



LARC
Local Authorities Research
Consortium

I&DeA
improvement and development agency



research in practice



LARC2: integrated children's services and the CAF process

Executive summary

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About LARC

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

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

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

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

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

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Foreword

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

Background

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

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

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

Some important messages

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

Progress at local level

The impact model (see page 16) used in the first stage of LARC's work continues to provide a helpful way of categorising signs of progress by councils, their partners and individual services towards achieving better outcomes for children and young people. In 2009, LARC2 indicates that LAs were recognisably further along this journey than they had been some eighteen months earlier.

CAF is a key mechanism

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

Better outcomes are being achieved

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

Five factors seem to contribute to the effectiveness of the CAF

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

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

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

Benefits for schools

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

Remaining challenges

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

1 Lack of shared accountability and commitment

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

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

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

3 Process confusion

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

Need for more strategic monitoring and evaluation

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

Benefits of LARC participation

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



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

The origins of LARC 2

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

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

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

Methodology

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

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

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

Conclusions and next steps

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

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

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

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

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

Immediate action is needed

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

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

Leadership is crucial

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



1 Introduction

The Local Authority Research Consortium (LARC), established in 2007, supports children's service authorities in using and conducting research to evaluate progress, to inform practice, share findings and make recommendations locally and nationally. This summary reports the collective findings of the 24 authorities involved in the LARC2 project, which uses the Common Assessment Framework (CAF) as a proxy to explore the effective integration between targeted and universal services, looking at outcomes for children, young people and their families. The full report can be accessed at www.larc-research.org.uk.

2 Methodological overview

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

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

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



3 How does the CAF process support children and young people's progress towards the ECM outcomes?

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

3.1 Be healthy

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

3.2 Stay safe

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

3.3 Enjoy and achieve

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

3.4 Make a positive contribution

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

3.5 Achieve economic well-being

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

Other positive changes were reported by authorities and these included:

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

4 What are the key factors of the CAF process which support improved outcomes for children, young people and families?

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

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

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

4.1 Engaging children, young people and families

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

Supporting parents to understand their child's needs

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

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

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

Developing improved relationships between families and professionals

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

Families feeling better supported

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



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

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

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

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

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

4.2 Consistency of lead professional role

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

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

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

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

4.3 Integration of all the elements of the CAF process

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

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

4.4 Children's Trust arrangements

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

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

4.5 Engaging schools

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

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



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

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

5 What is unique about the CAF process?

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

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

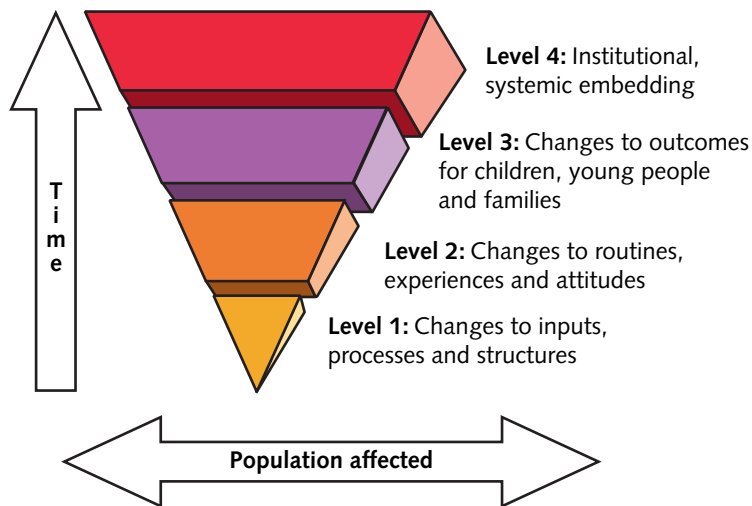
Based on the collective analysis of LA reports, therefore, a strong sense emerged that it is the *combined features* of the CAF process that lead to improved outcomes. Taken in isolation, each of these elements (holistic assessment, TAC model and meetings, lead professional role, engagement with families)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



6 NFER impact model

LARC2 analysis draws on the NFER impact model (Stoney *et al.*, 2003 and Morris and Golden, 2005) that was used in LARC1 (see Figure 1). Local authorities reported the local impacts of CAF using the NFER four-stage model of impact, which suggests different levels of impact over time.

Figure 1 NFER impact model



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

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

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

- increased use of the CAF process when supporting families in moving between tiers two and three
- increased numbers of multi-agency professionals carrying out CAF assessments
- improved multi-agency working through better awareness of each other's working practices and greater trust between agencies, including police, health professionals (including general practitioners) and others.
- improved relationships between families and multi-agency professionals
- improved focus on the holistic needs of children, young people and families by placing them at the centre of the solution (i.e. 'think family')

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- parents reporting high levels of satisfaction with being involved in elements of the CAF process, such as multi-agency meetings, the TAC model and information sharing
 - improved commitment to early intervention and prevention across most multi-agency groups
 - multi-agency professionals reporting more positive experiences of being involved in the CAF process.

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

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

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



7 Where next for CAF and integrated working?

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

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

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

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

8 Conclusion

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

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

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

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