

# Report for the Local Authority Research Consortium (LARC)

## Supporting families with complex needs: Findings from LARC4

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# Contents

<b>Contents</b>	<b>3</b>
<b>Acknowledgements</b>	<b>5</b>
<b>Foreword</b>	<b>1</b>
<b>Summary of findings</b>	<b>3</b>
<b>1. Introduction and background</b>	<b>1</b>
1.1 Methodological overview	1
<b>2. The common assessment and families with complex needs</b>	<b>4</b>
2.1 Before-CAF assessment activity and decision making	4
2.2 Attendance and structure of CAF/TAC meetings	6
2.3 Common assessment and social worker involvement	7
2.4 Support offered to families	8
2.5 Impact of the common assessment on children and families' outcomes	10
2.6 Perceptions of the successes and challenges associated with the common assessment	13
2.7 Summary	15
<b>3. Financial costs and benefits</b>	<b>16</b>
3.1 How much does the common assessment process cost for families with complex needs?	16
3.2 Case study examples	18
<b>4. The LARC story so far</b>	<b>21</b>
<b>5. Conclusion</b>	<b>23</b>
<b>LARC 4 participating authorities</b>	<b>26</b>
<b>References</b>	<b>27</b>





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# Foreword

## Early intervention may rarely be too late...

This fourth report from the Local Authority Research Consortium, LARC4, reinforces and builds upon some key messages from earlier LARC projects:

- Outcomes for children, young people and their families experiencing problems can be improved – and in some cases very dramatically - by appropriate interventions planned and managed by services working effectively together
- The Common Assessment Framework (CAF) process encourages, and provides a good basis for, such integrated planning and intervention
- There are five key success factors for early intervention, all of which should be present (see page 21)
- The costs of working and intervening in this joined up way are likely to be repaid many times over by the avoidance of greater costs later in the life of the child or family (although not all of the savings will accrue at the local service level)

This report also offers new evidence from more than 30 case studies, showing that even for children and families with much more complex needs, including those on the edge of care, it is still possible to achieve significant improvements in outcomes in a very cost-effective way by intervening appropriately once the families' needs have come to the attention of practitioners. So, while the CAF process was introduced initially for those children whose needs just exceeded what could be met through universal services, we now see the process helping to achieve successful outcomes in the context of much greater levels of need and for whole families as well as individual children and young people. Early intervention may rarely be too late.

## ...But earlier is better

The report offers further evidence to underpin the early intervention agenda championed by Graham Allen and supported by Professor Eileen Munro in her emphasis on 'early help'. By comparing the complex cases in LARC4 and the cases presenting lower levels of need examined in LARC3, there is some evidence of lower input costs associated with earlier intervention.

It is worth noting that, for some of these families with high levels of need, there had been no previous effective encounter with relevant support services. Most welcomed the CAF process and felt that the practitioners with whom they were then working had a good understanding of their needs. Since the benefits of earlier intervention accrue both to local services (less costly intervention) and possibly to the families



themselves, more should be done to assist with early identification of need and to mitigate any stigma associated with families asking for help or working with targeted services. Schools, children's centres, GP practices, midwives and health visitors can help to raise awareness with families of the help that can be available.

## **Learning for system improvement**

In a small minority of these case studies the right help has not been available to meet the families' needs effectively, or not at the time it was first needed. It is important that local services record and use CAF data to identify gaps in service provision and to inform the future commissioning of services.

While this study has looked in detail at family circumstances over a relatively short period of time, we are not aware of any good quality longitudinal data relating to CAF episodes and their medium and long term outcomes. At regional or national level such data would help to provide much more robust evidence of effective commissioning and intervention approaches – critical to judgements about longer-term cost-effectiveness and best use of limited local resources.

To date the champion of integrated working and the CAF process at national level has been the Children's Workforce Development Council (CWDC), whose role as a separate organisation now comes to an end. We thank CWDC for being a longstanding and valued member of the LARC Steering Group and we hope that the new champions of integrated working – the Children's Improvement Board (CIB) – will continue to be active in their support for local practice and improvement in this important aspect of children's services. It is pressure and influence at this national level that could lead to improved longitudinal data gathering and its use for whole system improvement.

## **LARC and sector-led improvement**

LARC is led by local authorities and supported by NFER and Research in Practice (RiP). LARC is about helping authorities to use local evidence to explore, in a safe space and with peers from other areas, how they can commission or deliver services that are even more effective at improving outcomes for children and families. At the same time, the LARC model has been one of assisting staff at local level to develop their own skills in relation to evaluation, cost-effectiveness, identifying and evidencing impact, data collection and analysis.

LARC is already contributing to sector-led improvement by combining a proven way of sharing and learning across authorities and of collaborating to create new knowledge that can be shared with the whole sector.

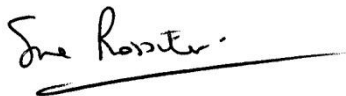
Over the last four years, LARC's focus has been on improving outcomes for children and families by improving the effectiveness of integrated working and early intervention. The four reports to date demonstrate that significant progress has been





made on this in a wide range of authorities and suggest that, using the original NFER Impact model (see page 22), many authorities have now embedded these different ways of working and are seeing the impact on outcomes. While we cannot claim the credit for this change, we are pleased to have supported and documented the progress across more than 40 authorities in these different studies, and to have identified some of the key factors involved.

We wish to thank and pay tribute to former Chair of the LARC Steering Group, John Harris, for his wisdom and guidance in establishing and running LARC successfully in its first years. Now under the leadership of Janette Karklins, DCS in Bracknell Forest and recently appointed new Chair of the Steering Group, we look forward to exploring opportunities to apply the LARC model of sector-led support to some other complex issues facing local services.



Sue Rossiter                      and  
Chief Executive  
NFER



Dez Holmes  
Director  
RIP



# Summary of findings

The local authority research consortium (LARC) supports local authorities (LAs) to use and conduct research to evaluate how they are meeting the needs of children and families, to inform practice development, share findings and make recommendations locally and nationally. This summary reports the findings from LARC round 4 (LARC4), which explored the use of the common assessment framework (CAF) with families with complex needs and looked at the interface between the CAF multi-agency teams and social care in meeting children and families' needs.

This report will be of particular interest to those local staff and managers who lead and operate the CAF process and the services that support children and families, including those in schools, children's centres and in the health service.

All the families included in the research had a range of complex needs which meant they were on the cusp of requiring social care support. Their presenting issues included behavioural difficulties; poor educational attainment/attendance; parents struggling to cope; emotional health issues (parent and/or child); autism (or equivalent) and/or physical health issues.

## Key findings

Overall the LARC4 research shows that using the common assessment processes with children and families with complex needs can help improve outcomes and be cost effective for local authority services; public health services and the criminal justice sector.

- While some families were apprehensive at the start of the process, most welcomed the common assessment process and felt that the multi-agency practitioners who offered help had a good understanding of their needs.
- A **range of support interventions** were put in place to help families. Most commonly help was given to enhance parenting strategies; improve engagement in education; develop emotional health and resilience; engage in positive activities and promote physical health management. Families reported that the informal help and support given by lead professionals helped them manage their situations.
- In all cases, the families' situation had improved to some extent following the common assessment. Examples of possible **futures scenarios avoided** as a result of the common assessment process included social care intervention; poor educational outcomes; police involvement or criminal prosecution; school exclusion; decline of parents' or children's mental health issues and someone getting physically hurt following violent or aggressive outbursts.
- More needs to be done to help universal service practitioners and social workers better understand when families should be supported via the common assessment or where they need referring for social care assessment and support.



- Reported benefits of the common assessment process included reducing duplication of effort and ensuring the family needed to tell their story only once; harnessing shared accountability and decision making between services; and longevity of the CAF process in giving families and professionals a chance to get to know one another, evaluate progress at regular points in time, and help to build an environment of trust and empowerment and resilience.
- The remaining challenges of the common assessment related to practitioners' needing a better understanding and confidence in starting the common assessment and their understanding of other services' roles and remits. Practitioners need to better manage some parents' expectations about the common assessment and need to be supported in closing CAFs.

### **Financial costs and benefits of the common assessment for families with complex needs**

Overwhelmingly, most of the 32<sup>1</sup> completed, costed and moderated cases studies show that over time, the common assessment process is cost effective for families with complex needs. Indeed, the potential savings are substantially greater than those reported in the previous LARC3 study (Easton *et al*, 2011).

- For most cases, the cost of the **entire CAF process** fell between £1,000 and £5,000. Common assessments with greater costs generally had an increased number of professionals supporting a family and a larger number of TAC meetings were held.
- The **costs of support interventions** varied considerably, ranging from just under £600 to almost £17,000. In most cases the cost of interventions was between £1,000 and £3,600. The costs of the interventions for these families with complex needs are therefore relatively low.
- Looking at future scenarios, around half of the cases resulted in no financial saving to the authority and local services in the short term. The figures ranged from a 'loss' of £14,000 to a saving of £44,500. However, for the same cases, in the longer term the **potential savings** ranged from a 'loss' of £6,800 to a saving of over £415,000.

### **Messages for different audiences**

Some families with complex needs remain unknown to support services and/or their needs are not well understood by the services with which they have contact. Since earlier intervention is in general less costly, with greater payback direct to the LA and other public services, there needs to be greater awareness and use of the common assessment process by universal services and by families themselves as a means of securing help when it is needed.

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<sup>1</sup> No financial data was provided for seven families



Based on the evidence collected to date, we suggest the following recommendations:

At **national/system level**:

- promote the potential cost effectiveness of effective integrated working, as supported and demonstrated by the CAF process, both for families with complex needs and those with lower levels of need
- consider how to gather robust evidence on the effect of integrated interventions on longer term outcomes for children and families (for example within the sector-led improvement programme)
- identify and celebrate good practice in the use of CAF data and outcomes to inform planning and commissioning.

For **LA leaders and managers**:

- ensure staff are equipped with the knowledge and skill to assess risk and appropriately refer children and families to services
- clarify to **social workers, health practitioners and universal service practitioners** when children and families should be referred for a common assessment or social care assessments
- share with service managers and front line staff the importance of offering early help to families' outcomes and its potential cost savings
- ensure front line staff have the support and training to close CAF episodes in a consistent and appropriate way
- support service managers and front line staff to raise families' awareness of the common assessment to help families access help when they need it
- proactively promote the common assessment and its associated benefits with families to help reduce the perceived stigma associated with working with targeted services
- systematically record and analyse CAF data to identify gaps in service provision and to inform future commissioning of services.

For **education sector leaders, managers and practitioners**:

- in the early years, ensure educational professionals know their health practitioner colleagues who offer help to young families; this will help ensure information is shared between the sectors so families can be best supported
- ensure teaching and support staff understand when it is suitable for a family to refer to social services and when it is better to start common assessment processes. This would help ensure families are not unnecessarily referred to social care; furthermore it would avoid potentially stigmatizing experiences for families
- share with service managers and front line staff the importance of early help to families' outcomes and its potential cost savings.



### For health sector leaders, managers and practitioners:

- share with service managers and front line staff the importance of early help to families' outcomes and its potential cost savings.
- in the early years, ensure health practitioners effectively share information with children's centres and primary schools so families can be better supported
- GPs need to ensure they work with their LA practitioners to best understand the non-health support services available to families so appropriate and timely referrals can be made to help families early
- ensure school nurses, health visitor, midwives and GPs better understand when it is suitable for a family to refer to social services and when it is better to start common assessment processes.

## Methods

Eleven of the twelve LARC4 local authorities carried out their own qualitative case study research projects within an overall agreed framework developed by the LAs and NFER. Each case study involved interviews with LA practitioners, parents and (where appropriate) children and young people. In all, the LAs conducted around 80 interviews across 39 case studies between spring and autumn 2011. Each case study looked at whether the common assessment process is a cost effective way to support improved outcomes and avoid costly, negative outcomes for families later on.

To calculate a difference in costs (i.e. an indicative 'saving'), LARC adopted the adapted 'futures methodology' used during LARC3. Futures methodologies are increasingly being used within research and evaluation to ascertain what might happen if, for example, an intervention had not been implemented. LARC4 LAs asked practitioners, parents and, where appropriate, children/young people for their perceptions on what the life course of a child/family might have been had the CAF process not been initiated. LARC LA leads then moderated all the case studies.





# 1. Introduction and background

The Local Authority Research Consortium (LARC), established in 2007, is a sector-led voluntary partnership between children's services authorities and research partners to use and engage in research. LARC is governed by the sector, for the sector, enabling authorities to use local evidence to explore how they can deliver multi-agency services more effectively to improve outcomes for children, young people and families. During 2011, 12 Local Authorities (LAs) across England participated in 'LARC round 4' (LARC4). Building on the success of previous rounds of LARC, LARC4 continued to explore the Common Assessment Framework (CAF) and Team Around the Child (TAC) processes, focusing on families with complex needs and those on the cusp of needing social care intervention. The research explored the interface between the common assessment and multi-agency teams (TACs) and social care teams in supporting our most vulnerable children and families.

Eleven authorities reported on a small number of qualitative case studies, looking at whether the common assessment process is a cost effective way to support improved outcomes and avoid costly, negative outcomes for families with complex needs. LAs (supported by LARC researchers) determined the financial costs of their case studies by examining the common assessment process itself; the financial costs of support 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 (in line with the "invest to save" ethos). It is not possible to attribute a financial cost to *all* of the negative outcomes avoided at this stage<sup>2</sup>. Our estimates of the amount of savings achieved through using the CAF process tend to be conservative, therefore.

## 1.1 Methodological overview

LARC's research adopts an innovative and creative approach to help authorities develop capacity to conduct and engage in research. It is a sector-led approach comprising a selective snapshot, rather than a comprehensive overview, of LA processes for supporting families with complex needs. One of the strengths of the LARC process is how individual small-scale research projects can be combined to add weight to local findings and to identify common or contrasting themes at a national level. However, costs are estimates only, and we have not used a control or comparison group when attributing impact.

LARC4 brought together a range of unitary, metropolitan, London borough and county authorities, in different settings and each with their own local interests and priorities. Each LA conducted its own research project, supported by NFER

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<sup>2</sup> Generally, this is due to a lack of financial data or due to the parameters of the study.

researchers, with LAs selecting their own case studies as determined by the national and local selection criteria. Each authority had its own aims for getting involved in LARC4. Some that were new to the consortium wanted to undertake a review of their common assessment processes to inform better service delivery and specifically wanted to undertake the costing exercise. Authorities that had been involved in previous rounds of LARC wanted to explore whether and how the CAF is effective for families with complex needs and whether it remains cost effective. While some authorities wanted to delve into the interface between CAF and social care teams in some detail, the case study approach limited the depth of their explorations.

LARC adopted a multi-perspective approach to interviewing. For each common assessment episode, authorities gathered information about similar variables from the family (parent/s usually), the Lead Professional and/or other key worker/s and, where appropriate, the child/young person involved. Table 1 provides details on the number of cases and interviewees.

**Table 1 Numbers of case studies and interviewees**

Case	Number
Case studies	39 <sup>3</sup>
Interviewees	Over 80 practitioners, parents and young people

It was important to obtain a number of perspectives, in order to triangulate the findings for each case. Through the case study interviews, authorities collected data on:

- the common assessment process, including pre-assessment activity, Team Around the Child multi-agency meetings and reviews and support interventions put in place
- why practitioners decided to start the common assessment (rather than statutory social care intervention, for example)
- outcomes for the family (has the situation changed as a result of support interventions?)
- future scenarios avoided (what would have happened to the family in the future had the common assessment not been initiated?)
- the successes and challenges of the common assessment process.

LAs also used data from the CAF records to supplement interview data.

When exploring costs, LAs collected data on hours, days, courses of action and interventions employed as part of a CAF episode. We used national data to apply

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<sup>3</sup> A small number of case studies comprised only one interview however; most cases included two or more interviews.



appropriate unit costs in order to calculate the total cost of the episode. The LARC research team made the unit cost information available to authorities and gave direct one-to-one support on the use of this data as required.

To calculate a difference in costs (i.e. an indicative 'saving'), LARC used the adapted 'futures methodology' developed during LARC3. Futures methodologies are increasingly being used within research and evaluation to ascertain what might happen if, for example, an intervention had not been implemented. Futures methodologies help inform perceptions, alternatives and choices about the future in order to achieve a desired outcome or plan for a probable outcome. The staged approach collects different views on possible future scenarios and, by reviewing and refining these scenarios, enables us to develop and agree a collective view/s. For LARC4, LAs asked practitioners, parents and, where appropriate, children/young people for their perceptions on what the life course of a child/family might have been had the CAF process not been initiated. Practitioner and family views were remarkably similar within and between cases. LARC LA leads moderated all the case studies and accepted all but a few possible 'future scenarios' as being likely or highly likely. We costed all 'accepted futures' as part of the research.

Different future scenarios have different cost implications. Some scenarios consist only of additional targeted interventions, where the cost impact is restricted to greater demands being placed on local services in the short to medium term. Others relate to outcomes for the family or young person which have longer-term implications for the individuals involved and associated costs to society. In some instances, no financial cost was attributable to scenarios due to a lack of national data or evidence. The LARC research team used national data, where available, to develop costs to local services; these have been applied consistently across the cases.

Further information about the costing methodology is available in the LARC3 report (Easton *et al*, 2011).

## **Report structure**

This reports sets out the findings of the case study interviews with practitioners and families and LA costing exercises. It covers:

- an overview of the common assessment for families with complex needs (Chapter 2)
- financial costs and benefits of the common assessment (Chapter 3)
- conclusions and recommendations, outlining key messages for different audiences and looking at how LARC4 findings relate to those from previous rounds of LARC (Chapters 4 and 5).

## 2. The common assessment and families with complex needs

This chapter discusses practitioners' and families' views and experiences of the common assessment. It focuses on:

- before-CAF assessment activity and decision making
- the attendance and structure of the TAC meetings
- social care involvement in the common assessment
- the support offered to families
- impact of the common assessment on children and family outcomes
- perceptions of the successes and challenges of the common assessment.

This chapter presents the data from all 39 case study families. Each family had complex needs that meant they were almost at threshold levels of requiring social care intervention. They represent a range of family circumstances. At least 89 children and young people were represented across the 39 families. Of these, 22 families had children aged between five and 11; 17 families had children 11 to 16 year olds and 14 had 0 to five year olds. At least six families comprised young people aged over 16 and at least one family had an unborn baby. For 29 young people across the all the families, their age was unknown. These young people tended not to be the focus of the common assessment, although they generally received some benefit.

### 2.1 Before-CAF assessment activity and decision making

The common assessment was carried out with families from a range of different backgrounds and with a variety of presenting issues. Practitioners explained that the CAF process was mainly undertaken in cases where there were complex needs but no (or minimal) child protection concerns. Practitioners had borderline children protection concerns about nine families; these did not meet the required threshold for social care intervention. In all cases, however, the family needed multi-agency support to prevent deterioration of their situation. Most children had a range of needs, which varied in severity. Presenting issues included concerns with the child's:

- behaviour (24 families)
- education attainment and/or attendance (23 families)
- emotional health (20 families)
- suspected learning difficulties or autism (nine families)
- physical health issues (eight families).

In addition to the child's presenting issues, most parents also needed support; the areas of difficulty most commonly reported included parents':

- struggling to cope (19 families)
- emotional health difficulties (nine families)
- inadequate housing situation (eight families)
- ill health (seven families).

Common assessments are often started by professionals who identify a child's additional need that cannot be met through the support of one universal service. Alternatively, it is used to support the transition of children from receipt of specialist service provision back to universal services. One of the perceived benefits of the common assessment is rooted in universal service practitioners initiating the process for a family or individual once they identify that a family has additional needs.

In the majority of the case studies, the common assessment was started by a professional that the family or individual had come into contact with previously. This included, for example, a health worker undertaking routine visits to the home; a hospital worker with concern about child; and school staff concerned about the attendance and/or behaviour of a child. In many cases, families had a history of need, such as physical or emotional health needs or violence in the home. Families were, therefore, already 'on the radar' of professionals and this made it possible for new and emerging needs to be identified quicker than might be the case if families were not in receipt of practitioner support.

In other cases, however, the common assessment was the first time some families had experienced any kind of intervention from targeted and specialist services. The danger for families with complex needs lies where they do not access universal services, such as children's centres, or have not received prior support. If and when they require additional support offered by targeted services professionals, families may be less likely to be identified and therefore offered early help.

In a small number of cases, families asked for a common assessment. Indeed, those parents proactively requesting help had been disappointed with the quality, responsiveness or accessibility of support available before the common assessment process started. The support offered prior to the CAF included receiving written guidance and resources, being added to waiting lists or being referred for help but failing to meet the required thresholds for help. Nine of the case study families had been in receipt of assistance from social care prior to the common assessment process starting. This help ranged from referral and assessment team contacts to referrals for initial assessments to being assigned a social worker.

The majority of families involved in the study were keen to start the common assessment process. It was perceived as a positive step forward in offering some relief and a good opportunity to address their family's difficulties. It also helped

parents to overcome any feelings of isolation they were experiencing in dealing with their problems. Before the common assessment commenced, many parents reported that they had felt *'at rock bottom'*, *'at the end of our tether'*, and *'willing to try anything and everything.'*

Some families were more fearful of the CAF process. These families tended to be those that had not received family support previously, or where practitioners had wanted to make a referral to social services due to child in need concerns. Of these families, some parents reported feeling *'like we'd done something wrong'* and worried that the process would result in the removal of their children. Despite these initial reservations and concerns about the common assessment, all of these parents were positive about the process once it had been fully explained to them.

## **2.2 Attendance and structure of CAF/TAC meetings**

Interviewers explored practitioners' and families' views of the TAC meetings, the suitability of the agencies in attendance and what could be done to improve this element of the process. Generally the duration of TAC meetings was an hour to 1.5 hours. Across the cases, three to four TAC meetings were held on average. Having said that, some families did not have a formal TAC meeting and others had up to 15 meetings.

For a small number of families, the TAC team membership was quite small, consisting of, for example, just two practitioners. This was generally in cases where the child was very young or the family was already known to services. In most cases, however, TAC team members represented a range of services including schools and appropriate specialist or targeted services (such as CAMHS), depending on the specific need of the child and family. The attendance of a range of support services was vital in ensuring that the needs of the family were understood by all agencies offering help. Most interviewees felt that the practitioners invited to attend the TAC meetings met the families' needs and provided an appropriate array of expertise. However, with hindsight, some practitioners felt that the attendance of some additional services may have helped to better meet the family's needs.

Very often, one or both parents attended the TAC meetings. Attendance of children was not always felt to be appropriate due to their age, emotional maturity and/or behavioural issues. Furthermore, the sensitivity of the family's issues influenced whether it was deemed appropriate to involve the child in TAC meetings. Indeed, one mother explained how attendance of her child at the TAC meeting led her to *'hold back ... to spare his feelings'*. Where children were not directly involved in the meetings, their engagement was still often encouraged. For example, one practitioner asked the child to keep a diary so that their feelings could be shared with the TAC.

Most families reported that they had found TAC meetings useful; however, others found the prospect of meeting with a large team of professionals quite daunting. Families appreciated being accompanied to at least the first meeting by a practitioner

with whom they already had a relationship. Families wanted a ‘friendly face’ who they trusted. The importance of the relationship should not be underestimated in helping to engage families in the common assessment and TAC meetings. Some families did not want specific services involved in the TAC, as one mum explained:

*‘I didn’t always feel it was appropriate for the school to be involved as everything was fine with ‘Charlie’ at school and he was doing well. I didn’t want my private business made public at school...looking back at it now, however, it did help.’*

It is in these circumstances that having a trusted relationship with at least one practitioner can help to convey the importance of a holistic-multi-agency approach and parental engagement in the process.

The majority of families felt that their needs were well understood during the initial TAC meeting as an opportunity to analyse the situation, share information (for example, about how a child behaved in different settings) and discuss the issues. It was particularly important for families that they had the opportunity to give their view. It was also a useful way for them to understand what support was and wasn’t available to them (and the limitations on this). The meetings were also perceived to have given structure to the discussion. For example, one child involved in a TAC stated:

*‘I found it was somewhere I could have a sensible conversation and get to the bottom of things. If it was just my family we would have argued the whole meeting.’*

## **2.3 Common assessment and social worker involvement**

The engagement of social workers in the common assessment process and TAC meetings varied between LAs. On occasions a social worker was present at least at the first TAC meeting; however, some interviewees complained that social care was not involved in the common assessment at all. Authorities have different approaches to the involvement of social workers in preventative care and the common assessment processes and there appeared to be varying levels of understanding about whether social workers should be involved.

Some universal services practitioners expressed a desire to have the support of social care colleagues in meeting the needs of complex families. Where social workers had offered support to the TAC, their involvement was valued for the following reasons:

- The advice and reassurance social workers provide around safeguarding. For example, one interview said, ‘[it worked well] *knowing you had a single point of contact from social care should issues escalate.*’ Furthermore, practitioners valued knowing that an initial assessment has been carried out on a family with complex needs before they had been referred to the prevention service for help.

- With ‘step down’ cases where the social worker had a good knowledge of the family, he/she was able to offer transition support out of social care.
- Social workers hold status in the field, which was sometimes utilised to make successful applications for funding.

Though some interviewees wanted social care support for the common assessment, others suggested that their involvement could be a risk in itself. Families can be more reluctant to engage with services if they know social services will be present. Some families continue to fear that social services will remove their children. This finding continues to demonstrate a need to reassure families about the role and benefit of social worker involvement in offering help to families, particular those with complex needs.

## **2.4 Support offered to families**

The majority of family and practitioner interviewees’ felt that the support offered to the family was fit for purpose. Families and children were given access to a range of support services which helped to meet their needs. Most commonly, help was given to:

- enhance parenting strategies (31 families)
- develop emotional health and resilience (22 families)
- improve engagement in education (18 families)
- engage in positive activities (13 families)
- promote physical health management (11 families).

In almost all cases, families received support from three or more services. While the common assessment is often initiated on one child, most practitioners spoke about the need to assess the needs of the entire family. Practitioners talked about a need to understand the issues facing all family members and/or wanting to examine family dynamics, particularly where children’s behavioural or developmental needs were being called into question.

Table 2 below illustrates the range of support mechanisms put in place for families.

**Table 2 Case study examples of support accessed**

Presenting issues	Type of support offered
<p>Young child with social development and speech and language delays</p>	<p>Family support worker helped develop the parent's play skills.</p> <p>A nursery nurse gave the parents advice and guidance around diet, sleep routines and breastfeeding.</p> <p>The health visitor referred the child to audiology and speech and language development services. The parents also accessed group support for parents of children with speech development delays.</p> <p>The mental health team provided the mother with counselling to help her deal with severe depression.</p>
<p>Young person with autism who was being aggressive and violent in the home</p>	<p>Connexions delivered counselling to help the young person's with anger management.</p> <p>The Autistic Society supported the young people develop independence and helped the parents to help them better understand their child's needs and behaviours.</p> <p>The young person attended at youth club which delivered by the local youth service.</p> <p>The family were given information on financing a residential placement for the young people (supported by the children's disability team) to help the young people develop a social life and greater independence.</p> <p>The lead professional helped the family to access additional streams of benefits so they would better support the young person's needs.</p>
<p>Lone parent suffering from a brain tumour</p>	<p>To give the mother respite, childcare was provided.</p> <p>The children joined a local young carers group.</p> <p>Home-Start offered help within the home.</p> <p>The mother was supported by a specialist team of medical professionals.</p> <p>The family was provided with emotional support to help them come to terms with the situation.</p>



Children and young people particularly welcomed receiving support that enabled them to access and participate in regular group activities. Interviewees described the value of this type of support in providing the opportunity for children to socialise with other children. Furthermore, it often helped children and young people to better understand their issues as other group members experienced similar issues. One young person explained:

*‘ ... a group of us with Aspergers meet up and support one another. I like doing that as it’s interesting to see how my brain works. I can see I have some pieces they don’t and it gives me a better understanding.’*

### **Informal support mechanisms**

While families were given formal service provision to help them overcome their difficulties, many families benefited from having access to a lead professional and multi-agency team. Families’ valued the lead professional role in itself as these individuals provided invaluable emotional support and someone with whom to talk. Lead professionals often provided reassurance to family members and helped them reflect on progress made. Parents liked being able to contact the lead professional by telephone and text message when they needed reassurance or were having a particularly difficult time.

## **2.5 Impact of the common assessment on children and families’ outcomes**

Reportedly, interviewees found that the common assessment processes has a range of benefits. These include:

- improving the family situation as a result of the support mechanism put in place for individual members
- equipping children and parents with tools, strategies and confidence to deal with their situation.

While the long term benefits of common assessment processes have not been explored in this study, all practitioners and families indicated that without the CAF and TAC, the situation for the family would have deteriorated.

Overwhelmingly, practitioners, parents and young people reported that the support provided through the common assessment process had given them the tools and confidence to cope with their situation. Families widely reported that they had developed coping strategies and mechanisms. They found themselves able to steer or diffuse situations and avoid the escalation of issues, rather than becoming overwhelmed by circumstances and reactive to the problems they faced. Some parents commented:



*'Everything has been pulled back together and we are ticking over. I feel positive about things but we still have our moments.'*

*'Things are still difficult but now I have the strategies to cope'.*

A large proportion of parents described how the common assessment had helped reduce high levels of stress associated with their situation. They were often left with a better context in which to cope and felt that they had the time and energy for more positive interactions with their children. Some practitioners described the situation prior to the CAF being initiated as 'unintentional neglect'. Following the support put in place through the common assessment process, practitioners described home environments as being more relaxed, more affectionate, playful, and filled with family members who were more likely to 'smile' and engage with one another.

It was hard for families to identify one aspect of the support that had been most helpful. Instead they emphasised how a tailored package of support helped to address their problems in a holistic way and gave them the time to reflect on their challenges and issues. For some, this process was facilitated by the TAC meetings, while others highlighted the role and contribution of specific professionals or activities such as family therapy and counselling. Understanding their own issues and approaching them from a new or fresh perspective helped many families feel like their situation had 'stabilised'. Moreover, they felt empowered to make positive changes resulting in being better able to cope and feeling more confident about facing new challenges in the future.

While most families felt that they had received appropriate levels and types of support, access to help had been limited for some. This was due to, for example, failed funding applications or the lack of access to support, such as parenting courses, during out of work hours. Although it was not a common finding, within one LA access to services was not available for a mother who suffered from severe depression. One practitioner described a level of concern about attitudes towards women with emotional health issues:

*'There could have been a better sense of urgency about it. [The mum] has made suicide attempts before she had children so these issues had been going on for a long time and it just seemed like ... 'another mum with depression' whereas she really needed help.'*

A further issue identified by interviewees was the fact that some services were not accessible because the family or individual did not meet the threshold for specialist service support. There was concern that families in this situation might slip through the net. Some individual family members were beyond the help that universal or targeted services could offer, yet did not reach the requisite level of need to warrant specialist care. To overcome this issue, one practitioner suggested that CAF forms should be routinely monitored in order to reveal the volume of cases where neither a threshold was met nor alternative support was available. This would help LAs to assess gaps in service provision locally and better inform commissioning decisions.

Monitoring CAF documents to inform the planning and commissioning of services was a recommendation of LARC 2 and it is positive that practitioners recognise the potential value of this type of activity.

Overwhelmingly, both practitioners and families felt that without the support put in place through the common assessment, the situation for the family would have deteriorated hugely. Examples of possible futures scenarios avoided as a result of the common assessment process included:

- social care intervention (22 families, including seven cases of a child being looked after)
- poor educational outcomes (21 families)
- police involvement or criminal prosecution (17 families)
- someone getting physically hurt following violent or aggressive outbursts (13 families)
- school exclusion (12 families)
- decline of parents' or children's mental health issues (12 families).

In a number of cases, suicide was considered a possible future scenario avoided. Across 22 families, families and practitioners express a strong belief that social care intervention was an inevitable future scenario. The fact that the common assessment process avoided, at least in the short term, the need for costly social care support should be welcomed by local and national government. The potential financial costs avoided through offering multi-agency support to families with complex needs through the CAF are discussed in Chapter 3.

For many of the families involved in the research, their CAF episode had been closed quite recently (as was a requirement of the research parameters). How much we can say about the impact of the common assessment is therefore limited, as no data exists on the sustainability of change for families with complex needs. That said, many interviewees argued that families felt more empowered and demonstrated increased resilience, which would help to ensure the sustainability of outcomes. Indeed, parents felt better equipped to understand their child's needs and reported that all family members had become more tolerant; better able to consider the impact of their own behaviour on others; or more able to help others cope with challenges.

### **Sustaining the benefits of the common assessment**

The majority of service users were receptive to the requirement that they should take a strong role in maintaining any changes made as a result of the CAF process. For example, a parent might remind the family about the expectations they had for themselves and work to reinforce positive behaviours. Families seemed to be well aware of the need to be proactive in this sense. They also emphasised some challenges in relation to this. These included the difficulty in accessing funding to maintain support and activities and gaining access to new levels of support or the

understanding of new 'players' as the situation changes. This suggests that more families might benefit from a lower level of support upon case 'closure', which provides some continued monitoring and minor assistance with accessing support. It is advisable, however, that emotional support provided by the lead professional is kept to a minimum at this stage, so as to reduce any possible dependency.

## **2.6 Perceptions of the successes and challenges associated with the common assessment**

When asked specifically about the benefits of the CAF/TAC team process, practitioners and family members were in agreement that the team around the child approach had avoided duplication of effort. Specifically, practitioners and families valued the fact that the family only needed to tell their story once. Moreover, as a result of the TAC, different services were not trying to access similar support for the same family and there was a better coordinated approach.

A small number of practitioners highlighted that the common assessment and TAC processes harness shared accountability between services. One practitioner explained: *'there is no room for agencies to assume that 'someone else is doing it'.* Furthermore, the CAF/TAC processes meant that a team of professionals with a variety of expertise was able to offer insight into family's needs and make a *'holistic assessment'* of need. This enabled TACs to identify a multi-agency solution and rounded care package for a family. Joint decision-making gave both the family and the professionals involved confidence that the decisions being made were the right ones. Families very much appreciated the opportunity that the TAC meetings gave them to voice their view and input into the solution, and felt that it was an open and transparent discussion not undertaken behind closed doors. The longevity of the CAF process was also deemed to be a benefit as it gave the family and professionals a chance to get to know one another, evaluate progress at different points in time, and helped to build an environment of trust and empowerment. One practitioner described the process as resulting in more *'personalised commissioning'* to best meet families' needs.

Some practitioners viewed the CAF form itself as a benefit of the process. Practitioners valued having information about a family *'all in one place'*. Although a couple felt it was a lot of work to complete, they valued the detail it contained and its role in planning support.

While generally the common assessment process was a positive experience and brought about significant benefits for children and families, inevitably some challenges emerged. These related to:

- practitioners' understanding and confidence in initiating the common assessment
- practitioners' understanding of other services roles and remits

- managing parents' expectations and understanding about the common assessment
- closing CAF episodes.

One area of concern related to some service practitioners lacking the confidence to initiate a common assessment. Furthermore, the data showed that in some instances, the common assessment was being used to make referrals to services rather than to facilitate a multi-agency support for families.

The amount of paperwork that the common assessment presented was an issue for a small number of practitioners. One suggested streamlining the form for cases where there was only low level need, while another professional claimed that monitoring sections could be less repetitive. One practitioner made the observation however that:

*'The CAF [form] itself doesn't provide good outcomes it is only as good as the professional using it'.*

'Low-quality' and incomplete forms were a cause for frustration amongst practitioners. One explained:

*'Some of the CAFs have quite ambiguous one or two answers and this doesn't give a lot of information. It would therefore be helpful if there were more stringent guidelines on how they should be filled in and also [the area managers] should be sending the CAF back if it only has a few words on it'.*

In one area a number of practitioners felt that services needed to better understand one another and appreciate their remit, role, capacity and workload. TAC meetings helped to develop professional links and to promote knowledge around who was working with a family. Practitioners mentioned that they had had multi-agency events in the past which had facilitated this process further and advised that these should be reinstated. The adverse effect of this was felt to be the 'power imbalances' that played themselves out during TAC meetings, with professionals defending their remit and 'territory' and assuming their workload to be greater than that of others. Added to this, in a minority of cases, a lack of joint-working and communication across the services was felt to be a prime reason for premature closure of CAFs.

The data revealed that, in some cases, parents' expectations about what the common assessment could and could not achieve required forethought and better management. A small number of families underestimated the importance of their own role in affecting change through the common assessment. For example, one practitioner perceived that one mother expected a '*miracle cure...she thought I could be like "super nanny" and come in and sort the kids out...I had done everything I could but it was up to [mum] from then on*'. In this particular case the practitioner had had a very close relationship with the family, responding to texts and phone calls on an ongoing basis. For families with complex needs, further work needs to explore

their dependence on practitioners through the CAF process. Our data suggested that it is important for lead professionals to discuss parents' expectations and make their role and responsibilities in the process clear. Consideration should be given to the most appropriate levels of contact with families. While personal relationships are key to the success of the common assessment, it is important that the boundaries are clearly establishing and adhered to, to ensure that families do not become over reliant on practitioners. Families should always be aware that the practitioner will not always be available to work with them and is not a permanent fixture in their life. This may make the process of case closure smoother.

Some practitioners reported that they found it difficult to decide when to close a CAF episode. Practitioners highlighted the need to prepare families for this. Given the complex nature of some families' needs, managing the transition out of the common assessment process may require additional preparation. Although some practitioners referred to a 'multi-agency' decision to end cases, it was not clear whether or not this was always the approach as interviewees were not specifically probed on their 'exit-strategy'. The data showed that in very few cases a TAC closure meeting was formally held. LAs might wish to review the processes in place for CAF closure and consider whether or not this could be made more consistent through training, procedures and processes.

## **2.7 Summary**

With authorities looking to reduce the demand on social workers, the case studies highlight a need for universal service practitioners to better understand when it is suitable for a family to refer to social services and when it is better to start common assessment processes. This would help ensure families are not unnecessarily referred to social care; furthermore it would avoid potentially stigmatising experiences for families. To help ensure families receive support at the most appropriate time, LAs, schools, midwives, health visitors and GPs could do more to raise CAF awareness with families. This may support parents to request a CAF through universal settings. Proactive promotion of the common assessment and its associated benefits could help reduce the stigma associated with working with targeted services, particularly for families with no prior experience of receiving such support.

The findings of LARC4 complement the findings from previous rounds of LARC, which are discussed in more detail in Chapter 4.

## 3. Financial costs and benefits

While LAs completed 39 case studies overall, the costing activity was applied to only 32 cases. The findings reported in Chapter 3 are based on this smaller dataset. Overwhelmingly, most of the 32 completed, costed and moderated cases studies show that over time, the common assessment process is cost effective for families with complex needs. Indeed, the potential savings are substantially greater than those reported in the previous LARC3 study (Easton *et al*, 2011).

### 3.1 How much does the common assessment process cost for families with complex needs?

This section breaks down the costs associated with the common assessment processes, it discusses the costs associated with the:

- CAF process costs
- interventions
- future outcomes avoided
- potential savings resulting from the use of the CAF.

#### Costing the common assessment process

The LARC4 dataset enabled us to provide additional detail around the costs associated with specific elements of the common assessment processes. Namely, data was available on the costs associated with:

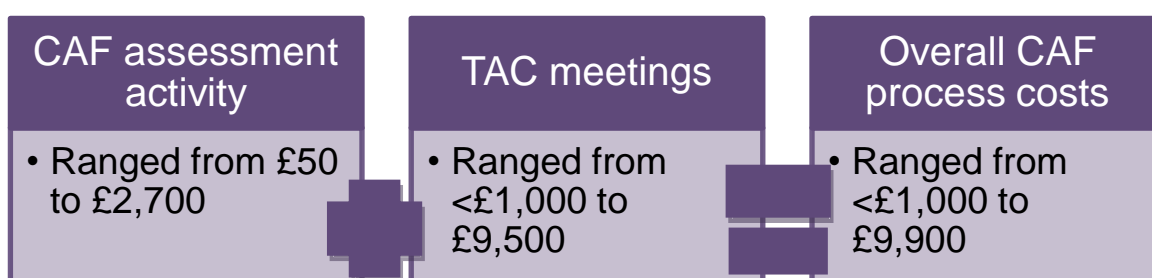
- common assessment preparation activity
- the assessment costs
- TAC and review meetings.

The costs for the **common assessment preparation** activity ranged from less than £50 up to £2,300, with the average reported cost of around £300 across the 32 case studies. The **assessment costs** ranged from less than £50 up to around £2,700, with an average of just under £350. Where the costs of preparing for the common assessment and conducting the assessment with the family are greater, this was due to a high number of meetings between (for example) social workers or health visitors and the family. Both social workers and health visitors have hourly rates that are at the higher end of the spectrum of role costs.

As each family has its individual needs, the multi-agency team put in place to support a family can vary widely as can the associated costs. Across the cases studies, the costs of the **TAC meetings** ranged from a little over £550 to almost £9,500, with an average cost of around £2,000. In some of these cases, a larger number of professionals attended the first TAC meeting than attended subsequent meetings.

Where the costs are lower, this was due to no formal TAC meetings taking place between the family and practitioners. In these instances, the family received support from a small number of practitioners who communicated regularly with the family and their colleagues resulting in TAC meetings being deemed unnecessary.

For over half of the cases, the cost of the **entire CAF process** fell between £1,000 and £5,000. Three cases had costs of less than £1,000 and three others over £5,000. Common assessments with greater costs generally had an increased number of professionals supporting a family and a larger number of TAC meetings were held.



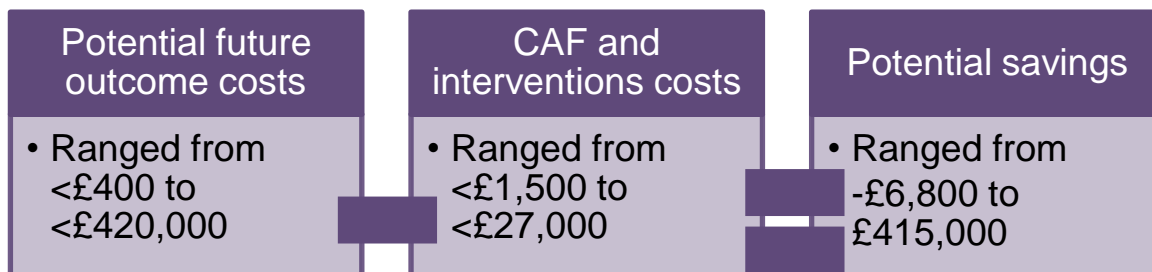
When exploring the costs of interventions, LAs' data showed that these vary considerably and ranged from just under £600 to almost £17,000. In most cases (16) however, the costing range of interventions was between £1,000 and £3,600. The costs of the interventions for these families with complex needs were therefore relatively low. There were three cases where the interventions costs were around £5,000 to £6,000, one case at around £7,000 and three cases at £9,600; £10,700 and £16,900 respectively.



While the future scenarios avoided in the short term (six to 12 months) and long term (ten to fifteen years) were explored, it was not possible to attribute a monetised costs to all cases. In some instances, the data lacked the requisite detail about short term outcomes to enable a costing to be attributed. The data showed that around half of the cases resulted in a financial loss to the authority in the short term. The figures ranged from a short term loss of £14,000 to a saving of £44,500. However, for the same cases, in the longer term financial outcomes ranged from a potential loss of £6,800 to potential savings of over £415,000. In over 20 cases, we consider the



potential savings to be conservative estimates due to the limitations of the data when assigning financial costs or because there were siblings or other family members that would have been affected by negative outcomes, but where costs were not assigned.

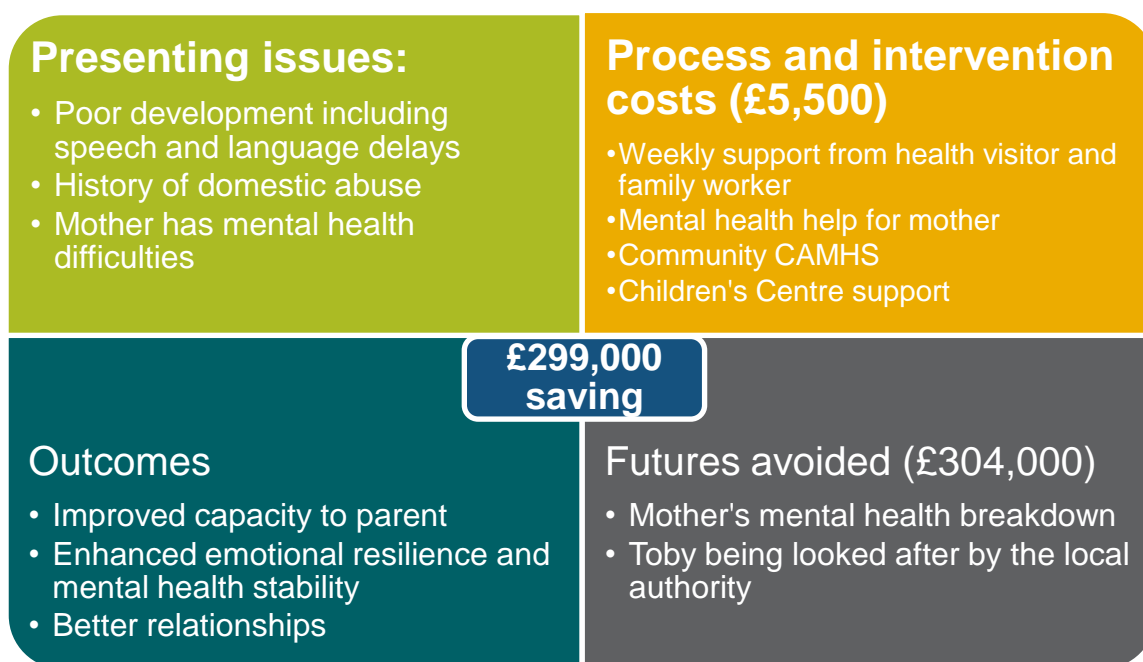


### 3.2 Case study examples

This section presents three of the costed case studies. For each of the families, we have summarised their presenting issues and post-CAF outcomes, providing common assessment input costs, futures scenario costs avoided and potential total financial savings.

#### Case study one: 'Toby'

The first example is 'Toby', aged four years. He has one younger sibling. The costs of the younger sibling are not included in this example resulting in the overall potential saving being an underestimate.

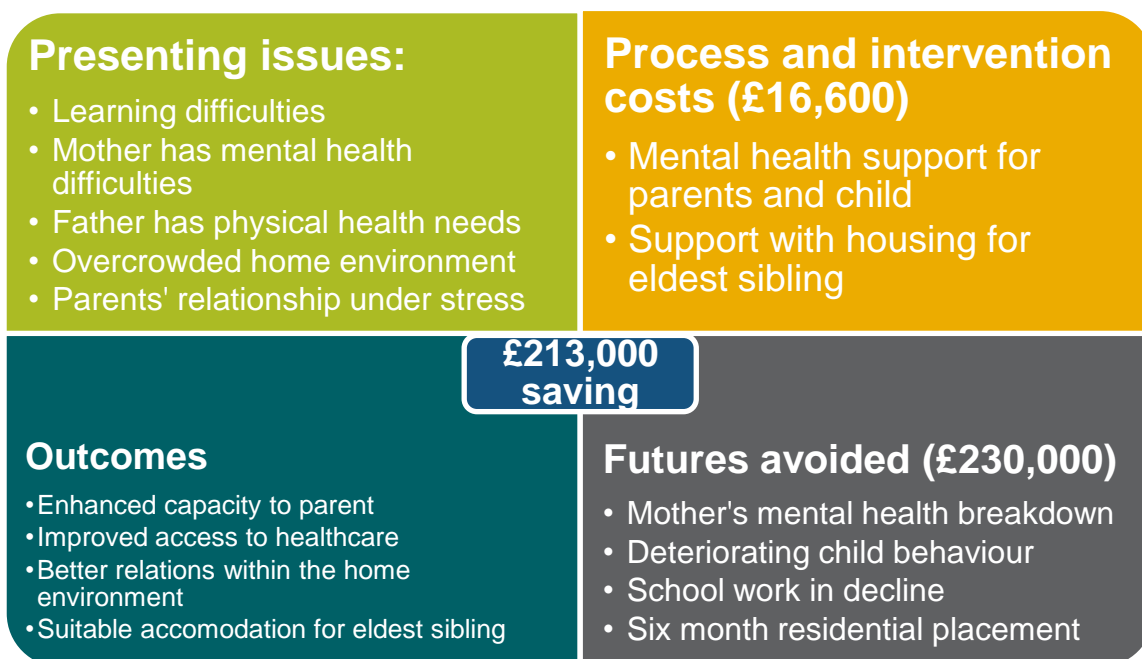




The diagram shows that for this family, while the LA common assessment input costs were comparatively low at around £5,500 the potential savings through avoided negative outcomes were substantial (almost £300,000).

### Case study two: 'Sam'

The second example is for eight year old 'Sam'. Sam has one younger sibling (aged five) and one older sibling (aged over 18).



Case study two shows that while the LA common assessment input costs were relatively high at around £16,600 compared to the potential savings were enormous at around £213,000. The cost of two children receiving a residential placement is included in the 'futures avoided' costs.

### Case study three: 'Jamie'

The third example is for 13 year old 'Jamie'. Jamie has twin siblings aged 11 years. The costs presented here do not include the twins.

<p><b>Presenting issues:</b></p> <ul style="list-style-type: none"> <li>• Family at 'breaking point'</li> <li>• Behavioural problems including violence</li> <li>• Diagnosis of aspergers</li> </ul>	<p><b>Process and intervention costs (£4,000)</b></p> <ul style="list-style-type: none"> <li>• Youth service provision</li> <li>• Family support worker assistance</li> <li>• Parental attendance at a course on aspergers</li> </ul>
<p><b>£3,000 'loss'</b></p>	
<p><b>Outcomes</b></p> <ul style="list-style-type: none"> <li>• Improved parenting</li> <li>• Happier and less stressful household</li> <li>• Engagement in positive activities</li> </ul>	<p><b>Futures avoided (£1,000)</b></p> <ul style="list-style-type: none"> <li>• Family breakdown</li> <li>• Emotional distress for entire family</li> <li>• Decling school work</li> <li>• Contacts to social care</li> </ul>

Case study three shows that the LA common assessment process costs were low at around £4,000. In contrast to the other two case studies, this case study shows that there was not a financial 'saving' to investing in the common assessment. Due to limitations with the availability of national cost data around family breakdown and declining school work, for example, it has not be possible to attribute a financial cost to the future scenarios for this family. The negative outcomes avoided, however, would probably have a an adverse effect on local service costs in the future, for example with loss of work, increased health costs, reduced employability as a result of poor educational outcomes.

Jamie's case study highlights that while it is often possible to attribute financial costs to the common assessment process and futures data, there are some outcomes (often around emotional well being, family breakdown and limited job prospects, for example) to which it is difficult to assign a monetised cost. Even in these instances, most people would agree that the benefits of the common assessment outweigh the investment costs.

## 4. The LARC story so far

When exploring the LARC4 findings in context of previous LARC rounds, overall the LARC data provides a wealth of information about the journey that common assessment has undertaken over recent years. The LARC4 findings complement previous rounds of LARC and confirm that the key contributing factors presented in LARC2 are still relevant today and remain applicable to families with complex needs. The five key contributing factors presented in LARC2 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, 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.

See Easton *et al*, 2010.

LARC4 draws further attention to these five factors and, in particular, the importance of the role of the lead professional in supporting families and the significance of family engagement, ownership and empowerment in bringing about positive outcomes for children. Together the LARC3 and LARC4 datasets show that to prevent families' problems getting worse and to further help keep LA and local service costs lower, children and families should be offered help earlier. This is evidenced by the potential financial savings reported by using the common assessment to prevent problem escalating.

During analysis of the LARC 4 dataset, researchers observed that there appeared to be a lack of consistency and in some cases, application, of formally closing a CAF episode. While it may not be deemed necessary to hold a formal TAC/CAF closure meeting, LAs need to be clear about the expectations of practitioners and families when closing common assessment episodes and ensuring LA monitoring data is kept up to date.

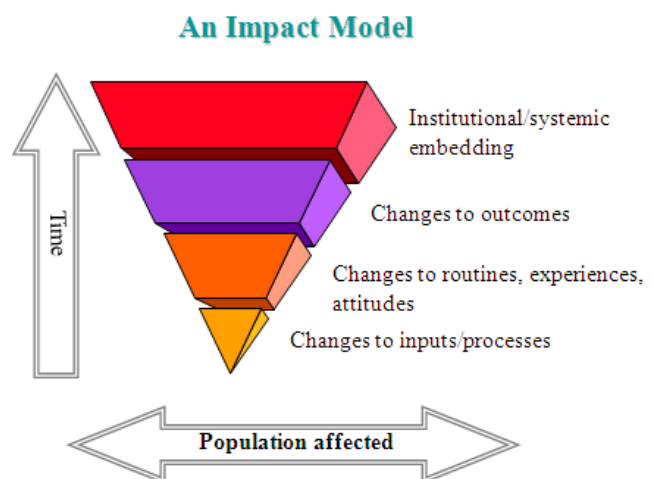
### **The LARC impact model**

When exploring the overall story emerging from the LARC research, it is important to reflect on the impact model introduced in LARC2 (see diagram on page 22). At that time, the research found evidence to show that the common assessment framework was becoming embedded into inputs and processes (level one) and that there were changes to routines, experiences and attitudes (level two). Examples of these levels of impact included increased engagement of children and families in improving outcomes, better information sharing between agencies and introducing the common

assessment as a single service request for use by all agencies (level one). At level two, examples included increased numbers of professionals carrying out common assessments, improved awareness of the roles of different agencies and enhanced relations between families and multi-agency professionals.

On the whole (and in contrast to LARC2 findings) LARC4 interviewees made little reference to finding it difficult to engage services in the common assessment processes. This suggests that over recent years, progress has been made with services working together to best support children and families. Interviewees were also less likely to emphasise a lack of confidence and knowledge around CAF processes than their LARC2 counterparts (although this remained a challenge for some LAs). This suggests that practitioners increasingly recognise the value of involvement with the CAF process and are becoming more confident about how the CAF process works.

During LARC2, there was some evidence of the common assessment being embedded in LAs at level three (changes to outcomes, for example improved behaviour or better school attendance) and some LAs claiming level four embeddedness (institutional/systemic embedding). Most LAs at the time were somewhere between levels two and three.



See Easton *et al*, 2010

The LARC4 dataset, while not based on an identical set of LAs, practitioners or families, suggests that the common assessment has become increasingly embedded over recent years. The findings presented in Chapter 2 show that the common assessment is embedded in a range of universal service practitioners' role and, despite some areas of difficulty, is seen to help improve outcomes for children and families. Many of the challenges of the common assessment reported in LARC2 were not issues for practitioners today, suggesting that the CAF is embedded in day to day working. Moreover, all of the LARC4 case studies showed that the common assessment was focused on the needs of the entire family (not only individual children). This holistic approach to supporting these families (sometimes known as 'family CAF') should be celebrated and promoted. This approach demonstrates a further way in which the common assessment processes appear to have evolved and become embedded over recent years. More work may need to be done in the future to further evidence these claims, particularly given the changes facing authorities at a time of severe financial constraints.

## 5. Conclusion

The findings presented in this report show that the common assessment process helps families with complex needs and demonstrates that many universal service practitioners are able to identify need and offer appropriate support. The data also shows, however, that more needs to be done to identify risk and need sooner as many of the families involved in the research had been in receipt of support from services for a while, during which time their needs had escalated.

While our data shows that the common assessment is relevant for families with complex needs and that it offers a cost effective approach to bringing about improved outcomes for children and families, more could be done to support families *earlier*, to help ensure LA input costs are lower (see Easton *et al*, 2011). For most of the 78 LARC3 cases, CAF episode input costs were between £5,001 and £10,000 (similar to the input costs of LARC4 cases). However, it is worth noting that a greater proportion of LARC3 cases had costs of less than £5,000, compared with LARC4 cases, where a larger proportion of cases had costs greater than £10,000.

Nonetheless, even for families with complex needs, where intervention is happening at a later stage, the common assessment remains very cost-effective. For LARC4 cases, the potential savings ranged from a potential deficit of £6,800 to savings of over £415,000. Most of these cases reported potential savings of over £60,000 which we consider to be a conservative estimate in about half of the LARC4 cases. The potential savings associated with the LARC3 cases tended to be more moderate, ranging from £500 to over £150,000, with about half falling between £41,000 and £60,000.

The LARC4 dataset offers further evidence to support the early intervention agenda being driven forward by Graham Allen (2011 a and b) and supported by Eileen Munro (2011). Munro argues (2011) that universal service professionals need to better identify the needs of children and families and allocate appropriate service provision, particularly when working with families with complex needs and that are on the cusp of needing social care intervention. Our research supports this claim and calls for the earlier identification of need to prevent families' outcomes declining and to reduce increased costs to services in the future.

Based on the evidence collected to date, we make the following recommendations at a national system level, for sector leaders, managers and front line practitioners.

### At national/system level:

- promote the potential cost effectiveness of effective integrated working, as supported and demonstrated by the CAF process, both for families with complex needs and those with lower levels of need

- consider how to gather robust evidence on the effect of integrated interventions on longer term outcomes for children and families (for example within the sector-led improvement programme)
- identify and celebrate good practice in the use of CAF data and outcomes to inform planning and commissioning.

**For LA leaders and managers:**

- ensure staff are equipped with the knowledge and skill to assess risk and appropriately refer children and families to services
- clarify to **social workers, health practitioners and universal service practitioners** when children and families should be referred for a common assessment or social care assessments
- share with service managers and front line staff the importance of offering early help to families' outcomes and its potential cost savings
- ensure front line staff have the support and training to close CAF episodes in a consistent and appropriate way
- support service managers and front line staff to raise families' awareness of the common assessment to help families access help when they need it
- proactively promote the common assessment and its associated benefits with families to help reduce the perceived stigma associated with working with targeted services
- systematically record and analyse CAF data to identify gaps in service provision and to inform future commissioning of services.

**For education sector leaders, managers and practitioners:**

- in the early years, ensure educational professionals know their health practitioner colleagues who offer help to young families; this will help ensure information is shared between the sectors so families can be best supported
- ensure teaching and support staff understand when it is suitable for a family to refer to social services and when it is better to start common assessment processes. This would help ensure families are not unnecessarily referred to social care; furthermore it would avoid potentially stigmatizing experiences for families
- share with service managers and front line staff the importance of early help to families' outcomes and its potential cost savings.

**For health sector leaders, managers and practitioners:**

- share with service managers and front line staff the importance of early help to families' outcomes and its potential cost savings.
- in the early years, ensure health practitioners effectively share information with children's centres and primary schools so families can be better supported

- GPs need to ensure they work with their LA practitioners to best understand the non-health support services available to families so appropriate and timely referrals can be made to help families early
- ensure school nurses, health visitor, midwives and GPs better understand when it is suitable for a family to refer to social services and when it is better to start common assessment processes.

## **LARC 4 participating authorities**

- Birmingham City Council
- Brighton and Hove Council
- Coventry City Council
- Hertfordshire County Council
- Kent County Council
- Oxfordshire County Council
- Peterborough City Council
- Sheffield City Council
- Stockport Council
- Walsall Council
- West Sussex County Council
- Westminster City Council



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