Quarterly Summary Report on
Common Assessment Framework (CAF) developments in Merton

Third Quarter 2010: July – September 2010

(supported by set of Appendices - from page 20 - which show Merton wide universal service provision and population demographics to help put CAF stats in context)

A full breakdown on stats provided within this report, from service area through to practitioner details, is available to relevant Service Managers for internal follow-through within own service areas.

Some significant issues arising from the tables and charts which follow are outlined below:

**CAF Training:** (refer Chart Pg 7)

Some 1365 practitioners across all Merton services who work with, or have some contact with, children have had some CAF and Information Sharing Awareness training within Merton’s C&YP Well Being Model (MWBM) (formerly Child Concern Model CCM) concept, with over 1020 of those having completed the full set of CAF training modules.


**CAF Implementation:** (refer Chart Pg 7-9)

<table>
<thead>
<tr>
<th></th>
<th>Pre 2009</th>
<th>Q1 2009</th>
<th>Q2 2009</th>
<th>Q3 2009</th>
<th>Q4 2009</th>
<th>Q1 2010</th>
<th>Q2 2010</th>
<th>Q3 * 2010</th>
<th>Grand Total</th>
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<tbody>
<tr>
<td>Total all CAFs</td>
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<td>135</td>
<td>149</td>
<td>141</td>
<td>214</td>
<td>183</td>
<td>123</td>
<td>61</td>
<td>1661</td>
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<tr>
<td>% ALL CAFs</td>
<td>39.4%</td>
<td>8.1%</td>
<td>9%</td>
<td>8.5%</td>
<td>12.9%</td>
<td>11%</td>
<td>7.4%</td>
<td>3.7%</td>
<td>100%</td>
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Bearing in mind that we continue to receive retrospective copies of CAFs so that current totals are likely to increase, particularly for most recent quarters:

Since 2009:
- ~ 1006 CAFs or CAF Reviews undertaken - 639 of these through 2009 alone. It’s difficult to discern comparative trends per quarter 2009 versus 2010 yet as records still coming through particularly for Qtr 3; while the peak in Qtr 1 2010 represents the dramatic increase in referrals which was an outcome of the Laming Enquiry following the death of Baby Peter
- ~ 342 different practitioners assumed Lead Practitioner role; and with further
- ~ 822 different practitioners involved (without leading)- in a total of some
- ~ 1987 practitioner interventions.

In total since first CAFs in 2005:
- ~ 1660 CAFs records received
- ~ 878 (i.e. over half of these) represent single episodes for different children
- ~ 1023 different families are represented, with 90 of these families with multiple siblings
- ~ 782 records comprise portfolio of CAF and Reviews for 282 different children

**Recording of Consent on CAF form:** (refer Chart Pg 15)

It is very reassuring to note continuing improvement in this area since April 2009 report where consent was only being recorded on some 38% of CAFs. While previous low figures largely reflected neglect in the actual recording of consent rather than whether consent was being discussed with families, proactive follow-up and training focus has led to steady improvement, with informed consent now acknowledged on 72% CAFs in Qtr 3 2010.

The aim must be 100% acknowledgement however: though by definition consensual, for transparancy of practice each CAF record must acknowledge the client’s awareness of, and agreement to, this; and where Consent is overruled in cases of child protection, this must also be acknowledged, justified and recorded by the practitioner in the Consent section of the CAF form.
Recording of Child, Young Person or Carers Comments;
Parents/Carers attendance at Meeting:  
(refer Chart Pg 14)

Attendance lists for multi-agency CAF meetings has been recorded on 16% CAFs received since 2009. Of these, parents/carers are recorded as being in attendance at 52% meetings. Carers Comments are recorded on 17% CAFs, and young people’s comments on 6% (tho these stats do span full age range).

As CAF is about working in partnership with families, the above acknowledgements of engagement, combined with dedicated actions being included for parents/carers and young people themselves within CAF Action Plans, provides potential for an immediate measure on the extent and nature of how family and practitioners work together in a solution focussed way. For this reason all families should be encouraged – and empowered – to demonstrate their engagement in this way.

Recording of Targets/Conclusions/Action Plans:  
(refer Charts Pg 16-18)

On average either Conclusions, Target for Change and/or Action Plans were completed on 53% of CAF forms, but this reflects a very significant variation across agencies from never at 0% for some to always at 100% for others.

Dedicated training has been commissioned by the CAF Team to focus on developing skill in drawing conclusions from information gathered, identifying targets for change, and drawing up Action Plans: these modules have been very well received by colleagues from across childrens services.

For further information and sign up details, see Holistic Assessment Skills and Techniques on www.merton.gov.uk/caf-training.

Manager need to encourage their staff to attend the above training where necessary in order to improve quality of information being shared across agencies. To facilitate this, Service Leads across all agencies have been periodically provided with drill-down data to practitioner level within their own agency on extent of CAF engagement, as well as with detail on whether Consent has been recorded, or whether there is recorded evidence of information having been pulled together into conclusions and action planning. Updates on this drill-down data can be provided on request.

CAF Reviews:

As part of Action Planning, a Review Date should always be set for open CAF episodes for practitioners and family to consider together what progress has been made, and agree next steps. As the CAF Team are not always receiving copy of CAF Reviews routinely, we urge practitioners to remember to include caf.coordinator@merton.gov.uk in copy so we retain accurate record of status of the full CAF episode through to CAF closure, and are able to respond to any CAF queries appropriately. All other practitioners/agencies involved in the case, as well as the family themselves, should obviously also receive copy automatically.

A CAF Progress Update sheet is available to record any CAF follow-up meetings, downloadable from www.merton.gov.uk/caf-materials. A pilot version with scaling tool incorporated is also available from www.merton.gov.uk/trimmed-CAF-pilot referred to above.

To further facilitate benchmarking of families engagement in the CAF process, a scaling tool has been introduced in a modified CAF form being trialled through to the end of the year. This PILOT CAF form is downloadable from www.merton.gov.uk/trimmed-CAF-pilot.

This modified form also – significantly – has merged some of the information gathering sections of the form, reducing to x6 the different domains to record information within, from the x19 on the original national CAF (while retaining the x19 set of cues for guidance, and to retain consistency with national CAF
Recording Level of Need: (refer Chart Pg 13)
MWBM Levels of Need have been recorded on 77% CAFs through Qtr 3 2010, versus 69% overall since 2009, showing some improvement. The majority of those recorded are consistently at Level 3, peaking at 55% in Qtr 4 2009.

See preceding link for focussed training on Additional Needs Identification, which uses MWBM ‘Rainbow’ and Additional Needs Indicators framework from www.merton.gov.uk/mwbm-additional-needs-indicators

Secure exchange of CAFs:
Since starting to log method of exchange of CAFs (from end July 2009), the number of CAFs received by insecure email has steadily decreased. All schools and some voluntary agencies have been set up with option of an @merton.gov.uk accounts to facilitate this. It is important to be aware that unless exhanged across secure frameworks, CAFs exchanged as regular email attachments are not secure. Guidance on options is available from Merton’s on-line Multi-Agency Practitioner Resource: the Child and Young Person Well Being Model (MWBM) at www.merton.gov.uk/mwbm-security-topics.

Some 23% of CAFs received have been by post, 9% by fax – while 30% of the rest shared directly have been by secure email.

Some significant demographics on CYP having had CAF done:
(see charts on pages 10-12; also Appendices for local population context from page 20)

- Gender still tends to be unidentified in about 3% of cases, of which half of these (15 records) are for yet unborn babies. Of those where gender is identified, approx 53% are male, 47% female – demonstrating continued higher differential than one would expect from Merton’s children’s population ratio of 51% male:49% female ratio.

- Ethnicity has been recorded in 92% of cases through Qtr 3 2010, which is an improvement on 75% overall: set against Merton-wide IDACI 2007 demographic data, significant information emerges of:
  ~ 56% (54% overall) are for white young people (< Merton age related population ratio @ 67%)
  ~ 10.5% (11% overall) for cyp with mixed backgrounds (> Merton age related pop ratio 7.8%)
  ~ 17% (19.2% overall) for yp with black backgrounds (> Merton age related pop ratio @ 10.3%)
  ~ 0% overall Chinese (< in a Merton age related population ratio @ 1.2%)
(Charts pages 6 - 7)

Though there has been some narrowing of the gap for the black communities in the actual level of responses versus what local populations demographics would predict, the disparity for the white and mixed communities continues to be significant.

As will be evident from chart on Page 11, it is the particularly high responses at age 0-9 in black communities that contributes to their overall high stats, while similar high responses at ages 3-5 in Asian communities masks comparatively low responses in Asian other age bands. Lower responses for children from white backgrounds is especially marked in the 3-5 age ranges, and indeed through Primary School phase to age 11 where all other ethnic groups have higher than predicted responses. Figures are also lower for white community in the 0-2 age range, while almost all other ethnic groups have higher than predicted responses for this cohort.

- While the greatest number of CAFs continue to be generated in Cricket Green, Ravensbury, Figges Marsh, St Helier, and Lavender Fields wards, consistent with East Merton regeneration area demographics, again the high numbers in the 0-14 age ranges masks significantly lower numbers for young people aged 16+ (see charts Pg 19-25).

- The absence or low numbers of CAFs across all age ranges (except perhaps 5-9) in Village, Hillside and Dundonald Wards may reflect either demographic mix or service provision and so warrants focus by all practitioners who work in these localities.
CAF Audit 2008/09/10 – Triggers and other Findings

Merton CAF Quality Assurance Framework comprises elements:
  a) monitoring and audit on CAF process
  b) practitioner self assessment and supervision
  c) feedback on experience and outcomes from child and carer perspectives

Element a) is informed and supported by the already established CAF Quarterly Reports, (all reports available from www.merton.gov.uk/caf-news), which routinely provide statistics on CAF engagement by agencies; demographics of the children and young people having had CAFs done; and an initial view of quality of information shared as recorded on the CAFs.

A draft full CAF QA Report (final version Dec 2010) includes findings and recommendations from an evaluation of the above elements, and aims to inform workforce development and contribute to ongoing improvements of the CAF process.

It's initial draft set of recommendations includes various tools and suggestions for:
- for b) above: improved self-assessment and supervision support for practitioners, while also including a separate high level paper for consideration on formalising Lead Practitioner role in Merton, together with a draft Step Up Step Down Protocol for CAF fit with processes when transitioning between Universal / Targeted and Specialist / Statutory services.
- for a) above: simplification of the CAF recording process: some modification to CAF form are proposed to reduce number of information gathering sections from 19 to 6: this is consistent with the First Munro Review on Child Protection (Sept 2010), commissioned by the new government, which suggests a move to greater flexibility in simplifying social work assessment processes. The Second Report due in February is expected to offer further steer about the use of the CAF and the Lead Professional (Practitioner) role within the context of early intervention recommendations.
- for c) above: allowing for some benchmarking of progress towards achieving identified targets through CAF Reviews to closure – from both family and practitioner perspective – by introducing an (optional) pair of scaling tools for each of these six sections above – providing suggested templates to gain direct feedback from children and young people on their experience of the CAF process in terms of improved outcomes while continuing to promote active engagement by child and family as outlined above Pg 2

**CAF Triggers** (broken down further in tables following Pages 5-6 – for consistency interpreting CAF information details).

In analysing CAF triggers against ECM Outcomes for sample group (x50 records) audited 2010:

**Primary Triggers** tended to be, in order of frequency:
  - **Be Safe:** Parenting Concerns
  - **Enjoy and Achieve:** Achieving Psnl & Social Development; School Attn/ Enjoyment
  - **Be Healthy:** Mental & Emotional Well Being
  - **Be Safe:** Security, Stability and Being Cared For
  - **Positive Contribution:** Engaging in law-abiding and Positive Behaviour; Choosing not to Bully/Discriminate

**Secondary triggers**, again in ECM order, include
  - **Healthy:** Mental and Emotional Well Being
  - **Safe:** Security, Stability and Being Cared For
  - **Enjoy & Achieve:** Attn & Enjoying School; Achieving Personal & Social Development
  - **Positive Contribution:** Engaging in Law Abiding & Pos Behaviour
  - **Economic Well Being:** Engaging in further EET; Living in Decent Homes & Sustainable Communities; Living in Households Free from Low Income.
CAF Triggers (main) for Audit 2008/09/10

ECM Outcomes

- Be Healthy (ECM 1)
- Be Safe (ECM 2)
- Enjoy and Achieve (ECM 3)
- Positive Contribution (ECM 4)
- Economic Well Being (ECM 5)
CAF Triggers (supporting) for Audit 2008/09/10

- Mentally & Emotionally Healthy
- Sexually Healthy
- Health Lifestyles
- Choose not to take illegal drugs
- from maltreatment, neglect, violence, sexual expl
- from bullying/discrimination
- from crime and ASB - in-custody of school
- have security, stability and are cared for
- ready for school
- attend and enjoy school
- achieve statutory education standards - primary
- achieve statutory education standards - secondary
- achieve and support development - enjoy recreation
- engage in decision-making - support community and environment
- engage in law-abiding & positive behaviour - school
- develop ps as (see 3b re Pos Activities)
- develop skills successfully deal with sign life challenges
- meet/challenges
- develop personal behaviour
- develop self-confidence
- develop aspirations
- develop skills (see 3b re Pos Activities)
- economic development
- encourage volunteering
- live in decent homes and sustainable communities
- access to transport and material goods
- live in households free from low income

ECM Outcomes

- Be Healthy (ECM 1)
- Be Safe (ECM 2)
- Enjoy and Achieve (ECM 3)
- Positive Contribution (ECM 4)
- Economic Well Being (ECM 5)
## Statistics on CAF Training and Implementation per agency to end September 2010

<table>
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<tr>
<th>Service Areas</th>
<th>Training</th>
<th>Involved in CAFs as Lead Practitioner</th>
<th>Practitioners Involved / Listed on CAF but NOT as LP</th>
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<td>15 - MEnvironment &amp; Regeneration</td>
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<td>16 - Other Boroughs</td>
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<td>8</td>
<td>5</td>
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<tr>
<td><strong>Grand Total</strong></td>
<td><strong>160</strong></td>
<td><strong>342</strong></td>
<td><strong>1023</strong></td>
</tr>
</tbody>
</table>
### Service Areas Referred TO

(Logged centrally since 2008)

| Service Areas Referred FROM | A&A | FS | BOND ROAD | CWD | CLUSTER SW | VCT | Aiming High | OTHER BOROUGH SC | SCHOOL | SMART | EWS | S&L - Sensory Impairment | VBS | ED/PSYCH | SEN | CONNECTIONS | YSP | TURNAROUND | PHOENIX | JIGSAW | YOUNG CARERS | MERTON ASYLUM | SFT | LAVENDER CC | PORTAGE | EARLY YEARS | SUERSTART | HV | GP | SCHOOL NURSE | CAMHS | HOUSING | Total |
|-----------------------------|-----|----|-----------|-----|------------|-----|-------------|------------------|--------|-------|-----|------------------------|-----|-----------|-----|-------------|-----|-----------|--------|-------|----------------|----------------|----|------|----------|-------|-------|--------|
| 01 - MCSF - Children’s SC - FS | 1 1 1 | 1 | 1 | 1 | 1 | 2 | 3 | 1 | 2 | 1 | 1 | 10 | 14 | 4 |
| 01 - MCSF - Children’s SC - Int Serv | 2 1 2 | 2 | 1 | 1 | 3 | 1 | 1 | 1 | 1 | 1 | 1 | 20 | 4 |
| 01 - MCSF - Children’s SC - VCT | 2 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 11 | 9 |
| 02 - MCSF - Educ - Schools | 134 8 1 15 1 7 6 | 2 7 2 8 6 7 1 3 | 4 9 20 13 5 | 25 1 1 | 14 2 43 4 | 349 |
| 03 - MCSF - Educ - Soc Incl | 3 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 11 | 9 |
| 03 - MCSF - Educ - Soc Incl - SEN | 3 7 2 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 11 | 20 |
| 04 - Connexions | 7 | 2 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 11 | 4 |
| 05 - MCSF - Youth Justice Service | 4 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 11 | 0 |
| 06 - Youth Services | 20 10 2 6 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 71 |
| 07 - Vol - Comm - Faith Groups | 20 10 2 6 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 71 |
| 08 - Independant Services | 2 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 71 |
| 09 - MCSF - Early Years and CC | 11 16 2 32 | 8 | 2 | 19 | 1 | 1 | 9 | 3 | 2 | 106 |
| 09 - MCSF - EY&CC (0-12) - SFT | 3 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 31 |
| 10 - H - NHS - S&M Community | 57 14 3 | 3 | 2 2 3 2 | 43 1 2 2 | 1 1 2 1 | 2 1 2 1 | 141 |
| 11 - H - NHS Acute Trusts | 62 1 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 72 |
| 12 - H - CAMHS | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 2 |
| 13 - H - Mental Health Trust | 39 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 48 |
| 14 - MCom and Hou (Ho/AdSC/AdL&D) | 15 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 17 |
| 15 - MEnv & Reg (SaferM / MET) | 13 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 13 |
| 16 - Other Boroughs | 24 1 | 1 | 1 | 2 2 1 | 1 | 3 | 1 | 36 | 3 | 11 | 20 | 13 | 61 | 18 | 1080 |
| 17 - Unknown / Unidentified | 9 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 11 |

Total Overall: 432 67 16 64 2 7 20 2 8 7 4 14 8 11 4 3 5 12 30 19 16 5 153 5 3 8 3 8 7 20 13 61 18 1080

**Highest number of referrals into these services**

**Highest number of referrals from these agencies**
A PICTURE OF EARLY INTERVENTION INTEGRATED WORKING

Total Cross Agency Practitioner Involvements per Leading Agency to end Sept 2010

(LP's are included in total grid stats, but actual Lead Practitioner numbers per agency are provided in brackets in first column)

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Breakdown of CAFs by Ethnicity

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<th>Q1 09</th>
<th>Q2 09</th>
<th>Q3 09</th>
<th>Q4 09</th>
<th>Q1 10</th>
<th>Q2 10</th>
<th>Q3 10</th>
<th>Grand Total</th>
<th>% all CAF's where Ethnicity has actually been recorded: i.e. 1661 - 423 = 1238</th>
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<tbody>
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<td>Pakistani / Br Pakistani</td>
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46.3% of 11.1% of 10.7% of 18.4% of 11.7% of 12% of 8.9% of 8.2% of 26.8% of

Breakdown of CAFs by Age Bands

<table>
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<tr>
<th>Age Band by Quarter (in three-year groupings) to end Sept 2010</th>
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<tbody>
<tr>
<td>(age in relation to year of CAF) (not inclusive of pre 2009 data)</td>
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<tr>
<th>Age Band</th>
<th>Q1 2009</th>
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<th>Q3 2009</th>
<th>Q4 2009</th>
<th>Q1 2010</th>
<th>Q2 2010</th>
<th>Q3 2010</th>
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<tbody>
<tr>
<td>0 to under 3</td>
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<td>6 to under 9</td>
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<td>9 to under 12</td>
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<td>over 15</td>
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1661 total CAF’s @ end September 2010 – inclusive of Pre 2009 data
1006 total CAF’s @ end September 2010 – not inclusive of Pre 2009 data
CAF's by Age Band (0-19) (in four-year groupings) & Ethnicity – to end Sept 2010 (not inclusive of pre 2009 data)
Breakdown of CAF’s by Gender – not inclusive of Pre 2009 data

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<th>Male</th>
<th>Unknown</th>
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<td>131</td>
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<td>Q3/Q4 2009</td>
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<tr>
<td>Q1/Q2 2010</td>
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<td>159</td>
<td>139</td>
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</table>
Recording of MWBM Level of Need  where recorded by Practitioner  (69% CAFs overall)  - not inclusive of Pre 2009 data

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<th></th>
<th>Pre 2009</th>
<th>Q1 2009</th>
<th>Q2 2009</th>
<th>Q3 2009</th>
<th>Q4 2009</th>
<th>Q1 2010</th>
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<td>Total all CAFs</td>
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<td>135</td>
<td>149</td>
<td>141</td>
<td>214</td>
<td>183</td>
<td>123</td>
<td>61</td>
<td>1661</td>
</tr>
<tr>
<td>% ALL CAFs</td>
<td>39.4%</td>
<td>8.1%</td>
<td>9%</td>
<td>8.5%</td>
<td>12.9%</td>
<td>11%</td>
<td>7.4%</td>
<td>3.7%</td>
<td>100%</td>
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Recording of method of CAF Exchange  (recorded from end July 2009)
Recording of Parents/Carers attendance at meetings* - not inclusive of Pre 2009 data
* from record of attendees at multi-agency CAF meeting (16% CAFs): in total, parents/carers attendance 52%
Consent Logged - by Agency – not inclusive of Pre 2009 data

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<th>Agency</th>
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<th>Consent IS Recorded on CAF</th>
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<tr>
<td>01 - MCSF - Children's SC - Int Serv</td>
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<td>01 - MCSF - Children's SC - VCT</td>
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<tr>
<td>02 - MCSF - Educ - Schools</td>
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<tr>
<td>03 - MCSF - Educ - Soc Incl</td>
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<td>04 - Connexions Providers</td>
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<td>05 - MCSF - Youth Justice Service - FIP</td>
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<td>05 - MCSF - Youth Justice Service</td>
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<td>05 - MCSF - Youth Justice Service - Turnaround</td>
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<td>06 - MCSF - Youth Services</td>
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<tr>
<td>07 - Voluntary - Community - Faith Groups</td>
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<td>08 - Independant Services</td>
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<tr>
<td>09 - MCSF - Early Years &amp; Childcare</td>
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<td>09 - MCSF - EY&amp;CC (0-12) - SFT</td>
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<td>10 - H - NHS - Community Health</td>
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<td>11 - H - NHS - Acute Services</td>
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<td>14 - MCommunity &amp; Housing</td>
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<tr>
<td>15 - MEnvironment &amp; Regeneration</td>
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<tr>
<td><strong>Grand Total</strong></td>
<td>84</td>
<td>82</td>
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**CAF’s where consent has been noted**
- to end September 2010

![Graph showing CAF's where consent has been noted over time](image-url)
Action Plan recorded on CAF (from April 2009 - Sept 2010)
Proposed Targets recorded on CAF (from April 2009 - Sept 2010)

Count of Proposed Targets

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Proposed Targets recorded on CAF (from April 2009 - Sept 2010)

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Conclusions recorded on CAF (from April 2009 - Sept 2010)

Count of Conclusions

Conclusions
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<th>DUNDONALD</th>
<th>FIGGES MARSH</th>
<th>GRAVENEY</th>
<th>HILLSIDE</th>
<th>LAVENDER FIELDS</th>
<th>LONGTHORNTON</th>
<th>LOWER MORDEN</th>
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<th>Out of Borough</th>
<th>POLLARDS HILL</th>
<th>RAVENSbury</th>
<th>RAYNES PARK</th>
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APPENDICES

(Set of Merton Maps to help contextualise CAF data provided above)

Appendix 1: 2009 Population Projection of CYP 0-19 by Ward
Appendix 2: 2007 Index of Multiple Deprivation by Ward and Super Output Areas
Appendix 3: Location of Primary, Secondary, Special Schools and FE provision
Appendix 4: Location of Children’s Centres in Merton
Appendix 5: Location of Health Centres in Merton
Appendix 6: (This is a composite of Appendices 2-5: best to print this separately on A3)
Appendix 1: 2009 Population Projection of CYP 0-19 by Ward

2009 Population projection of children and young people (0-19) by ward in Merton.

Under 19's by Ward
- Dark Green: 2,723 to 3,466
- Medium Green: 2,398 to 2,723
- Light Green: 2,263 to 2,398
- Lightest Green: 1,372 to 2,263

Merton Ward

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Source & Copyright: 2008 Round GLA Demographic Projection
Appendix 2: 2007 Index of Multiple Deprivation (IMD) by Ward and Super Output Areas

Income Deprivation Affecting Children Index 2007. London Borough of Merton

© Crown Copyright. All Rights Reserved. London Borough of Merton. 100019259. 2009.
SOA stand for Super Output Areas, IDACI stand for Income Deprivation Affecting Children Index
Source IDACI: Information from Department of Communities and Local Government,
Appendix 3: Location of Primary and Secondary Schools in Merton
Appendix 5: Location of Health Centres in Merton
Appendix 6: Composite of Appendices 2 – 5 above (IMD, Schools, Surgeries and Children Centres)
(if printing, best to print this page in A3 format)