

Exploration of the costs and impact of the Common Assessment Framework

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The views expressed in this report are the authors' and do not necessarily reflect those of the Department for Education.

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Executive Summary

Introduction

The Common Assessment Framework (CAF) is a standardised approach for the assessment of children and their families, to facilitate the early identification of additional needs and to promote a coordinated service response. CAF is underpinned by an integrated approach to support and has been designed for use by all professionals working with children and families with additional needs, but who do not meet the threshold for more intensive interventions such as those associated with children's social care or safeguarding. Existing research suggests that CAF can lead to positive outcomes for children and families and help to enhance integrated working across the children's workforce (Gilligan and Manby, 2008; Norgate, Trill and Osbourne, 2009; Easton, Morris and Gee, 2010).

Aims, objectives and methodology

The study, aimed to explore the impact of the CAF on both children and families and professionals, and to examine how far a 'bottom up' cost calculation methodology could be extended to include the costs of the Common Assessment Framework.

The study was carried out in four local authorities using a mixed methods approach. These included:

- Focus groups and set up interviews with 20 personnel from the teams responsible for CAF in the participating local authorities;
- Focus groups with 61 professionals from a range of different agencies using CAF;
- An online survey completed by 237 professionals that had recently completed a CAF assessment or were currently acting as a Lead Professional (LP) for a CAF case;
- Interviews with 29 parents/carers that had been assessed using CAF.
- Calculation of unit costs using 'time use activity data' along with salary and overheads information; and

- Collection of child level data items from a sample of 20 families in each of the four local authorities.

Key Findings

The impact of CAF on children and families

- In total 29 parents/carers were interviewed and the majority (23) of the parents/carers interviewed were positive about the Common Assessment Framework. The parents/carers reported that CAF enabled them to gain access to the support they needed and facilitated a coordinated response to the support.
- Six of the 29 parents/carers reported that they had not received any feedback on the outcome of the CAF assessment nor had they received any support or services subsequent to the assessment being completed. These parents/carers did not consider the CAF to have been beneficial.
- The Lead Professional role was highly regarded and valued by the parents/carers. The Lead Professional provided both practical and emotional support to families and undertook an advocacy role on their behalf.
- Around half of the parents/carers who were interviewed (14) had attended a Team Around the Child (TAC) meeting. Those who were most positive about the TAC meetings were those where the TAC had resulted in an action plan or where new ideas or suggestions about how the child and family might best be supported were made. The parents/carers were less positive about TAC meetings that were perceived to be a review or a meeting to 'catch up' on what had been happening.
- Parents/carers emphasised the need to ensure that their views are both listened to and acted upon in a way that was most appropriate for them and their family.
- Some parents/carers expressed concerns that being assessed using a CAF might lead to professionals across agencies making judgements about their parenting skills and subsequently result in a referral to children's social care. Clarification for parents/carers of data sharing protocols, along with explanation of the link between CAF and children's social care might alleviate these misconceptions.

The impact of CAF on professionals

- The models of service delivery, along with the remit of the teams responsible for the Common Assessment Framework (CAF), differed substantially across the four participating authorities. However, professionals participating in the study agreed that they were well supported by the CAF and Integrated Working teams.
- Professionals across the participating authorities reported that in general CAF had resulted in increased professional awareness of the range of services available and had brought professionals together in new contexts. However, some barriers to inter-agency working were identified including differences in agency cultures and information sharing protocols, along with perceived tensions between 'CAF professionals' and those from children's social care.
- Although there was consensus about the intentions *underpinning* CAF, in practice there was a lack of clarity amongst professionals regarding the *purpose* of CAF: in each of the local authorities CAF was being used both as a means of accessing services *and* as an assessment of children's needs below children's social care thresholds.
- Professionals participating in the study commented that CAF, including the assessment activities, the Lead Professional duties and the meetings had increased workload demands, in particular with regard to increased paperwork and additional procedures. Professionals in each of the local authorities acknowledged that in some instances they would not complete a CAF assessment, or volunteer to take on the role of the Lead Professional, because of the workload implications.
- Time was also frequently cited as a barrier to producing high quality assessments, especially where it was felt that there was insufficient time to work directly with the children and families.
- While there were some perceived difficulties associated with the role of LP, focus group participants viewed this as *the* key role in establishing a clear action plan with children and families and working towards these targets with other professionals.

- Participants reported that there was a need for training in assessment skills, especially for those who would have not had this type of training in their own professional practice.

The costs of CAF

- Although the ways in which the Common Assessment Framework was implemented differed across the four participating authorities, it has been possible to develop a generic *CAF process model* to calculate the unit costs of CAF. These are: Process 1: Intention to complete a CAF; Process 2: Complete CAF assessment; Process 3: Team Around the Child meeting; Process 4: Provision of ongoing support; Process 5: Close CAF.
- The unit costs of the CAF processes have been calculated using a 'bottom up' approach. This method uses 'time use activity data' to build up costs over time, by identifying the number and frequency of activities occurring over a specific time period.
- The unit costs for each of the CAF processes were calculated using the salary information for each type of professional undertaking the CAF in the four participating local authorities.
- The seniority and, therefore, the salary of the professional undertaking the CAF processes was identified as a key driver for the overall costs of the CAF.
- Previous research carried out by CCFR has identified variations in the time taken to complete, and therefore, the cost of, activities associated with the provision of child welfare services. While the majority of variations in the data in this study were not statistically significant, there were identifiable variations related to two key areas: the CAF process (including the type of recording method used in the authority, the use of resource panels and the membership of the TAC meeting), and those associated with the children's needs.
- The data suggest that some efficiencies may be produced through the implementation of a universally accessible recording system for CAF such as eCAF.
- In order to fully understand the costs incurred through the implementation of CAF to the public purse, the costs of the CAF and Integrated Working teams also need to be considered. The study found that the costs of these teams

and the configurations of expenditure vary according to the models of service delivery implemented in each of the local authorities. It can be anticipated that as CAF becomes further embedded within the practice of agencies working with vulnerable children and families, the costs of these teams may reduce over time.

Making use of cost calculations

- The research team identified a set of child level data items that were necessary to make use of the unit cost estimations and to explore the possibility of aggregating costs and following a child's journey. These data items included: the needs of the children and families; dates of assessments and TAC meetings; and services accessed by the children and families.
- During the research many of the required data items were not necessarily routinely recorded or extractable at an individual child level. There was also variability across the authorities, depending on the method of recording CAFs.
- Unit costs and anonymised data were used to calculate the costs of undertaking a CAF with the 21 sample children and families included in the child level data collection. The costs ranged between £743 and £2,130 for the six month time period, and the average (mean cost) was £1,515. Costs varied according to the needs of the children, the type of professional undertaking the CAF processes and the recording system used within the local authority.
- To calculate comprehensive costs of CAF, the costs of additional services provided to children and families also need to be considered. However, it was not always possible for the teams with responsibility for CAF to collate sufficient information to include the costs of these services in the calculations.
- A Service Provision Checklist completed with 23 of the parents/carers interviewed for this study, revealed that families receive a wide range of services. The analysis of both the Service Provision Checklist and the interviews with parents/carers shows that the provision of additional services as a result of a CAF assessment is a key component in supporting the children and families. Improved data on service provision and how those services meet the needs of children and families would facilitate a clearer understanding of the impact of CAF.

Conclusion

This study found that both professionals using a CAF and families who have been assessed using it have a positive view of certain aspects of the CAF. In particular the parents/carers cited the importance of a Lead Professional working as an advocate. They also highlighted that the CAF assessment negated the need for them to 'tell their story' to a range of professionals in order to access the range of support and services that they may require. The professionals who participated in the focus groups considered CAF to have progressed inter-agency working.

However, for CAF to work effectively substantial investment was required both in terms of expenditure and time to embed the framework in practice across the range of agencies. The research found that professionals and families were in favour of the data sharing that eCAF facilitated. This research study coincided with the early stages of the roll out of a pilot National eCAF system (Department for Education, 2011a). Professionals within the CAF and IW teams reported that they were optimistic about the potential of a National system. At the time of completing this research report there is no universal and/or systematic approach to recording CAFs or linking the data to social care management information systems. A national recording system for CAF, National eCAF, was in the early stages of roll out to 27 local authorities and national voluntary organisations (Department for Education, 2011a). However, after a period of consultation the government announced in December 2011 that National eCAF was to be decommissioned by May 2012 (Department for Education, 2011b).

While it has been possible to extend the research cost methodology to include the CAF, without the systematic collection and extraction of child level data items it is not possible to follow children's journeys and to build up a national evidence base to inform strategic planning and commissioning of early intervention and prevention services.

Implications for policy and practice

The messages from this study carry a number of implications for the development of policy and practice.

There is evidence from the participating authorities that the national economic situation at the time of writing had impacted on the availability of services. Both professionals and parents/carers reported that a number of services had either reduced their capacity or were no longer available. This potential shortfall in services coupled with any increase in the number of CAF referrals and an increased demand on children's social care emphasise the need for consideration of the allocation of resources and the longer term impact on children and families if they do not receive the support and services required to meet their needs.

The difficulties in extracting data from systems and linking them across CAF and children's social care systems have been discussed extensively throughout this report. Although there are difficulties and limitations with the current arrangements, this study has highlighted the potential use and advantages of professionals from a range of agencies being able to access a single electronic CAF record for a child and their family.

If local systems were developed to facilitate the appropriate matching of cases across CAF and children's social care systems, local authorities could make use of the data to demonstrate the value of early intervention and preventative services, both in terms of outcomes and costs.

This study has identified positive messages about CAF both from parents/carers and professionals. The parents/carers highlighted the importance of the role of the LP in supporting their needs and how CAF had facilitated sharing of information across agencies. The parents/carers highlighted frustrations however, when there was a lack of follow up after a CAF assessment.

Professionals reported that the use of the CAF had helped them gain a broader understanding of the needs of children and families. Some professionals reported concerns about the bureaucracy associated with the CAF processes. These tended

to be incidences where the CAF had been used as a means of referral for a single service, suggesting its use in this respect could be reviewed.

The research found, however, that investment in terms of time and resources is required to implement the CAF.

Chapter 1: Introduction

Introduction

This report outlines the findings from an exploratory study to examine the costs and impact of the Common Assessment Framework (CAF). The research builds on a number of previous studies carried out by the Centre for Child and Family Research (CCFR) at Loughborough University as part of the ongoing costs and outcomes programme, most notably, the work to cost services and social care support provided to all Children in Need (CiN) (Holmes *et al.* 2010; Holmes and McDermid, 2012). The study was commissioned by the Department for Education and commenced in December 2010. The research aims to examine the costs and impact of the CAF and explore four key areas: the impact of CAF on families; the impact of CAF on professionals; the costs of CAF and the services provided to children and families.

Background

The CAF was fully implemented across all local authorities in 2008 as part of policy moves towards early intervention and preventative services (Department for Education and Skills, 2004; Her Majesty's Treasury *et al.* 2005; Department for Children, Schools and Families, 2007; Allen, 2011a). CAF is a standardised assessment, to be completed by any professional working with children and families' in order to *'help the early identification of children and young people's additional needs and promote coordinated service provision to meet them* (Children's Workforce Development Council, 2009a:8). CAF is underpinned by an integrated approach to support vulnerable children and families' and has been designed for use with children and families with additional needs, but who do not meet the threshold for more intensive interventions such as those associated with children's social care or safeguarding. Existing research suggests that CAF assessments can lead to positive outcomes for children and families and help to enhance integrated working across the children's workforce (Gilligan and Manby, 2008; Norgate, Traill and Osbourne, 2009; Easton, Morris and Gee, 2010).

Previous studies carried out by CCFR (Holmes, McDermid and Sempik, 2010; Holmes, Munro and Soper, 2010; Holmes and McDermid, 2012) have highlighted the

need for a better understanding of the costs of the CAF. In a study to explore the costs of services provided to all Children in Need, Holmes *et al.* (2010) suggest that the greater emphasis which has been placed on early intervention and prevention in children's services policy, including that the implementation of CAF, has resulted in a blurring of the boundaries between work that is undertaken with children identified as being in need (as defined by section 17 in the Children Act 1989), and those receiving universal or targeted service provision as a result of being identified as having additional needs and therefore requiring additional support through a CAF assessment (Ward *et al.* 2008; Holmes, McDermid and Sempik, 2010; Holmes, Munro and Soper, 2010). Research undertaken by CCFR has identified that a number of local authorities have created dedicated teams designed to support the implementation of CAF (Holmes *et al.* 2010). These teams support all agencies and professionals working with children and families to complete CAF assessments, take on the role of Lead Professional (LP) and support Team around the Child (TAC) approaches to supporting families who have received a CAF assessment (Holmes and McDermid, 2012).

At the time of completing this research report there is no universal and/or systematic approach to record CAFs or link the data to social care management information systems. A national recording system for CAF, National eCAF, was in the early stages of roll out to 27 local authorities and national voluntary organisations (Department for Education, 2011a). However, after a period of consultation the government announced in December 2011 that National eCAF was to be decommissioned by May 2012 (Department for Education, 2011b). This decision, in part, reflected the findings and recommendations from the Munro review of Child Protection (Cm 8062) that local agencies should be able to develop their own flexible approaches to assessment. As local innovations continue to be developed by local authorities, it is not clear whether local authorities will be able to systematically follow a child's pathway through CAF and social care services, as recommended by Professor Munro (Munro, 2011). Moreover, it is currently not possible to ascertain a national picture regarding the numbers of children and families receiving support under the auspices of CAF and the costs of supporting them (Gatehouse, Ward and Holmes, 2008).

The Munro review of Child Protection sets out that processes carried out to work with vulnerable children and families must ensure that the best outcomes for the child are achieved, while ensuring that processes do not increase the workloads of and time pressures on front line staff (Munro, 2010; Cm 8062). The streamlining of processes, in order to ensure that activities are not duplicated between agencies, may result in a reduction in the overall workload of the children's workforce, along with potential cost savings. There is some evidence to suggest that along with promoting positive outcomes, early intervention can be a cost effective strategy, minimising the likelihood of needs and difficulties escalating, and subsequently reducing the need for more intensive and costly services at a later stage (Ward, Holmes and Soper, 2008; Allen, 2011b). However, the difficulties of demonstrating the cost effectiveness of early intervention and preventative services have been highlighted by Statham and Smith (2010). Particular issues are the complexities of measuring potential savings and the difficulty in distinguishing those who would otherwise go on to develop poor outcomes from those children who receive an early intervention service but would achieve good outcomes if left unsupported.

Previous research studies and the Munro review of child protection highlight concerns about the capacity of the children's workforce to meet the demand for services (Brookes 2010; Holmes, Munro and Soper, 2010; Munro, 2010). The issues of time and capacity within children's services, and concerns regarding the increasing administrative burden on professionals, have been evident for a number of years. The heightened sensitivity of professionals and the public following high profile cases, such as that of Peter Connelly, has resulted in an increased number of referrals made to children's social care. Department for Education statistics show there was an 11% increase in referrals in the year after the death of Peter Connelly and a further 10.4% increase in the following year (Department for Education, 2010). The number of referrals to social care continued to rise in 2011 (Department for Education, 2011d). One result of this is an increase in demand on professionals' time both within children's social care and children's services more generally as thresholds may rise and workloads cascade down to other professionals working with vulnerable children and families. Further, Munro (Cm 8062) expresses concern regarding the imposition of top down, prescriptive procedures that have increased bureaucratisation and limited local innovation and practice. The impact of CAF on

professional workload and capacity discussed in this report should be viewed as part of a broader, more general discussion about the changing demands and burdens of professionals working with children.

Concern has been raised in recent years regarding an increased focus on monitoring and auditing of cases, requiring front line workers to record substantial amounts of data for both National Returns and to ensure their own professional accountability (Burton and van den Broek, 2008; Munro, 2010; Cm 8062). The implementation of prescribed recording programmes in children's services has, for example, raised questions regarding the relative proportions of 'desk-time' and 'face-to-face' contact undertaken by professionals (see Garrett, 1999; 2003; Audit Commission, 2002; Munro, 2004; Holmes *et al.* 2009). Concerns about the administrative burden placed on front line workers have been compounded since the introduction of electronic recording systems which some commentators have argued have taken time away from direct work with children (Bell *et al.* 2007; Seneviratna, 2007; Broadhurst *et al.* 2009; Holmes *et al.* 2009; Shaw *et al.* 2009). CAF is no exception and this and other studies (Pithouse *et al.* 2009; White, Hall and Peckover, 2009) have noted that professionals report CAF to be an overly bureaucratic process. However, research findings that focus on the impact of administrative duties on direct work with children and families highlight that the issues surrounding social care time use are complex. Work undertaken by CCFR suggests that the proportion of time spent on direct and indirect activities can vary considerably depending on the task being undertaken and that workload pressures on both indirect and direct activities have increased overall within social care in recent years (Holmes *et al.* 2009; Holmes and McDermid, 2012).

The implementation of the CAF is intended to facilitate a multi-agency approach to working with children and families which will result in the best possible outcomes along with efficient coordination between those agencies (Children's Workforce Development Council, 2009a). The principle of multi-agency practice or inter-agency working and collaboration is one that has become a key government priority over the last fifteen years (Department of Health, 1997; 1999; Cm 5860) across a range of policy arenas. While there remains a lack of clarity in the use of terminology associated with multi-agency practice (Hudson *et al.* 1999; Sloper, 2004), there is widespread agreement about the importance of professionals working together with

a focus on the needs of children (Horwath and Morrison, 2007; Shaw *et al.* 2009). Lord Laming stresses the need to improve and strengthen inter-agency working and multi-agency practice, highlighting that responsibility for safeguarding and promoting children's welfare is shared across a range of agencies (Cm 5730). More recently, Munro (Cm 8062) has re-emphasised the importance of coordination across services and sharing responsibility for the provision of early help for children and families. Although the importance of inter-agency working across services working with children is recognised, acknowledged difficulties remain in the initiation of a culture of multi-agency collaboration and practice. As Sloper (2004: 572) points out:

Despite the many voices calling for increased multi-agency collaboration, it seems that this is still difficult to achieve in practice. There are a number of reasons why this is so. Multi-agency working requires changes at the level of individual practice, within agencies and at the multi-agency organisational level. This challenges existing professional cultures. Many people dislike change, it challenges people's current work, they may become defensive and find reasons why it will not work before it has been tried.

It is within this context that the views of professionals regarding the impact of CAF on professional practice are located.

Professional knowledge and effective training are seen as key components of developing a children's workforce that works together more effectively. Carpenter *et al.* (2009) state that if professionals within children's services are to work more effectively together then learning or training together is an important factor. In this they echo Laming (2009: 56) who concludes that '*multi-agency training is important in helping professionals understand the respective roles and responsibilities and the procedures of each agency involved in child protection [and] in developing a joint understanding of assessment and decision making practices*'. Effective training is then a means of developing professional skills on an individual basis *and* encouraging and facilitating multi-agency practice across professionals. While in theory multi-agency practice is supported through multi-agency training, Laming (*ibid*) asserts that '*the scale and quality of multi-agency training needs to be*

substantially improved'. Carpenter *et al.* (2009) note that although substantial multi-agency training is on offer and despite the opportunity to learn together being highly valued, participation varied considerably across agencies and in terms of the experience levels of staff accessing training. Moreover, research into the safeguarding of children in England emphasises the importance of accurate and early identification of the needs of children and the importance of quality assessments to inform plans (Gray, 2002; Cleaver *et al.* 2004; Laming, 2009; Davies and Ward, 2012). There is evidence that both thresholds and the quality of assessments vary within and between local authorities and with partner agencies (Cleaver *et al.* 2004; Ward, Munro and Dearden, 2006; Dickens *et al.* 2007; Ward *et al.* 2008; Ward *et al.* 2012). Inadequate information sharing between agencies and/or different perspectives on thresholds according to background and training can also influence the referral and assessment process (Datta and Hart, 2007; Laming, 2009; Ward *et al.* 2012).

This report has been prepared at a time of economic austerity, but also at a time when current policy is focused on early intervention and preventative strategies (Children's Workforce Development Council, 2009a; Allen, 2011a; 2011b). The coalition government elected in 2010 announced plans to reduce the national debt through tightening public finances by a total of £113bn by 2014-15, with £61bn of this coming from a reduction in government expenditure. The government identified a need to cut public spending, not as an end in itself, but rather as an essential step on the path towards long-term, sustainable, and more balanced growth (HM Treasury, 2010a). The Spending Review statement in October 2010 noted that the UK had, at £109bn, the largest structural budget deficit in Europe (HM Treasury, 2010b). It went on to explain that the implication of this for local government was 'an unavoidably challenging settlement' with 'overall savings in funding to councils of 7.1% a year for four years'. Consequently, stringent fiscal control may be required within local authorities to ensure that preventative strategies can be deployed with limited, and in some cases reduced resources, without the quality of services suffering (Axford and Little, 2006; Sheppard, 2008). Allen (2011b) notes that at a time of economic austerity, investment in early intervention strategies is vital to ensure the sustainability of services for vulnerable children and families and can provide high levels of social return on investment. Therefore understanding of the full costs of

CAF is necessary to facilitate effective and efficient planning and commissioning of support and services for vulnerable children and their families.

Study Aims

This exploratory study aims to examine the costs and impact of the Common Assessment Framework. The study explores four key areas:

- i. *The costs of the Common Assessment Framework*, including assessment activities, the role of the *Lead Professional*, and the role of *Team Around the Child (TAC) meetings*;
- ii. *The services provided to families and children*, by examining the services received by families following a CAF assessment and an exploration of how those services are recorded;
- iii. *The impact of the CAF on professionals*, including capacity issues, inter-agency and joint working, the numbers of CAFs being completed and how the assessments are recorded;
- iv. *The impact of CAFs on families*, including the views and experiences of a sample of parents/carers who have received an assessment, their perception of the process and what impact the CAF assessment and the provision of services has had on them.

Methodology

A mixed methods approach was adopted for this study and the research was carried out in two phases. The first phase focused on the implementation and management of CAF across children's services and the data recording systems that were used. The focus was widened for the second phase to include partner agencies involved in carrying out CAF assessments along with families that had received a CAF assessment.

Participating authorities

Four local authorities (referred to as Authorities A – D throughout this report), recruited to participate in the study in January 2011, participated in all elements of the study.

Authorities A and B are medium sized inner London authorities. Authority C is a very large shire county. Authority D is a medium sized unitary authority. Both of the London boroughs have substantial pockets of deprivation, with 62% of residents in Authority B living in areas of the borough ranked amongst the most deprived 10% in the country. This figure was lower for Authority A with 39% of residents living in the most deprived 10% of the country. The level of deprivation for Authority D was ranked midway across all local authorities nationally and the level of deprivation in Authority C was considered to be low in comparison with other authorities (Department for Communities and Local Government, 2011).

The implementation and use of CAF is led by Integrated Working (IW) teams in two of the authorities (A and B), although their remit differs. Authorities C and D have CAF strategy teams, led by a CAF strategy manager and staffed by CAF coordinators. In Authorities C and D the CAF teams are more closely involved in cases and work directly with professionals from other agencies offering support and guidance. Further details of the different models of CAF service delivery are outlined in Appendices D and E.

The way in which authorities recorded CAF assessments was used as a criterion for the selection and inclusion of authorities in the research. At the beginning of the study Authorities A and B had both implemented local versions of eCAF, whereas Authorities C and D had developed in-house electronic systems (databases and spread sheets) to record CAFs. With the use of local eCAF in Authorities A and B CAF assessments were predominantly completed electronically, whereas in Authorities C and D paper based recording was used and the content of these paper based CAF assessments was then entered by the CAF strategy teams into the local electronic system. The impact of the method of completing and recording CAFs is discussed throughout this report.

Data sources

Phase 1

A range of methods was utilised during the first phase of the study. Project set up meetings were held in each of the participating authorities to gather information about the models of service delivery, how the completion of CAF assessments are supported and how the assessments are recorded. In addition to the project set up meetings, focus groups were carried out with the CAF or IW teams. Information gathered from these preliminary focus groups facilitated the development of a draft *CAF process model* to form the basis of the unit cost calculations. Meetings were also held with the data manager in each authority to explore how CAF assessment data are recorded and extracted.

Phase 2

This phase was designed to build on the methods applied in Phase 1, and extend them to explore the costs and impact of CAF on professionals from other agencies. The impact of CAF on families was also explored.

Focus groups were conducted with professionals from a number of different agencies. The groups were designed to bring together professionals from a range of agencies and facilitate discussion about some of the key practice issues in relation to the CAF. The Phase 1 focus groups with the IW and CAF teams were also used to verify the draft *CAF process model* developed in Phase 1 and inform the design of the online survey.

To identify the time spent on each of the processes 'time use activity data' underpinning the *CAF process model* an online survey was circulated to the four participating authorities for completion by all professionals that had recently completed a CAF assessment or were currently acting as a LP for a CAF case. The online surveys were also used to gather data from professionals about key practice issues in relation to CAF, including inter-agency working, capacity issues and training. Further details about the online survey response rates are outlined in Chapter 3.

The time use data were gathered to form the basis of the bottom up unit cost calculations (Beecham, 2000; Ward, Holmes and Soper, 2008; Holmes and McDermid, 2012). The unit cost estimation method is a process driven approach whereby, activities undertaken by professionals are broken down into their most discrete components and organised into processes. Data are collected on the time taken by each professional to complete the activities associated with the processes and these data are linked to data concerning salaries, overheads and other types of expenditure. The method used to calculate the unit costs of the CAF processes is outlined in detail in Chapter 4.

The methodology makes a conceptual distinction between two types of activities. Those in the first category are associated with case management activities, whereby a professional assesses a child's needs, reviews those needs and manages and supports the day to day needs of a case. In the case of CAF this work is mostly carried out by the professional who completed the CAF assessment with the child and family, known as the CAF author or the LP if different from the CAF author. The second category of activities comprises additional services for children and their families, designed to meet the child and family's needs identified in the assessment. The services and professionals that are supporting the needs identified in the CAF will fall into this category. Such a separation partly reflects a functional split to distinguish between activity related to the CAF assessment process itself and any additional activity undertaken to support the child and family, under the auspices of the CAF.

To explore the impact of CAF on families, face to face interviews were carried out with a sample of parents/carers that had been assessed using the CAF. These interviews explored the views and experiences of the parents/carers, their perception of the assessment process and what impact the provision of services under early intervention strategies has had on them. The 'service provision checklist' employed in a number of CCFR studies (Ward, Holmes and Soper, 2008; McDermid *et al.* 2011) based on the 'client services receipt inventory' (Beecham and Knapp, 2001) was adapted and used to ascertain the different types of services children and their families have accessed.

The methods used to recruit participants for interview were tailored to meet the requirements of the participating authorities. Information packs were prepared by the research team and circulated by the authorities to families that had a CAF initiated between January 2010 and December 2011. The information packs outlined that the research team were keen to include the views of children and young people in the interviews. However, with the exception of one, all the interviews were carried out without the children or young people in attendance.

Following discussions with data managers carried out during Phase 1, a sample of child level data was extracted from the systems in each of the participating authorities. The data were extracted using a range of methods including both electronic extraction and manual examination of individual child records. The availability of key data items is explored in Chapter 5.

Report structure

The findings from the interviews carried out with parents/carers are outlined in the following chapter (Chapter 2). The impact of CAF on professionals across a range of agencies is explored in Chapter 3. The unit cost estimation method is outlined in detail in Chapter 4 and an exploration of how the costs can be used, including linking the costs with child level data is the focus of Chapter 5. This chapter also includes detailed case study examples of how costs build up over time and how it is possible to follow a child's journey if the necessary data are available. The messages for policy and practice are summarised in Chapter 6.

Terminology used throughout this report

The CAF is a shared assessment and planning framework for use across all agencies working with children and families (Children's Workforce Development Council, 2009a). However, while CAF is an assessment tool, it is evident from the fieldwork carried out for this study that the term 'CAF' is used to refer to the cycle of assessment, planning, service delivery and review associated with the CAF assessment. The cycle includes a number of core components:

- i. *The Common Assessment Framework (CAF)* can be undertaken by any professional working with a child or family and enables any additional needs to be identified. The CAF assessment consists of a pre-assessment checklist, the process of assessment, a standard form to record the assessment and a delivery plan and review form;
- ii. *The Team Around the Child (TAC) meeting* is a multi-agency group of professionals working with the child and family. This group is responsible for delivering an integrated service in response to the needs identified in the CAF assessment. The TAC meets regularly to review the child and family's needs and outcomes (Children's Workforce Development Council, 2009b). In some authorities the group are referred to as the *Team around the Family (TAF)* or *Team around the Locality (TAL)*;
- iii. *A Lead Professional (LP)* is identified to coordinate the TAC meeting, to act as a single point of contact for the child or family and to coordinate the delivery of the actions identified in the CAF assessment (Children's Workforce Development Council, 2009b).

In order to reflect this conceptualisation used by participants, throughout this report 'CAF' has been used as an overarching term to refer to all aspects associated with the CAF including: the CAF assessment, the TAC (or TAF) approach to supporting children and families, and the role of the LP, unless explicitly stated.

Chapter 1: Summary

- The study aimed to explore the impact of the Common Assessment Framework (CAF) on children and families and professionals and how far the cost calculation methodology developed by the Centre for Child and Family Research (CCFR) could be extended to include the costs of the Common Assessment Framework.
- Previous research undertaken by CCFR has identified that the emphasis placed on early intervention and prevention has raised the prominence of CAF across all agencies working with vulnerable children and families and many local authorities have created dedicated teams to support the implementation of CAF.
- Concerns have been raised in recent years about the increased demand for all services for children and families. The streamlining of processes through the implementation of the Common Assessment Framework, in order to ensure that activities are not duplicated between agencies, may result in a reduction in the overall workload of the children's workforce, along with potential cost savings.
- Currently there is no universal and/or systematic approach to record CAFs or link the data to social care management information systems. While local innovations continue to be developed by local authorities, it is not clear whether local authorities are able to systematically follow a child's pathway through CAF and children's social care services, as recommended by Professor Munro (Munro, 2011).
- At present it is not possible to obtain national data on the numbers of children and families receiving support under the auspices of CAF and the costs of supporting them.
- In this study the bottom-up costing methodology makes use of 'time use activity data' and links these to salaries and overhead costs to calculate unit costs.
- Data regarding the impact of CAF on professionals and on children and families were gathered through focus groups and an online survey with professionals and interviews with parents/carers who have been assessed using a CAF.

Chapter 2: The impact of the Common Assessment Framework on Children and Families

Introduction

As outlined in the previous chapter the aim of this study is to explore the costs and impact of the Common Assessment Framework (CAF). The following chapters of the report will explore the impact of CAF on professionals, agencies and local authorities implementing the framework, along with the costs incurred through its implementation. This chapter explores the impact of CAF on those it is designed to benefit: the children and families. A full understanding of the impact, and value, of CAF cannot be ascertained without the views and perspectives of those who have been assessed using a CAF. The perspectives and experiences of parents/carers can provide evidence of the impact of CAF on outcomes for vulnerable children and families, and in particular, provide insight into 'soft' outcomes, which may be harder to evidence using quantitative methods (Dewson *et al.* 2000; Holmes and McDermid, 2012). In addition, capturing the views and experiences of parents/carers who have received a CAF assessment provides additional information about how the CAF processes are carried out, thereby providing local authorities, and other agencies, with information to make informed choices about CAF, its effectiveness and its implementation.

This chapter utilises the findings from the interviews carried out with parents/carers who have been assessed using a CAF, across the four participating local authorities. The recruitment process was adapted to meet the requirements of the participating authorities and to try to maximise participation. In three of the local authorities research information packs were sent to parents/carers who had been assessed using a CAF. These packs were prepared by the research team and then sent to the parents/carers by the participating authorities. The packs contained a return envelope for volunteers to send directly to the research team. Personnel in LA B considered that a more appropriate approach would be to ask Lead Professionals (LPs) to talk to families about participating in the study. Therefore, parents/carers in this authority were recruited directly by the LP. Given the methods for selecting the sample, the potential sample bias must be acknowledged. All the parents/carers

reported that they volunteered to be part of the study to 'have their voice heard' and to help inform future practice.

During the interview participants were asked about the reasons for initiating the CAF, the CAF assessment itself, their LP, Team Around the Child (TAC) meetings and the support and services they had received as a result of the CAF. A service provision checklist based on the Child Service Receipt Inventory (Beecham and Knapp, 2001) was also completed to ascertain the services that the children and families had received during the three months prior to interview. The findings from the Service Provision Checklist are explored both in this chapter and Chapter 5, in terms of the costs of services.

This chapter draws together common themes and experiences of the parents/carers and where appropriate the number of parents/carers expressing this view has been indicated to illustrate whether the view was held by many or few of those interviewed. Quotations and examples have also been used throughout to illustrate the key findings.

The families

A total of 29 interviews were carried out across the four participating authorities. These interviews consist of: four from Authority A; 11 from Authority B; 13 from Authority C and one from Authority D. Although the sample is small, and is disproportionately spread across the participating authorities, apart from one exception, there were no identifiable, substantive differences in the experiences of family members across the four different local authorities. The exception is explored further below.

The majority of the interviews (23) were carried out with the mother of the family, two with the father, three with both parents present and one with a grandfather, who was the main carer. Only one young person agreed to be present during an interview. The families consisted of between one and four children, aged between 22 months and 16 years old. The majority (21) of the interviewees were lone parents/carers and all, except three, reported that they had a good network of support from either friends

and/or family. Two of the parents had physical disabilities and two reported mental health difficulties. Ten of the parents/carers had a child with learning and/or physical disabilities: half of these children were diagnosed with either Autism or Asperger syndrome. Five of the parents/carers reported having a child with emotional or behavioural difficulties.

The primary reason for initiating a CAF assessment, as described by the parents/carers, is outlined in Table 2.1. For many of the families the primary reason for a CAF was compounded with other factors, including family breakdown, parental mental health, and in some cases (as explored further below) the CAF had been initiated primarily to coordinate the support that was being provided to the children and families by a range of professionals.

Table 2.1: Reason for initiating a CAF

Primary Need	Number of families
Child's physical or learning disability	8
Behavioural difficulties	5
Family breakdown	3
Parental mental health	2
Speech and language difficulties	2
Poor school attendance	2
Step down from child protection intervention	2
Parent disability	1
Housing difficulties	1
Bullying	1
Requiring access to funds	1
Unknown	1

Parents/carers reported whether they self referred for a CAF, or if the referral was made by a professional. If the referral was made by a professional, the parents/carers provided information about the type of professional. Table 2.2 summarises the CAF initiators for the parents/carers that were interviewed.

Table 2.2: CAF initiators

CAF initiated by	Number of families
Family Support Worker	8
Teacher	5
Self referral	4
Health Visitor	2
SENCO	2
Head Teacher	1
Educational Psychologist	1
Therapist	1
Learning Mentor (School)	1
Inclusion Manager (School)	1
Unknown	3

As explored in greater detail in the following chapter, the National Union of Teachers advise teachers not to undertake CAFs (NUT, 2010). However, five of the parents/carers reported that the CAF was first initiated by a teacher. From the interview data it is unclear whether the teachers were carrying out the assessments as part of a wider role within the schools, for example a pastoral care role.

Purpose and expectations of CAF

The majority of the parents/carers reported that they understood CAF to be a way to obtain access to support or to a specific service. One interviewee described the CAF as a *'framework'* to help the parent gain access to the support she and her children needed. The parents/carers who reported that CAF was a way of accessing support fell into two distinct groups: those who wished to access a specific service identified by the family; and those for whom needs had been identified and a service, or package of support was provided in order to meet those needs. For instance, one interviewee requesting a specific service: help being re-housed, described CAF as follows:

[The teacher] just said, that I've got this CAF thing, like, and I think you might want to go to the [Family Centre] up the road here and she'll [the worker] will help with debts or if you need anything for the house, or, 'cause of what's happened [with the neighbours] [my son's] safety and she'll just help you with anything you want. You know if you want to see anyone, or be advised about anything, she will be there, she can talk for you, things like that.

Parent, LA B

An example of support offered in response to the identification of needs was a family in Authority B. The child had recently been assessed as having special needs, but was awaiting an assessment to determine the exact nature of her special needs. The family were therefore attending a number of appointments and assessments and the CAF was initiated to enable the family to access additional support including a family support worker, specialist 'stay and play' sessions and a nursery placement along with a child minder to assist with child care for her siblings when her parents were attending appointments.

A multi-agency approach is a central underpinning principle of the CAF. Just over a third of the parents/carers (11:37%) understood CAF to be a way of sharing information between professionals and agencies and coordinating the support they received:

Well they, they said that there's loads of different people from different groups and areas that will be there...to discuss how they can help.

Parent, LA C

The parents/carers also highlighted the importance of confidentiality and many were aware that CAF enabled only those professionals, to whom the family had given permission, to access their information. A small number of the parents/carers (three) noted that this was an important feature of the CAF. One interviewee from one of the authorities using eCAF, reported that the CAF was:

Well I, from what I can gather, the whole point of the CAF is just so that people can access the information [...] ...and it be confidential at the same time. [...] the way that it was explained to me was that, you know, it was just...a central

like folder on a system that everybody could access the information, but then at the same time they needed the administrator's permission or something. I'm not really sure. That's what I gathered anyway.

Parent, LA B

Another interviewee reported:

It sounded brilliant because every time you come to a new person, you know someone who needs to know the story, you are having to relay information [...] This way, its all in one place, they can access it, they can update it and I don't have to keep relaying that. Nothing gets lost because it is all in one place. That's what I find, you get to one person and they're like, 'I'm sorry, I don't know what you are talking about, or its gone to the wrong department or we haven't had that information and it slows the process now. And the CAF I think is a good idea because, doctors, or physio or whoever else is in contact with that child is under one roof and they can access it and no one else can access it unless you give them permission.

Parent, LA B

One of the parents/carers reported that her child receives support from a range of professionals and, much of her time is spent coordinating between the professionals. Furthermore, she noted that she regularly finds that teams and professionals do not always have complete information about her daughter's condition and progress. This interviewee reported that eCAF would reduce the time she would have to spend repeating this information and would facilitate communication between professionals:

Having all that [information] in one place would be brilliant because none of [the services] are related to each other.

Parent, LA B

Previous research has shown that some families with multiple needs require support from a range of professionals (Holmes and McDermid, 2012) and may in some cases require multiple assessments from different professionals (Holmes, McDermid and Sempik, 2010). CAF is designed so that families are only required to 'tell their story once' rather than suffer from 'assessment fatigue' (Children's Workforce

Development Council, 2009 (a); Holmes, McDermid and Sempik, 2010). A number of the parents/carers expressed frustrations at having to repeat their experiences to several different professionals and were positive about the potential for CAF to prevent this from happening. One of the parents/carers noted that the multi-agency approach that underpins CAF helps to ensure that all of the child's needs are identified and met. She noted that forms completed for single agencies can restrict the type of information that is gathered and is designed in such a way that:

you can't actually tell the whole story so [professionals] never know really what that individual needs are [...] but that's where the CAF report would come in handy because the last school would put down their information [...] and that would transfer to the other school [...] and its not just educational, its down to emotional and medical needs and so on to facilitate all the other stuff.

Parent, LA B

This interviewee thought that enabling professionals from a range of agencies to access the information recorded on the CAF helped them to gain a holistic picture of the child and family's needs and provide the support to address them accordingly.

Another interviewee noted that completing the CAF, along with helping professionals gain a holistic view of the child and family, also gave her a rare opportunity to reflect on her family and what could be provided to help support them and improve their circumstances:

Just to kind of, you know like, you look at things, you think, 'Right, okay, right, this is the bit that I'm not doing so well', you know, so we change that, you know, [...] 'We'll try something different.'

Parent, LA A

One of the central principles of the CAF is parental/family consent (Children's Workforce Development Council, 2009a). All parents and children, where appropriate, are required to sign the CAF assessment to state that they are happy with the content and for the information to be shared with other professionals. However, five of the parents/carers were unclear about the CAF and whether they had received a CAF assessment. One interviewee noted that he was unaware that a

CAF had been completed by the school for his daughter until the school invited him to sign the form. Other parents/carers were unable to differentiate the CAF from the other support and assessments they had received. One interviewee reported that they had completed so many forms that they did not know which one the CAF was. Three of the parents/carers reported that they knew they had completed a consent form as part of the support they were receiving but did not know that the form was part of the 'Common Assessment Framework'.

In one of the participating authorities (LA A) a CAF assessment is used as a means of referral to a number of different services. The parents/carers understood that they had been referred to a service and had given permission for this to take place, but not that this had been done via a CAF. One of these parents/carers reported that the purpose of the CAF, at the beginning of the process was unclear. She did state however, that as the process progressed the purpose had become clearer.

Despite the lack of clarity outlined above none of the parents/carers reported concerns that a CAF had been completed without them fully differentiating the CAF from other forms of assessment and support they had received. The interview findings indicate that parents/families are primarily concerned that their needs are met in a timely, effective and sensitive way.

Of greater concern to the parents/carers was how far the CAF was linked to social care support and how the information shared as part of the CAF would be used. Seven of parents/carers expressed concerns about the link between CAF and social care services, or that having a CAF would stigmatise their child in some way. Three parents/carers also expressed concerns about the information on the CAF being shared more widely and as such that it had the potential to impact negatively on their family. One interviewee noted that she was concerned that having a CAF would be used against her in an ongoing custody dispute and another interviewee who requested a CAF to ensure her child could have a multi-agency assessment for speech and other developmental delays noted that she was initially concerned because *'some of the children that have got these CAFs is because they're being abused'* and she did not want this assumption to be made about her child and to become stigmatised:

You're put into the same bracket as the ones that have these forms 'cos they're being abused and that's just because then, whoever comes in, it's just they've come in 'cos you've got a CAF. I've even had like raised eyebrow before when I've...said...I know there's been situations where someone's said, 'Oh, have you seen...' and I say, 'Oh, yeah, 'cos that's on the CAF.' and they've looked at me, 'Oh, are you on a CAF?' And I'm think, 'Yeah...' (chuckles) But it's just, the minute you say that word, people immediately look straight down at you.

Parent, LA C

Another interviewee for whom a CAF was initiated due to concerns about her son's speech development, perceived that the CAF was in some way linked to social care and therefore thought that a CAF assessment was a 'over reaction' to the concerns raised about her son's speech:

[The CAF was initiated] just after he turned two because that's when pandemonium, as I call it, started because he didn't pass his two-year review because his speech wasn't up to scratch, which didn't bother me or concern me in the slightest, but then all of a sudden all these people got involved....[The] health visitor got me a family support worker, and she then asked a speech therapist .. just loads of different things....hearing tests and there was all this different stuff.

Parent, LA B

A number of services were initiated and provided following a CAF assessment. While this may be considered a positive outcome this interviewee thought that the number of services provided following the assessment confirmed her concern that CAF was 'social care under another name'. She reported:

I mean I was a bit wary of it and I thought, 'Okay, this is like me putting my baby's name on a register' or something like that. I still don't know if it has that kind of feel to it, and I don't know what the ins and outs of it are but...like something I was filling in an enrolment form for college the other day and it asked had me or anyone in my family ever been on a CAF. It didn't sound right, you know? [...] Well, I didn't know what it was when I first heard about it but, because of the way they approached it, I had big suspicions about it. [...] yeah, I

was really suspicious of it. I mean... I'm just, I'm suspicious of it, of everything. I mean like, when she suggested a family support worker, the night before I was meant to meet with one... there was a programme on the tele about social workers and I watched it and they had family support workers in the office and I thought, 'Oh my God, this is all connected to Social Services'.

Parent, LA B

There were other examples of parents/carers expressing their concerns about the CAF assessment being linked to social care and that having received an assessment would lead to closer scrutiny of their parenting:

I was a bit nervous really because you feel as though like they're... gonna be... watching like everything you do with your child, and is it your fault.

Parent, LA A

I'm always a bit concerned, especially when it involves the Social Services as well. You know, I know loads of people are scared of the Social Services, but I'm quite confident in my mothering, do you know?

Parent, LA A

While a number of the parents/carers were concerned about the link between CAF and social care, others were clear about the distinction and considered that CAF enabled them to receive the support without the need to involve social care:

It didn't bother me at all. I can remember A saying not to worry, that it wasn't like Social Services being thrown at me or anything like that.

Parent, LA C

Seven of the parents/carers reported that they were very positive about the CAF assessment being undertaken because it offered them the opportunity to gain access to the support and services they needed. A number of the parents/carers stated that they were prepared to do 'whatever it takes' to help them and their children:

It was ok. I took the view that I will do whatever it takes [...] to get [my child] whatever she needs.

Parent, LA C

To be honest, if it was going to help us help [my children] then it is the best thing.

Parent, LA B

Furthermore, four parents/carers expressed feeling relief when the CAF was first mentioned:

I felt relieved, you know because I were on my own and like, family, they try and advise you but, they can't exactly get involved and sort out the problem. That's to do with, like, other people, like police and that. So it was like. They were trying to advise me, just like show me support and that, you know 'you'll be alright' and I was like 'how do you know I'm gonna be alright', you know? [...] so just saying I was gonna be alright didn't help, you know. I felt like I needed some, like, legal advice and I didn't know how to go about it and when like, [the teacher] was like, told me about [the key worker] I was like, maybe this will be a start for me, which it obviously was.

Parent, LA B

Completing the CAF assessment

The parents/carers were asked about their experiences of completing the CAF form and despite not knowing that the CAF had been completed (for a small number of the parents/carers) for the most part parents/carers were positive about the experience of the CAF assessment process. The majority (27) of the parents/carers had completed the form with a professional and in 10 cases this professional became the Lead Professional. Generally, the parents/carers accepted that the questions in the CAF were likely to be of a personal nature. One parent noted that completing the form with the CAF author was:

Yeah, it was fine. It's a bit nosey (chuckling) but it's fine. I'm lucky I don't have anything to hide, I was just like, 'Yeah, okay' and I'll fill it out, you know, but,

yeah, it is quite nosey, you know, like they want to know everything about, you know, like their dads and stuff [...] you know, I mean I thought that was a bit, a bit nosey, but I suppose they've got to know [...] but yeah... but it's fine (chuckles).

Parent, LA A

A number of the parents/carers commented on the personal nature of the questions, but were willing to answer them if it ensured that they could access the support they needed:

[I was happy to answer the questions] if it meant that [my son] got the help he needed then I'd answer anything cos he needed help and to be honest with you I'd answer anything. I didn't care how intrusive, if the questions were intrusive which they weren't. It wouldn't have bothered me because at the end of the day he needed help and if he needs help, then if I can provide it I will. I'm not afraid to put my hand up and say I need help with my children.

Parent, LA B

Six parents/carers reported that they were not informed of the outcomes of the CAF assessment. In these cases the parents/carers reported that they were unhappy about answering personal questions without it resulting in access to services and support. For instance, one interviewee noted that although the questions in the form were 'a bit personal' she did not mind answering them at the time because she believed they would lead on to her receiving help. However, at the point of interview (more than six months after the assessment) support and services had not been put in place:

A bit personal. (chuckles) A bit personal, but... relevant because I thought I was gonna be getting help. But... in hindsight, completely irrelevant 'cos nobody gave a shit.[...] It was just long-winded, and they wanted to know all personal stuff, and for them to do what – nothing.

Parent, LA C

Another interviewee also raised concerns about providing personal information and then not being informed on the outcome:

It was a little intrusive, I thought, but.. you know, and I told her all these things and I still don't think that it's actually done anything.[The CAF author] just asked me to fill out a form and put a lot of confidential information on it and she's not even then bothered to even tell me the outcome of this.

Parent, LA C

Two of the parents/carers noted that the CAF assessment was difficult to complete because of the nature of the needs of their children. One interviewee noted that she was 'tearful' completing the CAF as it reinforced and highlighted the problems she was experiencing. She noted that it was a big step accepting that she needed help and seeking support. She went on to say that the family support worker never made her feel bad about struggling to cope and highlighted all the positive areas of her life and her achievements as a parent. She reported that she was comfortable talking to the family support worker and her views were taken into consideration. Another interviewee who overall reported that the CAF had been an extremely positive experience acknowledged that completion of the CAF assessment was:

Hard [...] because of [my daughter's] difficulties [...] when you're talking about it, you know it was quite hard to talk about why I felt like we needed it for [my daughter]. [...] you have to go through every question, it has to be, you know, exactly what I need, what she is not doing. So obviously it highlights it when you are talking about it.

Parent, LA B

This interviewee went on to emphasise that the CAF author was very sensitive and helpful when completing the assessment form. Being listened to, and understood, was of central importance to the parents/carers. When asked whether they thought their views were taken into consideration, the majority (26) of parents/carers reported that they had been listened to at the point of assessment and as though their feelings and perspectives were taken into account.

The parents/carers also emphasised the importance of not only having an accurate record of their needs in the CAF assessment, but in addition, the CAF author and the LP fully understanding the individual needs of the family:

It is just really important when you have someone who understands where you are coming from.

Parent, LA D

Furthermore, one interviewee noted that although it was not always possible for her to access the support she needed due to waiting lists, alternatives were offered and she reported that the CAF author and the LP understood her perspective and family's needs enough to identify suitable alternative provision.

Three parents/carers however, reported that this had not been their experience. One noted that she had had mixed experiences with regard to how different professionals and agencies took their views into consideration and the other two reported that they were 'misrepresented' by the CAF author, as such one of these parents/carers reported that she considered the CAF to have failed due to the LP not fully understanding her and her circumstances.

Previous research that has focused on CAF has raised concerns about the length of the CAF form and the impact that this has had on professional's workloads (Brandon *et al.* 2006; Gilligan and Manby, 2008; Norgate, Traill, and Osbourne, 2009). The impact of the time taken to complete the CAF on professionals is explored further in Chapter 3. In this study a small number (four) of the parents/carers remarked about the time taken to complete the CAF assessments:

The form was horrendous. Four and a half hours it took us and it is all repetitive. You seem to be answering the same thing for each question.

Parent, LA C

Discussions with the CAF and Integrated Working (IW) teams as part of this study have highlighted that it is not necessary to complete all the sections on the CAF form. In one of the interviews a parent reported that the CAF author had already completed a lot of the form prior to the meeting. The meeting with the parent was then focused on some key areas and to check the details that had already been filled in. This parent reported that this was a very useful way of using their time together.

The Lead Professional

The parents/carers were asked about their views of their LP. The term 'Lead Professional' was familiar to the majority of the parents/carers. Five of the parents/carers were not familiar with the term, but could identify who their LP was when the role was described to them; nine of the parents/carers could not identify their LP.

Around two thirds of the 20 parents/carers who had a LP were highly positive about the support that they received from them. The parents/carers stressed the importance of having an '*understanding*' LP, who understood their needs, would provide a range of different types of support (both practical and emotional), and in some cases would act as an advocate on their behalf. One interviewee noted that she was initially uncomfortable with the idea of having a LP and refused to see her, but she now describes her as her '*backbone*'. She said that her LP (a family support worker) has been '*so helpful*' and really pushed for services for her and in particular a special placement at nursery.

The parents/carers reported that the LP provided a range of different types of support and, for many of the parents this flexibility in the role was considered to be of particular value:

She'll just help you with anything you want. You know if you want to see anyone, or be advised about anything, she will be there, she can talk for you, things like that. [...] she'll always like phone me and see if I'm alright and like, completed what she's told me to do. [...] she does everything she can. She always asks me 'is there anything else you think you need or you want me to do. She says that's what I'm here for.

Parent, LA B

Advice and guidance was also seen as an important part of the LP role. The parents/carers reported receiving both emotional support and a 'listening ear', and practical support, such as knowing where to go to for particular services, from their LP:

She's helped me with trying to, you know, put their, names, the kids' names down for other schools and things like that, you know, just... if I didn't have her I would have, you know, I wouldn't have known what to do first, do you know what I mean? [...]. She's been just a great help, you know [...]. She's the one with the information or she can research it for you, you know, she can help write letters on your behalf...I do... it's a really good service, it is, I think... I think.

Parent, LA A

Because I can't read properly and I don't spell properly so she was filling all the forms in for me [...]. They're helping me trying get her into school, a nursery; trying to help me get out more with her and showed me the different things round here I can take her to, like the library, there's [group] in the library they sing nursery rhymes and... all the different...like drop-in centres round here. There's just one down there, there's quite a few round here. It's just getting to 'em and I need to know where they are so I can jump on a bus and go myself.

Parent, LA A

Previous research has found that professionals may be reluctant to take up the LP role due to concerns about their own workload and sufficient training (Brandon *et al.* 2006). There was evidence of this reticence to take on the role of LP in three of the interviews:

[the LP] didn't seem keen on the idea to me, but basically she was pushed in a corner by the CAF Co-ordinator.

Parent, LA C

TAC/TAF meetings

The parents/carers were also asked about their views and experiences of the Team Around the Child Meetings (TAC). Around half of the parents/carers (14) had attended a TAC meeting and opinions were mixed.

A small number (2) of these parents/carers reported that the TAC meeting reassured the family that their needs were understood; one interviewee reported that the TAC

meeting meant that school were *'Taking [my son's] needs seriously'* (Parent, LA D). Another commented that the TAC meeting helped them to feel supported:

We feel really supported with all these people around us, otherwise we'd just be there trying to tread water and feeling like we're being pushed under all the time.

Parent, LA C

Another interviewee noted that TAC meetings were valuable because they enabled parents and professionals to meet face to face:

The main [thing] is, is we can all sit down together and so I know who people are, I'm not just looking at a letter and reading it. I can talk, and I can talk to people and, and once we're all together, if somebody agrees to do something, they've agreed to do it and they've agreed it in front of everybody. Everybody knows it and everybody so... I agree to do something, I go into the school. I said I would and people I don't say would, and also it's... people offer up information that they know, or might know somebody that'd help put you on and things like that. So, yeah... so they're the main things about it... it's just that we're all together, all at one time, just for one... like I say, just one purpose really.

Parent, LA C

The parents/carers who were most positive about TAC meetings were those where the TAC had resulted in an action plan or where new ideas or suggestions were made. The parents/carers were less positive about TAC meetings that were just seen to be reviewing and catching up, where no 'real' progress was made. When describing a TAC meeting one interviewee noted that the meeting consisted primarily of reviewing the original outcomes set in the CAF plan and that *'nothing really got accomplished that day at all'* (Parent, LA B).

While it may not be necessary to hold a TAC meeting in all cases where a CAF is open, parental involvement in any TACs that do take place is emphasised in the TAC guidance (Children's Workforce Development Council, 2009b). One interviewee in Authority C reported that a TAC meeting had taken place without her knowledge:

And that's what I wanted [attending the meeting]. I was led to believe that I could go to this meeting if I wanted to. And yet nobody contacted me to invite me to it and it took place without my knowing. And that is... surely that is fundamental in the whole process. If all they were basing their information and their decision on was a few lines on a form... you know, I think it's terrible.

Parent, LA C

While there was only evidence of a TAC taking place without one of the parents/carers, this example highlights the importance for parents/carers of being involved in the process for deciding the support and service they receive and having an opportunity to be heard by professionals. The TAC meetings were an essential opportunity to do this. In the majority (78%) of cases the parents/carers reported that, when attending a TAC meeting they were given the opportunity to contribute and express their views. However, this experience was mixed and two parents/carers noted that their views were not always considered to be paramount to the TAC discussions. One interviewee noted that, while some members of the TAC sought her views, not all of them did. She said they '*Talked amongst themselves, really*' (Parent, LA C). Another interviewee reported that different agencies present at the meeting focused too heavily on their own agendas or perspectives rather than using each of their areas of knowledge and expertise to develop a holistic picture. She reported that her hope for the CAF was to utilise a range of knowledge and expertise to identify the needs of her child and to develop a joint action plan:

I was just very disappointed that this just didn't happen, [...] it was just pieces of the same puzzle and everyone was grabbing their piece and fighting over that one piece and where was the child there? Where was the child? Where was what was best for the child?

Parent, LA B

A number of other issues with the TAC meetings were identified by the parents/carers, a small number noted that TAC meetings were stressful because of the issues being addressed:

I can get quite emotional in them. Simply because it's talking about him. And when there's a roomful of people talking about him, some... like I just go on the defensive actually, you know. And then, and then... I'm not talking rationally. Do you know what I mean? I'm talking... you know, when you're emotional about something you don't make sense and they don't realise that and so they're taking everything as I'm saying gospel, and then they, I feel like I'm not being heard or understood properly. So there's been a bit of misunderstandings in the past.

Parent, LA B

Another interviewee noted that at times it was hard to hear professionals talking about her son in 'professionalised' terms. She said:

Sometimes it hard to hear, you know, what, when I went in for example, the nursery teacher said '[your son] is a very complex little boy' and you know, I know that's, you know, and I was like [gasps]. Its hard to hear certain things, but I've learnt to get my backbone up a bit. You need it [laughs].

Parent, LA B

Four of the parents/carers highlighted the benefits of receiving support from their LP both prior to and during the TAC meetings. Meetings with LPs prior to a TAC were highly valued:

We meet up...all the time before the TAC meeting and we get an agenda together. [...] like stuff that I want to, you know, put across and if I don't feel, if I don't do it in the meeting, she'll do it for me. Yeah, so she's good like that.

Parent, LA B

The issues outlined above highlight the importance of ensuring that opportunities are given to parents to express their views, either directly or through a LP and that sensitivity and consideration should be given to the language used during the meetings, to ensure that it is not overly 'professionalised' or negative. These considerations may help parents engage more effectively in the TAC meetings, an approach which underpins the CAF.

The Impact of CAF

CAF is a standardised assessment, to '*help the early identification of children and young people's additional needs and promote coordinated service provision to meet them*' (Children's Workforce Development Council, 2009a:8). As noted above, the parents/carers identified two primary purposes for the CAF: access to support and services to meet their needs; and the coordination of support from a number of different services. The remainder of this chapter will explore how far the parents/carers reported that the objectives of CAF had been met and the impact of CAF on their families. Overall, the extent to which the CAF achieved these two key purposes varied between the families. Many of the parents/carers reported that CAF had been extremely useful for them and their family providing them with the support and services they needed. Around a third of the parents/carers however, reported that they had not received the services they had expected following the CAF assessment.

Access to services and support

As outlined above, the support of the LP was highly valued by the majority of the parents/carers. Indeed, about half of the parents who had been allocated a LP reported that support from the LP was the primary outcome of the CAF. It is evident from the interviews that the LP was highly regarded and valued.

Just under a half (14) of the parents/carers reported that they had received support from a number of services as a result of a CAF assessment being undertaken and reported that the provision of these services had had a positive impact on them and their family. For instance, a large number of services had been identified for one interviewee as a result of a CAF assessment. She reported that these services were really supporting her and her family:

I felt like before that I had the help that everything was just getting on top of me just a little bit. [...]. And it was just... it was quite hard when I [first had my daughter], I was crying all the time. It was really nice to have someone to sit here and talk to even though if I sat here and blubbed my eyes out all the time. At least I could get it off my chest. [...] and just getting I mean a little bit of moral[?] support of having someone here for me, just... 'cos I'd just got myself

like in a little rut of not going nowhere, and having someone here makes you get up in the morning, get yourself dressed and you know you're going to have to be ready 'cos they're gonna be here and... you might go out or you might even be in here having playtime with her and just doing something with her. [...]. And now having that little bit more help, I know that I can, I can get out and I don't have to worry, 'cos I trip a lot. And that's the thing, if I trip with her and I don't want to fall with her by myself.

Parent, LA A

One interviewee reported that the CAF not only helped them to access the additional support they needed for their son, who had been diagnosed with Asperger's Syndrome, but also to improve the support they were already receiving:

[school] were still treating him as a naughty boy and they were still bringing him up, they were suspending him from school...so we felt that the school were just trying to shove him away and say, you know, 'We don't really want him here,' you know. [...] But as soon as we started having meetings and with the CAF and things like that, it... I don't know, it seems to have got a lot better, didn't it?

Parent, LA C

Five of the parents/carers reported that they considered the CAF to have provided them with a 'formalised' assessment which enabled them to gain access to services that they would not otherwise be able to benefit from. Two of the parents/carers were waiting for specialist nursery places for their children with special educational needs and reported that the CAF had helped to 'move us up the waiting list' (Parent, LA B). Another interviewee reported that after their child had received a formal diagnosis and a statement as a result of the CAF process, services were easier to access. This interviewee reported that the CAF had also provided an additional emphasis to ensure that services could be accessed.

As noted above many of the parents/carers reported the importance of feeling supported by their LP. The reassurance of 'having someone there' for the parent was not solely provided by the LP but in some cases this additional reassurance was provided by one or more of the services that were identified as part of the CAF.

One interviewee reported that, having been relatively isolated prior to the CAF assessment, the provision of a large number of services was a little overwhelming initially, although extremely helpful:

You just like get all a bit of overwhelmed. When you've had no-one for, for months and months and then you get everyone all at the same time, it's just... they've all been quite helpful, they really have. They've helped me quite a lot.

Parent, LA A

Another noted that after her child had been diagnosed with Autism, she found it 'quite a shock in the beginning with how many services they put in your face' (Parent, LA B)

A small number (3) of the parents/carers made reference to the current economic climate and the impact of this on the availability of services. One interviewee noted that she had been affected by cuts to services. She reported that she thought decisions about services and their availability were resource led rather than needs led:

It's so much about money and not about the child.

Parent, LA B

The interviewee also noted that her child was not eligible for many of the services because her child's condition meant she had 'some good and some bad days' and did not therefore meet the criteria for many of the services. She noted that it was access to services for families with the lower levels of need, that were nonetheless essential and valuable to those families, that had been reduced. She reported that having regular care support would ensure that she was available for work and would improve both her economic and emotional circumstances. When asked what service or support she would really value this parent said:

To be listened to when I say that my child needs extra help and to not be told 'we haven't got the funds'.

Parent, LA B

Two of the parents/carers also noted that the services they value the most are the ones where they can see 'real' results that get things done and make measurable changes to their families' lives. One of the parents/carers noted that the services they accessed as a result of the CAF were appreciated by the child:

He thinks it's great because they spend time with him and [the professionals] help him a little bit and he's, it calm him down 'cos he knows he's got somebody there that's gonna... keep, just keep, you know, just watch him keep an eye on him 'cos he's, one of his big fears is failure.

Parent, LA C

As well as access to services, the additional support offered through the LP role meant that a number of the parents, who were nervous or unable to attend alone, were accompanied to groups, services and activities by the LP, at least on the initial visit. The additional help was especially important for one interviewee who had Multiple Sclerosis. She reported being nervous about taking her daughter to groups or even to the park because '*I can't run after her*', and she was nervous of tripping and falling and not being able to get up again. Having someone come along to an activity gave her the freedom to play with her daughter.

While most of the parents/carers reported that CAF had enabled them to access services, 10 reported that they did not receive the support and services they expected and therefore did not feel the CAF process had been valuable to them:

Well... they said they were gonna get us a family help and help for [my son] like counselling and everything, but nothing's come of it. [...] Yeah, the bereavement counselling for the, for the whole family, they've just dismissed that. [...] They've just swept it under the carpet.

Parent, LA C

Three parents/carers reported delays between the form being completed and being forwarded to the CAF team. One of these parents/carers reported that she had completed the CAF form 12 months prior to interview and at the time of the interview the first TAC meeting was only just being arranged. One interviewee reported a two month delay between the CAF assessment being completed and the form being sent

to the CAF team.

Furthermore, six parents/carers reported that they had not received any feedback with regard to the outcome of the CAF assessment. Each of these parents/carers reported frustrations that they had not been kept informed about progress.

I don't know. Honestly, I haven't got confidence that [we will get the support] to be honest. And it just feels like I've got to keep, I've got to be the one that keeps pushing and pushing, but I'm losing the strength do you know what I mean? I'm so worn out with it.

Parent, LA C

Three parents/carers noted that a lack of outcomes and feedback had resulted in them losing confidence in the support. One interviewee reported that while she did follow up the CAF with the initiators a number of times, at the time of interview she had given up contacting the school. This interviewee reported on a number of occasions that failure to hear back about the outcome of the CAF, even a negative outcome, made her feel unsupported and uncared for:

It was just like, you know, 'Oh, another kid. There we go. Throw it in the bin.'
That's what it feels like.

Parent, LA C

The parents/carers reported that the delays in accessing services after the completion of the CAF may have restricted the potential for preventative action to be taken. In one case the interviewee reported that the CAF had been initiated to put a number of services in place before her child started school. However, due to delays in the process and referrals not being made, the services were not in place until the child had been at school for a year.

One interviewee reported that the response after requesting support was very slow and feared that her daughter's difficulties may not have escalated if help had been offered to her sooner:

Maybe a little more urgency and they said that they would... try and chase up the CAF and they said maybe a Team around the Family, do they call it? They said is a bit quicker to get into... but this is what I asked for... you know, I knew, I know things are escalating. [...] But, you know,... there's not been... nothing: everything's so long-winded I just feel like either summat really bad's gonna happen. I mean, you know... there's been occasions... quite... two or three occasions when I've had to call the police when she's attacked me.

Parent, LA C

The coordination of services

A small number of families had complex needs which required support from a range of services and agencies: six of the parents/carers reported that they had a large number of professionals supporting them prior to the CAF and the CAF helped them to coordinate the care that they were getting. These six parents/carers all reported that the CAF had assisted the communication between the various professionals involved in their assessment. In a number of cases this communication was coordinated primarily through the LP.

[my LP] is my organiser, problems I have, any appointments that haven't come through, or anything, or anything that I haven't got back or a report hasn't come back, I contact her and she sorts it out for me and she gets back to me. Rather than me ringing a hundred different people,

Parent, LA B

Another interviewee commented that enabling professionals to communicate was the key to CAF having a positive impact on her and her family:

[I think CAF is really useful] because it's... everyone knows what's going on, do you know what I mean? It's not like the right arm doesn't know what the left arm is doing. It's... it's so much more efficient that way as well and, because they let each other know as well. For instance [one of my professionals] says, 'Oh, no, I'll talk to someone about that,' you know, and she does. And... yeah, I think it's, it's a very good idea. [...]It's a really good thing that they know what's going on because otherwise you get a... a service from here, service from there, but

nobody really knows what. [...] So yeah, I think CAF is actually... quite beneficial.

Parent, LA A

However, one interviewee noted that a number of the services that she accesses for her child, who has severe and complex medical needs, are across authority boundaries. The CAF could only be accessed by people within the authority and so it was not possible to fully utilise the information sharing capacities of CAF. Although the interviewee noted that confidentiality is highly important, access should not be limited by geography.

The majority of parents/carers highlighted the positive impact of CAF on them and their families. Parents/carers reported that the support offered by CAF to access services, to be listened to, to coordinate the support offered across agencies and access a LP were of particular value.

However, it is evident that a number of parents/carers had experienced delays in receiving services or had not received services as a result of the CAF and as such these parents/carers did not feel that the CAF had been beneficial. These parents/carers reported losing faith in the CAF process. Authorities may need to consider how to ensure that processes and training are in place so that such delays are reduced.

Parents/carers also emphasised the need to ensure that their views are both listened to and acted upon in a way that is most appropriate for them and their family. In addition, clarification of both data sharing agreements between local authority areas and who can access data and for what purpose, along with more detailed explanation of the link between CAF and social care may reduce some of the misconceptions about the CAF.

In some cases the parents/carers were unable to distinguish the CAF from other assessments and support they had received. However, the majority of the parents/carers reported that they valued the support offered via the CAF, either through the role of their LP or services that had been accessed.

Chapter 2: Summary

- A total of 29 parents/carers were interviewed. The majority (23) of these were positive about the Common Assessment Framework. The parents/carers reported that CAF enabled them to access the support they needed and facilitated a coordinated response to the support.
- Six parents/carers reported that they had not received any feedback on the outcome of the CAF assessment nor had they received any support or services subsequent to the assessment being completed. These parents/carers did not consider the CAF to have been beneficial.
- The Lead Professional role was highly regarded and valued by the parents/carers. The Lead Professional provided both practical and emotional support to families and undertook an advocacy role on their behalf.
- Around half of the parents/carers (14) had attended a Team Around the Child meeting (TAC). The parents/carers who were most positive about the TAC meetings were those where the TAC had resulted in an action plan or where new ideas or suggestions about how the child and family might best be supported were made. The parents/carers were less positive about TAC meetings that were perceived to be a review or 'catch up'.
- Parents/carers emphasised the need to ensure that their views are both listened to and acted upon in a way that was most appropriate for them and their family.
- Some parents/carers expressed concerns that being assessed using a CAF might lead to professionals across agencies making judgements about their parenting skills and subsequently result in a referral to children's social care. Clarification for parents/carers of data sharing protocols, along with explanation of the link between CAF and children's social care might alleviate these misconceptions.

Chapter 3: The impact of CAF on professionals

Introduction

This chapter explores the impact of the Common Assessment Framework (CAF) on professionals using CAF in their work with children and families. In particular the chapter focuses on three distinct but interrelated dimensions of professional practice in order to make an assessment regarding the impact of CAF: multi-agency practice and collaboration; time and capacity; professional knowledge and training.

The analysis presented here draws on focus groups with the CAF or Integrated Working teams and frontline professionals in the four participating local authorities, and on an online survey completed by 237 professionals using CAF. Fourteen focus groups were undertaken across the participating authorities with a total of 81 professionals from a range of services participating. Details of the focus group participants are in Appendix A.

Survey respondent characteristics

There were a total of 237 responses to the online survey across the four participating local authorities: 71 from Authority A; 65 from Authority B; 43 from Authority C; and 58 from Authority D. The survey responses received from each participating local authority and the proportion of responses from different agencies and services are outlined in Appendix B. Professionals working within education account for 48% of the total survey respondents. Therefore, education professional's use and subsequent views of CAF, shaped by the ways in which CAF is utilised within schools, may have had an impact on the overall assessment of CAF provided by the survey.

Almost 21% of total respondents were head or deputy head teachers and this occupation accounted for nearly half (49%) of all responses in Authority C. Eighteen percent of total respondents were senior/family support workers, with this occupation accounting for almost a third (32%) of responses in Authority B compared with no responses from this group in Authority C. The next largest group, service managers from a range of agencies, accounted for only 9% of total responses. Details of the

job titles of the six largest groups of respondents within the four participating local authorities are provided in Appendix C.

Given the significant proportion of responses from within education it is important to acknowledge the guidance and views regarding head teacher and teacher participation in CAF provided by teaching unions. In their guide to teachers' working time and duties, the National Union of Teachers states that 'The NUT does not believe that completing a CAF form should be part of the role of the class teacher' (NUT, 2010: 43); in its response to a 2009 Department for Children, Schools and Families consultation on *21st Century Schools*, the National Association of Schoolmasters and Union of Women Teachers (NASUWT) expressed concern that 'in too many cases, responsibilities for managing the CAF are falling to teachers and head teachers in circumstances where the additional needs concerned are not of a nature that requires the Lead Professional (LP) in respect of the CAF to be a qualified teacher' (NASUWT, 2009); and in 2009 the National Association of Head Teachers (NAHT) 'warned that the CAF form ... in fact delayed intervention' (Lipsett, 2009) rather than providing a streamlined process through which teachers are able to access additional support for children with additional needs. In light of the strength of feeling and a lack of clarity regarding the role of head teachers and teachers within CAF and safeguarding more generally (Birchall, 1996; Calder and Barratt, 1997, Baginsky, 2003), it is necessary to acknowledge the possible impact of this on the analysis presented here.

Of the 237 professionals who completed the online survey, more than two-thirds (69%) had been in their current post for two or more years, with over half of all respondents (56%) having been in post for more than three years. Only 3% of respondents had been in post for less than a year. This pattern was replicated across each of the four participating local authorities. Most professionals who completed the survey were employed full time (88%) and there was little variation in this pattern across the four local authorities.

Professionals who had completed a CAF assessment or acted as LP were asked to provide information regarding the length of time they had been using CAF and how

many CAFs they had completed in the last three months. This information is detailed in Tables 3.1 and 3.2.

Table 3.1: Length of time using CAF

Length of time using CAF	Number of respondents	
	Frequency	Percent (%) ¹
Less than 6 months	11	6
6 months to 1 year	26	13
1-2 years	59	30
2-3 years	48	24
More than 3 years	53	27
Total	197 ²	100

¹ Percentages have been rounded to the nearest whole number.

² 40 respondents did not answer this question.

Table 3.2: Number of CAFs completed in the last three months

Number of CAFs completed in the last three months	Number of respondents	
	Frequency	Percent (%) ¹
None	68	35
1	40	21
2	29	15
3	21	11
4	12	6
5	6	3
6	7	4
7 or more	11	5
Total	194 ²	100

¹ Percentages have been rounded to the nearest whole number.

² 43 respondents did not answer this question.

Just over half of respondents (51%) reported that they had been using CAF for two or more years, with 19% having used CAF for one year or less. The mean number of CAF assessments completed by professionals was two (median=1). More than a third of respondents (35%) reported that they had not completed a CAF assessment in the last three months and 6% reported that they had completed seven or more CAF assessments in the last three months. One respondent reported having completed 25 CAF assessments in the last three months. The views of focus group

participants regarding the completion of CAF assessments is explored later in the chapter.

Of those professionals who had acted as LP (n=139), 68% (n=94) were currently supporting families as the LP. Details of the number of families that they were currently supporting are outlined in Table 3.3.

Table 3.3: Number of families LPs were currently supporting

Number of families	Number of respondents	
	Frequency	Percentage
1	31	33
2	15	16
3	17	18
4	5	5
5	6	6
6	4	4
7	4	4
8	5	5
9	1	1
10 or more	4	4
Not answered	2	2
Total	94	100

The mean number of families professionals were working with as LP was three (median=3; mode=1). A third (33%) were currently working with one family, with a similar proportion (34%) working with two to three families. One respondent, a social worker, was currently LP for 16 families. Professionals who had acted as LP but who were not currently LP for any families were asked to indicate how long ago they were a LP. Of these (n=40) 68% had last acted as LP more than six months ago.

Models of service delivery

The models of service delivery, along with the remit of the teams responsible for CAF and the roles of the team members, differed substantially across the four participating authorities. The different models of delivery in the four authorities are outlined in greater detail in Appendices D and E. Although there was variability in the models of service delivery, it was possible to develop a typology of delivery models outlined in Box 3.1.

Box 3.1: Typology of Models of delivery

1. *Commissioning and workforce development:* CAF is supported through the Integrated Working team. These teams focus on the development of good practice across all agencies working with children and families. The team undertakes activities such as the development of training resources and guidance documents: it works strategically with various sectors to encourage and support good practice in all areas relating to CAF including completing the eCAF, undertaking the *LP* role, *TAC* meetings and multi-agency approaches to service provision. The team also maintains and manages the eCAF system, supports users and utilises data to identify gaps in training or workforce development.
2. *Training, commissioning and workforce development:* authorities adopting this model work strategically to develop CAF across the children's workforce, along with developing and delivering training across all agencies working with vulnerable children. Team members deliver training on all areas associated with CAF including completing the eCAF, undertaking the *LP* role, *TAC* meetings and multi-agency approaches to service provision. The team also works directly with agencies which have been identified as requiring additional support or individual professionals.
3. *Operational:* delivery models have a 'hands on' approach to CAF. Although the CAF coordinators in these teams do not routinely hold a case load, they do work in partnership with front line workers carrying out CAFs and *LPs* supporting the cases. The teams offer direct support and advice to front line staff and may attend CAF visits, meetings (such as *TAC* or *TAF* meetings) and reviews of individual cases where necessary. The workers in these teams also maintain and coordinate the recording of CAFs.

Focus group participants from the CAF and IW teams suggested that the success of CAF is partly based on how far CAF has become embedded in practice. Workers in Authorities A and B observed that much of their role in supporting CAF involves change management. The workers in these teams reported that any new process will meet resistance and require effort to embed. CAF is most effectively embedded into practice, and resistance to change is least, where professionals and managers are able to see the benefits for both themselves as professionals and the children and families that they work with. One worker highlighted that:

'There was a real uphill struggle [to implement CAF] for a couple of years and then there was a sort of tipping point and you had enough people who were OK about it and new staff just accepted it and started to see the benefits.' (IW worker, Authority A)

Each of the local authorities reported that a great deal of investment (time and money) was required to initially implement the CAF procedures. However, participants at each of the focus groups were confident that such investment has resulted in better integration between agencies, more efficient and effective working and ultimately better outcomes for children and families.

Involvement in the CAF process

In the online survey professionals were asked to indicate whether they had ever completed a CAF assessment, acted as LP and/or attended a TAC meeting. The most common level of involvement amongst respondents was attendance at a TAC meeting with 87% reporting that they had attended a meeting. Seventy-nine percent reported that they had completed a CAF assessment and 59% that they had acted as LP. Of the 79% of respondents who reported that they had completed a CAF assessment, 91% had attended a TAC meeting and 70% had also acted as LP. Amongst the 59% who had acted as LP, 95% had attended a TAC meeting and 94% had completed a CAF assessment. Of all the respondents, thirty-one (13%) reported that their only involvement with CAF was attendance at a TAC meeting.

As may be expected, and reflecting the findings from the survey, participants in the focus groups with professionals reported varying levels of involvement ranging from attendance at TAC meetings to what was described as 'full involvement' in the CAF process. Full involvement was where professionals undertook all of the processes related to the CAF: completing the assessment, taking on the role of LP and chairing TAC meetings. In situations where professionals found themselves occupying all of these roles simultaneously, it was reported that this was often the result of a reluctance of others to take on roles and the associated workload. It was clear that an assumption was frequently made that whoever completed the CAF assessment automatically became the LP. This is despite guidance stating that the LP is 'not automatically the person who carried out the common assessment' (Children's Workforce Development Council, 2009b: 10). While professionals across the authorities agreed that *in principle* the children and families views should be central when selecting the LP it was apparent that this was not always a determinant of who took on the role. Similarly although it was clear that in situations where the LP had an established relationship with the child and family this relationship was of

significant benefit in engaging the child and family in the process and ensuring that the CAF *'addressed unmet needs in a targeted way'* (educational psychologist, Authority C).

The LP role

Professionals reported that one consequence of the assumptions made about the LP role was that on occasions assessments were not undertaken with families because of a lack of willingness to take on the role. As a family nurse in Authority D observed, being assigned the role of LP could often *'end up being a huge amount of work'*. One *'solution'* to the reluctance of professionals to take on the role of LP was outlined by a worker in Authority A:

'what used to annoy us as health visitors was you'd get a letter telling you, you were Lead Professional. Nobody's spoken to you about it. They just make the assumption' (health visitor, Authority A)

While such a scenario was not the norm, professionals commented that it was not unusual for the LP role to be assigned to an individual, sometimes in their absence, because of their perceived availability or suitability. What was clear from the focus groups with professionals was that it was unusual for the LP role to be *agreed* at the first TAC meeting as outlined in guidance regarding the LP role (Children's Workforce Development Council, 2009b); what was more likely was for the role to have been assigned or taken on before meeting with other professionals. As a head teacher in Authority D observed *'once you have started trying to sort out meetings, everyone just assumes you're the Lead Professional. It's hard to go back from there'*.

Family support workers participating in the focus groups reported there was an expectation that, by default, they would take on the role of LP as they had the time to do this. This was despite the reality that they may not be the most appropriate professional to take on this role. One family support worker in Authority B commented that the *'normal'* response when they asked other professionals to take on the LP role was *'we're too busy. But nobody has a monopoly on being busy'*. A family support manager in Authority A noted that many other professionals *'don't do CAF'* and that the role may be too hurriedly *'assigned'* to a family support worker.

Amongst family support workers there was frustration expressed at their position as 'default LP', a frustration that was linked to broader concerns that the role of family support worker was undervalued by some professionals working within children's services. The reluctance of some professionals to take on the role of LP was clearly linked to concerns over capacity and the mounting administrative burden experienced by many working within the children's workforce (Gilligan and Manby, 2008). Professionals considered that taking on the role resulted in a disproportionate amount of their time being taken up convening meetings, completing minutes of meetings and chasing-up professionals from other services.

While there were some perceived difficulties associated with the role of LP, focus group participants viewed this as *the* key role in establishing a clear action plan with children and families and working towards these targets with other professionals. In contrast to the general picture emerging from focus groups, there were a small number of professionals from agencies outside of children's services who actively sought out the role of Budget Holding Lead Professional (BHLP¹) as this meant that they were able to ensure that children and families received services. This was particularly the case for those professionals working within housing, although the number of professionals with access to BHLP funds varied across the participating authorities.

Team Around the Child (TAC) Meetings

Professionals in the focus groups expressed a range of views regarding TAC meetings. One health visitor in Authority C noted TAC meetings '*were very useful to avoid duplication of effort*', while another health visitor in the same authority commented that '*a lot of your diary could be taken up with that [TAC meetings] rather than your normal work*'. A 'school child protection officer' in Authority D commented that in many cases the TAC meeting came too late to be useful as by the time meetings had been convened at mutually convenient times, many of the points on action plans had been addressed and a multi-agency team was already working with the family. In these instances, TAC meetings became a forum for endorsing practice

¹ A budget holding lead professional is a lead professional who has access to a budget to purchase goods or services directly from providers to meet the identified additional needs of a child or young person and their family.

rather than a means of ‘developing and delivering the delivery plan to meet the needs of the child or young person’ and achieving ‘intended outcomes through the common assessment’ (Children’s Workforce Development Council, 2009a: 10). Professionals also expressed concerns about the length of time between TAC meetings, particularly in those CAFs originating within education. However, as a forum for advancing integrated working and focusing action there was a general view that TAC meetings were working reasonably effectively. Often this effectiveness was seen as dependent on the authority and commitment of the LP; as a worker in Authority C noted, the success of TAC meetings can depend on ‘*who chairs the meeting and what status they have to get people to deliver what they need to deliver ... you need quite a lot of authority to get things done*’ (Connexions worker, Authority C).

Professional knowledge

Given the differing levels of involvement in the CAF process evident from the focus groups and survey of professionals, it is not surprising that understanding of the purpose and operation of CAF varied across agencies and roles.

All survey respondents (n=237) were asked how well informed they were about when and how to complete a CAF assessment, and data sharing policies and procedures in relation to CAF. The responses are detailed in Table 3.4.

Table 3.4: How well informed professionals feel about CAF

<i>How well informed do you feel about:</i>	Very well informed	Well informed	Neither	Not that well informed	Not at all well informed
When to complete a CAF?	33%	54%	5%	7%	1%
How to complete a CAF?	30%	50%	10%	9%	1%
Data sharing policies and procedures in relation to CAF?	23%	46%	13%	16%	2%

Professionals at the focus groups were generally in agreement that the *intended* purpose of CAF was as an early intervention, preventative tool, offering early support

to families in identifying needs, accessing services, and working in a coordinated way with families and other professionals to try and meet the identified needs. Across the focus groups CAF was also seen positively as a means of holding professionals to account in delivering agreed services to children and families. One worker in Authority A noted *'It's a means of holding us accountable for the things we say we are going to do to support them'* (housing officer, Authority A).

Although there was consensus about the intentions underpinning CAF, in practice there was a lack of clarity amongst professionals regarding the purpose of CAF. This centred particularly around the use of CAF as a referral tool or as a holistic assessment of need (c.f. Children's Workforce Development Council, 2010a). It was evident in each of the local authorities that CAF was being used both as a means of accessing services *and* as an assessment of need below children's social care thresholds. Within Authority A despite the eCAF system being promoted as a universal referral tool, referrals to services were still being made using paper CAF forms by a small proportion of professionals; 16% of survey respondents in Authority A reported that they used paper CAF forms. As an assessment the CAF was seen as a valuable tool, but even as an assessment tool there were two distinct practices: CAF was used as a routinised assessment in some services, such as family support while in other services CAF was used when a need had been identified in order to bring professionals together. The focus groups with professionals revealed a real confusion over the necessity of using CAF to refer to particular services.

In Authority B, professionals observed that until recently CAF was definitely not a referral tool. Now however CAF is endorsed across the authority as an integrated referral system within Children's Services. This has led to some confusion, as in other authorities, over the primary function of CAF. One worker in the authority noted:

'eCAF has become a referral tool for some parts of the workforce and not for others and in some ways it was supposed to join-up everybody and make integrated working steps really clear and obvious, but it hasn't' (children's centre manager, Authority B)

A family support manager within the authority commented that the recent change had resulted in a shift from CAF as focusing on family need to CAF as low level statutory assessment.

Professionals in Authorities C and D, commented on the threefold purpose of CAF: as a means of referral, as an assessment tool and as a tool for increasing integrated, multi-agency working. It was noted that this led to a lack of clarity over the function of CAF. Within Authority D there was also a concern that CAF was becoming a gate-keeping exercise, filtering out lower level cases before they reached social care thresholds. One worker commented that CAF has increasingly become '*a tool to get into children's social services, doing that evidence gathering*' (safeguarding worker, Authority D). It is likely that professionals' understanding of both the principles underpinning CAF and their conceptualisation of its practical application, will shape their views on its effectiveness and relative merits (c.f. Norgate, Traill and Osbourne, 2009; Children's Workforce Development Council, 2010a).

The impact of CAF on inter-agency practice

As noted in Chapter 1, CAF is underpinned by practice and policy moves towards better inter-agency working across all those working with vulnerable children and families. Both the CAF and IW teams and the professionals undertaking CAF were asked their views on the impact of CAF on inter-agency practice. Participants in the focus groups with CAF and IW teams reported that supporting and improving integrated working was part of the remit of CAF, although the teams differed in the degree to which they considered this remit was an explicit role of the team. For instance, Authority A has the explicit remit of enhancing inter-agency practice. In Authorities C and D integrated working is enhanced as a result of the *TAC* approach. Workers reported that the CAF coordinators have a wide knowledge of the resources available in the authority because of the range of services and agencies they work with and can bring professionals together. The ability to 'put a name to a face' through *TAC* meetings was seen as facilitating better integrated working. One worker from Authority D commented:

‘The really positive CAFs for me are the ones where agencies have linked in [where] before CAF didn’t know each other, but they now do and they now ring each other and have a lot of contact.’ (CAF coordinator, Authority D)

Furthermore, focus group participants in each of the authorities noted that CAF helped professionals gain a broader perspective of a family. As one worker in Authority A noted *‘everybody comes at [the needs of a family] from their own particular perspective’*. However, participants reported that CAF facilitates a shared perspective and brings together various expertise to build up a holistic picture of a child and their family. Workers also reported that this enhanced both professional practice and outcomes for children and families.

Survey responses reveal a positive assessment of the impact of CAF on integrated working, particularly in terms of increasing awareness of expertise across local authorities. Just over half of all respondents (54%:128) agreed that CAF has had an impact on integrated working between different agencies. Table 3.5 details the proportion of the 128 respondents who indicated the ways in which CAF has impacted on integrated working.

Table 3.5: The impact of CAF on integrated working

In what way has CAF impacted on integrated working?	
Awareness of expertise available in other agencies	71% (n=91)
Making personal links or putting a name to a face	69% (n=88)
Improving information sharing	83% (n=106)
Sharing ideas about how to support a family from a range of perspectives	81% (n=103)

The comments provided by a small number of survey respondents (n=28) appear to run counter to this positive assessment of the impact of CAF on integrated working. These respondents stated that CAF had resulted in less effective integrated working as it was based around the completion of a form (process) rather than on relationships. The CAF process was also reported to be overly bureaucratic and to have had a negative impact on information sharing as not all participating agencies had access to or used eCAF (Children’s Workforce Development Council, 2010a).

The views emerging from the focus groups with professionals provided a nuanced assessment of the impact of CAF on inter-agency working and collaboration. The focus group participants reported a lack of clarity in the definition and use of the terms 'inter-agency working' and 'collaboration'. At its simplest this lack of clarity is evidenced by the array of terms used by professionals to talk about the ways in which they work together: joined-up working, multi-disciplinary teams, inter-agency working, multi-agency teams, coordinated working, collaborative approaches, partnership working and reciprocity are just some of the ways in which professionals talked about working in a more integrated way. The range of ways in which inter-agency working is talked about and conceptualised reflects the existing literature regarding professionals working across service boundaries (Hudson *et al.* 1999). Both Cameron *et al.* (2000) and Atkinson *et al.* (2001) identify a range of different models and conceptualisations of inter-agency working being used in practice from strategic level shared decision making through to case specific multi-agency teams. In practice while there continues to be a lack of definitional clarity, the focus groups with professionals revealed a functional distinction between inter-agency and multi-agency as terms for describing practice. Inter-agency was used in general to refer to sustained, collaborative working across service and agency boundaries, while multi-agency was used to refer to teams of professionals working together to deliver specific outcomes for individual children and families.

Professionals across the participating authorities reported that in general CAF had resulted in increased professional awareness of the range of services available and of other professionals working within these services. A primary head teacher in Authority D commented that:

'Just having a face and a name is very often the catalyst that means you can pick up the phone, take shortcuts to other services, other professionals' (primary head teacher, Authority D)

Linked to this, professionals stressed that CAF had brought professionals together in new contexts and allowed for a greater recognition of the role and importance of different services in providing support to families. Such an understanding reflects

what Hudson and Hardy (2002: 53) term an '*appreciation of ... interdependencies*'; that is an acknowledgement of '*the extent to which there is a recognition of the need to work in partnership*' (ibid: 53). An appreciation of the benefits of closer working between services was noted by a housing officer and 'school child protection' officer in Authority D. Reflecting on current practice they emphasised the practical value of '*joined-up working*' in a context where around 70% of families who have agreed to a CAF are local authority or housing association tenants:

'the joined-up working has been excellent. Things like the TAC where we're working with the family, you're all working with that family, focused on just that family' (housing officer, Authority D)

'Parents find it really helpful having housing involved as well, because we wouldn't have ordinarily got into that kind of thing. It's all about the child's needs' (school child protection officer, Authority D)

While connections and collaboration between professionals were reported to have improved and increased, focus group participants identified a number of ongoing barriers to inter-agency working. Hudson and Hardy (2002) note that amongst the categories of barriers to working effectively together are those associated with professional and organisational cultures. Professionals in each of the participating authorities commented on the tension evident between 'CAF professionals' and social workers, particularly in the value ascribed to the CAF assessment. One family support manager in Authority B noted a continuing sense of 'them and us' separation between family support and social workers that they believed reflected a reluctance to work together at both the strategic and case level. The lack of clarity and agreement over thresholds within each of the participating authorities may be seen as evidence of a need for greater integrated working between professionals from social work and those delivering CAF. In a number of instances, relationships between social work and family support were such that there was an unwillingness to share information. Professionals expressed some frustration that social care relied on CAF as a means of evidence gathering only to '*step in at the last minute*' (Parent partnership, Authority D). One worker in Authority B reported:

'someone in one of our team meetings one day turned around and said 'oh, I don't want to give my CAF to a social worker 'cause they steal all my information' (family support worker, Authority B)

In addition to the identification of cultural differences between agencies/services and a lack of understanding of other professionals' roles (Easen *et al.* 2000; Jones *et al.* 2002), there were also structural and procedural barriers identified. In particular, information sharing protocols and data protection concerns were viewed as a significant barrier to inter-agency working. Professionals noted that these operated as barriers at three levels. Firstly, within individual CAFs it was often a challenge to ensure that information was shared with all professionals involved with a child and family, particularly in instances where professionals were working in different services, especially health. One worker in Authority A commented:

'If someone else has done an eCAF I should be able to access it. I understand the things about permission and rights and consent, but I should be able to see what stage they're at or we're not working together. We're not working together' (family support worker, Authority A)

Secondly, information sharing between CAF and social care was identified as a barrier. One worker (education) in Authority C noted that in situations where cases step up and step back down again the information required to continue with CAF is not always available. Finally, information sharing between different local authorities and areas was characterised as difficult. A range of reasons for these difficulties were given, predominantly centred around the incompatibility of different electronic systems and data sharing protocols and significant variation in the priority given to CAF across different services and by individuals working within these. Professionals expressed a frustration with the lack of a national system on which they could check for previous or existing CAFs not only within their own locality but nationally. It was considered that this created a system/process in which it was possible for children and families to 'fall through the gaps' and in which problems were not identified as quickly as they could be. Professionals commented that there was a lack of information regarding families entering or leaving their areas and it was suggested that 'mobile CAFs', which could be electronically accessed between local authorities, would serve to mitigate some of the problems caused by the lack of a national CAF

database, enabling information about families to be shared across local authority boundaries.

High staff turnover and mobility were identified as a barrier to multi-agency working, particularly the use of short-term temporary staff in Authorities A and B. Where temporary staff had initiated an eCAF and subsequently left the authority, professionals experienced problems accessing information that was not recorded on the eCAF system or had not been passed on to colleagues. Linked to this, professionals in Authorities A and B reported that the eCAF system had potential benefits which were not being effectively exploited, particularly in relation to collaboration and sharing of information. A worker in Authority A observed:

'The problem with eCAF is it's supposed to be a collaborative tool. We don't use it as a collaborative tool, it's all stored' (family support worker, Authority A)

Time and Capacity

Thirty-five percent of survey respondents thought that the introduction of CAF had resulted in a duplication of work. Only 11% stated that the introduction of CAF had resulted in a streamlining of workloads. Respondents commented that CAF had substantially increased workload demands, in particular with regard to increased paperwork and additional procedures that were previously not in place (c.f. Brandon *et al.* 2006; Gilligan and Manby, 2008; Norgate Traill and Osbourne, 2009). A number expressed frustration at having to complete both paper and eCAFs because certain services could not access eCAF or would not accept eCAFs as referrals. It was also noted that workload had increased as the numbers of children and young people being assessed had increased under CAF. One worker within Authority A commented:

'we're almost bagging and tagging every young person whether they need it or not and I use that term because that's how it feels. It's like that young person doesn't need a CAF and someone's doing it and why? What is the purpose of it? Where's it going to go in the end?' (family support worker, Authority A)

There was agreement across the focus groups that CAF is a time-consuming process and often constituted more work than the assessment and referral mechanisms that had been in place previously. All elements of the CAF process were seen as time consuming not solely the completion of the CAF assessment itself. Professionals emphasised the time spent attending TAC meetings, undertaking the role of LP, and chasing other professionals for information and involvement. There was a feeling amongst front-line professionals that what was a '*magnificent idea*' (family support manager, Authority B) ultimately, in its current form and usage, resulted in a reduction in the '*real time needed with families to pull out their needs*' (family support worker, Authority B). One voluntary sector worker in Authority A commented on the administrative demands of the CAF process:

'80% of my time is in front of the computer now, because we are required to do all of these things imposed by [the authority]. There is lots of anxiety about all of the paperwork and in the meantime we could be doing wonderful work with families' (voluntary sector worker, Authority A)

A worker in Authority D expressed concerns over the completion of the CAF form:

'you do hold back slightly, because of the paperwork involved. And you try to pass it to the appropriate people, but sometimes you actually can't get them so you just fill in what you know about that particular agency that has been involved' (family nurse, Authority D)

However, the issue of the proportion of time spent on direct and indirect activities within the children's workforce is a complex one (Holmes *et al.* 2009; Baginsky, *et al.* 2010; Holmes and McDermid, 2012). Despite concerns regarding the amount of time allocated to indirect, and specifically administrative duties, there is some evidence to suggest that the proportions of time spent on activities relating to the CAF processes are more evenly distributed. The proportion of time spent on direct, indirect and administrative activities is explored in more detail in Chapter 4.

Professionals in each of the local authorities acknowledged that in some instances they would not complete a CAF because of the workload implications. It was also reported that in some instances it was 'easier' to access services in other ways. One

health visitor in Authority A noted that she referred many of her clients to Home-Start because this could be done by filling in a direct referral form rather than completing the CAF assessment. There are clearly implications for the quality of CAF assessments if the time pressures reported by professionals determine the quality of information gathered from families. As one worker in Authority A commented, *'there is a real danger that the process over dominates the outcomes and the benefits'* (health visitor, Authority A).

There was seen to be a disparity between the resources it required and the outcomes of CAF. For example in Authority A, a school nurse commented *'It's costing so much money and the outcome doesn't warrant the time that it takes'*.

The views of the CAF and Integrated Working teams regarding whether CAF constitutes a streamlining or duplication of work differed from the professionals undertaking CAFs. The CAF and IW teams considered that CAF may lead to efficiencies and time savings when considered across all the agencies involved with a family and efficiencies are linked with how far the CAF processes correspond to or replace existing procedures in order to reduce duplication of work. For instance, Authority A reported that CAFs have replaced a number of other referral forms used by other agencies, thus reducing duplication and bureaucracy. Participants in each of the focus groups with the CAF and IW teams reported that time could be saved overall by using CAF universally, although some workers suggested that the completion of a CAF assessment took longer than previously used processes (for example a single sheet referral form). Workers reported that when CAF is working well and good quality CAFs are produced, additional assessments, or referrals requiring additional information, are not required by other professionals. This facilitates time being saved overall, across all the agencies working with children and families. However, it is evident that this approach has not been adopted universally across all four local authorities. In some cases existing procedures and processes are deemed to be satisfactory and continue to be used instead of, or in addition to, a CAF.

In addition to the time taken to complete the CAF processes, there were some concerns raised regarding the lack of capacity among the services provided under

the auspices of CAF. Some professionals reported that the efficacy of CAF as a referral tool was limited by the availability of services. Where CAF was used as an assessment tool, the assessment of needs may be redundant without services to refer families to. There was some evidence that localities had been subject to public spending cuts, resulting in services no longer existing or having substantive waiting lists.

Quality of CAF assessments

Respondents were asked to appraise their assessment skills in relation to completing CAF assessments. Forty-three percent of respondents considered that they had very good assessment skills and 55% reported that they had quite good assessment skills; 98% of respondents thought that they had very good or good assessment skills. Table 3.6 shows how the respondents rated their assessment skills by the length of time they had been using CAF. Of these, 69% had been in post for two or more years. Only six out of the 237 respondents thought that they had poor or very poor assessment skills. Of these six, two were from Children’s Services, with one each from Education, Health, the Police and Youth Services.

Table 3.6: Respondents assessment skills by the length of time using CAF

Assessment skills	Length in post										Total	
	Less than six months		6 months to 1 year		1-2 years		2-3 years		More than 3 years			
	n	%	n	%	n	%	n	%	n	%	n	%
I have very good assessment skills	3	3	7	8	20	22	12	13	50	54	92	100
I have quite good assessment skills	2	2	11	9	24	20	16	14	65	55	118	100
I have poor assessment skills	1	25	-	-	-	-	1	25	2	50	4	100
I have very poor assessment skills	-	-	-	-	1	50	-	-	1	50	2	100

The online survey asked respondents to identify the most important factors in ensuring high quality assessments through CAF based on the six stages identified in the *National Quality Framework for the CAF Process* (Children’s Workforce Development Council, 2010b). More than half of respondents (55%) stated that the

most important factor for high quality assessment was accuracy of information gathered from families. Nearly half of respondents (49%) indicated that obtaining feedback from families was the most important factor for quality assessment and 44% reported that they were able to complete this task most of or all of the time. Forty percent thought that integrated frontline delivery was the most important factor, while 38% stated that integrated processes were most important in delivering high quality assessments. Thirty three percent indicated that self-assessment and reflection were most important in ensuring high quality assessment, with 44% stating that they were able to do this most of or all of the time. Supervision was identified as least important in ensuring high quality assessments with just over a quarter of respondents (26%) indicating that supervision from the Integrated Working team or CAF coordinators was least important and 18% that supervision from direct line managers was least important.

Survey respondents identified a range of barriers to delivering best practice (cf. Holmes, Munro and Soper, 2010). Time was frequently cited as a barrier, particularly in terms of: the constraints imposed by high workloads and heavy caseloads; what were seen as unreasonable expectations regarding the length of time needed to complete the CAF form, arrange TACs and close CAFs; the difficulties of arranging meetings at times that are mutually convenient across many agencies; the time needed to engage parents and obtain parental consent; and time 'wasted' waiting for other agencies and services to respond. A lack of communication across agencies, a lack of engagement with the CAF process and the irregular nature of who does and who does not use CAF were identified as significant barriers to delivering best practice. The change in and challenge to existing cultures within individual agencies was also seen as a considerable barrier particularly with regard to information sharing and integrated working. Frustration was expressed regarding the lack of shared systems of recording across agencies and the consequent duplication of effort. More generally there was a sense from the survey responses that in some instances CAF can act as a barrier in responding rapidly to families in need of immediate help and support.

Training

Ninety-one percent of respondents reported having attended training courses in relation to CAF and Integrated Working. Within each of the four participating local authorities there were some variations in the proportions of respondents who had attended training. In Authority A 97% had attended training in relation to CAF and Integrated Working; 100% in Authority B, 93% in Authority D and 83% in Authority C.

The training offered varies across the participating local authorities and there are annual variations and changes in training programmes and delivery models within each local authority. Moreover, professionals within the participating authorities reported that local training budgets have been put under increased pressure as a result of reductions in government funding.

In order to enable comparison across the four local authorities, the training courses offered in each were grouped under six headings: Integrated Working, The Role of the LP, CAF/eCAF awareness, TAC, Information Sharing, and other training. Table 3.7 shows the proportions in each local authority who have attended training courses under each of the six headings.

Table 3.7: Attendance at training courses by Authority

	Attended training course (%)					
	Integrated working	LP	CAF/eCAF awareness	TAC	Information sharing	Other
Overall (% of all respondents)	42%	33%	57%	16%	38%	8%
Authority A (% of respondents within authority attending)	61%	38%	78%	24%	28%	0%
Authority B (% of respondents within authority attending)	79%	29%	0% ¹	0%	86%	23%
Authority C (% of respondents within authority attending)	14%	26%	67%	9%	33%	0%
Authority D (% of respondents within authority attending)	0%	38%	86%	29%	0%	9%

¹ In Authority B, eCAF and information sharing were delivered as one training course. There were not specific training courses addressing eCAF awareness.

Table 3.7 highlights considerable variation in the proportion of professionals who have attended training in relation to CAF and Integrated Working. It is important to note that where attendance is zero it is likely that specific training courses in this area were not available within the local authority or content was subsumed within another course. The discussion below looks in more detail at training within the four participating local authorities. As Table 3.7 shows, there are variations in the proportion of professionals who have attended training between local authorities. For instance, while 79% of respondents from Authority B had attended training courses focused on Integrated Working, only 14% of respondents in Authority C had attended similar training events. However, the differences in attendance across local authorities may be accounted for by the substantial differences in models of service delivery outlined at the start of the chapter, and the consequent differences in training provision and delivery. For example in Authority B, where it appears that professionals have not accessed training regarding the purpose and function of TAC, the Integrated Working team responsible for CAF were tasked with developing bespoke training to be delivered to services and agencies where the uptake of CAF is low or is considered to be of a low standard. As a result, professionals in this local authority may have received focused, agency specific training addressing a range of CAF related issues. More details of professionals experience of training in each local authority is detailed in Appendix F.

Gaps in knowledge

The survey of professionals reveals a potential gap in the knowledge of those taking on the role of LP and attending TAC meetings. The overall proportion of professionals who have received training in the LP role (33%) is perhaps not surprising as the role is not taken on by all who are involved in the CAF process. However, of those who *have acted* as LP, 62% stated that they had not received any training in taking on and performing this role. Similarly, of those who had attended TAC meetings 82% had not received any training related to these meetings.

It was apparent from the focus groups with the CAF and Integrated Working teams in each of the local authorities that participants thought that there is a need for training in assessment skills for the children's workforce, especially those who would have not have had this type of training in their own professional practice. It was also noted

that while some professionals may be highly skilled at undertaking specialist assessments associated with their own field of expertise, they may not be as skilled at undertaking a broader approach. For instance, one worker commented:

'Why would someone in a school know how to phrase a question about whether a child is getting adequate care at home? They wouldn't.' (CAF coordinator, Authority D)

It was reported that CAF has represented a culture or systemic change, which isn't simply about a new process, but a new approach to working with children and families: both as an individual professional (undertaking assessments) and how individual professionals work together (multi-agency approaches). All of the authorities highlighted that such a change takes time to embed and be built into practice. The workers noted that it may take time and investment to ensure that both the responsibility for undertaking CAFs and the skills to undertake them to become embedded fully across the children's workforce.

Across all local authorities, professionals noted that they were well supported through the CAF process by the CAF and or IW team and knew where to access information and answers to questions. Further, where CAF was embedded in their service and practice, practitioners reported that they received good support within their service. Where CAF was not embedded in their service and practice (such as in the probation service or housing), practitioners reported that line-management support for CAF was absent (c.f. Children's Workforce Development Council, 2010a). Where it had been received, in-house, service-specific training was seen as very valuable in outlining the process and purpose of CAF. It was also reported that multi-agency training was valuable in terms of emphasising the multi-agency nature of CAF and creating the space in which to form and establish relationships across services. However, the multi-agency nature of training often resulted in training being aimed at the 'lowest common denominator' and consequently lacking the specificity to be of practical use.

Forty percent of professionals considered that they would benefit from additional training in relation to CAF and Integrated Working. Those most likely to state that

they would benefit from additional training had been in post for between six months and one year, with 66% of this group stating additional training would be beneficial. The group least likely to state that they would benefit from additional training were those who had been in post for less than six months (84%). While those in post for the shortest time were least likely to feel that would benefit from additional training, those who had been using CAF for the least time (less than six months) were the *most* likely to state that they would benefit from additional training. Seventy percent of those who had been using CAF for less than six months reported they would benefit from additional training compared with 30% of those who had been using CAF for more than three years. As may be reasonably expected, those who have been using CAF for the longest feel the least need for additional training. Professionals in Authorities A (47%) and B (50%) were slightly more likely to feel that they would benefit from additional training than those in C (38%) and D (35%).

When professionals were asked what additional support or training they would find helpful there were a number of recurring themes. The most frequently mentioned needs included a number of training courses currently offered within the participating authorities – information sharing, the role of the LP, and using eCAF. Professionals within the focus groups identified a number of additional training needs. Given the confusion regarding thresholds for social care across the authorities it is not surprising that professionals emphasised the importance of further training regarding thresholds and specifically where CAF sits in relation to these. It was evident in meeting with professionals and from the survey that there is a need for more systematic follow-up, refresher and update training. In the survey respondents suggested that ongoing support through clusters of professionals would be a useful addition to training programmes, as would refresher training that builds on professionals' experiences of using CAF. Professionals also identified a need relating to the actual completion of the CAF form, both electronically and on paper. There appeared to be some confusion over what was required of professionals when completing CAFs; it was not clear, for example, whether all sections of the form needed to be completed or if inapplicable could be 'skipped'. Finally, it was clear from the surveys and the focus groups that more guidance and training on how to fully engage parents in the CAF process would be beneficial, particularly given the centrality of parents within CAF.

Chapter 3: Summary

- The models of service delivery, along with the remit of the teams responsible for the Common Assessment Framework (CAF), differed substantially across the four participating authorities. However, professionals participating in the study agreed that they were well supported by the CAF and Integrated Working teams.
- Professionals across the participating authorities reported that in general CAF had resulted in increased professional awareness of the range of services available and had brought professionals together in new contexts. However, some barriers to inter-agency working were identified including differences in agency cultures and information sharing protocols, along with perceived tensions between 'CAF professionals' and those from children's social care.
- Although there was consensus about the intentions *underpinning* CAF, in practice there was a lack of clarity amongst professionals regarding the *purpose* of CAF: in each of the local authorities CAF was being used both as a means of accessing services *and* as an assessment of children's needs below children's social care thresholds.
- Professionals participating in the study commented that CAF, including the assessment activities, the Lead Professional duties and the Team Around the Child meetings had increased workload demands, in particular with regard to increased paperwork and additional procedures. Professionals in each of the local authorities acknowledged that in some instances they would not complete a CAF assessment, or volunteer to take on the role of the Lead Professional, because of the workload implications. The reported time spent on these activities is outlined in the following chapter.
- Time was also frequently cited as a barrier to producing high quality assessments, especially where it was felt that there was insufficient time to work directly with the children and families.
- While there were some perceived difficulties associated with the role of LP, focus group participants viewed this as *the* key role in establishing a clear action plan with children and families and working towards these targets with other professionals.

- Participants reported that there was a need for training in assessment skills, especially for those who would not have had this type of training in their own professional practice.

Chapter 4: Calculating the unit costs of the Common Assessment Framework

Introduction

The previous chapters of this report have explored the views of both parents/carers and professionals regarding the Common Assessment Framework (CAF). The different models of implementation and service delivery across the four participating local authorities have been outlined. This chapter brings together the findings from the focus groups and online surveys outlined in the previous chapters to calculate the unit costs of the CAF processes.

There is evidence to suggest that a number of factors affect the cost of an intervention, including the needs and characteristics of the child and/or family, the type of service provided, and the processes through which that provision is accessed, reviewed and maintained (Beecham and Sinclair, 2007; Ward, Holmes and Soper, 2008; Holmes, McDermid and Sempik, 2010; Holmes and McDermid, 2012). It is anticipated that these complexities are likely to be compounded when focused on CAF due to the wide remit and the range of agencies involved in the processes. CAF is designed to be completed by any professional working with children and families in any sector (public, private or voluntary) for children with any additional need(s). Furthermore, as explored in Chapter 3, while CAF is intended to be a standardised approach, the implementation varies across localities to align with local conditions. However, the systematic methodology outlined in this report is designed to introduce greater transparency into cost calculations to facilitate identification and exploration of some of these complexities.

The unit costs methodology

The unit costs of the CAF processes have been calculated using a 'bottom up' method (Beecham, 2000; Ward, Holmes and Soper, 2008; Holmes and McDermid, 2012). This approach uses 'time use activity data' to build up costs over time. It enables a detailed and transparent picture of costs to be calculated over a given time period. By identifying the number and frequency of activities occurring over a specific time period it is possible to draw up a longitudinal picture of costs incurred to provide a service. As activities form the basis of cost calculations, the method also facilitates

examination of the data to inform policy and practice debates related to staff capacity and workload management (Holmes, Munro and Soper, 2010; Holmes and McDermid, 2012).

The conceptual framework

To calculate the costs of CAF, it was first necessary to develop a process model. Focus groups were conducted with each of the teams responsible for CAF in the four participating local authorities. In total 20 professionals participated in the focus groups. Use was also made of publicly available information gathered from the four local authorities' websites and other documentation that the participating authorities provided to the research team. A draft *CAF process model* was developed which was circulated to the participating local authorities for consultation.

While, as noted in Chapter 3, the CAF processes differed slightly across the four participating authorities, it has been possible to develop a generic *CAF process model* to calculate the unit costs of CAF. This is outlined in Box 4.1. Variations in the CAF processes across the four participating authorities are summarised in Appendix G.

Box 4.1: CAF process model

Process 1: Intention to complete a CAF

The CAF initiator identifies a need for CAF and checks whether one already exists for a family.

Process 2: CAF assessment completed

This process involves the completion of the pre CAF checklist, visits to the child and family, obtaining consent, contacting other professionals and completion of the CAF assessment form.

Process 3: Team Around the Child (TAC)² meeting

Once the CAF is completed a multi-agency meeting is held to identify and agree a Lead Professional (LP) and finalise the Action Plan. The multi-agency meetings vary across the local authorities and are also held to review the CAF Action Plan and the child and family's progress. Activity associated with the process includes direct contact with the child and family to discuss the meeting, preparation of any necessary paperwork prior to the meeting and completion of minutes and case notes after the meeting, making practical arrangements, along with the duration of the meeting itself.

Process 4: Provision of ongoing support

Ongoing support includes the services provided to support the child and family and the activities of the LP to coordinate the support offered by multi-agency team.

Process 5: Close CAF

The case closure procedures vary across the local authorities.

All processes, apart from Process 4, are discrete activities with defined start and end points. Therefore a single, one off unit cost has been calculated for these processes (although the process may occur on multiple occasions). Process 4 is ongoing, it starts as the CAF assessment is completed and continues until the CAF is closed. The activity times are measured and unit costs for this process are presented *per month*. The full cost of Process 4 will also include the costs of providing additional services to meet the needs identified in the CAF assessment. The costs of these

² While, as noted in Chapter 3, some local authorities hold team around the family meetings, for brevity the term Team Around the Child (TAC) will be used in this chapter to refer to both TAC and TAF meetings.

services are explored in the following chapter. Process 3: Team Around the Child (TAC) meeting was divided into two parts: the Initial TAC and then subsequent TACs. This was to reflect previous research undertaken by the Centre for Child and Family Research (CCFR) which indicates a difference in the activities associated with an initial multi-agency meeting and subsequent meetings (Holmes and McDermid, 2012).

The primary responsibility for undertaking CAF assessments and adopting the role of LP is carried out by professionals across partner agencies, for example, education, health and the voluntary sector. As noted in the previous chapter, the degree to which CAF and Integrated Working (IW) team members from the participating authorities were involved in these processes does, however, vary. The proportion of time dedicated to working directly with individual cases is lower for team members in Authorities A and B. In contrast, the CAF coordinators in Authorities C and D directly support the case management of individual cases. Due to these differences the costs of the CAF and IW teams have been calculated separately and are outlined in more detail later in the chapter.

Time use activity for each CAF process

Professor Munro has highlighted that processes for working with vulnerable children and families must ensure that the best outcomes for the child are achieved, while ensuring that processes do not increase workloads and time pressures on front line staff (Munro, 2010). Chapter 3 highlights concerns from professionals regarding the workload pressures resulting from the CAF processes. Lack of sufficient time to complete the CAF was identified as a barrier to creating high quality CAFs and the CAF and IW teams noted that CAF had been met with some resistance among the children's workforce due to concerns about the length of time it takes to complete the CAF assessment form. It was also observed that some professionals had expressed readiness to be involved in the TAC meetings, but were slower to volunteer to take up the LP role amid concerns about the amount of time the role would take. This finding reflects previous research (Brandon *et al.* 2006). Participants in the focus groups from the teams with responsibility for CAF within the participating local authorities also noted that some professionals may undertake the functions of the LP

without being identified formally as taking on that role because it is *'sticking your head above the parapet'* (Integrated Work team member, Authority A).

Despite concerns about the time consuming nature of CAF, professionals noted that, while demand for CAF was increasing, no additional time had been allocated within their workload and the activities associated with CAF were perceived to be in addition to their day to day role. Amid such concerns Norgate, Traill and Osbourne, (2009) recommend that to fully embed CAF into practice workloads should be reconfigured to ensure sufficient time is allocated for professionals to complete the CAF process. To enable professionals to have sufficient time to engage with the CAF process, and produce high quality assessments therefore, it is necessary to fully understand the time taken to complete the various activities associated with each of the CAF processes outlined in Box 4.1.

The online surveys included a series of questions designed to identify the average time spent on each of the CAF processes as outlined above. Each process was broken down into discrete activities based on the focus group discussions with the CAF and IW teams and the national CAF guidance documentation (Children's Workforce Development Council, 2009a; Children's Workforce Development Council, 2009b). As with previous unit costing studies (see for example, Ward, Holmes and Soper, 2008; Holmes and McDermid, 2012), the activities have been organised by type as outlined in Box 4.2.

Box 4.2: Activity type categories

- Direct contact with child
- Direct contact with birth family
- Contact with professionals in relation to case
- Attendance at meetings in relation to case
- Writing of reports or case records
- Other

Respondents were asked to record how much time they spent on the various activities for each CAF process for the last case they were involved in. This approach was used as it has been found to help professionals recollect time spent on individual activities by linking these to a specific, recent case. To identify variations, the respondents were also asked to record the needs identified for the case and the age of the child. Respondents were encouraged to base their estimates on their own experiences. Therefore, activity estimates related to the reported activity undertaken by professionals rather than that stated in guidelines.

In total 189 of the 237 survey respondents completed the questions about time use activity. Table 4.1 outlines the respondents by agency and local authority area.

Table 4.1: Online survey respondent by agency and local authority

	Number of respondents by authority				Total
	Authority A	Authority B	Authority C	Authority D	
Children's services ¹	16	20	0	10	46
Education	17	16	25	28	86
Health	13	10	0	4	27
Offending	1	1	7	5	14
Voluntary	4	5	0	1	10
Other	3	0	1	2	6
Total	54	52	33	50	189

¹This category includes social workers and family support workers in both social care and children's centre teams.

Not every respondent reported times for every process. This was due to two factors. Firstly, the survey was distributed to professionals who had a range of involvement with CAF. Not all respondents had completed all of the processes. Secondly, the survey asked the respondents to complete the questions based on their last/latest case. A number of respondents reported that some activities had not been completed for the index case, for instance where the case was still open, the questions regarding case closure were not completed. Appendix H outlines the different roles and involvement in processes of the survey respondents.

Summary of activity times for each process

The reported activity times for each component of the five CAF processes were analysed and outliers removed³. The reported activity times were brought together to create a total activity time for each process. Table 4.2 summarises the average overall times reported by the professionals. The detailed activity times for each process are outlined in Appendix I.

Table 4.2: Average (mean) overall activity times for the five CAF processes¹

Local Authority	Local Authority A		Local Authority B		Local Authority C		Local Authority D		Overall average	
	average reported time	<i>n</i>	average reported time	<i>n</i>	average reported time	<i>n</i>	average reported time	<i>n</i>	average reported time	<i>n</i>
CAF Process										
Process 1: Intention to complete a CAF	45mins	36	48 mins	38	40 mins	23	40 mins	31	45	128
Process 2: Completion of CAF assessment	6 hours 5 mins	41	6 hours 40 mins	43	6 hours	25	5 ¾ hours	34	6 hours 10 mins	143
Process 3: Initial TAC meeting	7 ½ hours	18	7 ½ hours	37	7 hours	23	7 hours	38	7 hours 20 mins	116
Process 3: Subsequent TAC meeting	7 ½ hours	16	7 hours	33	7 hours	23	7 hours	23	7 hours	116
Process 4: Ongoing support <i>Per month</i>	5 hours	26	5 ¼ hours	38	4 hour 40 mins	20	4 hours 25 mins	23	5 hours	107
Process 5: CAF closure	2 ½ hours	20	3 hours 50 mins	26	3 hours 50 mins	13	3 hours	14	3 hours	73

¹ Activity times have been rounded to the nearest 5 minutes

The TAC meeting was identified as the most time consuming process. The total time for this process includes activities undertaken prior to the meeting such as direct contact with the child and family, making practical arrangements and preparation of paperwork, the duration of the meeting and activities resulting from the meeting such as completing case notes. The activity time for the TAC meeting is explored further below. The least time consuming process was reported to be the Process 1: Intention to complete a CAF, which on average was reported to take 45 minutes.

³ SPSS analysis of Skewness, Kurtosis and Shapiro-Wilks tests were used to measure distribution and to identify outliers.

The previous chapter notes that the views regarding whether CAF provides a streamlining or duplication of work are contradictory. The CAF and IW Teams reported that CAF streamlines, while the professionals across partner agencies reported that CAF often results in a duplication of work. In the absence of data regarding the activity time for the processes that were used prior to CAF being implemented it is not possible to conclusively state whether streamlining, or duplication of work has occurred. This is an issue that has been raised elsewhere (c.f. Children's Workforce Development Council, 2010a).

Time use activity and quality of assessments

Chapter 3 outlines the views of online survey respondents regarding the quality of CAFs. In analysing activity times it is also necessary to consider the relationship between the time spent and the quality of that activity. As noted in the previous chapter, the most frequently cited barrier for high quality assessments was the lack of time to complete them. The online survey was designed to be anonymous, both to the research team and to the managers of the respondents. Completion of an audit of the quality of CAFs was also outside the remit of the study. It was, therefore, not possible in this research study to analyse the relationship between the time taken to complete the CAF assessment and its quality.

The survey respondents were asked to indicate how confident they felt about their own assessment skills. There was no statistical relationship between the reported activity times for Process 2: Completion of the CAF assessment and the levels of confidence in assessment skills.

The focus groups with professionals from the CAF and IW teams indicated that CAF is most successful and is of the highest quality where the CAF process is clear. There was no statistical relationship between how far respondents felt clear about how to complete a CAF assessment and the reported times for doing so. However, those respondents who reported that they did not feel well informed about how to complete a CAF assessment (n = 6) indicated that they spent 2 hours writing up the CAF assessment compared to the overall average of 1 ½ hours. No statistical relationship was identified between the length of time the respondents had been using CAF or the number of CAFs completed and the time taken to complete the

CAF processes. Previous research undertaken by CCFR suggests, however, that as professionals become more familiar with processes the time taken to undertake those tasks is reduced (Holmes *et al.* 2010). It can be anticipated that as professionals become more familiar with the CAF process the time required to carry out the tasks may be reduced in some cases.

Variations in the reported activity times

As noted above, previous research carried out by CCFR has identified that variations in the time taken to complete activities can be attributed to differences in service users' needs and characteristics, the type of service or intervention provided, and variations in the processes for accessing and maintaining those services (Ward, Holmes and Soper, 2008; Holmes, McDermid and Sempik, 2010; Holmes and McDermid, 2012). In contrast, analysis of the 'time use activity data' suggests that these variations are less substantive for CAF. Analysis of dispersion⁴ shows that the reported 'time use activity data' for Process 2: Completion of the CAF assessment and Process 3: Initial and Subsequent TAC meetings did not significantly deviate from the normal distribution. Process 1: Intention to complete a CAF, Process 4: Ongoing support and Process 5: CAF closure had distributions that significantly deviated from a normal distribution. These deviations will be discussed further below.

While the majority of variations in the data were not statistically significant, there were identifiable variations related to two key areas: the CAF process (including the type of recording method used in the authority, the use of resource panels and the membership of the TAC meeting), and those associated with the children's needs. The sample size was not sufficient to facilitate an analysis of a combination of these variables.

⁴ SPSS analysis of Skewness, Kurtosis and Shapiro-Wilks tests were used to measure distribution.

Variations in the CAF processes

Method of recording CAF

As noted in Chapter 1, concern has been raised in recent years about an increased administrative burden placed on front line workers (Burton and van den Broek, 2008; Munro, 2010; Cm 8062). The participating authorities had developed different systems to record CAFs. Authorities A and B have both implemented local eCAF management information systems. Authorities C and D have developed in-house systems (databases and spread sheets) to record CAFs. The activity times for each of the processes broken down by method of data recording (eCAF and non eCAF) is shown in Table 4.3. This table also outlines the reported time spent on case recording activities.

Table 4.3: Average activity times by recording method¹

CAF Process	eCAF		Non eCAF ²	
	average reported total time	average reported time on case recording activities	average reported total time	average reported time on case recording activities
Process 1: Intention to complete a CAF	35 mins	35 mins	1 hour 10 mins	1 hour 10 mins
Process 2: Completion of CAF assessment	6 hours 20 mins	1 hour 40 mins	5 ½ hours	1 ½ hours
Process 3: TAC meeting (initial meeting)	7 hours	1 hour 55 mins	8 hours 20 mins	2 hours 10 mins
Process 3: TAC meeting (Review meeting)	6 hours 50 mins	1 hour 50 mins	8 hours 20 mins	2 hours 20 mins
Process 4: Ongoing support <i>Per month</i>	5 hours	1 hour 20 mins	5 hours 25 mins	1 hour 25 mins
Process 5: CAF closure	3 hours 20 mins	50 mins	2 hours 35 mins	35 mins

¹ Activity times have been rounded to nearest 5 minutes.

² This group includes those professionals in Authorities A and B who reported limited access to eCAF, and therefore completed paper CAFs.

Table 4.3 shows that the difference between the total activity times for the two different recording systems varies according to the process and the relationship is

complex. Overall, except for Processes 2 and 5 administrative activities were reported to take less time for professionals who had access to eCAF. The time spent on administrative activities was increased however, where access to eCAF was limited and paper CAFs were used.

The activity times outlined in Table 4.3 do not take into account any duplication of recording when paper based CAF assessments are then inputted onto electronic systems (either eCAF or local databases). The inputting of paper based assessments is carried out by personnel within the IW or CAF teams, and therefore the times outlined in Table 4.3 for paper based recording are likely to be an underestimate of the total time taken. The time spent by the IW or CAF teams on these activities is explored later in this chapter.

Focus group participants suggested that eCAF provides a unique system to support the inter-agency nature of CAF. The issues and needs identified by a CAF assessment may sometimes require a multi-agency response. Any recording system needs to provide the means to search and check whether a child already has a CAF assessment and what services or support they are already receiving. In the authorities with eCAF systems, multiple users across a range of agencies can log on to the secure system and search to see if there is a record for a particular child. Furthermore, they can then request access to the child's record by contacting the LP, and if not they can create a new record for the child. In contrast, the CAF database or spread sheet systems in Authorities C and D could generally only be accessed by the CAF strategy teams and the data administrator. One exception to this is that Authority C has recently provided access to the social care central duty team, allowing them to check whether a child who is referred to them already has a CAF record. However, as noted in Chapter 3, some professionals reported that the potential for secure data sharing was not fully utilised.

In addition, the in-house systems are designed to hold key information and dates, but not all the details of the child's case (discussed further below). The eCAF system was also seen by the participants to support efficiencies (time saving) and better outcomes because the information about an individual family is held centrally and can be used to support TAC meetings, review cases etc. In contrast, with the

database and spread sheet systems in use in Authorities C and D, all information about children's needs and services is routed via the CAF coordinators. Their knowledge of individual cases and the system therefore makes them the mainstay of the CAF process.

Resource panels

Recent research carried out by CCFR has highlighted the increased use of resource panels (Holmes, McDermid and Sempik, 2010; Holmes and McDermid, 2012). These panels are designed to support decisions regarding the needs of children and families and the subsequent allocation of resources. Two of the participating authorities held such panels. Authority C held a multi-agency forum which meets four times a year, although at the time of the research this forum was under review. Authority D holds fortnightly panels in the three locality areas. In both authorities, the resource panels are attended by a range of representatives from different agencies designed to assist with decision making for borderline cases, or cases that had failed to progress as a result of the services provided. These panels were held either after the CAF assessment was completed or, where the TAC concludes that a case has failed to progress, at any time while the CAF is open.

The average time for activity undertaken by the LP for resource panels was reported to be five hours. In addition to the activity times reported by the CAF author or LP, each panel has a number of members who attend the meeting. The use of these panels need to be included in the overall costs of the CAF process and are explored below.

TAC Meetings

Previous research undertaken by CCFR has identified variations in the activity times of initial and subsequent multi-agency meetings to discuss and plan service provision for Children in Need (CiN) and those on Child Protection Plans (Holmes and McDermid, 2012). However, no such notable variations were identified for children receiving support as a result of CAF. It is unclear from the data why this is the case.

The activity times outlined in Tables 4.2 and 4.3 for Process 3: TAC meeting, are for the LP to organise and attend the TAC. To calculate a comprehensive cost of this process the activity of all TAC members need to be included. The findings from the interviews with parents/carers and focus groups with practitioners suggest that TAC membership varies considerably between cases. The variations in TAC membership and associated costs of different configurations of professionals attending TAC meetings are explored in Chapter 5.

Variations according to need

Previous research has shown that the time taken to undertake key processes for looked after children and those identified as being in need under section 17 of the Children Act 1989 varies according to the needs of children (Ward, Holmes and Soper, 2008; Holmes and McDermid, 2012). CAF is intended to be completed for children with a range of differing needs and circumstances. The survey respondents were asked to identify the types of needs identified for the children and families for whom the activity time was reported in the survey. As in other studies (McDermid *et al.* 2011), the children and families showed a large range of different needs and circumstances. Owing to the range of needs (and combinations of needs) identified for the sample children, it was not possible to identify any substantive variations in activities according to any particular type of needs, or whether the needs related to the child, the parent or both.

Evidence suggests that understanding children's needs across policy and practice is complex and commonly used categorisations, such as those used in management information systems, do not always reflect the full range of presenting needs. (Janzon and Sinclair, 2002; Preston-Shoot and Wigley, 2005; Axford *et al.* 2009; Munro, 2011; Holmes and McDermid, 2012). Previous work undertaken by CCFR suggests that severity and complexity of need may be more influential on the costs and outcomes achieved than category of need (Holmes and McDermid, 2012). Therefore, using an approach applied in other studies, the children in the sample were categorised according to the number of identified needs (the modal value was 4 and was therefore used as the 'standard'; the highest number of identified needs was 9). The categorisation was as follows:

Four or less needs identified = STANDARD needs

Five to seven = HIGH NEED

Eight and above = VERY HIGH

The numbers of cases in the sample in each category are detailed in Table 4.4.

Table 4.4: Category of identified need by local authority

	Category of need		
	Standard	High need	Very high need
Authority A	41	10	2
Authority B	38	13	1
Authority C	14	16	3
Authority D	26	23	1
Total	119	62	7

While this approach did facilitate some analysis in relation to children's needs to be undertaken, the limitations of this approach must be noted. Firstly, while previous research has suggested that the severity and complexity of need may have a more substantive impact on the time taken to complete processes, using the number of reported needs alone, may not best reflect the picture. For instance the need categories do not indicate severity of single needs. A child may have, for instance, a health need that impacts his or her wellbeing, development or quality of life in a substantial way. Such a case would be categorised as being 'standard need' but may in reality be more comparable to a very high needs case. Further work may be necessary to develop a suitable framework for the categorisation of needs across a diverse sample (Holmes and McDermid, 2012; McDermid *et al.* 2011). Furthermore, the modal value was used as the 'standard need'. It is not possible to assess whether the cases in the sample are nationally representative and the needs categories used in this analysis can only be applied to this sample. The very high need cases, therefore, are very high need relative to this sample.

The analysis does indicate that there are variations according to identified needs. The reported times for the cases which were identified as being very high need

varied from the overall average figures⁵ for each of the CAF processes. However, none of the variations were identified as being statistically significant. Analysis of the distribution of responses for Process 1 supports the hypothesis that there may be a relationship between need and activity time. The distribution for this process was skewed with a clustering of responses around activity times in the lower quartile of responses. A small number of observations were included in the sample in the upper quartile. A statistical relationship was identified, suggesting that the reported activity times which fell into the upper quartile were most likely to be reported for children identified as having very high needs. Variations in the reported activity times broken down by process are summarised in Table 4.5 below.

Table 4.5: Total activity times overall and those identified as very high need

CAF Process	Overall average		Very high needs cases		Difference
	average reported time	<i>n</i>	average reported time	<i>n</i>	
Process 1: Intention to complete a CAF	45 mins	128	1 ¼ hours	4	PLUS ½ hour
Process 2: Completion of CAF assessment	6 hours 10 mins	143	7 ½ hours	4	PLUS 1 hour 20 mins
Process 3: TAC meeting (initial meeting)	7 hours 20 mins	116	8 hours 25 mins	3	PLUS 1 hour 5 mins
Process 3: TAC meeting (Review meeting)	7 hours	116	6 ½ hours	3	MINUS ½ hour
Process 4: Ongoing support <i>Per month</i>	5 hours	107	2 hours	3	MINUS 3 hours
Process 5: CAF closure	3 hours	73	1 hour	2	MINUS 2 hours

Table 4.5 shows that for half of the processes the reported activity times for children with very high needs were higher than the overall average. The activity times for Process 4: Ongoing support and Process 5: Case closure, however, are less for the very high needs cases compared to the overall average. The reasons for this are unclear from the data. However, previous research has suggested that children with complex needs are likely to have a higher number of professionals involved (Holmes

⁵ Notable variations were considered to be those times that varied +/- 10% from the overall average figure.

et al. 2010). The interviews with parents/carers suggest that the role of the LP can be divided into two categories: case management activities, such as liaising with the various professionals involved with a child and family, and delivering an additional service, such as advice and support. The interview data suggest that, in cases where a higher number of professionals are involved, the LP role is primarily one of case management and the additional support is provided primarily by other services. The activity time presented here is only for the activity of the LP and the work undertaken by professionals other than the LP to support the child and family have not been captured. Therefore, the lower activity time for this process may reflect a different role adopted by LPs for families with different levels of need. The costs of providing services to families following a CAF assessment are explored in Chapter 5.

The focus group participants from the CAF and IW Teams reported that CAF was designed to be flexible and to ensure that the time required for completion reflected the presenting needs of the child and family, and that for some children, not all sections of the CAF form need to be completed if they are not relevant to the child and family. While the analysis found some variation in activity for high needs cases, no such variation was found for those cases identified as having lower needs. This may highlight a further training need, to ensure that professionals do not over burden themselves with completing sections of the form that are not necessary for cases with lower levels of need.

Direct and indirect activities

This report has already noted that concerns have been raised that an increasing administrative burden has been placed on the children's workforce, deflecting them from working directly with children and families, and that they spend a substantial proportion of their time carrying out administrative activities (Garrett, 1999; 2003; Audit Commission, 2002; Herbert, 2004; Munro, 2004; Holmes *et al.* 2009; Cm 8062). The previous chapter has highlighted that similar concerns have been identified regarding CAF. Previous research undertaken by CCFR has demonstrated that the proportion of time attributable to administrative and direct work varies according to the process being carried out (Holmes *et al.* 2009; Holmes and McDermid, 2012). As Table 4.6 shows this study also identified variations across the

processes in the proportion of time spent on direct, indirect and administrative activities.

Table 4.6: The proportion of reported times for the different types of activities

	Proportion of time spent on the various activities (%)			
	Direct contact	Liaising with other professionals	Administrative activities include case recording	Other ¹
Process 1: Intention to complete a CAF	-	-	100	-
Process 2: Completion of the CAF assessment	54	20	26	-
Process 3: Initial TAC meeting	23	16	36	25
Process 3: Subsequent TAC meeting	23	17	37	23
Process 4: Ongoing Support	51	23	26	-
Process 5: CAF Closure	51	25	24	-

¹ 'Other' includes making practical arrangements for the TAC meeting and activities completed as a result of the meeting.

Processes 2, 4 and 5 are reported to have a higher proportion (just over 50%) of direct contact with families. Process 1 is an administrative activity and Process 4 (ongoing support) constitutes a lower proportion of direct contact. While previous research has suggested that the CAF form is lengthy (Norgate, Trill and Osbourne, 2009) a little over a quarter of the overall time for Process 2 is attributable to the completion of the form.

Table 4.6 above does not include any activities carried out by administrative support staff. However, previous research undertaken by CCFR suggests that fewer professionals have access to administrative support for such activities (Ward, Holmes and Soper, 2008; Holmes *et al.* 2009) and there is no evidence from the focus groups to suggest that case recording is carried out by administrative support staff.

Furthermore, concerns have been raised regarding the effect of electronic recording systems on the proportion of time available for direct contact with families. However,

the data gathered for this study suggests that, in the four participating authorities the type of recording system had little impact on the proportions of time allocated to different types of activities, including direct work with children and their families (c.f. Baginsky *et al.* 2010). However, the activity times do not account for the duplication of recording activities as noted above (the inputting of data by the IW or CAF teams). The proportion of time spent on administrative activities is therefore likely to increase where eCAF is not widely available and a paper CAF is being used, and where data from completed CAFs are recorded on local systems, as in Authorities C and D. Table 4.7 shows the proportion of time spent on direct and indirect activities reported by professionals using eCAF and non eCAF recording systems.

Table 4.7: The proportion of reported times for the different types of activities by recording system

	Proportion of time spent on the various activities (%)							
	eCAF				Non eCAF			
	Direct contact	Liaising with other professionals	Administrative activities include case recording	Other	Direct contact	Liaising with other professionals	Administrative activities include case recording	Other
Process 1: Intention to complete a CAF	-	-	100	-	-	-	100	-
Process 2: Completion of the CAF assessment	54	19	26	-	51	21	28	-
Process 3: Initial TAC meeting	22	18	36	25	27	14	35	23
Process 3: Subsequent TAC meeting	22	17	36	24	29	13	36	22
Process 4: Ongoing Support	51	23	27	100	50	23	27	-
Process 5: CAF Closure	51	25	24	100	51	25	24	-

Unit costs of the case management processes for CAF

As noted in Chapter 1, at a time of considerable economic austerity, transparent and comprehensive data regarding the costs of CAF can be used to inform planning and commissioning. Easton and colleagues (2011) suggest that the cost of the CAF process is between £100 and £8,000, with higher needs cases incurring higher costs due to the range of support received by a number of different professionals.

However, given the variability in the needs and circumstances of children and their families, it is valuable to commissioners, operational managers and services to understand more comprehensively how the costs of CAF are constituted and what factors might impact these costs.

To calculate the costs of the CAF processes and their variations, the 'time use activity data' presented in this chapter were brought together with professionals' salaries, and other types of expenditure such as overheads. Salary information, including oncosts for each of the different job titles identified by the survey respondents were gathered from various sources including the annual compendium of Health and Social Care Unit costs compiled by the Personal Social Services Research Unit (Curtis, 2010) and the Department for Education guidance on teachers' pay and conditions (Department for Education, 2011b). The salary scales for the professionals that participated in the online survey along with the source of the information are outlined in Appendix J. Capital and indirect overheads were calculated based on the framework developed by Selwyn *et al.* (2009), which has since been replicated by CCFR in a number of studies (see Holmes, McDermid and Sempik, 2010; Holmes and McDermid, 2012). Overheads for education were calculated using this framework and the data available on the Department for Education website as part of the schools finance benchmarking programme⁶. Hourly rates were then calculated from these data using the schema outlined in Curtis, (2010).

Unit costs of the CAF processes

The activity and salary data for each professional who responded to the survey were used to calculate the average, London and out of London, unit costs of the five CAF

⁶ <http://www.education.gov.uk/schools/adminandfinance/financialmanagement/b0072409/background>

processes. These are detailed in Appendix K and L. Unit costs have also been calculated for the variations identified earlier in this chapter; the type of recording system and the children's needs have been calculated for each professional type. These are detailed in Appendices M and N. The mean and median unit costs of each of the processes, and their variations are summarised in Tables 4.8 and 4.9.

Table 4.8 Average standard unit costs for the CAF processes for London and out of London authorities

		Cost (£)					
		Process 1: Intension to complete a CAF	Process 2: CAF assessment completed	Process 3: Initial TAC	Process 3: Subsequent TAC	Process 4: Provision of ongoing support: <i>unit costs per month</i>	Process 5: Close CAF
<i>Standard costs for London and Out of London authorities</i>							
Average costs for all professionals Out of London Costs	<i>Mean</i>	22	204	223	197	165	84
	<i>Median</i>	16	203	199	190	162	71
Average costs for all professionals London Costs	<i>Mean</i>	25	253	245	226	165	93
	<i>Median</i>	18	230	225	222	162	81

Table 4.9 Variations in unit costs according to recording system and needs for London and out of London authorities

Processes		Variations by recording System (£)					Variations by Need (£)		
		eCAF	Electronically but not eCAF	On paper	non eCAF	Standard	High	Very High	
Process 1: Intension to complete CAF	Out of London	<i>Mean</i>	15	21	39	21	16	19	60
		<i>Median</i>	14	16	32	16	12	15	24
	London	<i>Mean</i>	16	24	44	23	16	22	63
		<i>Median</i>	15	19	34	18	13	19	25
Process 2: Complete CAF assessment	Out of London	<i>Mean</i>	169	176	135	196	179	198	328
		<i>Median</i>	164	149	144	149	149	185	328
	London	<i>Mean</i>	187	201	150	198	202	221	357
		<i>Median</i>	188	174	161	174	150	216	357
Process 3: Initial TAC meeting	Out of London	<i>Mean</i>	188	183	179	191	164	232	123
		<i>Median</i>	179	192	146	192	156	211	123
	London	<i>Mean</i>	204	199	210	204	187	255	131
		<i>Median</i>	192	208	175	208	176	247	131
Process 3: Subsequent TAC meeting	Out of London	<i>Mean</i>	177	200	198	203	183	235	252
		<i>Median</i>	169	185	167	194	192	179	252
	London	<i>Mean</i>	202	218	230	223	207	258	283
		<i>Median</i>	196	212	198	215	216	199	283
Process 4: Ongoing support <i>unit cost per month</i>	Out of London	<i>Mean</i>	122	140		165	132	178	96
		<i>Median</i>	130	116		135	129	185	96
	London	<i>Mean</i>	130	160		167	148	201	107
		<i>Median</i>	138	131		150	129	198	107
Process 5: Close CAF	Out of London	<i>Mean</i>	85	96	51	99	84	104	70
		<i>Median</i>	73	93	51	96	70	82	70
	London	<i>Mean</i>	92	110	58	106	93	113	75
		<i>Median</i>	79	111	58	90	79	92	75

As outlined above, while some variations were identified in the 'time use activity data' between the various professionals, the variations in unit costs are primarily attributable to variations in the salary costs of different professionals. For instance, in both London and out of London, high costs are incurred when service managers, head teachers and educational psychologists undertake CAF processes. This is primarily due to the higher salaries paid to these professionals

Although there were a range of professionals involved in the CAF processes it was evident that for the professionals participating in this study, some of the higher paid professionals were less likely to be involved in some of the processes. For example the data from online survey for this study suggest that Processes 2, 3 and 5 were carried out more often by health visitors than educational psychologists. This is consistent with findings from a study undertaken by the Children's Workforce Development Council (CWDC), which identified that health visitors, along with family support workers, frequently initiated CAF assessments and acted as Lead Professional (Children's Workforce Development Council, 2010c). The CWDC study also found that while in secondary schools a wider range of professionals are likely to be involved in the CAF process, some of whom are on lower salaries, the majority of CAF related activity in primary schools is carried out by head teachers and their deputies, thereby increasing the cost of the CAF processes.

The professional completing the CAF is therefore a key cost driver for CAF. As noted in Chapters 2 and 3 a good relationship between the professionals and the child and family was considered to be essential in ensuring the success of interventions under the auspices of CAF. Furthermore, some professionals may have specific knowledge of the child and family and their needs along with the relevant expertise. Therefore, costs alone should not be the sole factor in deciding who should undertake activities associated with CAF.

Additional unit cost calculations

Costs for CAF teams/Integrated working teams

The costs presented so far in this report are those costs incurred by a range of professionals undertaking the CAF processes. In addition to the activities of these professionals, as noted in Chapter 3, the implementation of CAF in the participating local authorities is supported by IW teams in Authorities A and B and CAF teams in Authorities C and D. To capture the comprehensive costs of implementing CAF the costs of these teams have also been calculated.

The four local authorities provided expenditure data (financial year 2010-11) for the teams responsible for CAF. These data included salary costs along with other direct and indirect costs, such as premises and equipment costs. The aforementioned overheads framework developed by Selwyn *et al.* (2009) was used to ensure comparability across authorities.

As outlined in Chapter 3, the remit of each of the teams responsible for CAF vary in the four participating local authorities. Four types of activity undertaken by the teams were identified:

1. Training, for example running courses within agencies;
2. Strategic and implementation activities, such as designing processes and working with other agencies to embed the use of CAF;
3. Supporting professionals undertaking CAF, such as taking 'help line' calls and addressing specific queries from professionals;
4. Working directly on cases, such as arranging and chairing TAC meetings or acting as LP.

The teams were invited to estimate the average proportion of time spent on each of the activities listed above. In recognition of the different roles within the teams, this proportion was estimated for each of the different team members. The salary and other overhead expenditure data provided by the teams were subsequently

apportioned according to estimated proportions of time. Members of the teams in Authorities A, B and C undertook non-CAF related activities. The proportion of expenditure apportioned to non-CAF related activities has been removed from the data presented in this report. The expenditure for the CAF related activities of each of the teams is summarised in Table 4.10.

Table 4.10: Expenditure for the IW and CAF teams¹

Type of activity	Expenditure by local authority				Integrated Working teams (A and B)		CAF teams (C and D)		Mean expenditure across all four authorities
	Authority A	Authority B	Authority C	Authority D	Mean expenditure	Percentage of CAF expenditure on different activities	Mean expenditure	Percentage of CAF expenditure on different activities	
Training	£15,395	£45,404	£7,994	£18,248	£30,400	21%	£13,121	5%	£21,760
Strategic and implementation	£115,212	£47,361	£19,986	£18,248	£81,287	57%	£19,117	7%	£50,202
Supporting Professionals	£23,009	£40,178	£133,088	£121,141	£31,593	22%	£127,115	47%	£79,354
Working on individual cases	£0	£0	£134,118	£90,214	£0	0%	£112,166	41%	£56,083
Total CAF related expenditure	£153,616	£132,944	£295,186	£247,851	£143,280		£271,518		£207,399

¹ Costs have been rounded to the nearest pound.

As Table 4.10 shows, the IW teams in Authorities A and B have a lower expenditure on CAF than Authorities C and D. The majority of the expenditure across all four local authorities was attributable to payroll (rather than to other overhead costs, such as training, capital and the purchase of IT and software). Essentially, in all four local authorities CAF is supported through the knowledge and expertise of workers. The size of the teams, and the seniority of the workers in those teams therefore accounts for the variations in the expenditure. Authority C, which is a geographically large local authority, has five CAF coordinators compared to three CAF coordinators and IW workers in the other local authorities. The additional workers reflect the size of the authority.

Authority D appointed senior social workers to the CAF co-ordinator role. Operational managers reported that the decision had been taken to appoint senior practitioners

to the CAF coordinator role for two reasons: the anticipated variety and range of needs and circumstances of the children and families; the seniority of professionals across other agencies that the CAF coordinators would need to liaise and encourage to embed CAF (for example head teachers).

Table 4.10 outlines the proportion of the CAF related expenditure allocated to the four different types of activities. The proportions of expenditure reflect the varied remits of the teams. The proportion of expenditure on the four different types of activity is likely to vary as CAF becomes further embedded within practice. For instance, as more professionals are trained and become experienced in the use of CAF and as CAF becomes embedded within the processes of various agencies working with vulnerable children and families, the costs of training, strategic implementation, and supporting professionals may reduce. Analysis of the expenditure of financial year 2011-12 may show how the costs of CAF change as the CAF process becomes further embedded into practice.

The unit costs outlined above can be bought together, with child level data, to explore the aggregate costs of CAF for different groups of cases in localities with different models of implementation to explore the costs of CAF to the public purse.

Chapter 4 Summary

- While the ways in which the Common Assessment Framework (CAF) was implemented differed slightly across the four participating authorities, it has been possible to develop a generic *CAF process model* to calculate the unit costs of CAF. These are: Process 1: Intention to complete a CAF; Process 2: Complete CAF assessment; Process 3: Team Around the Child (TAC) meeting; Process 4: Provision of ongoing support; Process 5: Close CAF.
- The unit costs of the CAF processes have been calculated using a 'bottom up' approach. This method uses 'time use activity data' to build up costs over time, by identifying the number and frequency of activities occurring over a specific time period.
- The unit costs for each of the CAF processes were calculated using the salary information for each type of professional undertaking CAF in the four participating local authorities.
- The seniority and therefore, the salary of the professional undertaking the CAF process was identified as a key driver for the overall costs of the CAF.
- Previous research carried out by CCFR has identified variations in the time taken to complete, and therefore, the cost of, activities associated with the provision of child welfare services. While the majority of variations in the data in this study were not statistically significant, there were identifiable variations related to two key areas: the CAF process (including the type of recording method used in the authority, the use of resource panels and the membership of the TAC meeting), and those associated with the children's needs.
- The data suggest that some efficiencies may be produced through the implementation of a universally accessible recording system for CAF such as eCAF.
- In order to fully understand the costs incurred through the implementation of CAF to the public purse, the costs of the CAF and Integrated Working teams also need to be considered. The study found that the costs of these teams, and the configurations of expenditure vary according to the models of service delivery implemented in each of the local authorities. It can be anticipated that as CAF becomes further embedded within the practice of agencies working

with vulnerable children and families, the costs of the these teams may reduce over time.

Chapter 5: Making use of the cost calculations

Introduction

The previous chapter has outlined a 'bottom up' method to calculate the unit costs of the processes associated with the Common Assessment Framework (CAF).

Standard unit costs for each of the processes have been calculated and variations both in terms of levels of time use activity and salaries have been explored. The costs of running the Integrated Working (IW) and CAF teams in the four participating authorities have also been calculated.

One of the aims of this study was to explore whether the costing approach developed by CCFR could be extended to include the CAF. Previous research (Ward, Holmes and Soper, 2008; Holmes and McDermid, 2012), has developed and subsequently utilised a Cost Calculator tool to bring together the unit costs of processes with routinely collected child level data, for example the SSDA 903 statistical return for looked after children and the Children in Need (CiN) census for all CiN. In the recent review of Child Protection (2011), Munro highlights the importance of being able to understand a child's journey because they receive different types of services as their needs change (Cm 8062). This previous CCFR research has illustrated that by bringing together the unit costs and child level data it is possible to calculate the costs incurred to provide different types of services for groups of children with different types of need over a given time period. The child level data are used to identify cost generating events and characteristics which may lead to variations in the costs and links these events with the unit costs identified above in order to calculate a longitudinal cost. The utilisation of such data enables costs to be calculated in a comprehensive and transparent way and aggregated in a number of different ways to inform planning and commissioning of services. Previous research undertaken by CCFR has highlighted the variability in the availability of such data. While some data, such as those collected for national statistical returns can be electronically extracted for analysis, others can only be found as part of free text documents, such as part of assessments or case notes (Gatehouse, Ward and Holmes, 2008; McDermid, 2008; Holmes and McDermid, 2012).

Making use of the data

This study has explored the availability of child level data for children and families receiving support under the auspices of CAF in the four participating authorities. The study also explored how far the data would elicit enough information to undertake cost calculations and how easily accessible these data were to the teams with responsibility for CAF in the local authorities.

This chapter brings together the different data components; unit costs and child level data to explore how the information can be used to inform the evidence base for commissioning and planning services for vulnerable children. Illustrative cost case studies of individual children and families are used to demonstrate how it is possible to map a child's journey, if the data are available. The costs case studies are based on data gathered from the participating local authorities, although some identifying details, including the names of individuals and the services they have accessed, have been changed to preserve the anonymity of the children and families.

Availability of child level data

The research team identified a set of child level data items that were necessary to make use of the unit cost estimations outlined in Chapter 4 and to explore the possibility of aggregating costs and following a child's journey. The participating local authorities were asked to identify whether these data were routinely collected and how far they were readily available for analysis. It was evident during the early stages of the research, that many of the data items were not necessarily routinely recorded or extractable at an individual child level. There was also variability across the authorities, depending on the method of recording CAFs. The method of data entry, extraction and how the CAF data links with wider social care management information systems is summarised in Table 5.1. The availability of each of the child level data items identified by the research team is detailed in Table 5.2.

Table 5.1: Summary of CAF data management in the four participating local authorities at the time of data collection

Authority	System in use / Proposed	Data entered by	Data accessed by	Link with social care management information system
Authority A	eCAF	All professionals	All professionals once permission is granted	Not automatic but complementary systems ensure that it is possible to manually link children across systems
Authority B	eCAF	All professionals	All professionals once permission is granted	Not automatic but complementary systems ensure that it is possible to manually link children across systems
Authority C¹	In house developed database / eCAF	CAF co-ordinators	CAF co-ordinators	Some linkage made manually, but extremely time consuming
Authority D¹	In house developed spread sheet / database / eCAF	CAF co-ordinators; Administrator	CAF co-ordinators; Administrator; Deputy Team manager	CAF coordinators knowledge has to be relied on, or working through paper and electronic records

¹ The implementation of eCAF had been proposed in both of these authorities. However, the details of data management arrangements upon implementation of eCAF had not been identified.

Table 5.2: Nature and availability of child level data in participating authorities

Data Item	Purpose	LA A	LA B	LA C	LA D
Child and family characteristics					
Unique ref. or ID No	To enable child matching	Yes	Yes	Yes	No
Date Assessment started	Cost Calculations	At aggregate, not child level	Yes	Yes	Yes
CAF Assessment version number	To identify needs related variations	Can be collected manually	No	Yes	No
Reason for initiating the assessment	To identify needs related variations	Yes - in free text	Yes	No	Yes
Is this the first CAF opened for this child?	To identify needs related variations	Can be collected manually ⁷	Can be collected manually	No	No
Number of previous CAFs	To identify needs related variations	No	Can be collected manually	No	No
Has there been previous social care involvement?	To identify needs related variations	Can be collected manually	Can be collected manually	No	No
Number of siblings	To identify needs related variations	Can be collected manually	In some cases	No	No
Date of birth or expected date of birth	To enable child matching and to enable variations relating to the child's characteristics to be identified	Yes	Yes	Yes - in free text	Yes
Gender	To enable variations relating to the child's characteristics to be identified	Yes	Yes	Yes	Yes
Child Ethnicity	To enable variations relating to the child's characteristics to be identified	Yes	Yes	Yes	Yes
Is the child or young person disabled?	To identify needs related variations	Yes	Yes	Yes	Yes - in free text
Type of disability	To identify needs related variations	Yes	Yes - in free text	No	No
CAF initiator: role	To identify cost variations	Yes	Can be collected manually	No	No
CAF initiator: organisation	To identify cost variations	Yes	Can be collected manually	No	No
CAF author: role	To identify cost variations	Yes	Can be collected manually	Yes	Yes - in free text
CAF author: organisation	To identify cost variations	Yes	Can be collected manually	Yes	Yes - in free text

⁷ 'Can be collected manually' refers to data which is collected but is not part of routine recording as part of a database, or IT management information system. It therefore cannot be electronically extracted and needs some additional work to collect, for example by reading minutes of meetings, or manually counting the number of previous assessments.

LP (if different from author): Role	To identify cost variations	Yes	Can be collected manually	Yes	No
LP (if different from author): organisation	To identify cost variations	Yes	Can be collected manually	Yes	No
Strengths and needs of child: at assessment	To identify needs related variations	Yes - in free text	Yes - in free text	No	No
Strengths and needs of child: at review	To identify needs related variations	Yes - in free text	Yes - in free text	No	No
Strengths and needs of parent: at assessment	To identify needs related variations	Yes - in free text	Yes - in free text	No	No
Strengths and needs of parent: at review	To identify needs related variations	Yes - in free text	Yes - in free text	No	No
Processes undertaken					
CAF referred to Panel	Cost Calculations	Yes	N/A - no panel	Yes	Newly collected Variable - will be available for some
Date of first TAC/TAF	Cost Calculations	Yes - in free text - data may be sparse	Date of the next TAC meeting only is recorded	Yes	Newly collected Variable - will be available for some
Date(s) of ongoing TAC/TAF meetings	Cost Calculations	Yes - in free text - data may be sparse	Unable to extract a list, date of the next TAC meeting only is recorded	No	No
Date of closure	To identify needs related variations	Yes	Yes	Yes - in free text	Yes - in free text
Reason for closure	Cost Calculations	Can be collected manually	Yes	Yes - in free text	Newly collected Variable - will be available for some
Services working with the child and family					
Service Type	Cost Calculations	There is a section of eCAF to record which services are involved but we do not run reports on this as it is very complicated due to repeated fields	Yes	No	Yes - in free text
Service Provider	Cost Calculations		Yes	Yes	No
Start Date	Cost Calculations		Not recorded	No	No
End Date	Cost Calculations		Not recorded	No	No

As Table 5.2 shows, the availability of data, and the extent to which these data could be linked with child level data held in social care case management systems, varied across the four participating local authorities. In part, these variations were attributable to the recording systems utilised in the local authorities.

To examine the extent to which the data held by the participating local authorities could be brought together with the unit costs outlined in Chapter 4, sample data were gathered from the four local authorities. Anonymised child level data were gathered for five families in each local authority (Authority D provided sample data for 6 families). These data included information about the children and families' needs and characteristics, the activities undertaken with the children and families and the services they had received. As noted in Chapter 1, the cost calculation methodology makes a conceptual distinction between the costs of activities associated with the case management processes for CAF and the additional services provided under the auspices of CAF. Data were gathered regarding both of these types of activities. These data will be used throughout this chapter to illustrate how the unit costs can be used to calculate aggregate and longitudinal costs.

Key data items for the cost calculations of the CAF processes are the dates on which cost-generating events take place, for example dates of Team Around the Child (TAC) meetings. In Authorities A and B the start and end dates of CAF assessments and dates of TAC and review meetings are held as separate fields and could potentially form the basis of a description of a child's journey through the CAF processes. Dates are also recorded on the eCAF system when there is a telephone conversation to request a service, when the eCAF is 'sent' to support the request and when the requested service makes a decision.

As Table 5.2 shows, on all systems much of the data about children's needs and service provision is held in free-text fields. Therefore, although the information may be available, it may not be possible to extract it electronically. Authority C, which now uses a slightly-modified national CAF form, previously used a different CAF assessment form which had drop down boxes allowing multiple choices of detailed descriptions of child and family needs. Examples of the descriptions are: 'The child often responds with inappropriate anger or aggression to difficult situations' and 'The

child or a family member has been in trouble with the Police or Courts relating to their anti social behaviour'. This form allowed analyses to be undertaken showing the needs that were most commonly being addressed by CAF, but professionals rejected it in favour of a form with text boxes that allow them to tell the child's story in their own words.

All four participating authorities produce regular management information reports from their CAF systems. The most comprehensive reports are produced by the authorities using eCAF (Authorities A and B). They report on the number of CAFs created and referred each month and provide analysis by Lead Professional (LP)/initiator sector and also by child age, gender and ethnic group. Authority B, for example, are using the eCAF data to map processes across the authority area. The reports produced by Authorities C and D are more limited, and Authority D doubted the accuracy of some of the data used while they made the transition across to a new database.

These data can be used to demonstrate how the costs of the CAF processes over a given time period can be calculated. While some families receive a number of services as a result of the CAF, for some families the support of the LP provides the primary 'service' to meet the needs identified in the CAF. The cost case study of Family A demonstrates how the unit costs of the CAF processes can be used to calculate the costs over a six month time period.

Box 5.1: Family A – support from a LP

Family A live in London and consists of Jennifer, who has two sons Ryan and Jack aged 8 and 4 respectively. Jennifer and the boys' father had recently separated. Jennifer contacted CAMHS after discovering that Ryan had been self harming. CAMHS informed Jennifer that they had a six month waiting list for assessments but referred their case onto 'Family Help', a voluntary organisation that supports vulnerable children and families. The service manager completed a CAF although a pre-CAF checklist was not completed. A family support worker, Angela, from Family Help was allocated to support their case. Angela was also identified as the Lead Professional for the child and family.

Following the completion of the CAF assessment Angela visited the child and family on a fortnightly basis to support them. TAC meetings were not held, and Angela continued to support the child and family until a CAMHS assessment was offered. The child and family were not in receipt of other additional services at this time.

Jennifer reported that the support they had received from Angela and Family Help had been extremely useful and that Ryan's self harming behaviour had reduced. Jennifer reported that she thought that the CAF had helped her family.

Figure 5.1: Timeline for Family A – support from a LP

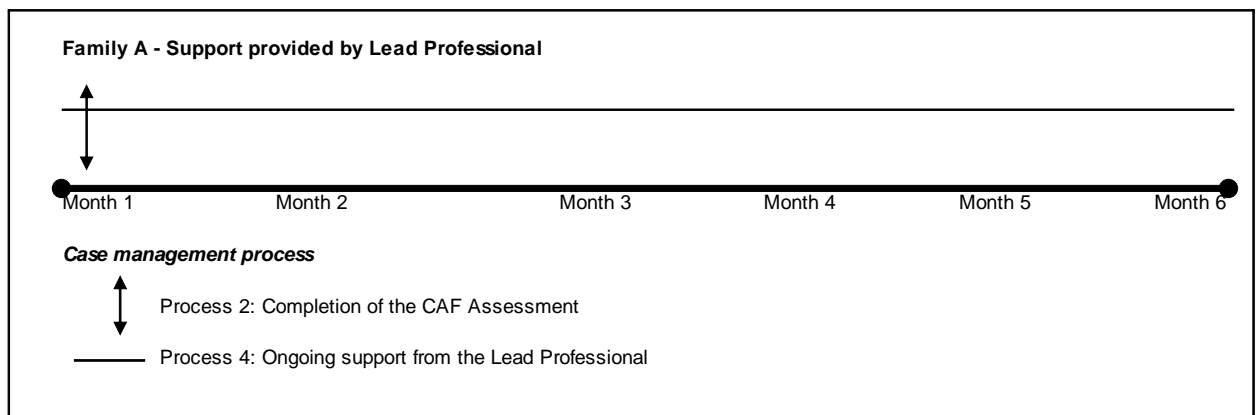


Table 5.3: Total costs for Family A for a six month time period¹

Social care activity costs				
Process	Completed by	Frequency	Unit cost (£)	Subtotal (£)
Process 2: Complete the CAF assessment	Service Manager		£329	£329
Process 4: Ongoing support from the LP	Family Support Worker	Fortnightly visits for six months ²	£50	£604
Total costs of CAF support for the six month period				£934

¹ The costs have been rounded to the nearest pound.

² Based on Holmes and McDermid (2012), which suggests that the average time for a home visit is 1 hour 40 minutes (including travel time).

Calculating the costs of the sample children and families

The cost calculations demonstrated above were used to calculate the costs of undertaking CAF with the 21 families included in the child level data collection sample. These costs have been calculated to illustrate how it is possible to use the unit costs outlined in the previous chapter to calculate the costs of a population of children and families who have been assessed using a CAF, if the data are available. Variations in unit costs, as identified in the previous chapter, were used according to the needs of the child and family, the professional undertaking the CAF processes and the number of TAC meetings held. Costs were calculated for a six month time frame. As noted in Chapter 4, these costs may vary depending on the profession of the individual undertaking the CAF assessment and the role of the LP. However, this information was inconsistently available in the four participating local authorities. Where these data were not available the overall mean unit cost was used. The costs of CAF for the 21 families are outlined in Table 5.4.

Table 5.4: The costs of CAF for a sample of 21 families for a six month timeframe¹

Unique ref. or ID No	CAF Author	LP	Number of TACs in six month time period	Number of months CAF open	Costs of CAF over six months (£)
A1	Unknown	Unknown	2	6	1,872
A2	Unknown	Unknown	1	6	1,488
A3	Unknown	Unknown	2	1	880
A4	Unknown	Unknown	3	5.5	2,130
A5	Unknown	Unknown	0	6	1,161
B1	Unknown	Unknown	3	6	1,940
B2	SENCO	SENCO	0	6	1,292
B3	EWO	EWO	0	6	743
B4	Family Support Worker	Family Support Worker	2	6	1,502
B5	Family Support Worker	Family Support Worker	0	6	1,317
C1	Learning Mentor	Assistant Head	3	6	2,116
C2	Assistant Head	Assistant Head	2	6	1,641
C3	SENCO	SENCO	1	6	1,479
C4	Pastoral Support Worker	Pastoral Support Worker	1	6	1,452
C5	Unknown	Family Support Worker	0	6	1,119
D1	Health Visitor	Family Support Worker	2	6	1,510
D2	Unknown	Unknown	3	6	1,811
D3	Health Visitor	Unknown	2	6	1,614
D4	Family Support Worker	Unknown	2	6	1,463
D5	Head Teacher	Family Support Worker	3	6	1,834
D6	Teacher	Family Support worker	3	6	1,457

¹ The costs have been rounded to the nearest pound

The costs ranged between £743 and £2,130 for the six month time period, and the average (mean cost) was £1,515. These costs are comparable to the findings of Easton *et al.* (2012), who found that the costs of the CAF process for children with complex needs ranged between £1,000 and £5,000. The most costly CAFs were the high needs cases (Families A1 and A4) and those families with three or more TAC meetings. However, the cost of providing support to Family D3 was below average despite having three TACs in the time period. The lower cost for providing support for this family is attributable to their LP being a family support worker, for whom the hourly rate is lower than many of the other LPs. The calculations outlined in Table 5.4 for a small sample of families demonstrate the complexity of the factors driving the costs of CAF.

The costs calculated in Table 5.4 include the costs of the activities undertaken by the LP to arrange and attend the TAC meeting. As noted in Chapter 4, in addition to the LP, the costs of the other TAC members should be taken into consideration to fully understand the costs of the CAF processes and the multi-agency approach which underpins it. Data regarding the TAC attendees were only available in one of the participating local authorities (LA C). Table 5.5 shows the costs of the CAF for the six month period including the costs of additional professionals and agencies attending the TAC meetings.

Table 5.5: The costs of CAF, including members of the TAC for a sample of five families for a six month timeframe¹

Unique ref. or ID No	CAF Author	LP	Number of TACs in six month time period	Number of professionals attending TAC meetings	Costs of CAF over six months (£)
C1	Learning Mentor	Assistant Head	3	6	2,513
C2	Assistant Head	Assistant Head	2	6	1,933
C3	SENCO	SENCO	1	6	1,829
C4	Pastoral Support Worker	Pastoral Support Worker	1	6	1,542
C5	Unknown	Family Support Worker	0	6	1,119

¹ The costs have been rounded to the nearest pound

The average cost of the CAF over the six month time period for the sub-sample of five children from Authority C, including the TAC members is £1,954. Although the involvement of additional TAC members may only increase the overall costs by a few hundred pounds, it does highlight how costs can build up over time and for a total population of children and families who have been assessed using a CAF.

Tables 5.4 and 5.5 demonstrate that making use of child level data items to cost the CAF processes facilitates comparisons and increases the understanding of the costs of providing support to children and families. Previous research undertaken by CCFR has demonstrated that such costs should be taken into consideration in order to calculate a comprehensive cost of supporting vulnerable children and families (Ward, Holmes and Soper, 2008; Holmes, Westlake and Ward, 2008; Holmes and McDermid, 2012).

Data regarding additional services

To calculate comprehensive costs of CAF, the costs of additional services provided to children and families also need to be considered. To include these costs of additional services in cost calculations, the service type and the service provider along with the start and end date of the service provision are required. However, it was not always possible for the teams with responsibility for CAF to collate this information. It was possible to identify where a particular professional was part of the TAC, but no further details were available regarding the type of intervention offered. In some cases this information was obtained from contacting the LP, or manually collected through reading case records, TAC meeting minutes or other case specific documents. As identified in other studies, the volume of free text data is often vast and as such service provision information is often 'hidden' amongst detailed case notes (Gatehouse, Ward and Holmes, 2008; Holmes, McDermid and Sempik, 2011). While individual professionals working with families had a good understanding of the services provided to the children and families, this was not always readily available for extraction and analysis. The recording of child level data is extremely valuable in order to calculate a comprehensive cost of the CAF and provide sufficient information to fully understand the services provided in a readily accessible format,

while ensuring that undue administrative burden is not placed on front line staff (see also Holmes and McDermid, 2012).

Previous studies undertaken by CCFR suggest that data on the number and nature of CAFs may be scarce, and therefore the costs of CAF may be being underestimated (Gatehouse, Ward and Holmes, 2008; Ward *et al.* 2008; Holmes and McDermid, 2012). However, this study suggests that data on CAF may have improved in recent years, making the possibility of routinely costing CAF case management activity increasingly viable. Supplementary data on the services provided under the auspices of CAF, however, may be required in order to obtain a more comprehensive picture of the overall costs of CAF. As outlined in Chapter 2, additional data on the services accessed by families receiving support under the auspices' of CAF were gathered during the interviews using a Service Provision checklist (based on the Client Service Receipt Inventory: Beecham and Knapp, 2001).

Services accessed by the families

The Service Provision Checklist was utilised to ascertain the services that the families were accessing during the three months prior to interview, and how frequently they used the services. The checklist was also used to ascertain how useful the parents thought the service had been for them and their family. This checklist was completed for 23 (79%) of the parents/carers interviewed.

The parents/carers reported that they had received between one and seven services. The average (mean) number of services accessed was 3.5. Previous research undertaken by CCFR has shown that on the whole, those children with the highest needs, tend to require a greater intensity of support through services provision (Ward, Holmes and Soper 2008; Holmes, McDermid and Sempik, 2010; Holmes and McDermid, 2012). Families with a child with special educational needs, disabilities and behavioural difficulties, on the whole, reported that they received the highest number of services. Moreover, those families with the highest number of services were those who reported they were currently in the process of undergoing assessment to diagnose a particular special need or impairment. Previous research has shown that in such circumstances a number of different services can become

involved for a short time during the assessment period, and the level of intensity may reduce once the specific need or impairment has been identified (Ward, Holmes and Soper, 2008; Holmes and McDermid, 2012). Furthermore, as noted in Chapter 2, a number of the parents/carers had reported delays in accessing services and had not been informed as to the outcome of the CAF at the time of interview. Therefore, it may be necessary to follow up families once the CAF has been closed to further explore any relationships between families' needs and the level of service provision accessed. Table 5.6 summarises the different types of services accessed in the three months prior to interview.

Table 5.6: Services accessed by the interviewed families (n=23)

Service Accessed	Number of families
Family Support Worker	12
Children's Centre	7
Literacy support in school	5
Parenting Course	5
Speech and Language Therapy	5
Counselling	4
Paediatrician	4
Educational Psychologist	3
Nursery Place	3
Short Breaks	3
Specialist support for special educational needs	3
CAMHS	2
Ear Nose and Throat Clinic	2
Hospital support	2
Learning Mentor in school	2
Psychologist	2
Childminder	1
Connexions	1
Drug and Alcohol team (parent)	1
Education Welfare Officer	1
Occupational Therapy	1
Physiotherapist	1
School Nurse	1
Special School	1
Woman's Aid	1

The Service Provision Checklist was also used as a means of gathering data about the parents/carers perception of whether the services met their needs. Overall they were very positive about the services they had received with only six of the 73 (8%) services accessed by the children and families being described as unhelpful. In

general, parents/carers described services that were inconsistent, or not at a convenient time, or not designed to meet their specific needs as being unhelpful.

It is evident from the analysis of both the Service Provision Checklist and the interviews with parents/carers, that the provision of additional services as a result of a CAF assessment is a key component in supporting the children and families. The cost case study of Family B demonstrates how the costs of these services might be included in cost calculations, if the data were available.

Box 5.2: Family B – support from a range of services

Mother, Michelle lives with her daughter Sophie, aged 13. Michelle suffers with anxiety and depression and finds it very difficult to leave the house. Concerns were raised by Sophie's school about her behaviour and a reduction in attendance; subsequently they referred the child and family to a voluntary organisation, 'Family Help' after completing a Pre-CAF checklist. A worker from Family Help completed a CAF assessment and considered that Michelle and her daughter would benefit from additional support, both to improve Sophie's behaviour and to support Michelle with her mental health difficulties and parenting. Jackie, a family support worker was identified as the LP. One TAC meeting was held, which Michelle attended, along with Jackie and the school education welfare officer.

Michelle received one to one parenting support, once a week for 8 weeks and then attended a parenting course, for 8 weeks. Sophie received one to one support in school from a learning mentor. Jackie continued to coordinate the support as LP and provided a 12 week focused piece of family support, visiting Michelle and Sophie on a weekly basis.

Michelle reported that Jackie had been extremely supportive and thought that the other services provided as a result of the CAF had helped her and Sophie. Michelle reported that she would have liked more of the intensive support offered by Jackie to support her parenting. However, Michelle did report that Sophie's behaviour in school had improved.

Figure 5.2: Timeline for Family B – support from a range of services

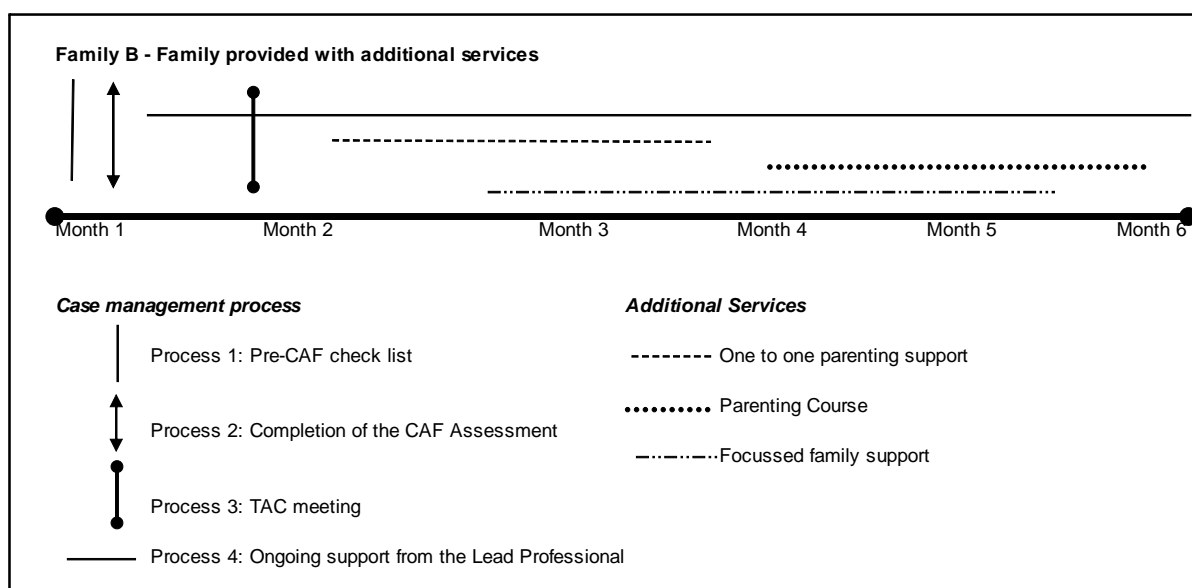


Table 5.7: Total costs for Family B for a six month time period¹

Social care activity costs					Additional service costs			
Process	Completed by	Frequency	Unit cost (£)	Subtotal (£)	Service	Frequency	Unit cost (£)	Subtotal (£)
Process 1: Pre-CAF checklist	Education Welfare Officer	1		17	Parenting course	Once a week for 8 weeks ¹	£41	£325
Process 2 Completion of the CAF Assessment	Family Support Worker	1		168	One to one parenting support	Once a week for 8 weeks	£50	£403
Process 3: TAC meeting	Family Support Worker	1	195	221	Focussed Family Support	Once a week for 12 weeks	£50	£604
	Education Welfare Officer, attendance at TAC		27					
Process 4: ongoing support of LP	Family Support Worker	5 and a half months	159	877				
Total costs of case management activity				£1,282	Total cost of additional support			£1,333
Total cost of CAF support for the six month time period								£2,615

¹ The costs have been rounded to the nearest pound.

² from Tidmarsh and Schneider, (2005) inflated for financial year 2010-11.

As Table 5.7 shows, the cost of providing additional services accounts for around 50% of the total overall cost incurred for Family B for the six month time frame. For children who access a wider range of additional services this proportion will be increased. The difficulties of gathering and extracting data about additional services

have been highlighted. Improved data on service provision and how those services meet the needs of families would facilitate a clearer understanding of the impact of CAF.

Understanding a child's journey

As outlined at the beginning of this chapter, one of the aims of this study was to extend cost calculations to include children and families who have been assessed using a CAF. The cost calculation method has previously been used by the research team to understand better the cost of services provided to CiN and those looked after. As reported above and in preceding chapters this method is driven by the availability of data and previous research has demonstrated how data on CiN can be linked with those on looked after children in order to calculate the costs of the different types of services that children and families may receive during their lifetime (Holmes and McDermid, 2012).

As reported in Chapter 3, all four of the participating authorities indicated that they had introduced 'step up/step down' procedures for the interface between the support and services provided to families under the auspices of CAF and those provided by children's social care. It was evident from the focus groups that the level of usage of these procedures was variable. In order to fully capture the use of CAF as a 'step up' or 'step down' from social care it needs to be possible to link data on CAF to those data held in other systems, such as social care management information systems.

The cost case study of Family C illustrates how the costs of different provision might be linked were the data available.

Box 5.3: Family C – CAF as a step up to social care

Kyle, aged 13 lives with his mother, Louise and four year old brother, Robert. A CAF was initiated in January 2011 by the school due to concerns about Kyle's deteriorating behaviour at home and school. Kyle has long standing mental health difficulties, anxieties about new situations and had difficulties making friends. Louise also had mental health difficulties and there were concerns about her capacity to maintain the children's food and drink intake. There were also some concerns about Louise's offending behaviour.

The CAF was undertaken by the school learning mentor and a TAC was convened. The TAC was attended by the learning mentor, an educational psychologist, and a family support worker from Children's Services.

Prior to the initial TAF meeting Kyle was permanently excluded from school after his behaviour become untenable and he was placed at another school at the end of March 2011. A referral was also made to the children's social care emergency duty team by a hospital doctor following concerns about Louise's mental health. The social care team were aware that a CAF was in process and therefore no further action was taken.

A number of services were initiated to support the child and family; ADHD support was provided to both Kyle and Louise. They saw the ADHD nurse on a monthly basis. A family support worker was also identified to address some of Kyle's behavioural difficulties. The family support worker visited the family once a week for 8 weeks.

Despite some improvements, the family suffered a number of setbacks and the family were referred to children's social care in July 2011. The CAF case was closed, and a Child Protection Plan was initiated.

Figure 5.3: Timeline for Family C – CAF as a ‘step up’ to social care

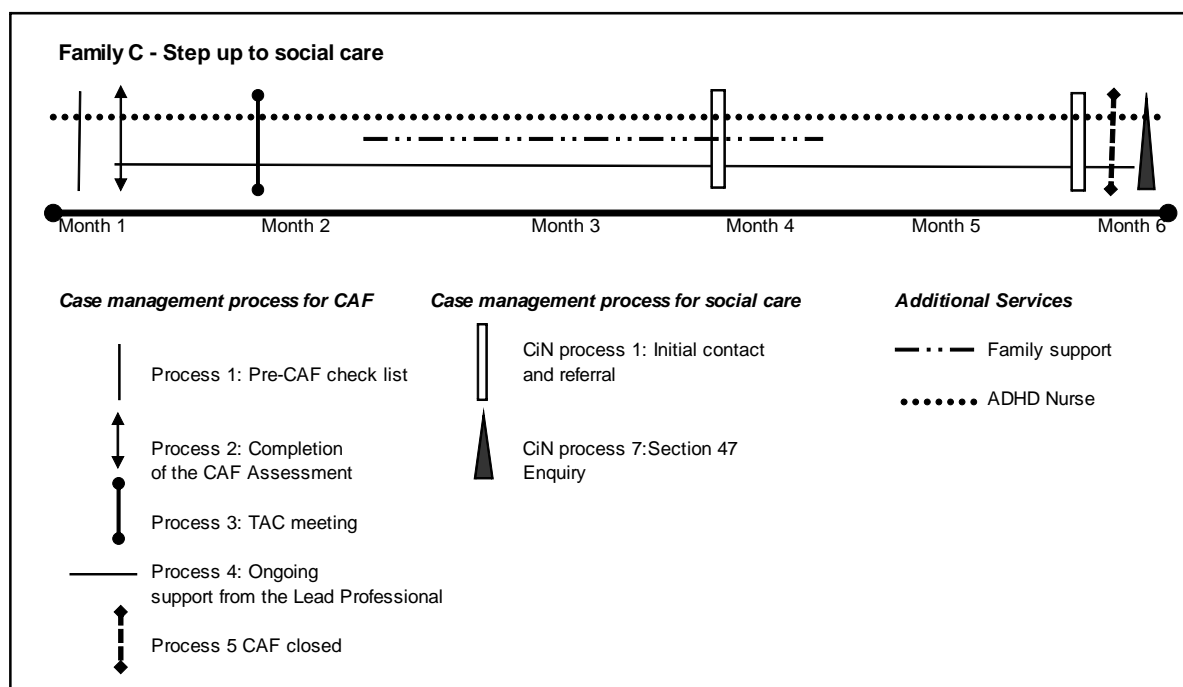


Table 5.8: Total costs for Family C for a six month time period¹

Social care activity costs: CAF					Social care activity costs: Social Care costs ¹					Additional service costs				
Process	Completed by	Frequency	Unit cost (£)	Subtotal (£)	Process	Social Care	Frequency	Unit cost (£)	Subtotal (£)	Service	Frequency	Unit cost (£)	Subtotal (£)	
CAF Process 1: Pre-CAF checklist	Learning Mentor	1		13	CiN Process 1: Initial contact and Referral with no further action	1			213	ADHD Nurse	Once a month for six months ²	£44	£264	
CAF Process 2 Completion of the CAF Assessment	Learning Mentor			158	CiN Process 1: Initial contact and Referral	1			192	Family Support Worker	Once a week for 8 weeks	£41	£328	
CAF Process 3: TAC meeting	Learning Mentor		205		CiN Process 7: Section 47 Enquiry				526					
	Educational Psychologist		39											
	Family Support Worker		25	269										
CAF Process 4: ongoing support from the LP	Learning Mentor	five months	151	755										
CAF Process 5 case closure				87										
Total cost of case management activity for CAF				£1,281	Total cost of case management activity for social care				931	Total cost of additional services				£592
										Total cost of the CAF			£1,873	
										Total cost over the six month time period			£2,804	

¹ The costs have been rounded to the nearest pound.

² from Holmes and McDermid (2012).

³ from Curtis (2011).

Previous research has demonstrated the negative impact of delays in decision making on vulnerable children and families (Ward, Holmes and Soper, 2008; Ward *et al.* 2012). Furthermore, Ward, Holmes and Soper (2008) suggest that older children who receive support from children’s social care are more likely to have higher needs and therefore, require more costly services. While the costs of the social care

processes undertaken with Family C only account for 33% of the overall cost of support provided to the child and family in the six month timeframe the ongoing costs of Family C becoming an open CiN case are not captured. Previously Holmes and McDermid (2012) estimated that the ongoing costs of providing support to a CiN, who is the subject of a Child Protection Plan is, on average, £271 per month, compared to the mean cost of £165 per month for the ongoing support provided by a LP as an open CAF case.

This chapter has demonstrated how the unit costs outlined in Chapter 4 can be utilised to build up cost timelines and understand the costs of providing services to families over time. Aggregating the data has the potential to inform planning decisions within local authorities, as does being able to follow a child and families' journey from CAF to social care, where appropriate. The timeline for Child C outlines the journey as part of a 'step up' to social care. Although the local authorities reported that they had introduced 'step up/step down' procedures, there was little evidence of CAF being used as a continuum of services as part of a 'step down' from social care. Development of this procedure and its effectiveness may warrant further investigation given findings from research that identify case closure following child protection concerns without the provision of ongoing support to the children and families (Ward *et al.* 2012).

Chapter 5: Summary

- The research identified a set of child level data items that are necessary to make use of the unit cost estimations outlined in Chapter 4 and to explore the possibility of aggregating costs during a child's journey.
- During the early stages of the research, many of the required data items were not necessarily recorded routinely or extractable at an individual child level. There was also variability across the authorities, depending on the method of recording CAFs.
- All four of the participating local authorities had introduced 'step up/step down' procedures for the interface between CAF and children's social care although use of these procedures was variable. It was also not possible to link data on CAF to the data held within children's social care.
- Unit costs and anonymised data were used to calculate the costs of undertaking CAF with the 21 sample children and families included in the child level data collection. The costs ranged between £743 and £2,130 for the six month time period, and the average (mean cost) was £1,515. Costs varied according to the needs of the children, the type of professional undertaking the CAF processes and the recording system used within the local authority.
- To calculate comprehensive costs of CAF, the costs of additional services provided to children and families also need to be included. However, it was not always possible for the teams with responsibility for CAF to collate sufficient information to include the costs of these services in the calculations.
- A Service Provision Checklist completed with 23 of the parents/carers interviewed for this study, revealed that families receive a wide range of services. The analysis of both the Service Provision Checklist and the interviews with parents/carers shows that the provision of additional services as a result of a CAF assessment is a key component in supporting children and families. Improved data on service provision and how those services meet the needs of children and families would facilitate a clearer understanding of the impact of CAF.

Chapter 6: Key findings and their implications for policy and practice

Introduction

This report has outlined how an approach previously developed to explore the costs of services provided to vulnerable children, including Children in Need (CiN) and those looked after, can be extended to cover the Common Assessment Framework (CAF). This chapter brings together key findings from the study and outlines the implications for future child welfare policy and practice.

Key findings

Parameters and context

Since the implementation of CAF across all local authorities in 2008 there has been an increased emphasis on prevention and early intervention services to meet the needs of vulnerable children and their families. Recent policy and practice changes have had an impact on the clarity of the boundaries between CiN and those children in receipt of services following a CAF assessment (Holmes and McDermid, 2012). Furthermore, as outlined throughout this report, there is evidence to suggest that CAF is being used both as an assessment tool that may then facilitate access to additional specialist services and as a referral route for children and their families to access services.

Under the previous government, policy and practice developments across children's services led to a complex picture of welfare interventions for CiN (Department for Children, Schools and Families, 2010a) most notably with regard to increased integration of services, increased demand for services along with closer public scrutiny and an increased policy and practice focus on prevention and early intervention strategies (Department for Children, Schools and Families, 2010b). Recent social care policy had emphasised the need for greater integration between agencies in the safeguarding of all children and agencies have moved towards jointly funding and commissioning services. This has resulted in considerable diversity in commissioning, procurement, funding and delivery arrangements of welfare interventions.

More recently the Munro review of Child Protection outlined that processes carried out to support vulnerable children and their families must ensure the best outcomes are achieved, while ensuring that the processes do not increase the workloads of the front line staff supporting the children and families (Munro, 2010; Cm 8062). Streamlining processes and ensuring that information is sufficiently shared between agencies to reduce duplication may result in reductions in workloads and consequent cost savings.

Research has highlighted the complexity of defining and conceptualising early intervention, identifying those who require it, and evaluating its impact and effectiveness (Holmes *et al.* 2010; Robertson *et al.* 2010; Statham and Smith, 2010). Although the complexities of measuring the benefits of early intervention and prevention strategies have been identified, there is some evidence to suggest that early intervention can be a cost effective strategy reducing the need for more costly and intensive services in the future (Ward, Holmes and Soper, 2008; Allen, 2011b; Holmes and McDermid, 2012;).

As reported in Chapter 1 this study has been carried out at a time of economic austerity, with local authorities having to make substantial savings. Feedback from both the focus groups and the interviews with parents/carers indicated that a number of front line services had been withdrawn as local authorities experienced reductions in their budgets. Parents/carers and professionals expressed concerns about the reduction in services and the longer term impact on outcomes for these children and families if they did not receive the services required to meet their needs.

Costing methodology

This study has used the unit costs of activity undertaken by a range of professionals to support children and families following a CAF and the costs associated with the provision of services as the basis of building up costs over time. It identified two different types of support. The first is '*case management*' activity, where a professional completes a CAF assessment, takes on the role of LP or is involved in TAC meetings to manage and support the ongoing day to day needs of a case. These activities have been

categorised into five CAF processes. The unit costs of these processes (outlined in Chapter 4) were informed by focus groups carried out by a range of professionals and the 'time use activity data' was collected via online surveys. The second form of support offered to children and families following a CAF is the provision of *additional services*. These may be provided as a focused piece of work by the LP or by another team or agency. The inclusion of these services in cost calculations is explored in Chapter 5.

Variations in costs

One of the key advantages of adopting the 'bottom up' method of calculating unit costs utilised in this study is to explore variations in costs. Previous research (Beecham and Sinclair, 2007; Ward, Holmes and Soper, 2008; Holmes and McDermid, 2012) has identified variations in costs according to the different needs and circumstances of children and their families, along with differing local policies and procedures. As outlined in Chapter 3, analysis of the 'time use activity data' from this study suggests less substantive variations for the five CAF processes: Process 1: Intention to complete a CAF; Process 2: Complete CAF assessment; Process 3: Team Around the Child meeting; Process 4: Provision of ongoing support; Process 5: Close CAF. While for the most part any variations in activity were not statistically significant, variations were attributable to two key areas, namely, the CAF processes (including the method of recording, the use of resource panels and membership of the TAC meetings) and the complexity of children's needs.

Variations in unit costs across the five CAF processes were due to the range of salaries paid to the professionals completing the CAF assessment or taking on the role of LP. Costs were higher when these processes were undertaken by service managers, head teachers and educational psychologists. The professional completing the CAF or taking on the LP role is a key cost driver for CAF.

Impact of CAF on professionals

The focus groups with the CAF and Integrated Working (IW) teams, carried out during the first phase of this study, highlighted the positive impact of CAF on inter-agency working, with TAC meetings being identified as a way of facilitating better

integrated working by bringing together professionals from a range of agencies. This finding was particularly pertinent for families with complex needs requiring a range of services. Furthermore, the focus group participants reported that the CAF helped professionals to gain a broader perspective of the needs of the child and family and as a result this enhanced the potential to achieve positive outcomes for the children and their families. The focus groups with professionals across a range of agencies and the online surveys also revealed a similarly positive view of the impact of CAF on inter-agency working, with greater recognition of the role of other professionals being cited as a positive output of the implementation of CAF. While the professionals that participated in this study were generally positive about the impact and role of CAF, some difficulties and barriers were identified. As reported in Chapter 3 a small number of professionals considered the CAF processes to be overly bureaucratic when the CAF assessment was used to refer a child and their family for a single service.

The professionals participating in the study identified the need to embed CAF within practice across partner agencies. CAF and IW team members emphasised the time and commitment required to embed the CAF across partner agencies. The team members were confident however that such investment has resulted in better integration between agencies, more efficient and effective working and ultimately better outcomes for children and families.

Impact of CAF on children and families

The findings from the interviews with parents/carers who had been assessed using a CAF are presented in Chapter 2. Overall the majority of the parents/carers were positive about the CAF assessment and the support that they received following an assessment; either support from the LP or referral to and provision of services. The parents/carers that were less positive about the CAF assessment were those that had experienced delays or a lack of communication from the CAF initiator following the completion of the assessment.

The parents/carers highlighted the importance of the role of the LP and the multi-faceted nature of their work with the child and family, citing advocacy, emotional and practical support, advice and guidance as aspects of the role of the LP that they had

received. The parents/carers also reported that the CAF had succeeded in preventing them from having to 'tell their story' multiple times to a range of professionals, because CAF facilitated the sharing of information across agencies.

Data availability and CAF recording systems

As reported in Chapter 1 the four participating authorities had adopted different approaches to recording CAFs, with Authorities A and B using eCAF and Authorities C and D using in-house databases or spread sheets. The inter-agency nature of CAF means that data may be recorded or required from a number of professionals working within a number of different agencies. As set out in Chapter 5 the use of eCAF in Authorities A and B facilitated the electronic sharing of information across agencies and the opportunities for data sharing were more limited in Authorities C and D. At the beginning of this study all four participating authorities expressed an interest in the development of a National eCaf system and recognised the potential benefits of a purpose-designed national electronic system. However, during the latter stages of the research the Department for Education announced that National eCAF was to be decommissioned (Department for Education, 2011b). This in part was to reflect the recommendations from the Munro Review of Child Protection (Cm 8062).

The use of the child level data items in the cost calculations is reported in Chapter 5, along with some of the limitations in the data. Exploration of the availability of the data items and the eCAF systems in Authorities A and B during the early stages of this study found some possible advantages of shared systems to record and view case specific CAF data. Systems that can be accessed and updated by a range of professionals across a number of agencies facilitate multi-agency working by allowing professionals to view and share information with other professionals involved in providing support to a child and their family. Being able to access the data in this way also facilitates checks to establish whether the child and family have an existing CAF assessment, or have had one in the past.

Recording and analysis of data for practice development

In recent years there has been an ongoing debate about the bureaucratisation of social care and the level of recording that is required across the wider children's workforce (Burton and van den Broek, 2008; McDermid, 2008; Broadhurst *et al.* 2009; Holmes *et al.* 2009; Munro, 2010; 2011). While it is essential that the burden of recording data does not prevent front line workers from carrying out the tasks to directly support families, the use of the data to inform practice and to influence future decision making needs to be acknowledged.

Previous research suggests that the most effective use of data is when it is used to inform practice and to influence planning by professionals and their managers (Scott, Moore and Ward, 2005; McDermid, 2008). As such there is a need for both front line staff and their managers to be able to benefit from the analysis of their recorded data. For example there is evidence to suggest that monitoring and analysis of the take up of different types of short break services for disabled children and their families has been used by local authorities to identify gaps in service provision (McDermid and Holmes, forthcoming). Analysis of the information collected on the needs of children and families who have been assessed using a CAF and the services they are accessing may be used in a similar way to ensure the appropriate services are available within local authorities. Thus, child level data can be utilised at a strategic and planning level.

Understanding a child's journey

Using a small sample of cases across the participating authorities Chapter 5 explains how the costs of the CAF processes can be calculated over a period of time, if the relevant data items can be extracted. However, at present it is not possible to carry out these calculations without the manual extraction of data from systems, and in some instances without gathering additional information about cases from the LP. Previous research has highlighted how understanding costs over time for groups of children with similar needs can inform strategic planning and commissioning of services (Holmes, Westlake and Ward, 2008; Ward, Holmes and Soper, 2008; Holmes and McDermid, 2012). However, without the systematic collection and

extraction of these key data items it is not possible to fully understand the costs of providing support and services under the CAF.

Interface with children's social care

All four of the participating authorities had introduced procedures for CAF cases to 'step up' and 'step down' from social care. It was not evident however, how widely these procedures were being utilised, particularly in terms of 'step down' following an open child in need or child protection case. Furthermore, workers within the CAF and IW teams expressed concerns that CAFs were being initiated for families who might previously have met the threshold for children's social care services. They attributed this to the recent increases in referrals to social care and the subsequent capacity issues experienced by children's social care services. At present it is not possible to systematically link the CAF and children's social care management information systems within local authorities, and therefore it is not possible to ascertain whether CAFs have been initiated following a referral to children's social care that resulted in 'no further action'.

Adopting a systems approach

Analysis of the data from the interviews with parents/carers found that a range of services were provided to the children and families following a CAF assessment. Ward, Holmes and Soper (2008) identified the need to adopt a systems approach to cost calculations, considering the wider costs to the public purse rather than only costs incurred by individual agencies. The cost calculations outlined in Chapter 4 and utilised in Chapter 5 build a picture of the input, and therefore costs to support children and families who have been assessed using a CAF.

Messages for policy and practice

The messages from this study carry a number of implications for the development of policy and practice.

Planning and delivery of services

There is evidence from the participating authorities that the national economic situation at the time of writing had impacted on the availability of services for

vulnerable children and families. Both professionals and parents/carers reported that a number of services had reduced their capacity or were no longer available. This potential shortfall in services coupled with any increase in the number of CAF referrals reported by the participating local authorities and an increased demand on children's social care, emphasises the need for consideration of the allocation of resources and the longer term impact on children and families if they do not receive the support and services to meet their needs (c.f. Easton *et al.* 2012).

Data recording and availability

The difficulties in extracting data from systems and linking it across CAF and children's social care systems to understand a child's journey (Cm 8062) have been discussed extensively throughout this report. Although there are difficulties and limitations with the current arrangements, this study has highlighted the potential use and advantages of professionals from a range of agencies being able to access a single electronic CAF record for a child and their family.

Chapter 5 provides an example of a case that 'steps up' to children's social care. Being able to follow cases in this way facilitates the use of information to inform future strategic planning and commissioning. If local systems were developed to facilitate the appropriate matching of cases across CAF and children's social care systems, local authorities could make use of the data to demonstrate the value of early intervention and preventative services, both in terms of outcomes and costs.

The future role of CAF

This study identified positive messages about CAF both from parents/carers and professionals. The parents/carers highlighted the importance of the role of the LP in supporting their needs and how CAF had facilitated sharing of information across agencies to prevent families from having to 'tell their story' on multiple occasions. Parents/carers highlighted frustrations however, when there was a lack of or no follow up after a CAF assessment. Consideration should be given to how children and families who have been assessed using a CAF are given feedback regarding the outcome of their assessment, or how interim support may be provided where waiting lists for services are causing delays in children and families receiving support.

Professionals reported that the use of CAF had helped them gain a broader understanding of the needs of children and families and the services available to meet those needs. Some professionals reported concerns about the bureaucracy associated with the CAF processes. These tended to be incidences where the CAF had been used as a means of referral for a single service, suggesting its use in this respect could be reviewed. Clarification of the purpose of using CAF in such instances may help to ensure that professionals are not completing unnecessary forms.

Achieving successful implementation of the CAF requires investment in terms of time and resources. This level of investment needs to be considered within the wider policy context and the introduction of the single assessment for children with disabilities and special educational needs (Department for Education, 2011e). These considerations relate to any potential overlap in the use of the single assessment and the CAF, with the need for clear guidance for professionals at a local level.

Conclusion

This study found that both professionals using CAF and families who have been assessed using it have a positive view of certain aspects of the CAF. In particular the parents/carers cited the importance of a LP working as an advocate and they also highlighted that the CAF assessment negated the need for them to 'tell their story' to a number of different professionals in order to access the range of support and services that they may require. The professionals who participated in the focus groups also reported that they considered CAF to have progressed inter-agency working.

However, for CAF to work effectively substantial investment was required both in terms of expenditure and time to embed the framework in practice across the range of agencies. The research found that professionals and families were in favour of the data sharing that eCAF facilitated. This research study coincided with the early stages of the roll out of a pilot National eCAF system (Department for Education, 2011a). Professionals within the CAF and IW teams reported that they were optimistic about the potential of a National system.

While it has been possible to extend the research cost methodology to include the CAF, without the systematic collection and extraction of child level data items it is not going to be possible to follow children's journeys and to build up a national evidence base to inform strategic planning and commissioning of early intervention and prevention services.

Chapter 6: Summary

- There were variations in unit costs across the five CAF processes as a result of the range of salaries paid to the professionals completing the CAF assessment or taking on the role of the Lead Professional. Costs were higher when these processes were undertaken by service managers, head teachers and educational psychologists.
- The majority of interviewees (parents/carers and professionals) were positive about the CAF and the parents/carers about the support they received following an assessment. The parents/carers who were less positive about the CAF assessment were those that had experienced delays or a lack of communication from the CAF initiator following the completion of the assessment.
- Parents/carers reported that the CAF had succeeded in preventing them from having to 'tell their story' multiple times to a range of professionals, because CAF facilitated the sharing of information across agencies.
- Professionals reported that the CAF helped them to gain a broader perspective of the needs of the child and their family and as a result this enhanced the potential to achieve positive outcomes for the children and their families.
- It was evident that the use of eCAF in Authorities A and B facilitated the electronic sharing of information across agencies and that the opportunities for data sharing were more limited in C and D, where locally developed systems were used. At the beginning of this study all four participating authorities expressed an interest in the development of a National eCAF system and recognised the potential benefits of a purpose-built national electronic system. Both professionals and parents/carers were in favour of the data sharing that eCAF facilitated.
- Systems that can be accessed and updated by a range of professionals across a number of agencies facilitate multi-agency working by allowing professionals to view and share information with other professionals involved in providing support to a child and their family. Being able to access the data in this way also facilitates checks to establish whether the child and family have an existing CAF assessment, or have had one in the past.

- It was possible to use child level data for a sample of children and families to calculate the costs of CAF over time. However, without the systematic collection and extraction of key data items it will not be possible to fully understand the costs of providing support to children and families who have been assessed using CAF.
- The CAF and Integrated Working teams expressed concerns that CAFs were being initiated for children who had previously met the thresholds for children's social care. They attributed this to the recent increases in referrals to social care and the subsequent capacity issues experienced by social care departments.
- Investment in terms of time and resources is required to implement the CAF successfully.

Appendices

Appendix A

Focus Group participants across the four participating authorities

Agency/ Service	LA A	LA B	LA C	LA D	Total
CAF team	-	-	6	5	11
Integrated Working team	4	5	-	-	9
Children's Services ¹	8	3	3	2	16
Health	7	-	2	2	11
Education	2	2	6	5	15
Housing	3	-	-	1	4
Other local authority departments	-	-	8	2	10
Voluntary Sector	1	-	2	-	3
Police/Probation service	-	-	1	1	2
Total	25	10	28	18	81

¹This included family support workers, senior family support workers and managers.

Appendix B

Survey respondents by Agency

	Agency/Service						Total
	Children's Services	Education ¹	Health	Voluntary	Offending	Other	
LA A	21	20	16	5	0	9	71
LA B	21	25	10	8	0	1	65
LA C	0	33	0	0	8	2	43
LA D	10	36	3	1	3	5	58
Total	52	114	29	14	11	17	237

¹This included early years workers, SENCO and the Educational Psychologist Service.

Appendix C

Job titles of the six largest groups of survey respondents

	Job title							
	Head teacher/ Deputy head teacher	Senior/ Family Support Workers	Service Manager	SENCO	EWO	Student Support and Inclusion	Other	<i>Total</i>
LA A	8	14	9	2	0	3	35	71
LA B	7	21	3	3	2	3	26	65
LA C	21	0	2	4	2	2	12	43
LA D	13	7	7	3	6	2	20	58
Total	49	42	21	12	10	10	93	237

Appendix D

Models of service delivery

As outlined in Box 3.1 (Appendix E), implementation and use of the Common Assessment Framework (CAF) was led by Integrated Working (IW) teams in two of the authorities, although their remit differed. In Authority A the focus of the IW team is primarily on workforce development to ensure that CAF is being implemented to a high standard across the children's workforce. The team in Authority A maintain the local eCAF system and use the data to identify any specific areas for development. They also develop guidance and training to professionals within other agencies, although another team delivers the training. The role of the IW team in Authority B overlaps with that of Authority A, whereby they have responsibility to ensure that CAF is implemented to a high standard across the children's workforce. In addition the team develop and deliver centralised and bespoke training to professionals within partner agencies. The team in Authority B previously had an operational role until they moved across to the workforce development division in 2010. Along with

the development of a general training programme, the team is responsible for identifying services and agencies where the uptake of CAF is low or is considered to be of a low standard. They facilitate a bi-monthly Lead Professional (LP) Forum to develop reflective practice and involve professionals in the development of the LP role. The team are also represented at a 'Think Space Panel' where a multi-agency group of professionals discuss individual cases that have been identified as complex.

Authorities C and D have CAF strategy teams, led by a CAF strategy manager and staffed by CAF coordinators. The CAF teams are more closely involved in cases and work directly with professionals offering support and guidance. In both authorities, the local authority area is divided into localities with one CAF coordinator allocated to each locality. Although the CAF coordinators do not complete the CAF or take on the role of LP, both teams reported that in some instances they may become directly involved in cases in a supportive capacity. For instance CAF coordinators in Authority C may attend meetings about specific cases. The CAF coordinators in Authority D reported that they aim to attend the first Team Around the Child (TAC) meeting of all new CAFs. However they also stated that due to high levels of demand this is not always possible and that they prioritise supporting workers with little experience of the CAF process. Exploration of the different models of service delivery has identified three overarching team structures and remits. These are summarised in Box 3.1 in Chapter 3.

It was also evident at the time of data collection that implementation of the CAF model is at different stages in each of the authorities. Participants at each of the focus groups with the CAF or IW teams reported that their role and remit had evolved as the use of CAF had developed and had become embedded.

Appendix E

Summary of the different models of delivery in the four participating local authorities

Authority	Main function of team	Type of Team	Team activities	Staff Structure
Authority A	Commissioning and workforce development	Integrated Working team based within children's services, with a focus on multi-agency approaches to supporting children and families and improved integration between agencies	Building integrated working; Supporting front line workers undertaking CAF; some bespoke onsite training Supporting good practice around LP role; no front line work with families	1 Manager 2 Integrated Working workers
Authority B	Training commissioning and workforce development	Integrated Working team located within children's services workforce development	Training and supporting front line workers undertaking CAF through centralised training and bespoke packages of support; work with teams and managers to ensure CAF is implemented at a high standard across the children's workforce; identify needs and gaps around CAF; no front line work with families	1 Manager 4 Integrated Working workers
Authority C	Supporting front line professionals in undertaking CAFs	CAF Team located within Children's Social Care	Support front line workers in undertaking CAFs through information sharing, arranging meetings, making referrals, reviewing progress; administrating and maintaining CAF data across the authority; some front line work with families at meetings	1 Manager 5 CAF coordinators
Authority D	Supporting front line professionals in undertaking CAFs	CAF Team located within Children's Social Care	Support front line workers in undertaking CAFs; administrating and maintaining CAF data across the authority; some front line work with families; facilitating effective support (multi-agency) panels	1 Team Manager 1 Deputy Team Manager 3 CAF coordinators 1 Business Administrator

Appendix F

Professionals' experiences of training in the four participating local authorities

Training in local Authority A

In local Authority A the implementation and use of the CAF is led by the Integrated Working (IW) team and focuses primarily on workforce development to ensure that CAF is being implemented at a high standard across the children's workforce. The team in Authority A maintain the local eCAF system and use the data to identify any specific areas for development. They also develop guidance and training for professionals within other agencies, although another team delivers the training.

Survey respondents were asked to indicate which of the following training courses they had attended: Introduction to IW (58% attended); IW for team managers (14%); Developing the Skills of the LP (35%); Action Learning for LP (4%); Budget Holding LP (20%); IT training in eCAF (73%); Assessment skills and using the CAF (35%); eCAF and the TAC (23%); and Understanding Information sharing (28%).

Professionals who had attended each of the CAF and IW training courses were also asked to indicate how useful they had found them. Respondents were overwhelmingly positive in their assessments of the value of training. For each training course, over 70% of attendees stated that they had found the training either very useful or useful. Only the 'Introduction to IW' course was assessed by more than 10% of respondents as not that/not at all useful.

Training in local Authority B

As outlined in Chapter 3, in Authority B the primary role of the IW team is to develop and deliver training to professionals within partner agencies. The team in Authority B previously had an operational role until they moved across to the workforce development division in 2010. Along with the development of a general training programme, the team is responsible for identifying services and agencies where the uptake of CAF is low or is considered to be of a low standard. They then develop bespoke training to address those needs. The team has also implemented 'Think Spaces' where a multi-agency group of professionals discuss individual cases that have been identified as complex.

As in Authority A, respondents were asked to indicate which of the following training courses they had attended: IW (79%); eCAF and information sharing (86%); LP Forum (29%); Think Space Panel (0%); and Bespoke Package of Training for your Service (23%). Professionals who had attended each of the CAF and IW training courses were asked to indicate how useful they had found them. Respondents were generally positive in their assessments of the value of training. For each training course, over two-thirds of attendees stated that they had found the training either very useful or useful. However, for each of the training courses there were also more than 10% of respondents who stated that the training was not that/not at all useful.

Training in local Authority C

Survey respondents were asked to indicate which of the following training courses they had attended: CAF Awareness (67%); IW (14%); LP (26%); TAC (9%); CAF and Information Sharing (33%). Professionals were also asked to provide an assessment of the value of the CAF and IW training courses they had attended. It is worth noting that the number of respondents providing an assessment of training in Authority C was very small. With this caveat in mind, respondents were generally positive in their assessments of the usefulness of training. For each training course, over 85% of attendees stated that they had found the training either very useful or useful. The training course that the greatest proportion of respondents had attended (CAF Awareness (n=30)) received the least positive assessment with 10% of respondents stating that the training was not that/not at all useful.

Training in local Authority D

Survey respondents in the authority indicated which training courses they had attended: CAF Briefing for Managers (36%); CAF Basic Awareness (78%); LP (38%); Presenting to CAF Panel (9%); TAC (29%). Professionals also provided an assessment of the usefulness of the CAF and IW training courses they had attended. In general, attendees gave a positive assessment of the value of training with more than 60% stating that the courses had been either very useful or useful.

Appendix G

Variations in CAF processes across the four participating authorities

Authority	Process 1: Intention to complete a CAF	Process 2: Completion of the CAF assessment	Process 3: Multi-agency meetings	Process 4: Ongoing Support	Process 5: Close CAF
Authority A	eCAF is checked for an existing CAF. If no CAF is open, CAF initiator opens a record on eCAF	Electronic CAF completed on eCAF	TAC meetings; Multi-agency meetings in schools	Multi-agency service provision. Case managed by LP	Closure record completed on eCAF
Authority B	eCAF is checked for an existing CAF. If no CAF is open, CAF initiator opens a record on eCAF	Electronic CAF completed on eCAF	TAC meetings and Team Around the School (TAS) Meetings	Multi-agency service provision. Case managed by LP	Closure record completed on eCAF
Authority C	'Intention to complete a CAF' form is completed and logged with CAF coordinator	Paper CAFs. CAF coordinator enters key details onto database	TAC meetings; Multi-agency Forums	Multi-agency service provision. Case managed by LP	CAF coordinator informed of closure and updates database
Authority D	CAF initiator contacts CAF coordinator	Electronic and paper CAFs. Paper CAFs are scanned and saved onto electronic case file	TAC meetings; Multi-agency Panels	Multi-agency service provision. Case managed by LP	CAF coordinator informed of closure and updates spread sheet

Appendix H

Online survey respondent by involvement with the CAF

	Number of respondents	Percent
Completed a CAF only	42	22
LP only	6	3
TAC member only	23	12
Completed a CAF and acted as LP	2	1
Completed a CAF and acted as LP and been part of a TAC	115	61
Not stated	1	1
Total	189	100.0

Appendix I: Detailed activity times for CAF processes

Process 1: Intention to complete a CAF standard activity times and variations

	Pre CAF Checklist	Check for previous CAFs	Total
Standard case	25 mins	20 mins	45 mins
eCAF	20 mins	¼ hour	35 mins
non-eCAF	40 mins	½ hour	1 hour 10 mins
Very high needs	1 hour	¼ hour	1 hour 15 mins

Process 2: Complete CAF assessment standard activity times and variations

	Direct contact with child	Direct contact with parent	Contact with other professionals	Write up the CAF assessment	Sign off and obtain Consent	Total
Standard case	1 hour	1 hour 25 mins	1 ¼ hours	1 hour 35 mins	55 mins	6 hours 10 mins
eCAF	1 hour	1 hour 25 mins	1 ¼ hours	1 hour 40 mins	1 hour	6 hours 20 mins
non-eCAF	55 mins	1 ¼ hours	1 hour 10 mins	1 hour 35 mins	40 mins	5 ½ hour
Very high needs	¾ hour	1 hour 25 mins	1 hour 40 mins	2 hours	1 hour 35 mins	7 ½ hours

Process 3: Initial TAC meeting standard activity times and variations

	Direct contact with child	Direct contact with parent	Invite professionals	Practical arrangements	Duration of the meeting	Write up minutes	Activities as a result of the meeting	Update case notes	Total
Standard case	¾ hour	55 mins	40 mins	½ hour	1 hour 10 mins	1 hour	1 ¼ hours	55 mins	7 hours 20 mins
eCAF	35 mins	50 mins	35 mins	25 mins	1 ¼ hours	1 hour	1 ¼ hours	55 mins	7 hours
non-eCAF	1 hour	1 ¼ hours	¾ hour	½ hour	1 ¼ hours	1 hour 10 mins	1 hour 20 mins	1 hour	8 hours 20 mins
Very high needs	1 hour 10 mins	1 hour 20 mins	¾ hour	20 mins	1 hour 10 mins	1 hour 20 mins	1 hour 25 mins	1 hour	8 hours 25 mins

Process 3: Subsequent TAC meeting standard activity times and variations

	Direct contact with child	Direct contact with parent	Invite professionals	Practical arrangements	Duration of the meeting	Write up minutes	Activities as a result of the meeting	Update case notes	Total
Standard case	¾ hour	55 mins	40 mins	½ hour	1 hour 10 mins	1 hour	1 hour 10 mins	1 hour	7 hours
eCAF	¾ hour	50 mins	35 mins	25 mins	1 hour 10 mins	1 hour	1 ¼ hours	55 mins	6 hours 50 mins
non-eCAF	1 hour 10 mins	1 ¼ hours	40 mins	½ hour	1 hour 10 mins	1 hour 10 mins	1 hour 20 mins	1 hour 10 mins	8 hours 20 mins
Very high needs	1 hour	¾ hour	½ hour	½ hour	1 hour 25 mins	50 mins	¾ hour	50 mins	6 ½ hours

Process 4: Ongoing support standard activity times and variations per month

	Direct contact with the child or young person	Direct contact with parent	Ongoing liaising with other professionals	Case recording and administration	Total
Standard case	1 hour 10 mins	1 hour 20 mins	1 hour 10 mins	1 ¼ hours	5 hours
eCAF	1 ¼ hours	1 hour 20 mins	1 hour 10 mins	1 hour 20 mins	5 hours
non-eCAF	1 ½ hours	1 ½ hours	1 hour 20 mins	1 ¾ hours	5 hours 25 mins
Very high needs	½ hour	½ hour	½ hour	½ hour	2 hours

Process 5: CAF Closure standard activity times and variations

	Direct contact with the child or young person	Direct contact with parent	Discuss with other professionals	Update case notes	Total
Standard case	¾ hour	55 mins	50 mins	¾ hour	3 hours
eCAF	¾ hour	55 mins	50 mins	50 mins	3 hours 20 mins
non-eCAF	35 mins	¾ hour	40 mins	35 mins	2 hours 35 mins
Very high needs	¼ hour	¼ hour	¼ hour	¼ hour	1 hour

Appendix J: Salaries used for unit cost calculations

	Salary	Total cost including oncost and overheads	Hourly rate	London Multiplier	Source
Social Care					
Children's Centre Lead	£31,774.50	£49,037.26	£31.56		Job Adverts and overheads based on social care overheads
Team Manager	£38,608.00	£63,361.32	£40.77	1.16 x salary, 1.49 capital overheads	Curtis(2011) p171
Senior Social Worker	£38,608.00	£63,361.32	£40.77	1.16 x salary, 1.49 capital overheads	Curtis(2011) p171
Social Worker	£30,633.00	£50,537.57	£32.52	1.46 x capital overheads - salary = 31,388	Curtis(2011) p173
Personal Advisor	£30,633.00	£50,537.57	£32.52	1.46 x capital overheads - salary = 31,388	Curtis (2011)
Family Support Worker	£22,950.00	£38,183.50	£24.57	1.16 x salary	Curtis (2011) p179
Education					
Out of London					
Head Teacher - overall average Out of London	£73,738.00	£108,881.53	£70.07		Department for Education (2011c) p35- 38
Head Teacher - overall average London	£80,823.50	£119,343.98	£76.80		Department for Education (2011c) p35- 38
Teacher - Out of London	£26,570.00	£39,233.26	£25.25		Department for Education (2011c) p50
Teacher - Inner London	£31,693.50	£46,798.62	£30.11		Department for Education (2011c) p50
SENCO - Out of London	£29,547.50	£43,629.84	£28.08		Department for Education (2011c) p62
SENCO - Inner London	£34,671.00	£51,195.20	£32.94		Department for Education (2011c) p62
Student Support and Pastoral Care - out of London	£33,913.50	£50,076.67	£32.22		Department for Education (2011c) p58
Student Support and Pastoral Care - London	£39,037.00	£57,642.03	£37.09		Department for Education (2011c) p58
Learning Mentor	£33,913.50	£50,076.67	£32.22		
EWO	£23,293.83	£34,395.67	£22.13		Based on average from three adverts
Educational Psychologist	£41,043.84	£60,605.33	£39.00		
Learning Mentor London	£39,339.66	£60,405.57	£38.87	Based on PPSRU - Salary x 1.16 and capital 1.49	
EWO - London	£91,897.50	£123,857.58	£79.70	Based on PPSRU - Salary x 1.16 and capital 1.49	Based on average from three adverts
Educational Psychologist - London	£91,897.50	£129,332.22	£83.23	Based on PPSRU - Salary x 1.16 and capital 1.49	
Health					
Head of Service	£50,700.00	£70,010.00	£45.05	1.20 salary & oncosts, 1.40 to capital overheads	Curtis(2011) p226 – Agenda for Change Bands - Service Managers Band 8 a - c (42300) or 4 (59100) - have taken mid point and based oncosts and overheads on those included in Curtis (2011) for other equivalent health staff) http://www.nhsemployers.org/

					PayAndContracts/AgendaFor Change/Pages/Afc- Homepage.aspx
Team Manager	£36,700.00	£51,251.00	£32.98	1.20 salary & oncosts, 1.40 to capital overheads	Curtis(2011) p205
Speech and Language Therapist	£22,200.00	£34,560.00	£22.24	1.20 salary & oncosts, 1.40 to capital overheads	Curtis(2011) p153
Health Visitor	£30,800.00	£47,568.00	£30.61	1.20 salary & oncosts, 1.41 to capital overheads	Curtis(2011) p161
Paediatrician	£57,300.00	£78,347.00	£50.42	1.19 salary & oncosts, 1.38 to capital overheads	Curtis(2011) p216
Child Psychologist (CAMHS)	£38,000.00	£55,237.00	£35.55	1.20 salary & oncosts, 1.41 to capital overheads	Curtis(2011) p155
Mental Health Worker (CAMHS)	£24,700.00	£39,059.00	£25.13	1.19 salary and oncosts 1.40 to capital overheads	Curtis(2011) p160
Senior Social Worker (Hospital)	£38,608.00	£53,553.00	£34.46	1.16 x salary, 1.49 capital overheads	Curtis(2011) p171 - using social worker salary information and capital overheads for hospital based nursing staff
Family Health Advisor (nursery nurse)	£18,350.00	£29,257.50	£18.83	1.20 salary & oncosts, 1.41 to capital overheads	Curtis(2011) p226 – Agenda for Change Bands - nursery nurses are either Band 3 (17200) or 4 (19500) - have taken mid point and based oncosts and overheads on those included in Curtis(2011) for other equivalent health staff) http://www.nhsemployers.org/ PayAndContracts/AgendaFor Change/Pages/Afc- Homepage.aspx
Offending					
Police Inspector	£46,351.00				Prospects.ac.uk (overheads based on local authority overheads (social care)
Police Constable	£24,106.50				Prospects.ac.uk (overheads based on local authority overheads (social care)
YOS Service Manager	£31,774.50	£49,037.59	£31.56	Based on PPSRU - Salary x 1.16 and capital 1.49	Based on Children's Centre Lead
YISP worker	£21.00	£32.41	£32.41	Based on PPSRU - Salary x 1.16 and capital 1.49	Job Adverts (overheads based on local authority overheads (social care)
Outreach worker - BEST	£18,856.00	£29,100.46	£18.73	Based on PPSRU - Salary x 1.16 and capital 1.49	Job Adverts (overheads based on local authority overheads (social care)
				Based on PPSRU - Salary x 1.16 and capital 1.49	
				Based on PPSRU - Salary x 1.16 and capital 1.49	
Voluntary					
Service Manager	£31,774.50	£57,829.59	£37.21	Based on PPSRU - Salary x 1.16 and capital 1.49	Based on Children's Centre Lead and Selwyn <i>et al.</i> 2009
Senior Family Support Worker	£30,500.00	£55,510.00	£35.72	Based on PPSRU - Salary x 1.16 and capital 1.49	Prospects.ac.uk and Selwyn <i>et al.</i> 2009
Family Support Worker	£22,000.00	£40,040.00	£25.77	Based on PPSRU - Salary x 1.16 and capital 1.49	Prospects.ac.uk and Selwyn <i>et al.</i> 2009

				Based on PPSRU - Salary x 1.16 and capital 1.49	
Other				Based on PPSRU - Salary x 1.16 and capital 1.49	
Youth service case manager	£22,000.00	£33,952.60	£21.85	Based on PPSRU - Salary x 1.16 and capital 1.49	Prospects.ac.uk (overheads based on local authority overheads (social care))
Housing Officer	£22,280.00	£34,384.72	£22.13	Based on PPSRU - Salary x 1.16 and capital 1.49	Prospects.ac.uk (overheads based on local authority overheads (social care))

Appendix K: The overall average unit costs of the CAF processes for different professionals (out of London)¹

	Cost (£) Out of London Costs											
	Process 1: Intention to complete a CAF		Process 2: CAF assessment completed		Process 3: Initial TAC		Process 3: Subsequent TAC		Process 4: Provision of ongoing support: <i>unit costs per month</i>		Process 5: Close CAF	
	Cost (£)	<i>n</i>	Cost (£)	<i>n</i>	Cost (£)	<i>n</i>	Cost (£)	<i>n</i>	Cost (£)	<i>n</i>	Cost (£)	<i>n</i>
Anti Social Behaviour Officer							53	12	247	1		
Behaviour support team							27	1	22	1	19	1
Child Protection Officer	10	2	203	2	72	2	66	2	98	1	32	1
Deputy or Assistant Head	18	12		14	235	52	239	9	144	11	71	7
Early Support Coordinator	13	1	273	1	173	50	198	1	129	1		
Educational Psychologist	16	1	158	2	344	3	326	3	329	2	48	1
EWO	14	5	250	5	154	27	101	2	92	3	44	2
Head of Year	35	2	377	2	167	6	241	1	221	1		
Head teacher	74	13	218	16	469	47	476	11	275	9	139	5
Health visitor or Family Health advisor	21	6	260	6	326	7	324	4	134	5	150	4
Housing Officer	19	2	158	1	169	2			195	1	61	1
Learning Mentor	13	5	230	6	2050	3	224	4	182	4	87	1
Parent Officer		2	121	2					101	1	77	1
Personal Advisor	10	4		2	231	3	172	2	51	4	64	3
Police	16	1	137									
SALT		3	174	4	148	15	167	3	176	3	33	2
SENCO	12	6	149	4	219	23	285	4	179	3	140	23
Family support workers	16	32	275	33	173	41	165	25	159	29	94	3
Service Manager	35	12	194	12	333	12	329	6	244	7	92	3
Social Worker	12	3	240	6	171	2	106	1	91	2	83	1
Student support and inclusion workers	23	7	149	7	199	4	197	5	165	7	70	4
Teacher	53	2		1	133	3	184	2	147	4	50	1
Under Fives coordinator		1	234	2		1	61	1				
YOS - prevention worker		3			321	4			244	2	189	3
<i>Mean</i>	22		204		223		197		165		84	
<i>Median</i>	16		203		199		190		162		71	

¹ Unit costs have been rounded to the nearest pound.

Appendix L: The overall average unit costs of the CAF processes for different professionals (London)¹

	Cost (£) Out of London Costs											
	Process 1: Intention to complete a CAF		Process 2: CAF assessment completed		Process 3: Initial TAC		Process 3: Subsequent TAC		Process 4: Provision of ongoing support: <i>unit costs per month</i>		Process 5: Close CAF	
	Cost (£)	<i>n</i>	Cost (£)	<i>n</i>	Cost (£)	<i>n</i>	Cost (£)	<i>n</i>	Cost (£)	<i>n</i>	Cost (£)	<i>n</i>
Anti Social Behaviour Officer							62	12	247	1		
Behaviour support team							31	1	22	1	22	1
Child Protection Officer	12	2	93	2	83	2	77	2	98	1	37	1
Deputy or Assistant Head	17	12	230	14	266	52	271	9	144	11	81	7
Early Support Coordinator	15	1			201	50	230		129	1		
Educational Psychologist	20	1	329	2	339	3	321	3	329	2	47	1
EWO	17	5	191	5	186	27	122	2	92	3	53	2
Head of Year	40	2	624	2	140	6	273	1	221	1		
Head teacher	74	13	403	16	501	47	509	11	275	9	148	5
Health visitor or Family Health advisor	24	6	246	6	282	7	280	4	134	5	129	4
Housing Officer	19	2	260	1	169	2			195	1	61	1
Learning Mentor	16	5	191	6	248	3	271	4	182	4	105	1
Parent Officer		2	269	2					101	1	91	1
Personal Advisor	14	4	109	2	240	3	179	2	51	4	67	3
Police	20	1										
SALT			163	4	176	15	199	3	176	3	40	2
SENCO	15	6	200	4	251	23	327	4	179	3	217	23
Family support workers	18	32	168	33	195	41	185	25	159	29	106	3
Service Manager	42	12	329	12	397	12	393	6	244	7	110	3
Social Worker	12	3	201	6	178	2	146	1	91	2	86	1
Student support and inclusion workers	26	7	271	7	225	4	222	5	165	7	77	4
Teacher	61	2	174	1	154	3	214	2	147	4		1
Under Fives coordinator							69				59	1
YOS - prevention worker			348	3	377	4	359	4	244	2	222	3
<i>Mean</i>	25		253		245		226		165		93	
<i>Median</i>	18		230		225		222		162		81	

¹ Unit costs have been rounded to the nearest pound.

Appendix M: Unit costs variations by recording type by professional

Out of London unit costs¹

	Process costs : Out of London (£)																							
	Process1 total				Process 2 total				Process 3 Initial Total				Process 3 REV Total				Process 4 Total				Process 5 Total			
	eCAF	Electronically but not eCAF	On paper	non eCAF	eCAF	Electronically but not eCAF	On paper	non eCAF	eCAF	Electronically but not eCAF	On paper	non eCAF	eCAF	Electronically but not eCAF	On paper	non eCAF	eCAF	Electronically but not eCAF	On paper	non eCAF	eCAF	Electronically but not eCAF	On paper	non eCAF
Anti Social Behaviour Officer									56			56		53		53		122		122				
Child Protection Officer		11		11		34		34		63		63		55		55		84		84		32		32
Deputy or Assistant Head	10	12		12	196	198		198	219	215		215	195	215		215	122	117		117	93	51		51
Early Support Coordinator	13				135				198				198				118							
Educational Psychologist									227			227		175		175								
EWO	13	12		12	168	141		141	118	199		199	74	140		140	77	52		52	33	44		44
Head of Year		22		22		237		237	30	202		202	30	139		139		195		195				
Headteacher	18	72	58	71	257	384	199	372	397	305		305	304	357		357	210	237		237	210	123		123
Health visitor or Family Health advisor	15	45		45	196	270	82	207	179	370		370	283	339		339	135	186		186	124	176		176
Housing Officer	20			15	90			600	235	60		230					145		450	75				140
Learning Mentor	11	10		10	86	143		143	183	139		139	188	209		209	142	97		97	30	32		32
Paediatrician										151		151					63				70			
Personal Advisor	9				100				106				100											
Police		16		16		36		36		42		42												
SALT	6	4		4	141	115	152	133	109		141	141	82		167	167	130			178	133			
SENCO	15	9		9	164	101	173	119	288	102		102	346	149		149	165	102		96	110	154		154
Senior/Family support workers	13	19	4	17	150	113	70	107	171	182	125	173	150	154	119	147	55	116		113	37	64	51	61
Service Manager	31	21		21	237	248		248	332	209		209	312	239		239		227		227		93		93
Social Worker	15		5	5	290		136	136									170				41			
Student support and inclusion workers		15		15	254	191		191	164	184		184	150	194		194	48	105		105	64	99		99
teacher	17	23	88	45	72	149		149	97	123	301	182	61	139	307	223		101		135				
YOS - prevention worker		25		25		272		272		301		301		292		292		208		208		189		189
Youth Service		16		16																				
<i>Mean</i>	15	21	39	21	169	176	135	196	188	183	179	191	177	200	198	203	122	140		165	85	96	51	99
<i>Median</i>	14	16	32	16	164	149	144	149	179	192	146	192	169	185	167	194	130	116		135	73	93	51	96

¹ Unit costs have been rounded to the nearest pound.

Appendix N: Unit costs variations by need type by professional

Out of London unit costs¹

	Process 1 total			Process 2 total			Process 3 Initial Total			Process 3 REV Total			Process 4 Total			Process 5 Total		
	Standard	High	Very High	Standard	High	Very High	Standard	High	Very High	Standard	High	Very High	Standard	High	Very High	Standard	High	Very High
Anti Social Behaviour Officer								97			92			211				
Behaviour support team		3						34			27			19				19
Child Protection Officer	11	4		34	84		63	69		55	67		84			32		
Deputy or Assistant Head	9	13		146	233	75	213	244	72	207	237	57	122	129	37	57	97	20
Early Support Coordinator	12			131			192			192			115					
Educational Psychologist	10	6		286	260		226	188		318	205			273				39
EWO	10	16		177	114		138	103			75		22	92				39
Head of Year		22			237		30	202		30	139			195				
Headteacher	33	89	146	322	401	420	274	422	123	228	495	245	231	270	105	111	181	70
Health visitor or Family Health advisor	26	23		199	207		196	474		257	474		137	230		123	230	
Housing Officer	8			149			100						129			47		
Learning Mentor	10	13		125	185		130	219		209	165		103	185		32	85	
Paediatrician							151											
Parent Officer	6			178									86			77		
Personal Advisor	9	8		80	179		26	266		22	179		24	89		34	79	
Police		16			36		42											
Psychologist/Psychotherapist		0					231											
SALT	6	4		93	182		78	157		37	146		178	133		22	44	
SENCO	12	12		131	148		130	304		232	295		102	154		161		
Family support workers	13	18	8	128	156	235	169	177		151	144		136	139		100	46	
Service Manager	28	21		252	210		315	242		275	304		205	214		53	120	
Social Worker		5	24	43	269			76										
Student support and inclusion workers	23	15		240	169		183	166		177	175		149	97		70		
teacher	38			123			161			169			110			50		
Under fives coordinator							43			64								
YOS - prevention worker	5	35		389	213		465	257		384	262	259	259	243	86	211	178	
Youth Service	16																	
<i>Mean</i>	16	19	60	179	198	328	164	232	123	183	235	252	132	178	96	84	104	70
<i>Median</i>	12	15	24	149	185	328	156	211	123	192	179	252	129	185	96	70	82	70

¹ Unit costs have been rounded to the nearest pound.

London unit costs¹

	Process 1 total			Process 2 total			Process 3 Initial Total			Process 3 REV Total			Process 4 Total			Process 5 Total		
	Standard	High	Very High	Standard	High	Very High	Standard	High	Very High	Standard	High	Very High	Standard	High	Very High	Standard	High	Very High
Anti Social Behaviour Officer									114			108			247			
Behaviour support team		4							40			31			22			22
Child Protection Officer	12	5		39	98		73	81			64	78		98			37	
Deputy or Assistant Head	10	15		166	264	85	241	276	82	235	269	65	138	146	42	64	110	23
Early Support Coordinator	14			147			216			216			129					
Educational Psychologist	12	8		345	314		273	227		384	247			329				47
EWO	12	19		214	138		167	124			90		27	111				47
Head of Year	0	25			269		34	229		34	157			221				
Headteacher	35	95	156	344	428	449	293	451	131	243	529	262	247	288	112	119	193	75
Health visitor or Family Health advisor	22	20		172	179		170	410		222	410		118	198		107	198	
Housing Officer	8			149			100						129				47	
Learning Mentor	12	16		150	224		156	264		253	199		125	224		39	102	
Paediatrician							183											
Parent Officer	8			209									101				91	
Personal Advisor	10	8		83	186		27	276		23	186		25	93		36	82	
Police		19			42		49											
Psychologist/Psychotherapist							270											
SALT	7	4		110	216		93	186		44	174		212	159		26	53	
SENCO	13	13		150	170		149	349		266	338		117	177		185		
Family support workers	14	21	9	144	175	265	190	199		170	162		153	157		112	51	
Service Manager	34	25		301	251		377	289		329	363		244	256		63	144	
Social Worker		6	25	45	280			79										
Student support and inclusion workers	25	17		271	191		207	188		200	197		168	109		79		
teacher	44			144			187			197			128			59		
Under fives coordinator							46			69								
YOS - prevention worker	6	41		456	250		545	301		450	307	304	304	285	101	247	209	
Youth Service	19																	
<i>Mean</i>	16	22	63	202	221	357	187	255	131	207	258	283	148	201	107	93	113	75
<i>Median</i>	13	19	25	150	216	357	176	247	131	216	199	283	129	198	107	79	92	75

¹ Unit costs have been rounded to the nearest pound.

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