvements to information sharing between practitioners and families.
Promote multi-agency working	11	LAs mentioned the need to clarify multi-agency working expectations, promoting the roles and responsibilities of different services. Three LAs specifically mentioned the need to work more with the third sector and one LA mentioned better working with families and the community.

4.2 Where next for CAF and integrated working?

Important lessons about the use and integration of CAF in early intervention can be learned from this research for policy makers, directors of children’s services (DCSs), heads of service (including headteachers) and practitioners (including school staff).

For policy makers

To further embed the CAF process and integrated working to support early intervention, policy makers need to:

- promote a consistent message to authorities and DCSs using the latest CWDC guidance for CAF and the lead professional
- promote findings on the contribution of the CAF process to effective early intervention and prevention
- ensure national policies and leadership of professional groups support the development of effective integrated working by local teams where this benefits children and their families
- provide a clear direction to authorities and Children’s Trusts, partners about information sharing and expectations for multi-agency working
- provide a clear steer on the role of multi-agency partners and the CAF process for children, young people and families who are moving out of social care intervention and into universal service support



- consider funding posts (LA or GO level) to manage CAF/e-CAF, ContactPoint and lead professional roles to support the use and management of CAF across LAs. These roles could manage training, monitor usage and help teams across Children's Trusts to better engage and support the roll out of National e-CAF and ContactPoint
- consider using the CAF as an introduction into specialist service referrals to support universal service professionals so that families tell their story once only and are not overwhelmed by different agencies' assessment procedures
- communicate the support available to families from multi-agency professionals to promote early intervention and empower families to seek help for themselves.

For DCSs and Children's Trust partners

Based on LA evidence, DCSs and Children's Trust partners need to promote the CAF process and integrated working by:

- providing an infrastructure for heads of service (including headteachers) to support their staff to conduct early intervention and prevention strategies using the CAF process
- strengthen links between the information derived from the CAF process and the strategic planning of the Children's Trust (for example, input to CYPP preparation)
- share with school managers the benefits (academic and non-academic) that can follow the use of CAF, in order to promote its use in schools to address young people's non-academic needs, behaviour and progress in school
- providing refresher training, on the CAF process and lead professional role, for all staff working with children, young people and families
- providing clear direction to services and agencies about information sharing and expectations for multi-agency working
- working with heads of service to promote expectations and embed the CAF process across the children's workforce
- providing a clear steer to professionals on the role of multi-agency partners and the CAF process for children, young people and families who are moving out of social care intervention and into universal service support
- support services to communicate to families that multi-agency support is available to them to promote the early intervention agenda
- promoting the need for shared accountability and commitment to the CAF process by all services
- supporting authorities to collect qualitative and quantitative evidence on long-term outcomes for all children, young people and families involved in the CAF process
- reviewing the referral procedures used to support intervention services so they are (at least) complementary to the CAF process and not duplicating.

For heads of service and headteachers

Based on LA evidence, to further embed the CAF process as a tool to support early intervention and prevention, heads of service and headteachers need to:

-
- ensure all staff are trained and have access to refresher training
 - encourage practitioners/teachers to use the pre-CAF assessment to ascertain whether a full CAF assessment is required when a need is identified at the earliest opportunity
 - provide formal and informal support networks for colleagues undertaking the CAF process and/or lead professional role
 - encourage colleagues to share expertise with multi-agency practitioners
 - acknowledge the time and support required to be involved in the CAF process, particularly for the first time
 - disseminate examples of good practice and positive outcomes of the CAF process to practitioners (including teachers)
 - disseminate and promote the positive outcomes of being involved in the CAF process to families by developing leaflets and posters
 - consider providing administrative support to lead professionals
 - promote the need for shared accountability and commitment to the CAF process by all services
 - encourage practitioners to promote their multi-agency support available to families to support early intervention
 - consider appointing a CAF coordinator/team leader/advisory teacher to offer support to practitioners/teachers involved in the CAF process
 - provide the mechanisms to collect qualitative and quantitative evidence on outcomes for all children, young people and families involved in the CAF process
 - explore the longer-term impact of the CAF process on outcomes for children, young people, families, professionals and services.

For practitioners and teachers

Based on the evidence, to further embed the CAF process as a tool to support early intervention and prevention, practitioners and teachers need to:

- be proactive in initiating a CAF episode with children, young people and families of all ages to support early intervention and prevention, and use the pre-CAF assessment
- be proactive in communicating to families the multi-agency support available to them to help them seek help for themselves at the earliest opportunity.
- actively engage in TAC meetings and ensure they are held in a place where the family feels comfortable. The meeting should be informal and copies of documentation, including the initial assessment form, meeting minutes and action plans should be shared with all attendees
- access support from colleagues (within and outside of sector) who have been involved in the CAF process
- not be discouraged from using the CAF process because of some colleagues' perceptions about the time and commitment required



- build on existing relationships with children, young people and families where possible.

Most of the recommendations relate to improving clarity about the CAF process and its place in supporting early intervention and prevention for front-line practitioners and service managers which needs to be supported at a national level. The Early Intervention Guidance and the continuously updated resources from CWDC are welcomed in supporting authorities to embed the CAF in everyday practice to improve outcomes for children, young people and families.

5 The local impact of LARC research

One of the aims of LARC is to develop the capacity of authorities to undertake (or commission) and engage in research. Eleven of the 24 LARC authorities reported how they had already made use of both the research process and their research findings, identifying short-, medium- and long-term impacts of taking part in the research (and specifically of looking at the local operation and outcomes of CAF). In the remaining 13 reports, although recommendations about local changes were made, no formal response as to how these recommendations would be addressed was provided. We are aware through informal discussions, however, that many of these recommendations for change were being dealt with locally.

In the following discussion, we look at the various LARC impacts on practice (short, medium and long term) identified by LAs. Where the number of LAs is not noted, two or fewer LAs mentioned each issue.

The short-term impacts of the LARC research on local practice, as reported by LAs included:

- sharing findings locally with practitioners and strategic groups (11 LAs), including, for example, the Workforce Development Group and/or Management Teams
- taking forward learning from the research into existing training programmes for practitioners (five LAs), by sharing case-study examples, developing interviewing skills and reiterating good practice such as young people/parents being fully involved in the decision of who is their lead professional
- informing the development of new early intervention and prevention strategies (three LAs)
- establishing a baseline from which to measure progress in the future (three LAs), including, for example, using the Strength and Difficulties questionnaire (SDQ) more routinely (see: <http://www.sdqscore.net>)
- establishing and/or sharing clear guidelines for children/young people going from CAF to statutory services and out again
- improving communications and relationships with schools
- developing and promoting accessible information for children, young people and families about CAF process, including leaflets and guidance
- ensuring schools receive CAF action plans for current or forthcoming pupils
- highlighting to the LA the issue of families living in over-crowded accommodation.

The medium-term impacts of the LARC research on local practice, as reported by LAs included:

- developing and sharing a thorough and consistent understanding of the lead professional role and supporting practitioners to undertake the role (six LAs) by running, for example, a skills development programme
- promoting the CAF process to children, young people and families, including developing or reviewing resources available to parents/carers to ensure that they are



- user friendly and accessible and empowering parents to fully engage in the process (five LAs)
- monitoring and reviewing CAF and integrated working practices, including exploring the longer-term impact of closed CAF cases on outcomes for children and young people (three LAs)
 - working with children, young people and parents/carers to develop the CAF process locally, for example, by creating a participation user group or a survey of children and young people who have had a CAF episode so as to incorporate their ideas in CAF further development work
 - starting to use the CAF to support the transition to secondary school
 - using the CAF more strategically to target specific groups of children and families, for example, children, young people and families living in specific geographical areas, young runaways or children missing education
 - supporting schools and other agencies to better engage and feel greater ownership of the CAF process.

The anticipated longer-term impact of the LARC research on local practice, each reported by two or fewer LAs, included:

- improving outcomes for children, young people and families
- improving effectiveness of the CAF process for all families
- increasing the amount of early intervention and prevention work
- incorporating the CAF process into the strategic plans of different services and within Children and Young People's Plans
- improving holistic working with families in general
- developing a sustainable model of integrated service delivery
- considering establishing co-located multi-agency teams across local areas
- developing and maintaining a high profile of CAF process in future
- increasing emphasis on the lead professional role and TAC model locally
- embedding the CAF process by using the research to provide momentum to further embed the CAF process.

The time and commitment authorities had dedicated to participate in LARC2 appears to have been invaluable in promoting and supporting a local review of practice and so providing crucial learning. Some cases have already been taken forward at a local level and are likely to have longer-term impacts.

6 Conclusion

Although the CAF process appears to be supporting improved outcomes for children, young people and families, the evidence suggests that more needs to be done to embed the CAF as a tool to support early intervention and prevention, nationally and locally. LARC2 findings corroborate those reported by OPM's evaluation of budget-holding lead professionals (OPM, 2008). OPM reported that improved outcomes for children, young people and families were reported in pilot authorities, but it was too early to ascertain whether it was the role of the lead professional (as opposed to budget-holding lead professional) and/or integrated working that supported improved outcomes.

LARC2 authorities found that the CAF does help families receive appropriate and timely support which help change the circumstances and improve outcomes for children and young people, particularly related to behaviour, attendance, emotional health, feelings of safety, engagement in positive activities, improved relations and receiving financial assistance. More needs to be done, however, to ascertain whether the CAF supports sustained improvements to outcomes for children, young people and families.

Across the LA reports, many examples were given of CAF episodes being initiated with children, young people and families who had been in the system for some time or who had higher-level and complex needs. It was not clear as to why the CAF was being used on these more complex cases and suggests more needs to be done to promote early intervention and prevention within services and localities. As one lead professional said, the evidence suggest that 'When [CAF is] used as early intervention and prevention it makes a difference'.

Even though authorities reported a number of successes of the CAF process in supporting improved outcomes for children, young people and their families, they also identified inconsistencies and confusion about the CAF process (namely, the use of the pre-CAF assessment, the information recorded on CAF forms, the format of TAC meetings and/or the role of lead professional) and about integrated working within and between authorities. There is a need, therefore, for national bodies to support local areas to uniformly implement and embed the CAF process and to investigate the long-term impact of the process on outcomes for children, young people and families. There is also a real need to investigate the cost-effectiveness of the CAF process and this will be the focus of LARC3 in 2009/10.



Appendix 1 Participating authorities: contextual information

Name	GO region	Type	Population of children and young people	Approx. number of CAFs*	Methodology	Data supplied to NFER as:
Birmingham City Council	West Midlands	Metropolitan	254,211	756	Qualitative	NFER Report
Bradford Metropolitan District Council	Yorkshire & Humber	Metropolitan	121,388	-	Quantitative and Qualitative	LA Report
Coventry City Council	West Midlands	Metropolitan	70,950	1068	Quantitative and Qualitative	LA Report
Cumbria County Council	North West	County	101,861	300	Qualitative	NFER Report
Devon County Council	South West	County	66,615	867	Quantitative and Qualitative	LA Report
Dudley Metropolitan Borough Council	West Midlands	Metropolitan	67,196	-	Qualitative	NFER Report
Gateshead Council	North East	Metropolitan	41,062	-	Quantitative and Qualitative	LA Report
Hertfordshire County Council	East	County	56,330	695	Quantitative and Qualitative	NFER Report
Leicester City Council	East Midlands	Unitary	69,800	570	Qualitative	LA Report
London Borough of Bexley	London	London	40,810	-	Quantitative and Qualitative	Feedback template
London Borough of Hammersmith and Fulham	London	London	30,049	328	Quantitative and Qualitative	LA Report
Norfolk County Council	East	County	67,600	1218	Quantitative and Qualitative	LA Report

Name	GO region	Type	Population of children and young people	Approx. number of CAFs*	Methodology	Data supplied to NFER as:
Nottingham City Council	East Midlands	Unitary	57,950	-	Qualitative	NFER/LA Report
Oxfordshire County Council	South East	County	49,942	1031	Qualitative	LA Report
Portsmouth City Council	South East	Unitary	40,081	297	Quantitative and Qualitative	LA Report
Salford City Council	North West	Metropolitan	48,582	538	Qualitative	NFER/LA Report
Sheffield City Council		Metropolitan	108,100	-	Qualitative	LA Report
Solihull Metropolitan Borough Council	West Midlands	Metropolitan	47,168	-	Qualitative	Interview data
Somerset County Council South West		County	38,298	-	Qualitative	LA Report
Southend-on-Sea Borough Council	East	Unitary	35,738	-	Qualitative	NFER summary report of data
Stockport Metropolitan Borough Council	North West	Metropolitan	64,896	1729	Quantitative and Qualitative	Interview data
Suffolk County Council	East	County	44,098	-	Quantitative and Qualitative	NFER Report
West Berkshire Council	South East	Unitary	32,634	603	Qualitative	LA Report
Wolverhampton City Council	West Midlands	Metropolitan	54,989	137	Quantitative and Qualitative	NFER/LA Report

**Source: As reported by some LAs during LARC2 study but this number will change continuously.*



Appendix 2 Supporting authorities to develop their research capacity: Summary¹³

This paper provides useful insights into the views and experiences of a range of 15 LA front-line staff, including locality managers and staff from central children's services recently involved in defining and undertaking research projects with support from NFER/LARC. LARC Round two (2009) explored the impact of integrated working on improving outcomes for children, young people and families by looking at the Common Assessment Framework (CAF). Around 25 authorities carried out local research on the CAF with the purpose of developing a national picture of progress towards integrated working. This LGA-funded project complements the LARC research by examining the views, perceived benefits and challenges of being involved in practitioner-led research with a sample of LAs from across England involved in LARC.

The reported benefits of being involved in LA practitioner-led research and LARC are to:

- inform and develop practice through learning and development leading to improved delivery and planning
- provide insights into front-line working and local practice, particularly for middle and senior managers
- value staff professionally, developing their knowledge and expertise
- provide evidence of the impact on outcomes for children, young people and families and, specific to LARC, share and learn with other authorities.

It was reported that where practitioners have autonomy for the research, it helps them to look for gaps in provision, explore what works and inform planning and decision making, as one interviewee said 'it's about reflecting what we do and making sure it's the best way of doing things based both from an efficiency and outcome point of view really'. Interviewees noted that it is sometimes easier for front-line staff to embrace and embed recommendations when they have autonomy over research rather than seeing it as a separate activity.

LA examples of good practice included providing ten days of practitioner time to engage in research per annum and the inception of an evidence-informed practice steering group to support decisions about the strategic direction of evidence-informed practice. It was hoped strategic buy-in would raise the profile of research locally.

The challenges associated with practitioner-led research were reported as relating to:

- insufficient allocation of time, capacity and resources
- low confidence and skill set of practitioners.

These challenges are not insurmountable and can be overcome with local strategic commitment to practitioner-led research and the sharing of knowledge, good practice and expertise locally. In addition, practitioners would value a clear steer from local and national government on the value placed on practitioner-led research and its place within service improvement. More needs to be done locally and nationally to share

¹³ Full report is available from the LARC website: www.larc-research.org.uk

examples of good practice and cost-effective service delivery grounded in practitioner-led research.

When conducting research, good practice dictates a need to:

- clarify local senior managers' positions on the value of engaging in research
- establish project set-up procedures with a steering group including senior managers
- develop a detailed project plan, indicating time and resource requirements
- access expert advice when considering research methodologies and analyses strategies
- disseminate findings and share examples of good practice stating implications for key audiences locally and nationally.



Appendix 3 LARC Steering Group 2010

Name	Title	Agency
John Harris (Chair)	Director of Children, Schools & Families	Hertfordshire County Council
Cheryl Hopkins	Service Director - Commissioning, Co-ordination & Transition	Birmingham City Council
Jan Doust	Children's Network Manager, and Lead Officer for Safeguarding	London Borough of Haringey Council
Hayden Ginns	Partnerships and Commissioning Manager	Portsmouth City Council
Carole Bell	Assistant Director, Commissioning	London Borough of Hammersmith & Fulham Council
Paul Greenway	Assistant Director – Strategy and Commissioning	Salford City Council
Andy Walmsley	Assistant Director – Strategic Services	Coventry City Council
Bernie Doyle	Multi-Agency Development Manager, Children, Schools & Families	Cornwall County Council
Kevin Jones	Head of Service, Children's Services	Cumbria County Council
Linda Barnett	Head of Children's Social Care	Somerset County Council
Steve Horne	Senior Inspector Innovation and Development	Gateshead Council
Jane Haywood	Chief Executive	CWDC
Mary Baginsky	National Development Manager – Research	CWDC
Sarah Moore	Research Officer	RiP
Andrew Cozens	Strategic Adviser, Children, Adults & Health Services	IDeA
Sue Rossiter	Chief Executive	NFER
Helen Johnston	Programme Director, LGA Children and Young People Team	LGA
Marian Morris	Principal Research Officer	NFER
Geoff Gee	Head of Service, EMIE, NFER	NFER
Jane Lewis	Director	RiP

Appendix 4 LA research propositions

All authorities devised and wrote their own local research proposition. Propositions from 22 of the 24 authorities involved are presented here. The remaining two LAs explored transition arrangements and early years but did not record formal propositions.

- 1 Children and young people's behaviour in school and in the community will be improved because the CAF process means that a lead professional and team around the family will be identified so that services can be coordinated across key agencies through an agreed support plan.
- 2 The CAF process will support children in key stage 2 and their families, where the child is manifesting symptoms of poor behaviour at school because the CAF process would enable early identification and effective interventions by services working together.
- 3 In the case of key stage 3 non-attenders, the likelihood of children becoming persistent absentees at secondary school would reduce. This is because the CAF process would enhance a more integrated approach to children identified as being likely to develop attendance problems going through primary to secondary school transition and so lead to additional appropriate support for children, their families and their school.
- 4 Children will be more able to respond positively to the challenges in their early primary school years (3–8 years) because engagement in the CAF process by the child and family leads to an understanding of the child's holistic needs and so through shared ownership ensures a reduction in concerning behaviour in school and at home.
- 5 In the case of early years, children with additional needs would receive appropriate support because the CAF process would ensure that practitioners and family work together to identify and meet the needs of the child and so lead to improved integration into school life.
- 6 As a result of detailed individual assessment, children/young people with behavioural issues will show improvement and will be better able to access school experiences; because the CAF process will be able to affect measurable, positive and sustainable change for them and their families.
- 7 Key stage 3 children will receive appropriate support to meet their needs because the CAF process would assist early intervention and so lead to improved outcomes relating to behaviour and relationships.
- 8 Children and young people will have better attendance at school because the CAF process means that the lead professional will have a better understanding of the issues and triggers in a child's life and so can make sure appropriate support is available to the child, school and family.
- 9 Children (13–19 age range) with behavioural issues will have improved behaviour because the CAF process means that the lead professional has a better understanding of the issues and triggers in a child's life and so can make sure that the appropriate support is available to the child, school and family.



- 10 Families will have a more positive perception of the outcomes because TAC meetings will be implemented and so make families more aware and involved in the CAF process.
- 11 The CAF will improve support for families across the five townships because of improved integrated working and so lead to better outcomes for children and young people with behavioural issues and their families.
- 12 Attendance of young people in KS3 will improve because a lead professional will build a relationship with the child and family and understand their needs and so facilitate a multi-agency response including support from schools.
- 13 In the case of children and young people demonstrating risky behaviours, CAF will result in a reduced demand for higher-tier services because a better use of CAF following the local implementation review will result in more low-level needs being met which will prevent more severe needs occurring.
- 14 Children and young people on the cusp (just starting to have additional needs identified) will have their needs met because the CAF process will lead to improved integrated working and multi-agency engagement.
- 15 The CAF process will improve for young people aged 15–18 because the CAF will lead to improved early identification of need and so appropriate support can be put in place for young people.
- 16 Children in danger of negative outcomes who receive multi-agency support through the CAF process will have better outcomes because the CAF process will identify risks early and so appropriate and timely support is put in place for the child and family.
- 17 Children and young people from families in need of additional support will have increased resilience because engagement in the CAF process by multi-agency practitioners ensures interventions are more personalised and effective against needs and services.
- 18 Children from disadvantaged families have better early years outcomes because their specific needs and issues are identified by the CAF process in early years settings and so the school is aware, prior to entry, of their needs in relation to ECM and have in place appropriate support.
- 19 The needs of children at risk of poorer outcomes, in specific geographical areas, are identified at the earliest opportunity because there is a common understanding around the use of the CAF process by professionals, and so leads to more appropriate targeted support within schools.
- 20 In the case of key stage 3 non-attenders, attendance would improve because lead professionals (using the process around the CAF) would coordinate support to promote parental engagement and young people's participation and so provide a coherent framework to support engagement in education (formal and informal).

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- 21 In the case of children and young people, outcomes for children and young people in danger of negative outcomes are improved because the CAF enables individual practitioners and multi-agency professionals to identify specific needs and actions for children and families and so there is effective and timely multi-agency intervention at stage 3 (complex) of local staged model of intervention.
- 22 Unauthorised non-attendance would be reduced because the CAF would pick up early risk factors and lead to additional appropriate support for children, their families and their school, delivered by Children's Trust arrangements.



Glossary

Term	Description	Resources/Guidance
CAF episode	The CAF episode is one journey through the whole CAF process. Children, young people and families may have more than one CAF episode during their life but only one CAF episode can take place at any one time.	
CAF form	The CAF assessment form is used by practitioners (episode initiators) to carry out a detailed assessment of need. It comprises six sections: (1) personal details (name, ethnicity, details of parents, services currently working with a child, young person or family); (2-4) strengths and needs (covering all ECM outcome areas by looking at development, parents, family and environment); (5) conclusion, solutions and actions and (6) the delivery and review plan.	http://www.dcsf.gov.uk/everychildmatters/resources-and-practice/TP00004/
CAF process	The process practitioners undertake with children, young people and families. It includes identifying need, assessing need, delivering appropriate support interventions and reviewing the process. The role of lead professional and a TAC (including TAC meetings) are fundamental to the process.	http://www.dcsf.gov.uk/everychildmatters/strategy/delivering-services1/caf/cafframework/
Early intervention	Early intervention focuses on identifying and supporting children, young people and families with their problems at the earliest opportunity and before they reach crisis. It aims to prevent problems escalating and, therefore, becoming more difficult to address.	
E-CAF	National E-CAF is an IT system that will store information on children and young people as recorded on the CAF form. National e-CAF will support children's workforce practitioners share information across agencies and borders to improve provision for families who move or access services across different local authority areas.	http://www.dcsf.gov.uk/everychildmatters/strategy/delivering-services1/caf/ecaf/ecaf/
Episode initiator	The episode initiator is the practitioner who starts the CAF process with a child, young person or family. This person is also referred to as the CAF initiator/author and can be, but does not have to be, the lead professional.	
Information sharing	Practitioners are encouraged to share information about individual children, young people and families with practitioners, as appropriate, based on their experience and professional judgement, in order to best meet the needs of a child, young person or family.	http://www.dcsf.gov.uk/everychildmatters/resources-and-practice/IG00340/

Term	Description	Resources/Guidance
Lead professional	The lead professional, or lead practitioner, acts as a single point of contact for a child, young person and/or family and agencies. It is the person who coordinates the TAC including the delivery and review of the CAF process.	http://publications.everychildmatters.gov.uk/eOrderingDownload/LeadPro_Managers-Guide.pdf
Outcome	The change that takes place for a child, young person or family.	
Pre-CAF or pre-assessment checklist	The pre-assessment checklist is an assessment form that practitioners are encouraged to use prior to initiating the CAF process. It supports practitioners to decide whether or not the CAF process is appropriate for a child, young person or family.	http://www.dcsf.gov.uk/everychildmatters/resources-and-practice/TP00004/
TAC	TAC refers to 'team around the child'. It is also referred to as 'team around the family (TAF)', 'team around the child and family (TACAF)' or 'team around the young people' (TAYP). The TAC is a multi-agency team that works together to provide interventions to support children, young people and families on a case-by-case basis.	http://publications.everychildmatters.gov.uk/eOrderingDownload/LeadPro_Managers-Guide.pdf



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