Pan-London Integrated Working Network (PLIWN)

Common Assessment Framework (CAF) and Integrated Working in London

Snapshot Report: April 2009 – September 2010

(includes Appendices on some follow-up developments 2010-11)

- Appendix 3: Evidencing CAF Outcomes WORKSHOP 26 Oct 2011
- Appendix 4: National eCAF Update Sept-Dec 2011
Foreword

Following on from the PLIWN report in March 2009, this further piece of work was commissioned by the Pan London Integrated Working Network (PLIWN) to provide an ongoing London wide picture through 2010 around the Common Assessment Framework (CAF) and Integrated Working to:

- Share and standardise good practice
- Identify Pan London priorities for development
- Inform commissioning
- Identify models for service development which can be used across Pan London

and, in order to facilitate the above,

- Agree parameters and process for effective and efficient gathering of both quantitative and qualitative data

The dataset for this report was agreed through consultation with all London boroughs and through discussions during PLIWN meetings. A small working group with representatives from 5 London Boroughs was also convened to lead on taking this piece of work forward.

This report is based on evidence collected from data provided by 22 of the 33 London boroughs who responded. The London Boroughs who responded are as follows:


A framework was put in place to assist with the collation of the data and, in order to ensure efficient effective and accurate reporting, boroughs were required to only report on the questions posed that could be fully answered. Following the initial consultation process, sixteen areas were confirmed for reporting and were divided into ‘essential’ and ‘desirable’ (See Annex 1a). The data collated for this report was broken down into three reporting timescales as follows:

- April –September 2009
- October 2009 – March 2010
- April 2010 – September 2010

Only information that could be properly evidenced was included in this report.
**CAFs initiated** (Qu 1&2; 6&7 – Annex 1a)

Using Office of National Statistics (ONS) estimated statistics for 2009, the total number of children and young people aged 0-18 within the London Boroughs ranged (aside from City of London with 896) from 34,000 to 88,000. The % of this population across boroughs who had had a CAF generated ranged from 0.1% - 12.6%. (See chart next page).

The total number of CAF’s across London at borough level from when it was first introduced April 2006 (except those LA’s who commenced in 2005 as trailblazers) up to September 2010 was 32,290 based on returns from 22 London Boroughs – an average of 1468 per LA over 54 months – or an estimated 27 CAFs per LA per month at September 2010.

As of March 2009 at the time of previous PLIWN report, 21,331 CAFs had been recorded based on returns from all 33 London Boroughs – an average of 646 per LA over 36 months – or an estimated 18 CAFs per LA per month at March 2009.

**This would suggest an overall 50% growth rate for the number of CAFs undertaken over the past 18 months compared to the preceding 3.5 years considered as a block**

- **Between April – September 2009**: 2,948 CAF’s were recorded as being completed by 12 London Boroughs. This equates to 9.12% of the total number of CAFs for all 22 boroughs since commencement of use, which could project to 17% through this period for all 22 boroughs.
- **Between October 2009 – March 2010**: 5004 CAF’s were recorded as being completed by 11 London Boroughs. This equates to 15.49% of the total number of CAFs for all 22 boroughs since commencement of use, which could project to 31% for all 22 boroughs through this period.
- **Between April 2010 – September 2010**: 5700 CAF’s were recorded as being completed by 17 London Boroughs. This equates to 17.65% of the total number of CAFs for all 22 boroughs since commencement of use, which could project to 23% for all 22 boroughs through this period.

The suggested surge Oct – Mar 2010 from the above crude projection correlates with increased activity across all children’s service in the wake of Baby Peter Connolly tragedy. Again, for each 6-month period, the percentage considerably exceeds the 11% averaged 6-monthly share since original implementation in 2006, though at less than the 50% growth suggested above.

**Services/agencies who initiated CAFs** (Qu 5 – Annex 1a)

Boroughs were asked to provide data on services initiating CAFs using the National E-CAF standardised list (see Annex 2). Of the 22 London boroughs who responded;

- 14 were able to provide data using the standardised list and broken down into set time periods.
- 3 were able to provide data using the standardised list, but were unable to break it down into the specified time periods

In order to assist with future collation, a refinement of the reporting framework will need to be agreed, but of the 17 London boroughs who were able to provide data the following were the key services/agencies who were noted as having initiated CAF’s:

- Education: schools
- Health: Primary and Community
- Family and Community: Family Services
- Youth: Information, Advice and Guidance.
- Education Support
- Early Years: Children’s Centres
- Voluntary and Community Sector

There is insufficient compatibility of data to actually rank these, but schools were significantly top for all but 3 boroughs for whom Health–Primary, Youth and Education Support ranked top.

There was overall a significant increase in number of CAFs initiated by Youth Services since last PLIWN report of March 2009, though this varied considerably across boroughs.
Total number CAF's completed from when first introduced through to Sept 2010 - compared with relative London Borough's CYP population

( Please note some trailblazing LAs commenced 2005, vs 2006 majority. Blanks indicates data not provided)

<table>
<thead>
<tr>
<th>London Borough</th>
<th>Population (K)</th>
<th>Relative Proportion</th>
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<tbody>
<tr>
<td>Croydon</td>
<td>88K</td>
<td>0.09%</td>
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<tr>
<td>Barnet</td>
<td>82K</td>
<td>0.09%</td>
</tr>
<tr>
<td>Enfield</td>
<td>75K</td>
<td>0.11%</td>
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<tr>
<td>Bromley</td>
<td>74K</td>
<td>0.14%</td>
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<tr>
<td>Newham</td>
<td>74K</td>
<td>0.14%</td>
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<tr>
<td>Ealing</td>
<td>72K</td>
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<td>Harrow</td>
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<tr>
<td>Barking&amp;D</td>
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<td>0.09%</td>
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<td>Richmond</td>
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<td>0.09%</td>
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<tr>
<td>Kingston</td>
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<tr>
<td>HammersmithC</td>
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<tr>
<td>Kensington&amp;A</td>
<td>34K</td>
<td>0.06%</td>
</tr>
<tr>
<td>City of London</td>
<td>1K</td>
<td></td>
</tr>
</tbody>
</table>

K represents 'thousands'
CAFs and Lead Professionals (Qu 9 – Annex 1a)

All London Boroughs were asked to use the National E-CAF standardised list in reporting back on the number of acting lead professionals broken down by service/agency.

7 out of the 22 boroughs who provided data were able to report back on this question. Others reported that they cannot currently supply the information as requested due to the set up of their database, the information not being held centrally, practitioners continuing to resist being identified on the CAF form or that they do not currently collate by services/agency.

From the data provided by the 7 boroughs the following - in no particular order - were the key services/agencies that were noted as assuming Lead Professional role:

- Education: schools
- Education: prevention services
- Health: primary, secondary and tertiary
- Family and Community: family services
- Early Years: children centres
- Family and Community: child protection.

These seemed to follow a similar pattern to those initiating CAF’s with the exception of Youth Services who didn’t feature significantly as Lead Professionals.

CAFs and the “Team around the Child” (Qu 15&16 – Annex 1a)

London boroughs were asked about the number of Team around the Child (TAC) meetings and reviews held, as well as the main professionals involved in these meetings. Following initial consultation through PLIWN this data was agreed to be ‘desirable’ rather than ‘essential’, due to a number of boroughs confirming that they are currently unable to report on this information, do not record it or the information is held in individual services and is not centrally collated.

The data on Number of initial TAC meetings and reviews for (provided by 3 London boroughs) was as follows:

- April 2009-September 2009 there were 48 initial meetings and 27 reviews
- October 2009 -March 2010 there were 190 initial meetings and 49 reviews
- April 2010-September 2010 there were 162 initial meetings and 116 reviews

Ranging from 17% through 53% to 89% of all CAFs within those boroughs for TAC Meetings/Reviews, there is insufficient data to extract potential trends from the above. This is due to the fact that different LA systems don’t allow for reporting on this issue.

Families and CAF (Qu 14 – Annex 1a)

3 of the boroughs who responded could provide data on the number of families who had a CAF assessment for the periods of time stated. Many boroughs reported that they do not currently collate that data or do not have current systems in place to report on this area. The data provided was as follows:

- April 2009 – September 2009: 160 families
- October 2009 – March 2010: 718 families

For the 3 boroughs who provided data, the above figures represented 25%, 61% and 74% of their total CAFs over the past 18 months – again insufficient data for any meaningful deductions.
Demographics of young people having had a CAF completed. (Qu 8 – Annex 1a)

As part of the reporting, boroughs were asked to provide some age, ethnicity and gender demographics on the children and young people who had had a CAF initiated.

Further reflection is needed to agree appropriate parameters to assist with this element of data collation and reporting, as the reporting framework in Annex 1a, though agreed in consultation with PLIWN members, was inconsistent with existing frameworks for a number of the London Boroughs. A suggested draft revised framework is provided as Annex 1b.

From the feedback received:

- Of the 18 boroughs who were able to provide data regarding age, 13 were able to provide this in the bands suggested; (one acknowledged specific anomalous data due to special circumstances, so was not included in pie chart following)

![CAFs per Age Band](image)

While it is interesting to note the fairly even distribution of CAFs across the 3-year age bands in this averaged projection, there is a surprising dip around school transition phase 9-11, and again at 15+

It must also be noted that this averaged even distribution nonetheless falls within a significant range of percentages per borough as follows:

- Age 0-2 ranged from 7% in lowest LA to 26% in highest;
- Ages 3-5 ranged from 10% to 26%; Ages 6-8 ranged from 8% to 22%; Ages 9-11 ranged from 11% to 29%; Ages 12-14 ranged from 11% to 32%; Ages 15-17 ranged from 9% to 21%; and Age 18+ ranged from 0% to 7%

- 18 boroughs were able to provide data regarding gender:

![CAFs per Gender](image)

While the percentages for Males range from 41.5% - 66.7%, only one single LA has a value below the 51% ONS 2009 Male projection for London – thus showing a significantly disproportionate number of CAF responses to Male versus Female young people across London.
• 15 boroughs were able to provide data regarding ethnicity:

![CAFs by Ethnicity](chart.png)

(ONS data used for ethnicity is actual 2001 Census data, rather than the 2009 experimental projections used in Chart 1.)

It’s interesting to note that there are 8% fewer CAFs for children/young people with white background than population demographic proportion would predict for London as a whole, and 3% more for the black population. This however would appear to be largely balanced by 5% more for the mixed population.

Census 2011 data may significantly alter perceptions on relevance/impact of these findings, with likely increased percentages for mixed populations and reduced percentages for white populations across London in the interim 10 years between Census 2001 and 2011.

Again, the averaged figures above need to be taken within context of widely differing pictures per individual LA, as the following range of values indicate for the ACTUAL data:

<table>
<thead>
<tr>
<th></th>
<th>White</th>
<th>Black</th>
<th>Asian</th>
<th>Mixed</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Min</td>
<td>23.9%</td>
<td>2.4%</td>
<td>1.7%</td>
<td>5.9%</td>
<td>1.6%</td>
</tr>
<tr>
<td>Max</td>
<td>78.8%</td>
<td>41.7%</td>
<td>54.1%</td>
<td>16.9%</td>
<td>10.3%</td>
</tr>
</tbody>
</table>

White (includes White British / White Irish / White Other)
Black (includes Black Caribbean / Black British Caribbean / Black African / BL Br African / Other Black)
Asian (includes Indian-British Indian / Pakistani - Br Pakistani / Bangladeshi - Br Bangladeshi / Other Asian)
Mixed (includes W&B Caribbean / W&B African / White and Asian / Other Mixed)
Other (includes Chinese and other ethnic groups not included above)
**CAFs and risk indicators identified** (Qu 13 – Annex 1a)

As part of the data collation, boroughs were asked to feedback the top five risk additional needs identified through the CAFs received between April – September 2010.

Following initial consultation through PLIWN, this data was agreed to be ‘desirable’ rather than ‘essential’, due to a number of boroughs confirming that they are currently unable to report on this information or do not collate it. However, we consider this information would be useful both on a local and Pan London basis to look at the needs identified through the CAF and services being commissioned and brokered across all sector partners to meet those needs. 7 boroughs were able to provide data and, although there is currently little consistency around how this data is collated, the following were the main needs identified:

- Emotional/Behavioural Difficulties
- Family Breakdown
- Parenting Skills
- Financial Difficulties/low income
- Lone parent
- Anti social behaviour
- Participation in learning, education and employment
- Mental Health Concerns (parental and young people)
- Alcohol and substance misuse (parental and young people)

**CAFs and reason for closure** (Qu 17 – Annex 1a)

Where the data was available, boroughs were asked to provide information with regard to the reasons for closure on CAF activity between April – September 2010. 7 boroughs were able to provide data and although there is currently little consistency around how this data is reported on, the main reasons noted included:

- Met all needs
- Reached adulthood
- Moved out of borough/transferred to other Local Authority
- Step up to social care/escalated to other statutory service
- Consent withdrawn
- Non engagement
- Duplicate record/already known to social care.

**Services/agencies to be prioritised for further engagement in CAF process** (Qu 12 – Annex 1a)

12 boroughs responded to this question. People were reflecting retrospectively from April 2009 – September 2010. For the period April 2010 – September 2010 a broad range of services were identified but not all boroughs used the National E-CAF standardised list when reporting. The top services/agencies identified within those constraints included:

- GP’s
- Probation and Crime Prevention
- Midwifery
- Hospital Paediatricians
- Voluntary and Community Sector Organisations.
- Education
- Faith Organisations
- CAMHS
- Adult services: Adult mental health
- Early Years
- Sports and Culture.
**CAFs and Social Care.** (Qu 4; 10; 11 – Annex 1a)

London boroughs were asked to report on how many children and young people had escalated to social care from prevention services as well as those who had stepped down to community services once a child had been deemed by local social care departments to no longer be a child in need.

Of the 22 London boroughs who reported back, **63.6%** confirmed that the CAF is currently used as **BOTH** an assessment of needs and/or brokering of early intervention services as well as a referral to statutory teams with **18.18%** confirming that the CAF is currently used as **EITHER** an assessment of need and/or brokering of early intervention services. A further 18.18% did not respond under those stated categories.

Further clarity is required around this area for future reporting to ensure consistency of understanding around the use of the CAF and links with statutory and specialist services. Some London boroughs use the CAF to support a referral to statutory services, using the intelligence gathered to inform the Initial Assessment, whilst other boroughs actively use CAF as an ‘inter-agency referral mechanism’ into safeguarding services, and/or other statutory/specialist services.

Between April 2009 and September 2010, **309** children and young people were reported as having been stepped up to statutory/specialist services. Only **6** London Boroughs were able to provide data and those that did not respond either stated that they don’t currently collate data or do not have the data held centrally.

Between April 2009 and September 2010, **417** (3%) children and young people were reported as being stepped down to community services once a child had been deemed by a local social care departments to no longer be a child in need. Only **7** London Boroughs were able to provide data and those that did not respond either stated that they don’t currently collate data, do not have the data held centrally or have just put systems in place to be able to collate and report on. These figures do not include data on those cases where a CAF has been completed as advised by a duty social worker due to it not meeting social care thresholds. For those 7 boroughs who provided data, stepped down CAFs ranged from 3% through to 17%, 18%, and 27% of all CAFs over the 18 month period of this report.

Following a separate recent review of the local step up/step down protocols between statutory and preventative services across the London boroughs by the Pan London Integrated Working Network a range of processes emerges as being in place from those boroughs which responded to that review. These processes include:

- Panels to manage and monitor step downs from statutory/specialist to early intervention and preventative services
- Completion of CAF to broker additional services
- Use of statutory closing summary and action plan, with Social Workers in the step down from Social Care involved in the initial TAC meetings where ongoing support plans are put in place
- Named worker supporting the smooth transition of cases between the thresholds.
Overview of Findings and Way Forward

CAF numbers

Two-thirds of London boroughs returned some data for this Apr 2009 – Sept 2010 Pan London report, compared with 100% return for the previous report from when CAF first implemented to March 2009. The amount of this data again varied due to certain boroughs not being able to report on a particular element, not recording it or because the information is held in individual services and not centrally collated.

The proportions of borough populations who have had CAF done is shown on the first chart on Page 5: the majority proportions of CAFs per borough’s 0-19 population are under 4% (eleven under 2% and seven between 2%-4%) but with four boroughs having proportions of 5%, 6%, 9% and 13% - the highest of these having been an original CAF Trailblazer authority. At least 14 of the 22 boroughs use CAF as both early assessment and referral tool which roughly corresponds with those with higher CAF proportions - though with a couple of significant exceptions. It is also of some interest that three of these four highest also have a local electronic case management system for CAF (eCAF), while at least one authority with a local eCAF system does not use CAF for statutory referral to children’s social care.

To compensate for lack of full comparative data set across these two PLIWN reports, projections to 33 from those 22 boroughs providing data suggests a growth rate of 30% - 50% in CAFs undertaken across London over this last 18 month period, with a significant surge in number of CAFs undertaken mid-way through this last period due to increase in referrals to children’s social care following Baby Peter Connolly death.

Services

Strongest evidence of an ongoing commitment to the use of the CAF by multi agency partners comes from schools and education services, early years, family services, voluntary and community services, health – and more recently, for some boroughs, youth service – in identifying concerns and in responding to the need for early help. However, in response to identifying services needing to be prioritised for further engagement, some of the above featured for some boroughs. Consistently, though, GPs / midwifery / hospital paediatricians / probation and crime prevention services / sports and culture / and mental health services for either child or parent predominated.

The fact that it proved difficult for many authorities to provide data on service involvements partly reflects the different categories which evolve locally over time. It was hoped that by working to the categories provided by the National eCAF (NeCAF) system, this would help to encourage an agreed set of service categories across all boroughs – regardless of whether or not boroughs were yet sufficiently committed to sign up to NeCAF. This would anyway have taken some time for boroughs to adapt their systems to but, given the recent announcement by DfE of the likely decommissioning of NeCAF, an agreed Pan London systems categorization nonetheless needs to be prioritized for future purposeful data analysis to reflect practice, identify gaps, improve joint working, promote good practice exchange across boroughs, facilitate consistency across boroughs Family Service Directories, and inform service planning and commissioning.

Presenting Issues – Risk Indicators – Outcomes

Only one third of boroughs were currently able to provide data on risk indicators or again on reasons for CAF closure, but the main needs identified included emotional/behavioural difficulties, family breakdown, parenting skills, NEETs, child and or parental mental health concerns and or substance misuse. This is another area where some work in agreeing consistency in classification would be useful. In particular, PLIWN wish to focus on evidencing improvement in outcomes, and already arranged a Pan London workshop in October 2011 to explore together ways to take this forward.

Families Children and Young People demographics

Data on the ages of children who had CAF done was collated in 3-year bands rather than the more usual but less even 0-4 / 5-9 /10-14 /15+ groupings. This projection showed an interesting fairly even distribution, but with a significant dip to well below the approximate 17% norm at pre-transition from primary to secondary school phase (15.8%), and again even more pronounced (14.4%) post GCSE. It may be that
alternative monitoring processes cover these transition phases, but there would seem to be more scope – rather than less – for CAF usage in sharing relevant supportive information during these transition phases. This 3-year banding does seem to offer more insight on these crucial school transition periods than the ‘under 5s’ led banding does.

A significantly disproportionate number of CAFs are undertaken for male versus female young people, averaging at 59% but with a range of 42% to 67% (though only one borough had the lowest value at under the 51% ONS male projection for London). It wasn’t possible to break this down further by age bands from data provided.

**Ethnicity** was averaged over 13 boroughs who were able to provide data in consistent formats. When average figures are compared with Office National Statistics (ONS) 2001 Census data, there are 8% fewer CAFs for those from white backgrounds, and 3% more for those from black backgrounds, than ONS would predict – though largely balanced by 5% more for mixed population. There is extreme variance in the ranges per ethnic grouping per borough however, as shown on Page 7. (It will be interesting to see if Census 2011 data on changes in mixed populations since 2001 reflects the averaged variances above.)

**Process – Quality and Impact**

Only three boroughs were able to provide data on the number of families versus individual young people who had CAF generated. And again just three boroughs could comment on **TAC meetings and reviews** held. Crucial parameters with respect to relationship building for effective engagement with families, as well as impacting on efficiency and effectiveness of services, these again were areas where NeCAF held promise of facilitation both operationally and through easier provision of relevant management information, and where alternative approaches should be considered if NeCAF no longer to be available.

Six boroughs reported a total of 2.3% of all CAFs being used as **Step Up** to statutory services, while seven boroughs reported 3% CAFs as **Step Down** from statutory to preventative services. There is still scope for greater consistency across boroughs on Step Up Step Down protocols and processes between statutory/specialist and preventative/targeted services, to develop on the work in this area that was initiated in 2009 with the launch of the Pan London CAF Protocol.

Commitment to the implementation of an agreed Pan London **CAF Quality Framework** as represented below would facilitate **cross border monitoring of standards** in terms of quality of assessment, identification of levels of need, interagency working in providing appropriate support to address those needs, and ultimately in improving outcomes for London’s children, young people and families.
Conclusions

Although it was challenging to collate and analyse the data as provided, PLIWN believe in, and wish to remain committed to, ongoing monitoring and tracking of CAF activity and trends to support integrated working and early intervention across London towards addressing the additional needs of children, young people and families.

Despite consultation and agreement on parameters and criteria of datasets prior to each of the previous reports, it has been recognized and acknowledged that we still need to agree a more achievable data set to assist with future collation – particularly given the (likely) loss of the anticipated NeCAF facilitation of this. (Brief update on NeCAF attached as Appendix 4.) In particular, we also need to ensure that sufficient criteria are focused both on the child or young person’s journey and on the improvement in outcomes achieved for them, in line with Munro’s Recommendation 3 to ‘always take account of the child or young persons’ perceptions of their circumstances and their wishes and feeling in line with their evolving capacities’. Already PLIWN arranged a Pan London workshop on Evidencing Outcomes on 26 October 2011 (brief report on this Evidencing Outcomes workshop attached as Appendix 3), which focussed on introducing tools to benchmark improvements in outcomes as evidenced by child and family perspective and feedback. A follow-up workshop is planned for Spring 2012, with the intention also to include consideration of LARC 3 Cost Effectiveness approach, which looked at the financial costs of the CAF process itself, the financial costs of interventions put in place through the process and the future costs (financial, personal and societal) that may have been avoided through early and effective intervention (‘invest to save’): (www.nfer.ac.uk/nfer/publications/LGLC01/LGLC01.pdf)

Unless or until a Pan London eCAF system becomes available, a PLIWN sub group aims to enhance the facilitation of ongoing routine annual collation and analysis of data and comment by establishing an on-line portal for ready and immediate access and input. A revised dataset is to be agreed (initial draft attached as Appendix 1b) in order to best support both local and Pan London service developments.

A core theme throughout the Munro Review of child protection has been about sharing responsibility for the provision of early help for children and young people:  

‘(responsibility) …should not be limited to just reactive responses …. but to put in place measures to reduce their incidence in the first place’

with arguments for early help including support on grounds of timeliness – as more difficult to reverse developmental damage later – and cost effectiveness in the long term. While acknowledging benefits of CAF as ‘policy of encouraging integrated professional work to provide early help’ Munro also considers that ‘its non-mandatory status creates a confusing message about the importance of early and shared responsibility for helping children and families’. She argues that effective multi agency working and information sharing across a wide range of professionals is critical to building an accurate understanding of what is happening in the child or young person’s life, and that success hinges on greater transparency in the co-ordination of services in leading to ‘identification …. and provision of an “early help offer” where their needs do not meet the criteria for receiving children’s social care services’.

This follows similar theme in other reports through 2010 by Graham Allen, Clare Tickell, Frank Field, and the previous government’s commissioned Marmot Review of Health Care (Fair Society, Healthy Lives – A strategic Review of Health Inequalities in England) – with early help qualified in its interpretation as both help in early years of a child’s life but also early in the emergence of problem at any stage in a young person’s life.

Graham Allen’s single underlying ambition in promoting the enormous benefits of early help is ‘to ensure that every baby, child and young person grows up with the basic social and emotional competencies that will give them the bedrock skills upon which all else is built’. This is the underlying objective in order to ensure social inclusion for all through enabling all young people to reach their potential – and thus to impact in turn on inter-generational cycles of dysfunction.

In alignment with the above aims for the promotion of early help towards improving the lives of our young people, the PLIWN group aims to continue to meet quarterly to discuss and share ideas of good practice, supported by relevant workshops as above, in helping to ensure effective cross borough working and information sharing with due regard to local, regional and national service developments.
## Question 1
Total number of children and young people aged 0-18 (up to 19th birthday) within the Local Authority.

### Essential/Desirable
Essential

## Question 2
% of population of children and young people within your local authority who have had a CAF generated?

### Essential/Desirable
Essential

## Question 3
% of total CAF’s completed for children and young people who live OOB?

### Essential/Desirable
Essential

## Question 4
Please identify which relates to how CAF’s are currently used within your LA:
- Assessment of needs and/or brokering of early intervention services
- Referral to statutory teams
- Both

### Essential/Desirable
Essential

## Question 5
Services/agencies who initiated CAF’s with the percentages. (Use National E-Caf standardised list for reporting purposes).

### Essential/Desirable
Essential

## Question 6
Number of CAF assessments completed since commencement of use within the Local Authority (accumulative)

### Essential/Desirable
Essential

## Question 7
Number of CAF’s completed within the past 6 months.

### Essential/Desirable
Essential

## Question 8
Demographics:
- By age: Unborn, 0-2 (up to 3rd birthday), 3-6, 6-9, 9-12, 12-15, 15-18, 18+
- Ethnicity (collated as per the DCSF CAF)
- Gender: Male, Female, Unknown

### Essential/Desirable
Essential

## Question 9
Number of acting Lead Professionals broken down by service/agency.
(Use National E-Caf standardised list for reporting purposes).

### Essential/Desirable
Essential

## Question 10
Number of ‘step downs’ from statutory services to preventative services in past 6 months?

### Essential/Desirable
Essential

## Question 11
Number of ‘step ups’ from statutory/specialist services to preventative services in past 6 months?

### Essential/Desirable
Essential

## Question 12
Please note the top 5 services/agencies to be prioritised for further engagement in the CAF process over the next 6 months. (Use National E-Caf standardised list for reporting purposes).

### Essential/Desirable
Essential

## Question 13
Please outline the top 5 risk indicators identified through the CAF’s received over the past 6 months.

### Essential/Desirable
Desirable

## Question 14
Number of families whose child or young person had a CAF assessment completed within the past 6 months.

### Essential/Desirable
Desirable

## Question 15
Number of initial TAC meetings and reviews completed in the past 6 months?

### Essential/Desirable
Desirable

## Question 16
Note the top 10 professionals/sector partners involved in TAC meetings over the past 6 months.

### Essential/Desirable
Desirable

## Question 17
Reasons for closure in past 6 months including percentage breakdowns?

### Essential/Desirable
Desirable
Annex 1b
Revised Pan London CAF Dataset Proforma (from October 2010 – September 2011)
(This form will be provided separately in easy entry format in due course)

<table>
<thead>
<tr>
<th>Question</th>
<th>(If you are not able to provide data for any particular question, please explain why)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Number of CAF assessments completed <strong>since September 2010</strong> within your LA</td>
</tr>
<tr>
<td>2</td>
<td>Top x5 services/agencies who <strong>initiated</strong> these CAF’s <strong>since September 2010</strong> - as percentage of total CAFs in 1 above.</td>
</tr>
<tr>
<td>3</td>
<td>Top x5 services/agencies undertaking Lead Practitioner role <strong>since September 2010</strong> - as percentage of total CAFs in 1 above.</td>
</tr>
<tr>
<td>4</td>
<td>Top x5 services/agencies with whom engagement in CAF process is proving most challenging - to be <strong>prioritised for further engagement</strong> over next 12 months.</td>
</tr>
<tr>
<td>5</td>
<td>In terms of use as Early Intervention or Referral, please identify how CAF’s are currently used within your LA:</td>
</tr>
<tr>
<td></td>
<td>- Assessment of needs and/or brokering of Early Intervention services</td>
</tr>
<tr>
<td></td>
<td>- Referral to statutory teams (Children’s Social Care; CAMHS; Youth Justice; Special Education Needs and Disability; other)</td>
</tr>
<tr>
<td></td>
<td>- Both</td>
</tr>
<tr>
<td>6</td>
<td>Number of CAFs as ‘step downs’ from statutory services to preventative services <strong>since September 2010</strong> - as % of your total CAFs in 1 above.</td>
</tr>
<tr>
<td>7</td>
<td>Demographics of child or young person having had CAF completed:</td>
</tr>
<tr>
<td></td>
<td>- <strong>Age</strong>: Unborn, 0-2 (up to 3rd birthday), 3-6, 6-9, 9-12, 12-15, 15-18, 18+</td>
</tr>
<tr>
<td></td>
<td>- <strong>Ethnicity</strong>: (collated as White/Black/Asian/Mixed/Other, where</td>
</tr>
<tr>
<td></td>
<td>- <strong>White</strong> (includes White British / White Irish / White Other)</td>
</tr>
<tr>
<td></td>
<td>- <strong>Black</strong> (includes Black Caribbean / Black British Caribbean / Black African / BL Br African / Other Black)</td>
</tr>
<tr>
<td></td>
<td>- <strong>Asian</strong> (includes Indian-British Indian / Pakistani - Br Pakistani / Bangladeshi - Br Bangladeshi / Other Asian)</td>
</tr>
<tr>
<td></td>
<td>- <strong>Mixed</strong> (includes W&amp;B Caribbean / W&amp;B African / White and Asian / Other Mixed)</td>
</tr>
<tr>
<td></td>
<td>- <strong>Other</strong> (includes Chinese and other ethnic groups not included above)</td>
</tr>
<tr>
<td></td>
<td>- <strong>Gender</strong>: Male, Female, Unknown</td>
</tr>
<tr>
<td>8</td>
<td>Are you measuring outcomes re a) child’s journey focus; b) services impact? Yes: ☐ No: ☐</td>
</tr>
<tr>
<td></td>
<td>Please outline how you are doing this.</td>
</tr>
<tr>
<td>9</td>
<td>Number of CAFs as escalated * to Children’s Social Care <strong>since September 2010</strong> - as % of your total CAFs in 1 above.</td>
</tr>
<tr>
<td>10</td>
<td>Please outline the top x5 Additional Needs identified through the CAF’s received <strong>since September 2010</strong></td>
</tr>
<tr>
<td>11</td>
<td>Number of families where any sibling had a CAF assessment completed <strong>since September 2010</strong> - as % of your total CAFs in 1 above.</td>
</tr>
<tr>
<td>12</td>
<td>Number of initial TAC meetings / reviews completed <strong>since September 2010</strong>?</td>
</tr>
<tr>
<td>13</td>
<td>Reasons for closure <strong>since September 2010</strong> - incl percentage breakdowns?</td>
</tr>
<tr>
<td>14</td>
<td>Do you have a Quality Assurance Framework for CAF? Yes: ☐ No: ☐</td>
</tr>
<tr>
<td></td>
<td>Please outline, or attach copy.</td>
</tr>
<tr>
<td>15</td>
<td>Do you have an eCAF solution? Who is your provider? Comments welcomed.</td>
</tr>
<tr>
<td>16</td>
<td>Outline structure of team(s) leading on CAF in your authority.</td>
</tr>
</tbody>
</table>
### National Service List Categories

<table>
<thead>
<tr>
<th>Categories</th>
<th>Providers include</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early Years: Under Fives Day Care</td>
<td>Day nursery, playgroups, pre-school, nursery schools, registered childminders and nannies</td>
</tr>
<tr>
<td>Early Years: Children's Centres</td>
<td>Children's Centre managers, outreach workers</td>
</tr>
<tr>
<td>Education: Schools</td>
<td>Primary Schools, Secondary School, Independent Schools, Special Schools, Head teachers, teachers and support staff (including extended services), SENCOs, Personal Tutors, Learning Mentors, Parent Support Advisers and similar staff, home educators</td>
</tr>
<tr>
<td>Education: Further Educ &amp; Sixth Form Colleges</td>
<td>Head teachers, teachers and support staff (including extended services), Learning Mentors</td>
</tr>
<tr>
<td>Education: Adult &amp; Community Education</td>
<td>Adult and community education providers</td>
</tr>
<tr>
<td>Education: Local Preventative Services</td>
<td>Educational Welfare Officers, Home/ School Liaison, Targeted Mental Health in Schools teams</td>
</tr>
<tr>
<td>Education: Special Ed Needs/ Support for Learning</td>
<td>Support for Learning Teams, Behaviour and Educational Support Teams, educational psychologists, Pupil Referral Units / other alternative provision, SEN providers, portage work</td>
</tr>
<tr>
<td>Health: Primary and Community Health</td>
<td>GP, dentist, school nurse, community nurse, midwives, Family Nurse Partnerships, health visitors, allied health professionals e.g. dieticians, speech and language therapists</td>
</tr>
<tr>
<td>Health: Sec &amp; Tertiary Health</td>
<td>Hospitals, A&amp;E, paediatricians, specialist consultants</td>
</tr>
<tr>
<td>Health: Mental Health</td>
<td>Child and Adolescent Mental Health Services, Adult Mental Health Services, psychologists, therapists, counsellors, FASS</td>
</tr>
<tr>
<td>Health: Sexual Health</td>
<td>Teenage pregnancy, contraception advice, sexual health clinics / providers</td>
</tr>
<tr>
<td>Health: Drugs and Alcohol</td>
<td>Drug and alcohol services, treatment providers, Local Drug Action Teams, third sector organisations, CRI, Right Steps</td>
</tr>
<tr>
<td>Family and Community: Family Services</td>
<td>Outreach &amp; family support, family centres, parenting services (including voluntary and community family services and those delivered via web services), Family Intervention Projects, SFS. Young Carers, Homestart, Enchanceable</td>
</tr>
<tr>
<td>Family and Community: Family Justice</td>
<td>CAFCASS, Child Maintenance Enforcement Commission, family lawyers, mediators and providers of child contact activities</td>
</tr>
<tr>
<td>Family and Community: Child Protection</td>
<td>Safeguarding and child protection services</td>
</tr>
<tr>
<td>Family and Community: Social Care</td>
<td>Child/Family/Adult Social Work Services, Foster/Private Foster Carers, Residential Children’s Homes, Day Centres, voluntary &amp; community social care services, Disabled Children’s Team. Adult Health and Disability Team</td>
</tr>
<tr>
<td>Family and Community: Housing</td>
<td>Adult &amp; Young People’s Housing Services, homelessness services (including voluntary &amp; community housing services)</td>
</tr>
<tr>
<td>Family and Community: Employment and Careers</td>
<td>JobcentrePlus, private and voluntary sector employment schemes</td>
</tr>
<tr>
<td>Family and Community: Leisure and Play</td>
<td>Leisure and play services, playworkers, childcare from 5 upwards</td>
</tr>
</tbody>
</table>
### Annex 2 (contd)

<table>
<thead>
<tr>
<th>National Service List Categories (contd)</th>
<th>Providers include (contd)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Youth: Information Advice and Guidance</td>
<td>Connexions Personal Advisers, other Connexions services staff, other youth workers, Targeted Advisors</td>
</tr>
<tr>
<td>Youth: Youth Workers</td>
<td>Youth Support Workers, Youth Workers (inc. voluntary, community and faith)</td>
</tr>
<tr>
<td>Justice &amp; Crime Prevention:</td>
<td></td>
</tr>
<tr>
<td>Offender &amp; Victim Services</td>
<td>National Probation Service, Youth Offending Teams, custodial care, victim support services, advocacy services, voluntary and community sector, YISP</td>
</tr>
<tr>
<td>Justice &amp; Crime Prevention:</td>
<td></td>
</tr>
<tr>
<td>Secure Accommodation</td>
<td>Secure Children's Homes, Secure Training Centres, Young Offender Institutions, HM Prison Service, private contractors including transport services</td>
</tr>
<tr>
<td>Justice &amp; Crime Prevention:</td>
<td></td>
</tr>
<tr>
<td>Police</td>
<td>Community, School</td>
</tr>
<tr>
<td>Sports and Culture</td>
<td>Sport coaches, Health &amp; Fitness Providers, Outdoor education/recreation providers, Music/Art/Performing Arts groups, Church/ faith groups</td>
</tr>
<tr>
<td>Additional Services</td>
<td>Generic category for use by practitioners with cross-cutting roles as appropriate</td>
</tr>
</tbody>
</table>
Annex 3

CAF Outcomes Evaluation
Overview from PLIWN Workshop held on 26 Oct 2011

An outline of existing models/tools to evaluate impact of CAF intervention from perspective of child, young person and family was presented by Richmond, Westminster, Tower Hamlets, followed by contributions from the floor on other LA approaches on this.

Tower Hamlets: ‘Direction of Travel’ CAF tool introduced 2009 – incorporated into eCAF system, but also manually evaluated when paper system used.

www.childrenandfamiliestrust.co.uk

Richmond: ‘CAF Distance Travelled Tool (DTT)’ piloted by targeted support teams from February to August 2011, now widely used. Richmond’s DTT has been adapted from Bristol’s DTT, which is part of their local eCAF system.

The use of this tool is further supported in Richmond by the return of a Questionnaire by children and young people following an intervention. Forms and further detail from:
http://www.richmond.gov.uk/home/council_government_and_democracy/council/partnerships/integrated_working/caf/caf_information_for_practitioners/caf_forms_and_guidance.htm

Both above tools use scores as basis for discussion with the child, young person or family when the CAF is initiated, and again with re-scoring during regular review meeting and at the close of a case.

- Links to simple scoring mechanism built into their eCAF facility
- Encourages engagement by capturing at outset areas of need felt by child, young person or family to be priority areas for change, including those for whom articulation of need could otherwise be difficult
- Opens further discussion on detail/evidence to inform assessor’s professional judgement
- Act of deciding on a score brings level of severity or otherwise of an issue into perspective
- Main use is to assess impact of support provided by reviewing progress from baseline – direction of travel (better or worse) being the focus of the exercise – identifying where necessary to devise new strategies or stop interventions that are not having an impact. As it’s the difference in scores through the intervention that’s relevant, NOT actual score totals, inconsistencies in gradings between practitioners doesn’t have to be of prime focus.
- Also allows anonymous amalgamation of score-differences to assess value added impact of specific programs or service provision, and also to identify gaps in provision
- Can similarly focus on particular cohorts – e.g. by team, single practitioner; or by client group e.g. Year 6 pupils transitioning to Year 7
- Allows annual assessment of overall impact to inform commissioning

An example was provided whereby, though PRU was shown to have helped increase ‘Learning’ CAF dimensions, ‘Social and Emotional Development’ was not impacted significantly. Increased CAMHS commissioning subsequently helped redress this impact.

The benefit of focussing on child and young person’s own perspective was demonstrated in instance where issue regarded by practitioner as a concern about behaviour was perceived by the child as being a concern about emotional health.
Westminster outlined some other models below:

Triangle Consulting’s ‘Outcome Star’ (similar to Connexions Spider Chart) was developed for use with adult services, with each cohort (e.g. DV, Drug & Alcohol, Parenting, etc) having their own star dimensions, with scoring measures incorporated. However, though tool is freely available on the internet, assessment and evaluation @ £28 per case is prohibitive, though provision of training for alternative specialist in-house evaluation could be explored.

ASCOT (an ‘Adult Social Care Outcomes Tool’) adapted by Kent University evaluates well-being (versus outputs) within the adult sector. The thrust of Kent University’s work on developing this model for children sector is about avoiding bias which can be inherent in questions posed e.g. 12-15 year olds will predominantly respond to match ‘expectations’, while 8-10 year olds will tend to pick first option from selection offered; while also identifying appropriate questions to appropriately reflect practitioner intent versus child’s interpretation. There are funding issues re furthering the development of this model, though it was suggested by Croydon representative that there could be potential for collaborative working on this with C4EO or with Research in Practice, for instance.

Other approaches were then shared by other LAs on tackling how to evidence improvement in outcomes through the CAF process.

Greenwich has also developed a base line measurement tool based on the Connexions CAPIR wheel (‘Spider’s Web’) as this familiar to staff already using it, and also compatible with their IT system. Initially pilot specifically looking at measuring the outcomes of young people 16 - 19 years. This tool is incorporated into CAF assessments as one continual process, with review of outcomes measurement plotted every 12 weeks, using the TAC / TAYP process where possible. As with Tower Hamlets/Bristol/Richmond scaling tools, importance is about giving the young person a voice throughout the process, with the measurement score providing basis for discussion between young person and practitioner. Consistency in application supported by practitioners guide, which also attempt to offset potential bias.

Merton has rolled out a variation on Direction of Travel tool, persuaded by the evidence of Tower Hamlet’s evaluations and following a pilot period end 2010. A dual scaling tool is incorporated into the CAF form to record both child and practitioner perspectives through from initial CAF assessment through all Reviews to closure, with a compromise agreed to reduce the number of scaling tools from the x19 associated with each national CAF dimension to x6 achieved through merging appropriately grouped CAF information gathering dimensions. Revised forms on www.merton.gov.uk/caf-materials

Barnet and Kingston and other LAs also discussed how they routinely look at measuring improvement in outcomes through: Evaluating reasons for closure / Quality Assurance audit samples / Use of Questionnaires, (though these generated few responses) / Focus Groups

A follow-up workshop is planned for Spring 2012, with the intention also to include consideration of LARC 3 Cost Effectiveness approach, which looks at the financial costs of the CAF process itself, the financial costs of interventions put in place through the process and the future costs (financial, personal and societal) that may have been avoided through early and effective intervention (‘invest to save’): more on LARC3 from www.nfer.ac.uk/nfer/publications/LGLC01/LGLC01.pdf
Appendix 4:

National eCAF Update

Copy of a joint response from London Directors of Children's Services to DfE consultation on the long-term future of the National e-CAF (closed 31 September 2011).

NeCAF Consultation details from:
http://www.education.gov.uk/childrenandyoungpeople/strategy/integratedworking/caf/a0072820/national-ecaf-system-review

Wandsworth Council
Children's Services Department
Town Hall Wandsworth High Street
London SW18 2PU

Please ask for/reply to: Paul Robinson
Telephone: 020 8871 7890
Fax: 020 8871 6009
Minicom: 020 8871 8275
Email: prooblison@wandsworth.gov.uk
Web: www.wandsworth.gov.uk

Our ref: PAR/6da
Your ref: 
Date: 26th September 2011

Mr T Jeffrey CB
Director-General, Children, Young People & Families
Sanctuary Buildings
Great Smith Street
London SW1P 3BT

Sent via email to: national.ecaf@education.gsi.gov.uk

Dear Mr Jeffrey,

ALDCS - Response on National eCAF Consultation

I am responding on behalf of the Association of London Directors of Children’s Services to your letter of 2nd August inviting comments on the impact of possible de-commissioning of National eCAF (NeCAF).

This response follows a wide ranging consultation undertaken by the Association of London Directors of Children’s Services on this issue. The paper has been also developed in collaboration with the London Early Adopter authorities (Sutton Richmond, Croydon and Wandsworth).

In summary, although there were clearly a wide range of views expressed about CAF processes and NeCAF system a number of clear points emerge. These are set out below.

- There is overwhelming support for retention of some form of common electronic system for the easy exchange of information between agencies to plan and manage co-ordinated support and to safeguard vulnerable children and young people. This is seen essential.

- Given the scale of cross-boundary movement in London and high proportion of children receiving services from authorities and agencies outside their “home” borough, this needs to operate at a pan London level at a minimum. Retaining a National system is highly preferable as this safeguards the most vulnerable children and families.
• Some services and practitioners have found both CAF processes and the operation and structures of NeCAF to be rigid and bureaucratic and feel they should be more flexible – particularly in terms of access, gathering assessment information and workflow – which can deter agencies from sign up and use. Conversations with suppliers have suggested that NeCAF could be amended to address many of these issues – and we would wish to explore this further – but this needs time.

HEADLINE MESSAGE

The view of the ALDCS on the way forward is therefore:

• Going ahead with decommissioning without robust arrangements in place for sharing information electronically would be a backward step;

• Ideally DFE commits to continued support for NeCAF and maintains it itself (but with authorities able to collectively modify and simplify its format and use);

• Failing this, DFE maintains NeCAF for long enough for a viable alternative provider arrangement to emerge; and

• If NeCAF is decommissioned or externalised, DFE provides appropriate funding to local authorities for electronic systems to support early help and safeguarding

Before responding to the specific questions asked in your letter, ALDCS feels that it is relevant to set out the wider case for the retention of an electronic system to support safeguarding and early help

A. The wider case for an electronic system

4. NeCAF is an IT system which supports multi agency early assessment and delivery of early help in line with agreed CAF processes. It has been carefully designed over a number of years with significant input from local authorities to specifically ensure that it properly supports locally owned assessments processes and facilitates rapid and easy sharing of information. These elements are key features of early help (as proposed in the Munro review) and are vitally important in ensuring the safeguarding of the most vulnerable children and families.

5. Safeguarding Most significantly the common assessment arrangements and NeCAF system were developed in response to concerns highlighted in a range of Serious Case Reviews and high profile child death cases (including the Climbie Enquiry). These concerns centred on the failure of practitioners across a range of agencies to indentify and/or share significant information about a child’s welfare and situation in a timely and appropriate way to enable intervention to take place – often resulting in tragic consequences. It is significant that the majority of child deaths involve children not known to social care. Inadequate information sharing remains a significant issue. It appears illogical to consider decommissioning a system that plays a key role in mitigating and minimising such risk by promoting effective information sharing across the widest range of agencies, without
reassurance that a robust alternative system is in place. Any system needs to be flexible and customisable.

6. **Consistency and Flexibility** The national framework for the system establishes consistency but it needs to be more flexible. The current system – although it has some rigidities and shortcomings has enabled local authorities to focus on the development of their local processes, practitioner engagement and consistency and quality of practice. Children, young people and their families also benefit from the electronic enablement of local common assessment processes that national eCAF supports – ensuring that assessment information is stored securely, and can be shared appropriately, quickly and safely amongst a wide range of practitioners – including across local authority boundaries. A particular strength is the openness and transparency and ease of use of the system which encourages the full range of practitioners to become involved in supporting children and families.

7. **Munro** A key reason given for discontinuing national ECAF was the Professor Munro’s criticism of “nationally prescribed approaches” to IT systems. It is however, understood that this was founded on specific criticisms of the mandatory Integrated Children’s system - seen as overly rigid and with strict externally imposed timescales for work that were reflected in ICS IT systems. NeCAF has been developed primarily by practitioners working together with partner agencies, central government and suppliers. It has been developed organically to ensure that it properly supports “locally owned assessment processes” and individual requirements. Authorities have been free to adopt it or not. Voluntarily 24 authorities have done so already (5 in London) as early adopters with another 27 expressing interest – a significant show of support.

Early adopters (although it is accepted that not all councils may feel the same) are convinced that NeCAF either already directly supports the recommendations or could easily be further developed to do so. The system:

- Directly supports achieving timeliness in the early identification of needs, improving quality of assessment and provision of an early help offer and assessing effectiveness of that help to be assessed (Recommendation 1 and 10)
- Directly supports practitioners in exercising professional judgement by facilitating the sharing of appropriate information on which to base decisions (Recommendation 1)

And more widely:
- Supports preventative services in co-ordinating the recording and information sharing across the Team and avoids duplication and loss of information by creating a single plan held in one place but accessible to all practitioners. These arrangements are central to effective multi agency working
- Greatly facilitates monitoring and tracking of children and vulnerable vulnerable to abuse and neglect young people across boundaries
- Provides data which can be used to support, plan and co-ordinate local commissioning and the development of appropriate services
8. Development Practitioners -- and some DCSs have highlighted that there are some issues with the CAF arrangements and the technical operations of the NeCAF system that can cause difficulties. Access, inflexibility of the assessment form and time taken to complete it, some rigidity around the workflow sequence, difficulties of supporting family focussed working and lack of reporting on outcomes are some of the issues. Discussions with suppliers have however suggested that the system could be adapted relatively simply and cheaply to overcome these -- allowing local flexibility of the kind promoted by Munro. Clearly it is much cheaper easier and quicker to adapt the existing NeCAF system in this way than to develop local alternatives from scratch.

9. Integrated Working in London London has been at the centre of CAF and NeCAF developments. 5 London authorities have been successful early adopters of the system and several others have signed letters of intent. London has also pioneered the highly successful pan London Integrated Working arrangements and Pan London CAF protocols. These provide clear consistent agreement across London authorities on level of need and how and what information is shared -- and are acknowledged as model for roll out of cross border integrated working nationally. The National eCAF system is inextricably linked and facilitates these developments as part of a coherent cross boundary approach to early intervention and prevention. Without it these arrangements be immeasurably harder to manage ad the existing invaluable consensus will be lost.

Summary

10. A number of key Government reviews (Allen, Tickell, Field and Munro) are all focussing on the importance of early help and early intervention to improve outcomes and minimise costly interventions. It would make little sense to decommission a system which directly supports and complements these approaches, although ALDCS would welcome the opportunity to review aspects of its development.

11. The NeCAF system is relatively new and still bedding down. There is general support for the system and recognition of its actual and potential benefits and a desire to see some form of common electronic system which permits cross boundary sharing of information retained.

B. Impact and Practical Consequences of Decommissioning

12. There are a range of highly negative practical consequences in decommissioning including:

13. Early Assessment and Intervention Arrangements The absence of NeCAF will have very serious impact on local early assessment and intervention arrangements across early adopter authorities and more widely. Some councils are in a better position to cope with this than other, but it will create risk. In London, NeCAF is already a significant enabler of these arrangements. Most early adopters will have no contingency arrangements and therefore case information stored in NeCAF will either be lost -- or need to be transferred into manual systems with risk of error, data loss and failure to share information effectively.
Specically early adopter authorities will lose the ability to:

- Track effectively mobile children and families who are most likely to "fall through the net"
- Share information securely across boundaries and organisations in other boroughs with secure messaging. This is a highly significant issue given the scale of cross boundary movement in London (typically in Inner London over a quarter of secondary pupils attend schools outside their home LA (or independent schools) — and in some boroughs over 40% do so).
- Centrally review CAF activity and monitor and quality assure assessments action plans
- Make referrals speedily and directly to agencies (and receive responses) — including to/from those in other boroughs
- Quickly identify where a CAF exists — particularly in other authorities — to avoid duplication and to save time
- Manage and co-ordinate multi agency team around the child arrangements — particularly where teams include cross authority members.
- Generate management information to track individuals, case progress and analyse aggregate information to benefit individual case management and wider service planning and commissioning

In the short term this would mean that local assessment and early intervention/help arrangements will have to use less secure and more time consuming methods — with the likely consequence of reduction in the information shared, or practitioners being deterred from sharing at all. This is a key safeguarding risk — particularly in London where it is children and families who move between or receive services from different authorities who are generally most at risk of falling through the net.

14. **Momentum, Engagement and Confidence** There will be significant loss of momentum, confidence and partner engagement — both amongst early adopters and those considering moving to NeCAF. Most early adopters are either transitioning from other systems or embedding NeCAF as part of integrated working arrangements. In most cases significant progress has been made in engaging key partners (schools children's centres, GPs and other health service providers). The enthusiasm for the system varies across London but views remain generally positive. Local consultations in a number of boroughs have shown that many partners are disappointed, confused and frustrated about the possible loss of key tool in supporting integrated working and uncertain about future arrangements — although this is not universal. This is particularly so for those who have already been trained and have started using the system.

15. Decommissioning therefore risks partners becoming disaffected and distancing themselves from any subsequent arrangements to support early help and share information — leading to much less effective joint planning and joint working to support vulnerable young people and families. The enormous time and effort spent on implementing NeCAF locally to date will largely have been wasted. Further effort will need to be put into seeking alternative approaches and into revising local procedures and systems. This will all detract form the current and essential priority of enhancing local assessment and early help arrangements to support children and families.
16. **Need to Develop Alternative Arrangements** Unless a means of stable transfer of NeCAF to an external provider arrangement is found, authorities will be forced to go through procurement processes to evaluate options and tender for replacement systems including developing local systems. This will be complex time consuming and costly. If NeCAF is decommissioned early some authorities may be left without an electronic system at all. It is therefore essential as a minimum that DFE commits to supporting NeCAF for a sufficient period to allow a viable means of externalisation (private sector, LA consortium or other model) to emerge. This will give those councils who have committed to national eCAF at least some time to explore alternatives. ALDCS would also expect a proportion of any savings from decommissioning to transfer to local authorities so that they will have the resources to develop mechanisms for electronically sharing information. In practice this means continuing to support National eCAF for a period of 2 years.

17. **Cost shunting** Currently NeCAF and its central support infrastructure is funded centrally by DFE. Any move to decommission NeCAF – or even to externalise it without any financial support represents a significant “cost shunt” to local authorities. This would inevitably impact on the resourcing of other areas of children’s services activity. De-commissioning NeCAF would involve the Government in significant early termination payouts to current system suppliers for nil benefit. Clearly it would be more sensible to deploy resources either to continuing DFE support for NeCAF directly – or to develop a decommissioning plan with the funding provided to authorities for electronic systems to support early help in advance of switch off of National eCAF.

I hope that these views will shape and influence your thinking on this important issue. In our view it would be a highly significant retrograde step to allow the demise of a system which – although in its infancy - is showing its potential in supporting early help arrangements and safeguarding of young people. At the very least if the DFE cannot continue to support the system itself it needs to commit to it for sufficiently long enough for managed alternative provision arrangements to emerge. I trust you will also take on board the importance of ensuring adequate funding to authorities to maintain electronic systems to support early help and safeguarding.

Yours sincerely,

[Signature]

Paul Robinson  
Director of Children’s Services, Wandsworth  
(on behalf of the Association of London Directors of Children’s Services (ALDCS))