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Exploration of the costs and impact of the Common Assessment Framework: interim report

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Exploration of the costs and impact of the Common Assessment Framework

Interim Report

March 2011

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1. Introduction

This report outlines the emerging findings from an exploratory study to examine the costs and impact of the Common Assessment Framework (CAF). 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 Common Assessment Framework and will explore four key areas: the costs of CAF; the services provided to children and families; the impact of CAF on professionals; the impact of CAF on families.

Background

The Common Assessment Framework was fully implemented across all local authorities in 2008 amid policy moves towards early intervention and preventative services (Allen, 2011; DCSF, 2007; Her Majesty's Treasury *et al.*, 2005; DfES, 2004). The CAF assessments have been designed to be completed by any professional working with children and families and is underpinned by an integrated approach to support vulnerable children and families (CWDC, 2009a). 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 (Easton, Morris and Gee, 2010; Norgate *et al.*, 2009; Gilligan and Manby, 2008).

Previous studies carried out by the Centre for Child and Family Research (CCFR) at Loughborough University (Holmes, McDermid and Sempik, 2010; Holmes, Munro and Soper, 2010; Holmes and McDermid, forthcoming) have highlighted the need for a better understanding of the costs of the Common Assessment Framework. The greater emphasis placed on early intervention and prevention in children's services

policy, including the implementation of CAF, has resulted in many children and their families receiving less intensive, but nonetheless essential, support services. Research undertaken by CCFR has found that a number of local authorities have created dedicated teams designed to support the implementation of CAF. These teams work with all agencies and professionals working with children and families to complete CAF assessments, take on the role of *Lead Professional* (LP) and support multi-agency or *Team around the Child* approaches to supporting families who have received a CAF assessment (Holmes and McDermid, forthcoming).

The interim report of the Munro review of Child Protection outlines 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 workloads of and time pressures on front line staff (Munro, 2010). The implementation of the Common Assessment Framework 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 (CWDC, 2009a). The streamlining of processes, ensuring 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 from escalating, and subsequently reducing the need for more intensive and costly services at a later stage (Allen, 2011; Ward, Holmes and Soper, 2008). 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 who receive an earlier intervention service but would achieve good outcomes if left unsupported.

The Munro review of child protection, and previous research studies, highlight concerns about the capacity of the children's workforce to meet the demand for services (Brookes 2010; Munro, 2010; Holmes, Munro and Soper, 2010). Existing research has highlighted professionals' concerns about their capacity to complete

CAF assessments and take on the role of *Lead Professional* (Norgate *et al.*, 2009; Gilligan and Manby, 2008).

Study Aims

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

- i. *The costs of CAF*, to include the completion of a CAF assessment; the role of the *Lead Professional*; and the role of the *Team around the Child*.
- ii. *The services provided to families and children*, by examining existing data gathered as part of the study to cost support and services to children in need (Holmes and McDermid, forthcoming), types of additional services provided to both vulnerable children and families and children in need will be explored, together with how those services are recorded (Holmes, McDermid and Sempik, forthcoming).
- iii. *The impact of CAF on professionals*, to include capacity issues, the numbers of CAFs being completed and how the assessments are recorded.
- iv. *The impact of CAFs on families*, to include the views and experiences of a sample of families who have received an assessment, their perception of the process and what impact the CAF assessment and the provision of services under early intervention strategies has had on them.

Methodology

Four local authorities (referred to as Authorities A – D throughout this report) were recruited to participate in the study in January 2011.

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. Authorities A and B have both implemented eCAF. Authorities C and D have developed in-house systems (databases and spreadsheets) to record CAFs.

The study is being carried out in two phases. This report details the findings of the interim phase of the study, which is intended to enable the emerging findings to inform the Munro review of Child Protection (Munro, forthcoming). This interim phase focuses on an exploration of the implementation and management of CAF across children's services and the data recording systems used, along with an exploration of the services provided to vulnerable children or those with additional needs (Holmes, McDermid and Sempik, forthcoming).

The emerging findings presented in this report represent preliminary observations and areas for further investigation. They are drawn from preliminary meetings with team managers in the four participating local authorities. Information has also been obtained from data administrators across the four authorities. 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 has also been made of publicly available information gathered from the four local authorities' websites and other documentation that the participating authorities provided to the research team.

The second phase of the study will build on the emerging findings outlined in this report. Additional data collection, including online surveys and focus groups will be carried out to explore the costs and impact of the Common Assessment Framework on the children's workforce. Interviews will also be carried out with children and families receiving support under the auspices of CAF to explore the impact that CAF has had on them. The findings will be detailed in the final report (December 2011).

The terminology used in this report

The Common Assessment Framework is a shared assessment and planning framework for use across all agencies working with children and families (CWDC, 2009a). However, while CAF is an assessment tool, it is evident from interviews and focus group discussions that the participants of this interim phase used the term 'CAF' 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 CAF assessment* 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)* 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 (CWDC, 2009b). In some authorities the group are referred to as the *Team around the Family (TAF)*.
- iii. A *Lead Professional (LP)* is identified to coordinate the TAC, to act as a single point of contact for the child or family and to co-ordinate the delivery of the actions identified in the CAF assessment (CWDC, 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.

2. Key findings from the interim phase

The emerging findings presented in this report have been grouped into four themes: models of delivery; the CAF process; data and the recording of CAF; current economic and practice context.

Models of delivery

It was evident from the preliminary meetings that 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 across the four participating authorities are summarised in Table 1.

Table 1: 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 multiagency 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 co-ordinators
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 co-ordinators 1 Business Administrator

As outlined in Table 1, implementation and use of the Common Assessment Framework was led by integrated working (IW) teams in two of the authorities, although their remit differed. In Authority A the focus of the integrated working team

is 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 to professionals within other agencies, although another team delivers the training. The role of the integrated working team in Authority B overlaps with that of Authority A, whereby they have responsibility to ensure that CAF is implemented at 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 Forum to develop reflective practice and involve practitioners 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 *Lead Professional*, 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 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 1.

Box 1: Typology of Models of delivery

1. *Commissioning and workforce development*: whereby 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 undertake activities such as the development of training resources and guidance documents; they work strategically with various sectors to encourage and support good practice in all areas relating to CAF including completing the eCAF, undertaking the *Lead Professional* role, *TAC* meetings and multi-agency approaches to service provision. The team also maintain and manage the eCAF system, support users and utilise the data to identify gaps in training or workforce development.
2. *Training, commissioning and workforce development*: Authorities adopting a 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 *Lead Professional* role, *TAC* meetings and multi-agency approaches to service provision. The team also work directly with agencies that have been identified as requiring additional support or individual practitioners.
3. *Operational*: delivery models have a 'hands on' approach to CAF. Although the CAF co-ordinators in these teams do not routinely hold a case load, they do work in partnership with front line workers carrying out CAFs and *Lead Professionals* 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 co-ordinate the recording of CAFs.

It is also evident from the preliminary meetings that implementation of the CAF model is at different stages in each of the participating authorities. Participants at each of the focus groups reported that the roles and remit of the teams had developed as CAF had developed and had become embedded within the individual local authorities.

Despite the differences between the models of delivery in each of the local authorities, participants in the four focus groups identified similar themes. CAF is understood to be both underpinned by integrated approaches and an effective tool for improving integrated practice. Participants reported that supporting and improving integrated working was part of the remit of CAF, although the groups differed in the degree to which they considered this remit as an explicit role of the team. For instance, Authority A has the explicit remit of enhancing interagency 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.

Focus group participants suggested that the success of CAF is partly based on how far CAF has become embedded in practice. Two of the authorities noted that much of their role in supporting CAF involves change management. The workers in these teams noted 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 practitioners and managers are able to see the benefits for both themselves as practitioners and the children and families that they work with. One worker in Authority A noted 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 families. The costs of the different models of delivery implemented in the four participating local authorities, and the potential efficiencies achieved, will be explored in Phase 2 of this research.

Box 2: Summary of key findings: Models of delivery

- The models of service delivery differed substantially across the four participating authorities. Three 'types' of teams can be identified: *Commissioning and workforce development; Training; and Operational*.
- Emerging findings suggest that the following may impact on decisions about the role and structure of teams and the model of delivery:
 - how long CAF teams have been operational within the local authority;
 - how teams and their remit have evolved over time;
 - historical processes, structures and links with other agencies;
 - type and availability of resources within the authority.
- CAF was identified as an effective tool for improving integrated practice bringing together various expertise to create a holistic picture of a child and their family. Focus group participants reported that this enhanced both professional practice and outcomes for families.
- Focus group participants reported that CAF was most successful where it was embedded into everyday practice. This required investment of time and money by the teams. Participants were confident, however, that such investment resulted in better integration between agencies, more efficient and effective working and ultimately better outcomes for families.

The CAF Process

The primary responsibility for undertaking CAF assessments and adopting the role of *Lead Professional* was carried out by practitioners within partner agencies, for example, education, health and the voluntary sector. As outlined above, the degree to which team members from the participating authorities were involved in these processes does, however, vary. The team members in Authorities A and B have little involvement with individual cases. By contrast, the CAF coordinators in Authorities C and D directly support case management.

The CAF process in all of the participating authorities is part of a continuum of services and in three of the four participating authorities CAF is linked with safeguarding training or procedures. Each of the authorities emphasised the need to be able to understand and focus on a child's journey as they receive support from a range of services in response to specific needs, and to have suitable systems in place to support the transitions between services or 'thresholds'. Each of the authorities have implemented procedures to ensure that the transition between CAF involvement and that of Children's Social Care teams is as efficient as possible, although only two of the authorities used 'step up, step down' terminology or specifically identified a 'step up, step down' protocol. All focus group participants emphasised the importance of effective protocols to ensure that children and families receive the services that are most appropriate to their needs.

The costs of carrying out CAF will be calculated in Phase 2 using a 'bottom up' methodology (Ward, Holmes and Soper, 2008; Beecham, 2000). This approach uses practitioner time use activity data as the basis of building up costs over time. Activities are organised into processes, linked to data concerning salaries, overheads and other types of expenditure, and allows a detailed and transparent picture of unit costs to be built up. Therefore, in order to calculate unit costs, it is first necessary to identify the processes associated with CAF. While the CAF processes differed slightly across the four participating authorities, it has been possible to develop a draft process model to calculate the unit costs of CAF. This is outlined in Box 3. This draft model may change as a result of further data collection with a range of agencies that will be undertaken as part of Phase 2 of the study.

Box 3: Draft 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 family, obtaining consent, contacting other professionals and completion of the CAF assessment form.

Process 3: Multi-agency meeting

Once the CAF is completed a multi-agency meeting is held to identify and agree a *Lead Professional* 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 family's progress.

Process 4: Provision of ongoing support

Ongoing support includes the services provided to support the family and the activities of the *Lead Professional* to coordinate the support offered by multi-agency team.

Process 5: Close CAF

The case closure procedures vary across the local authorities.

Variations in the CAF processes across the three authorities are summarised in Table 2. These variations, and their impact on costs will be explored further in Phase 2 of the study.

Table 2: 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 <i>Lead Professional</i>	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 <i>Lead Professional</i>	Closure record completed on eCAF
Authority C	'Intention to complete a CAF' form is completed and logged with CAF coordinator	CAF coordinator enters completed form onto database	TAC meetings; Multi-agency Forums	Multi-agency service provision. Case managed by <i>Lead Professional</i>	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 <i>Lead Professional</i>	CAF coordinator informed of closure and updates spreadsheet.

Focus groups participants noted that the extent to which agencies are engaged in the CAF processes and willing to complete a CAF appears to be linked with the clarity of the processes. For instance, workers in Authority C noted that CAF processes had changed frequently and professionals across the children's workforce had been reluctant to undertake a CAF due to the lack of clarity on when and how a CAF should be undertaken. Conversely, workers in Authority D reported that there had been a notable rise in the numbers of CAFs completed in the authority since the publication of their guidance documents.

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 of front line staff (Munro, 2010). The focus group participants noted that while many professionals considered that the additional work associated with CAF produced better outcomes for both children and professionals, some had raised concerns about their own capacity. For instance, it was reported that some professionals are

keen to be involved in the TAC meetings, but are slower to volunteer to take up the *Lead Professional* role amid concerns about the amount of time the role would take. Participants also noted that some professionals may undertake the functions of the *Lead Professional* without being identified formally as taking on that role because it is *'sticking your head above the parapet'* (IW Worker, Authority A). Furthermore, workers in each of the participating authorities reported that CAF had been met with some resistance with concerns raised about the length of time it takes to complete the CAF assessment form. The time taken to fulfil all the CAF activities will be explored in detail as part of the calculation of the unit costs during Phase 2 of this study.

Workers across all the authorities considered that CAF may lead to efficiencies and time savings when considered across all the agencies involved with a family. Emerging findings suggest (as noted above) that 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. Moreover, whenever an additional need is identified for a child in this authority a CAF is encouraged to ensure that all needs are identified and services can be provided at the earliest possible opportunity with least imposition on the family and the professionals. As one worker noted:

"Pre CAF if they wanted to access a service they needed to put some information about the family, who they are and why do they need to access this service and they had to do that on the right piece of paper and often because a services asked for this particular piece of paper which asked about information that was pertinent to this service they wouldn't have had the wider story, so that family would have to tell their story, multiple times. So that's the benefit of going to a single form, that a family isn't having to tell their story lots of times and from the service perspective you don't have to think, 'Oh no. We've run out of those particular forms and which one is it, I'm not sure'."

(IW worker, Authority A)

Participants in each of the focus groups 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). Overall, workers reported that CAF streamlines the process and enables one assessment to be used for children and their families to access a range of support and services. 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. Focus group participants noted that the uptake of CAF is greatest where professionals are able to identify the benefits.

Preliminary meetings during the interim phase of the study suggest that it will be possible to engage partner agencies across all four authorities areas in Phase 2 of the research to ascertain their levels of involvement in the CAF processes. The time use activity time data associated for each of the CAF processes and any variations associated with needs, agency or local authorities protocols will be gathered, analysed and costed during Phase 2 of the study.

Box 4: Summary of key findings: The CAF process

- While the CAF process differed slightly across the four participating authorities, it has been possible to develop a draft process model for CAF. This is outlined in Box 3.
- Each of the authorities emphasised the need to be able to understand and focus on a child's journey as they receive support from a range of services in response to specific needs and to have suitable systems in place to support the transitions between services or 'thresholds'.
- The focus group participants noted that while many professionals felt that any additional work associated with CAF produced better outcomes for both children and professionals, some had raised concerns about their own workload capacity.
- Emerging findings suggest that efficiencies are linked with:
 - how well established CAF processes are across all agencies delivering CAF assessments;
 - whether CAF processes duplicate existing processes or facilitate streamlining within and between agencies;
 - how far professionals within partner agencies are engaged with the CAF processes.
- Focus group participants noted that the uptake of CAF is greatest where the CAF process is clear, professionals are able to see the benefits, and any additional time taken to complete the CAF assessment form is outweighed by the advantages gained.

Data and recording of CAF

Given that CAF assessments are initiated by a wide variety of agencies and that children are referred for support services to a similarly large number of service providers, consistency in data recording, collation of information and sharing it among the agencies is a key aspect of service provision.

CAF system and multi-agency working

There are substantial variations between the four participating authorities in the systems used for recording CAF data and in the number of personnel with direct access to the system. All four authorities, however, recognise that a purpose-designed electronic recording system offers potential benefits and have therefore been interested in the National eCAF system. This is the electronic enablement of CAF produced by the Department for Education. It is a single, secure, web-based IT system designed for use by practitioners and managers who use CAF as part of their work with children (Department for Education, 2011). Yet none of the four authorities involved in the study is using National eCAF in March 2011. Authority C had planned to be an early adopter of eCAF but withdrew and is discussing whether to start using it in Wave 2 (April 2011) or Wave 3 (June 2011). It is currently using an in-house designed database. Rather than funding National eCAF, Authority D decided in summer 2010 to appoint a new deputy team manager to improve their CAF data records. In March 2011 they are using a spreadsheet system while an in-house database is being designed, and they are considering moving to National eCAF in December 2011. By contrast, Authorities A and B were keen to move to an electronic system and decided not to wait for National eCAF. One has had a basic version of eCAF running since 2005 and both authorities are now using an IT providers system.

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 a particular child has a record on it. If so, they can request access to the child's record by contacting the *Lead Professional*, and if not they can create a new record for the child. By contrast the CAF database or spreadsheet 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. Authority D have just appointed a data administrator to enter data onto the CAF systems; otherwise data entry is done by the CAF coordinators, as it is in Authority C. With the approach used in Authorities C and D there is some duplication of work, in that information is first entered in the CAF paper form by the CAF initiator before being entered into the electronic system. In addition, the in-house systems are designed to hold key information and dates, but not all the details of the child's story. Consequently, some of the information on the CAF form and notes of the meetings are not entered on the electronic system. Consequently, Both Authorities C and D maintain paper files for each child as well as electronic records. Authority D also scans any hand-written CAF forms to provide an electronic record of them.

The eCAF authorities therefore appear to have the most comprehensive data systematically organised and electronically available via secure Web access to the different practitioners involved in a case. The eCAF system is 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. By contrast, with the database and spreadsheet 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.

Stored data

On all systems the start and end dates of CAF and dates of *TAC* and review meetings are held as separate fields and could form the basis of a description of a child's journey through CAF. 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, whereas on the other systems these may not be held as separate fields. On all systems much of

the data about children's needs and service provision may be held in free-text files, 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 practitioners rejected it in favour of a form with text boxes that allow them to tell the child's story in their own words.

Management information reports

All four participating authorities produce regular management information reports from their CAF systems. The most comprehensive reports are produced by the eCAF authorities. They report on the number of CAFs created and referred each month and provide analysis by lead practitioner/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 until their new database system is in place.

Table 3 summarises the different recording systems used in each of the four participating authorities.

Table 3: Summary of the data management in the four participating local authorities

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 C	In house developed database / eCAF	CAF co-ordinators	CAF co-ordinators	Some linkage made manually, but extremely time consuming
Authority D	In house developed spreadsheet / 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

Data for calculating CAF costs

Once the unit costs of the CAF processes outlined in Box 3 have been calculated, calculation of the cost of providing CAF services to an individual child depends on the availability of dates for each of the activities to be costed. All the systems record some key dates, and Authority C's database records categories of outcomes at CAF closure. However, service and outcome information is generally likely to be better with eCAF.

Box 5: Summary of key findings: Data and the recording of CAF

- Implementation of a recording system with sufficient technical capabilities and practice protocols for recording and information sharing may facilitate efficiencies.

- eCAF systems provide an efficient way of recording and retrieving comprehensive information about a child or family, since they allow the various practitioners involved to access and contribute to the child's record.

- The administrative burden placed on front line practitioners is affected by:
 - the technical capabilities of the recording systems used by the authority;
 - policies and protocols to refer children and information sharing between agencies;
 - the availability of administrative and IT support resources.

- A recording system in which the dates of key events are entered in separate fields facilitates the ability to follow a child's pathway.

- Production of more detailed and informative reports is facilitated by an eCAF system.

- Although it would be more readily available in the eCAF authorities, all four authorities could produce time series information for a sample of children that could be used for costing CAF provision.

The current economic and practice context

A number of wider issues have been identified in the preliminary discussions that impact on the delivery of CAF and the support offered to families.

This study is being carried out at a time when substantial concerns about public spending are at the forefront of current social policy in England. The new coalition government 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'. This is the environment in which CAF services are currently operating, although some children's services have been shielded from cuts. The schools budget has been protected and will rise by 0.1% in real terms in each year of the spending review. The overall cash funding for Sure Start children's services has also been protected, and free childcare for all three and four-year-olds is to continue and to be extended to disadvantaged two-year-olds (DfE, 2010a). A new Early Intervention Grant replaces a number of former funding streams for services some of which might be accessed via CAF. The budget for these in 2011-12 is reduced by 11% from the total of the separate funding streams in 2010-11 (DfE, 2010b).

Each of the participating authorities raised concerns about the uncertainty of resources. Managers in three of the authorities reported that a range of services, such as parenting support, had already been subject to cuts. Services in the fourth authority were under review at the time of data collection. Managers and workers also noted that access to additional support staff, such as administrators or business support, and the development of sufficient recording systems had been restricted due to budgetary constraints.

Pressure on children's services has been further compounded since the tragic case of Baby Peter Connelly, the subsequent 2009 report by Lord Laming; '*The Protection of Children in England*' (HSC 330, 2009) and the government's action plan (DCSF, 2009a) have brought child protection and the functionality of Children's Social Care into the political spotlight. The comprehensive review of Child Protection being carried out by Professor Munro was commissioned for this purpose (Munro, 2010; Munro 2011; Munro, forthcoming). Local authorities have reported that they have seen greater levels of anxiety regarding the safeguarding of children among social care practitioners and colleagues working in other agencies. (Holmes, Munro and Soper, 2010). Workers in the participating authorities reported that some professionals are reticent to carry out a CAF assessment because they consider them to be a social care assessment rather than a multi-agency assessment to identify a range of needs. As one worker in Authority D noted:

"There is also an element [...] that people see what we do as 'social work'. [...] that it should be social workers doing [assessments], that [cases] should be going to referral and assessment and a long term social work team. By being in CAF they would be involved in social work".

(CAF Coordinator, Authority D)

The number of children looked after by local authorities in England rose slowly at an average of 1.3% per year from 49,500 in March 1994 to 59,400 in March 2008, but then rose 2.5% the following year and a further 5.7% in the year to March 2010 (DCSF, 2005; DCSF, 2009b and DfE, 2010c). Furthermore, national statistics show there was an 11% increase in referrals in the year following the death of Peter Connelly death and a further 10.4% increase the following year (DfE, 2010d). In other research carried out by CCFR, frontline workers in referral and assessment teams reported receiving an increased number of referrals that were not considered to meet the threshold for social care intervention, (Holmes, Munro and Soper, 2010). It is anticipated that such an increase in the demand for services, may result in an increased demand for CAF assessments. Sufficient evidence to explore changes in the numbers of CAF assessments, and the causes of any changes, has not been gathered in the interim phase of this study, but may be collected as part of Phase 2. Participants in three of the focus groups reported anecdotally that the demand for CAF assessments had increased in the last year. The reasons given for the increase

varied. Participants in one of the local authorities reported that the demand for CAF assessments had increased as a result of a rise in demand for social care services within the authority. Two of the participating authorities reported that they had recently implemented protocols to clarify the CAF processes and the thresholds for CAF and social care intervention. As noted above, it was suggested amongst focus group participants that the uptake of CAF was reliant on clear guidance regarding when and how to complete a CAF. The participants felt that the recent clarification on the guidelines has resulted in an increase in the CAF assessments being carried out.

These findings support those from other studies, that further training may be required to support practitioners in other agencies to with a clearer understanding and guidelines regarding the thresholds between CAF and social care intervention (Holmes and McDermid, forthcoming; Easton, Morris and Gee, 2010; Norgate, Traill and Osborne, 2009; Gilligan and Manby, 2008; Ward *et al.*, 2008).

Box 6: Summary of key findings: The current economic and practice context

- This study is being carried out at a time when substantial concerns about public spending are at the forefront of current social policy in England. Each of the participating authorities raised concerns about the uncertainty of resources.
- Focus group participants in each of the local authorities expressed concerns that they are currently operating at a time of uncertainty with regard to:
 - resources and public spending cuts;
 - policy decisions and the '*direction of travel*' since the change of government in May 2010.
- Local authorities have seen greater levels of anxiety about the safeguarding of children among social care practitioners and colleagues working in partner agencies. It is anticipated that increases in demand for services may result in an increased demand for CAFs.

3. Discussion

It was evident from the preliminary meetings and focus groups that participants were positive about all aspects of CAF. The multi-agency approach to CAF was seen to enhance professional practice by bringing together practitioners from a range of fields, building up a holistic picture of the child and family, and to best address the needs of that family using a range of expertise. CAF was considered to help professionals develop holistic assessment skills and to enhance multi-agency working. Furthermore, each of the CAF teams emphasised that CAF ensured that families were only required to tell their story once, reducing the need for multiple assessments by different professionals from a number of agencies (see also Munro, 2010; Holmes, McDermid and Sempik, 2010). The voluntary nature of CAF was also emphasised as a positive, whereby consent is obtained to both carry out the assessment and share information between professionals.

While some professionals were concerned about the amount of time the CAF takes, most reported that the CAF resulted in a more streamlined approach across the children's workforce along with better outcomes for children and families. As one worker noted:

"Within the system, although at points it might feel time consuming, I think the benefits of spending the time in the right ways, means that the outcomes for the family is that they don't have to tell their story over and over again and that they get the right support more quickly."

(IW Worker, Authority A)

Measurement of outcomes

Workers across the participating authorities generally categorised outcomes on CAF closure. This allows CAFs that did not progress, categorised as 'No further action' to be separated from those that did progress. However, the categories for those that progressed do not measure the extent to which the CAF was successful. Possible categories include: 'Delivery plan and review' or 'Child's needs met', but given the variation in children's developmental needs that lead to CAFs being instigated, it would be useful to have more detailed information about outcomes.

In authorities A and B the detail entered on children's needs and service provision is currently held in free-text fields, limiting the analyses that can be carried out about the effectiveness of action plans and the outcomes that children achieve.

Furthermore in authorities C and D (as outlined on page 19) much of this detailed data is recorded on paper files rather than being entered onto the electronic system. A trial of multiple choice selections in Authority C was not popular with practitioners, but it made it possible to analyse the types of needs of children and their families that were being addressed by CAF. A format that would allow the preferred 'story in a text box' approach to continue while providing data that could be analysed to measure outcomes and provide quality assurance would be to have an 'extent of concern' scale at the top of each text box. The scale would be marked from 0 (no concern) to 5 (very high concern), with a 'don't know' alternative. Completion of this scale on each developmental indicator would show which aspects of development were of most concern. Completion of the scale following a review would allow comparison with when the CAF was set up to measure progress in respect of each developmental indicator. It would also be possible to check whether blank boxes were empty because there were no concerns about the child on that indicator, or because the indicator was not relevant to the person completing the CAF, in which case further information might be sought.

Professional training and skills

It was apparent from the focus groups in each of the local authorities that participants felt that there is a need for training in assessment skills for the children's workforce, especially those who would have not have had any assessment skills 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 also 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. Phase 2 of this research will explore the views and experience of partner agencies undertaking CAFs.

Advantages of eCAF

Two of the authorities participating in this study are already using eCAF systems and the other two see possible advantages in doing so. eCAF is an electronic system designed specifically for recording CAF data. It facilitates team working by allowing each member of the team to share information that has been gathered by other team members. If an authority wishes to switch to an eCAF system it has a choice between a system developed by a private IT supplier, or National eCAF (DfE, 2011). Those considering moving to National eCAF can obtain a toolkit 'Making the Case for National eCAF' to help them with their planning. The outline business case it provides identifies four types of advantages:

- system features;
- operational benefits realised by practitioners and managers;
- benefits for children; and
- strategic benefits.

The National eCAF team have advised that the costs of implementing National eCAF depend on the way the local authority goes about it and the resources they devote to it. Preliminary information gathered in Phase 1 of this study suggests that the costs would include:

- payment for the system and the IT personnel needed to maintain it – likely to be higher than the cost of the development of an in-house spreadsheet or database;
- training personnel to use the system - since more people are likely to be trained across a range of agencies to use an eCAF system;
- transfer between systems – possibly quite large, with some manual input of data being required (although this would only be a one off cost).

A distinction between one off set up costs and ongoing maintenance costs will be necessary. Once an eCAF system is implemented, the cost of inputting information to the system may be cheaper and more efficient than with the previous system. The cost of extracting information from the system is also likely to be cheaper and more efficient with eCAF, since various practitioners can get the information they need directly from the system. An eCAF system is also likely to offer management information reports that can be obtained cheaply and easily.

It will be possible to look further at the costs and benefits of switching to National eCAF in Phase 2 of this study.

4. Conclusion and next steps

The Interim phase of this research has highlighted variations in the way that CAF has been implemented across the four participating local authorities. Further variations have been identified in the role and remit of the teams responsible for supporting CAF and the systems employed for the recording and storing of data on CAFs. It is also evident from preliminary meetings that implementation of CAF is at different stages in each of the participating authorities and each team has been subject to changes and developments since their inception.

However, the research has also identified a number of themes and issues common among the four participating local authorities. It was widely acknowledged amongst participants that while some investment is required to effectively implement and undertake CAFs, the additional work may result in long term benefits. These benefits include efficiencies and time savings achieved through a coordinated response to service delivery and a reduction in duplication of work. Furthermore, participants in all of the local authorities reported that CAF was most successful where it is embedded into practice and where professionals were able to see the benefits for both professionals and families.

Workers reported that CAF enables a holistic assessment of the child or family's needs to be undertaken and facilitates a multi-agency response to those needs and

supports early intervention. An integrated working worker highlighted the positive impact of CAF on both families and professionals:

CAF is a means to an end, not an end in itself. It is a process to enable families to get the right support at the right time in a thought through way. [...] it is a means to an end in terms of upping the skills of the children's workforce and looking at that in the broadest sense, and enabling more thought through and better analysis of the assessment information"

(IW Worker, Authority A)

Next Steps

Phase 2 of this research will take place between April and December 2011. It will build on the findings outlined in this report. The views of families who have received support and services under the auspices of CAF will be sought in Phase 2. The impact of CAF of those families will also be explored. Interviews will be conducted with a sample of families from each of the participating authorities.

Phase 2 of the research will explore the costs of CAF. A case study approach will be applied to examine how the different models of delivery implemented in the four participating authorities impact on the costs incurred by local authorities. The unit costs of the CAF processes identified in this report will be calculated by gathering social care activity data from a range of professionals.

Preliminary meetings with local authority representatives suggest that it will possible to engage partner agencies in Phase 2 of the research. The views and perspectives of professionals undertaking CAF, along with time use activity data and issues concerning capacity and workload, will be explored using an online survey and focus groups.

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