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Families First Research Review: Integrated processes & models of delivery

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Introduction

This review has been prepared by IPC to support the development and implementation of the Families First Pioneer programme within the partnership area of Dylanshire, Kentigernshire and Mabinogion. A central objective for this programme is to improve the life chances of children and young people and particularly those in low-income families through earlier, more holistic and integrated interventions aimed at reducing the number of children developing more complex needs. National consultation and research has identified that preventative interventions focusing solely on the child aren't usually enough to ensure good child outcomes – the whole family requires support.

The Pioneer Programme has two distinct but inter-linked components:

- The further development of more integrated systems for identifying and supporting families of children with emerging additional needs.
- The development of integrated and 'family-centred' support services across all levels of needs.

This review is concerned with the first of these two components. It should be read in conjunction with a complementary report prepared by IPC that considers the development of integrated pathways of support for families.

The review draws on a range of material including guidance and best practice published by the Welsh Assembly and UK governments, national evaluations of integrated models and processes in both Wales and England as well as relevant findings from research papers obtained through a literature search for the period 2004 to date. It is comprised of seven parts.

Part One provides an overview of the policy drivers and legislative changes both in Wales and in England that are influencing and promoting an increased focus on more 'joined-up' and systemic approaches to understanding the needs of children and service responses to them.

Part Two considers some of the definitional issues that are concerned with ideas of 'integration' and their implications for how service design and change may be conceptualised.

Parts Three and Four are concerned with integrated processes and explore in turn common assessment and key-working arrangements, two central initiatives designed to support and promote a more coherent and systematic approach to understanding and managing families with additional and multiple needs.
Part Five looks at the conceptual basis to and operational components of models of integrated service delivery and specifically arrangements designed to enable a 'Team around the Child' (TAC) and 'Team around the Family' (TAF).

Part Six provides an overview of the evidence on approaches to evaluating the impact of integrated processes and models of delivery on improving the life-chances of children and young people.

Finally, one of the key purposes for the review as a whole was to establish as sound an evidence base as possible to inform service development and change during the pilot phase of the programme within the consortia area. Part Seven therefore concludes the review by identifying and bringing together a number of key messages and potential implications for the development and design of the Pioneer programme. Clearly each one of the authority areas has and will continue to have its own specific issues to address and resolve as it moves along a pathway to increased integration. To that extent, local circumstances are likely to mean that particular messages and implications identified here will have more weight than others for each authority.

1 Part One. Policy for Integration

"The services children and families receive have too often been limited, because of the failure of professionals to understand one another's roles or to work together effectively." (Munro 2011)

For many professionals involved in developing and providing services to families, the first decade of this new century is marked by the two Laming enquiries that have become dominant features in the policy landscape of children's services: The Victoria Climbié Inquiry (2003) and The Protection of Children in England: A Progress Report (2009) following the death of baby Peter in Haringey. During the intervening period a core element of government policy for family services in both Wales and England has been a developing impetus on promoting multi-agency collaboration and integration to address recurring difficulties both in terms of strategic coordination and effective delivery of front-line services, the fragmentation of children's services, including lack of information sharing and assessment duplication.

The common objective underpinning change has been to establish holistic arrangements that are more explicitly geared to the needs of families, drawing on evidence of what works and developing a focus on making a real and sustainable difference. This objective is not especially new. The impetus *to bring together services to meet the perceived needs of children, rather than around the administrative or professional structures of service provision has been discussed in academic and professional circles since the 1970s* (O'Brien *et al* 2009). That there was a second report by Lord Laming in 2009 simply indicates that there is still some way to go in realising this ambition.

There have of course been many similarities in the policy response to this objective with the development of models that envisage layers of integration, for example inter-agency governance arrangements to secure strategic direction and accountability, integrated strategy to provide coherence in planning and commissioning arrangements, integrated processes to ensure a coherent approach to information sharing and arrangements to underpin integrated delivery of children's services.

There have also been some important differences, for example the legislative requirement to introduce Children's Trusts in England as the vehicle for strategic integration of agencies who are engaged in the provision of services across levels of need children and families.

This part of the review then concentrates on policy development in Wales and seeks to provide a context in which the Families First programme can be located.

2004

Rights to Action (2004) introduced the seven Core Aims to provide a common framework for planning for children and young people throughout Wales. It advocated a *common approach, across disciplines and agencies, to the core processes of assessment, care planning, intervention and review* to *reduce the duplication and delay that can arise when different organisations and professions overlap but do not join up.*

The strategy identified the need for agencies and practitioners to use more integrated assessment processes to pool *knowledge of the circumstances of individual children, understand the needs of individual children and identify interventions that are most likely to effective*. This would include *access to early and comprehensive assessment when there appear to be difficulties, so that targeted support can be offered quickly.* At the same time it argued for more widespread use of *'lead professionals' and 'key workers', where a single person co-ordinates care for children in need.*

2005

In 2005, the Welsh Assembly set out plans to introduce new Children's Framework Partnerships in Wales that would have as their core purpose a more coordinated approach to planning and delivering services. In May 2006 the Welsh Assembly Government invited the partner agencies in local authority areas to take part in piloting the CAF in Wales. Four pilot schemes were established from September 2007 until June 2008, as part of *a more collaborative future envisaged for children's services* (Pithouse 2006) and were subject to full evaluation by the University of East Anglia in 2009.

2007

Shared Planning for Better Outcomes (2007) restated the basic principles of and accountabilities for improved co-operation and integration within the children's services environment. It set out a number of expectations for local authorities, partnerships and practitioners involved in the provision of services to children and young people:

- *The Assembly Government expects local authorities to take the lead in driving forward partnership working that puts in place effective integrated services for all children and young people.*
- *Local partners, led by the local authority in the context of its community leadership role, are expected to work together to implement the necessary changes in organisational culture and practice. The responsibility of partnerships is joint strategic planning, driven by shared profiling of service provision and identification of need, to support integrated provision of services.*

- *Professionals and organisations need to plan to work together to meet jointly identified needs of individual children and young people, using tools such as the Framework for the Assessment of Children in Need and their Families and the Common Assessment Framework.*

This document acknowledged the need to move towards a more robust framework to evaluate the needs of families and the impact of services on these by promoting a more outcomes based approach to planning designed to *help all stakeholders to make a difference to the lives of children, young people and their families and measure jointly the impact of all relevant services and interventions.* It recognised that in a number of instances *suitable outcome measures are not available, either at all or at local level* but was clear that local partnerships had scope to develop their own measures where this would support impact assessment.

2010

From Vision to Action (ICSSW 2010) and *Sustainable Social Services for Wales: A Framework for Action* (WAG 2010) continued the emphasis on early intervention and prevention together with a recognition that there needed to be more efficient and effective delivery through greater collaboration and integration of services. *From Vision to Action* (ICSSW 2010) concludes that *that people, both young and older, require integrated service delivery. We need stronger teamwork that brings the expertise of different professionals and services together. Citizens expect services to be built around their needs, not those of organisations.* It goes on to suggest that similar requirements are also identified at the national level. *A particular concern is the apparent lack of joining up across Welsh Assembly Government portfolios and divisions. This tension will become more problematic as new models of services are developed that involve service integration*. *Sustainable Social Services for Wales* (WAG 2010) while acknowledging that *leadership, collaboration, integrated services and a focus on performance make a huge impact* emphasises that *it is the way in which frontline staff deliver the day-to-day work with citizens that ultimately makes the difference.*

Both documents argue that, whilst an essential part of effective service delivery, assessment processes are not well aligned across agencies, are overly bureaucratic and have come to dominate professional activity, do not assist judgment of risk, and fail to adequately recognise users as co-producers *or 'co-creators' of the solutions that people need* (WAG 2010).

2011

The Children and Families (Wales) Measure 2011 underpins the introduction of the pioneer Integrated Family Support Teams (IFST) and requires professionals to take the needs of children into consideration when assessing the needs of adults. While the IFST are integrated services to meet the needs of families with complex needs, the ICSS in Wales *see these as the core building blocks for integrated services for children and will roll out this way of working across Wales.*

Finally, the Child Poverty Strategy for Wales 2011 sets out three national objectives for the next ten years:

- To *reduce the number of families living in workless households;*

- *To improve the skill levels of parents and young people in low-income families so that they can secure well paid employment;*
- *To reduce the inequalities that exist in the health, education and economic outcomes for children living in poverty by improving outcomes of the poorest.*

The strategy acknowledges that while *some "Team around the Child" approaches show great promise to bring professionals and practitioners from multiple agencies together to deal with families in a holistic way….even the best approaches are not yet delivering for families in a fully integrated way – for example, by including the income and employment issues needed to tackle poverty.* The strategy sets out an intention to engage local delivery partners to discuss *how local delivery models can be shaped to provide a "Team around the Family" approach for families living in poverty.*

The document recognises that *families living in poverty need coherent support, tailored to their individual circumstances. The priority is to develop local partnership working that offers this support, across the range of issues that might be relevant, including unemployment, education, health, housing, parenting, benefits, debt, skills, and substance misuse. At the same time, support needs to remain simple to access from the perspective of the family.*

In general, the strategy envisages that local delivery of services therefore needs to be:

- ***Family-focused:*** *offering families help to improve their chances of escaping poverty, including getting help getting into work and the right information on benefit issues, as well as help to improve the outcomes for children, with the emphasis on working with families and increasing their ability and confidence to meet challenges.*
- ***Bespoke:*** *tailoring help to individual family circumstances, where necessary bending programmes to fit individual family circumstances that are perhaps outside of the norm.*
- ***Integrated:*** *with help from different organisations effectively co-ordinated and ensuring that there is a seamless progression for families between different interventions and programmes.*
- ***Pro-active:*** *seeking out families who can benefit from early preventative help and engaging them in longer-term change.*
- ***Intensive:*** *with a vigorous approach, and relentless focus, adapting the package of interventions as a family's circumstances change, and maintaining that effort with families to ensure successful outcomes.*
- ***Local:*** *reflecting the circumstances of local communities, such as the differences of delivering in rural compared to urban areas, and with effective links into communities.*

More specifically, one of the thirteen priority dimensions within the delivery plan for the strategy is parenting support. This calls for more emphasis on family support programmes such as IFST at a local level.

2 Part Two. Integration and multi-agency activity. Defining terms

"Integrated working is where everyone supporting children, young people and families works together effectively to put them at the centre, meet their needs and improve their lives" (CWDC 2008)

"Integrated working as defined by CWDC and DCSF is still an under-researched area and does not have a strong theoretical base." (Easton *et al* 2010)

While the policy emphasis on promotion of integrated working, as a necessary condition for improving outcomes for children and families, seems clear enough, what defines 'integration' and does this imply or require the integration of services? Indeed are integrated services an ideal 'end state' in themselves? Certainly Robinson *et al* (2008) find evidence of a *move away from the view of integrated services as the ideal model, towards a view that the outcomes of integrated working are situation specific and that diverse approaches to the degree/extent of integration may be equally valid…In some cases, it may be deemed inappropriate to widen inclusion in partnerships to avoid unmanageability, in which case alternative means of involving some groups in decision making may be needed.* While acknowledging many of the intended benefits of integration, Miller and McNicholl (2003) also question what sometimes appear as generally held assumptions about the approach:

How closely integrated do services and activities need to be to obtain the required benefits?

In what cases would improved signposting and coordination as opposed to integration be sufficient?

When does it become necessary to introduce managed processes or integrated organisations?

2.1 Models of integrated working

The service landscape for children and families is inevitably a complex one. A range of actual or potential forms/typologies of partnership, service organisation and delivery will exist in local areas. Developing a perspective that allows for these different features and degrees of integration *has the added value of capturing a more diverse range of partnerships and collaborations* (Robinson *et al* 2008). Defining, mapping and understanding this combination of forms is likely to be of value in gauging the degree of challenge and change likely to be encountered in any programme designed to promote service integration as the preferred model of partnership working. Equally, where integration in some areas is envisaged to coexist with other forms it will be useful to consider whether, where and how specific steps might be taken to improve the alignment between them.

A comprehensive review of models of integration by Robinson *et al* (2008) found a significant number and *variety of models which conceptualise aspects of integration.* They concluded that this *variety reflects the context dependency of integration. Service integration is being progressed in different ways for*

different localities and for different service user groups. There is no one-size-fits-all model which can be applied ubiquitously. Two examples from the report are provided here to illustrate some of the differences in approach. These touch on differences about the 'ends' of integration and how the scope or reach of integrated processes can be understood.

A common approach to conceptualising integration is the 'onion' model for integrated services (Figure One) developed at the UEA and used initially to evaluate Children's Trust pathfinders within the *Every Child Matters: Change for Children* programme in England.

Figure One: Every Child Matters model of integration

This model is comprised of a number of discrete layers or levels of integration and which encompass both structural and process issues.

- **Interagency governance** (strategic direction, collaboration, agreement and accountability)
- **Integrated strategy** (joint planning and commissioning, alignment and pooling of budgets)
- **Integrated processes** (operational information sharing, common assessment and planning)
- **Integrated frontline delivery** (operational client-focused work, multi-agency teams and/or panels, integrated services, key worker and lead professional arrangements)

All of these 'wrap around' and contribute to outcomes for children, young people families and the community. At the same time outcomes themselves are posited

as the primary driver and influencing factor for change within all of the surrounding layers. The implication here is that it is only through the effective combination of integration efforts at all levels that the potential for better outcomes will be maximised. There is nonetheless, a risk within this model that the service user may be construed as a 'passive agent' or at least that their outcomes are primarily contingent on the activities of others.

By way of contrast, Miller and McNicholl (2003) in emphasising joint planning as the primary driver for integration *situate the service user within the model as a co-participant or 'co-producer' in shaping services and not solely an end-point user or 'consumer'* (Robinson *et al* 2008). Within their framework, integration is again multi-layered and is comprised of three levels:

- **The service user.** This is concerned with how services are actually delivered to individual children and families and the level of integration at the interface between service user and provider. It includes families' access to information and advice, integrated assessment and coordination of response.
- **The management of local service networks.** This is concerned with how structural and process elements enable frontline staff across sectors to link within a locality to provide an integrated service to children, young people and families.
- **The whole service system.** This is concerned with how different sectors plan, commission and manage services across a local authority area to create integrated services.

The effect of centering 'co-production' as a primary driver within this framework changes the focus of integration and leads to the identification of different activities (and ends to that activity) than has conventionally been the case with the ECM 'onion' model. For example, at the whole system level, this would see a shift in focus from organisational contributions to co-production and self-help as well as introducing ideas of 'social capital' at the service user and provider interface.

Robinson *et al* (2008) suggest that while the two models *share a clear separation of levels and a focus on organisational structure at each level* they differ in the modelling of process. Within the ECM 'onion' this is viewed as a distinct layer whereas the Miller and McNicholl model envisage process *as a cross-cutting dimension between and within levels.*

2.2 Mapping forms and degrees of integration.

In a review of multi-agency models of working, Atkinson *et al* (2007) distilled three main dimensions of multi-agency activity each of which could be used to gauge the type or extent of that activity and the current degree of integration. Assessing each dimension can be achieved, for example, through self-assessment. The questions here are reproduced from the Atkinson review but clearly there are many others that might be asked (for example see the impact criteria used in the LARC 2 review).

Organisation: The presence of structures specifically set up to support collaborative working.

- To what extent do professionals from different agencies work together on a day-to-day basis?
- *Does the partnership, team or practice have any formal legal or statutory status?*
- *Does the partnership or team have shared funding and resources for multi-agency activity?*
- *Do the agencies share any staff?*

Joint Investment: The extent to which partnership, professional and agency aims and interests are bound together and the perception of those involved that they are working towards a common goal.

- Is *there a strategic vision?*
- *To what extent are agencies working in a climate of shared vision, aims and a common purpose?*
- *To what degree is decision-making shared between agencies?*
- *Is there a clear line of accountability?*
- *Does the multi-agency activity forward the agency's own aims?*

Integration: The degree to which the partnership, team or practice is integrated and how deeply into the structures, vision, investment and practice of those involved in the activity collaboration penetrates.

- To *what degree is there information exchange between agencies?*
- *To what extent are activities influenced by the contributions of other members?*
- *How far does the activity impact on the other work conducted by agencies?*
- *To what degree are services synthesised and coordinated?*
- *To what extent is the focus of service delivery on the user?*

An alternative framework is offered from the review by Robinson *et al* (2008) who identified four typical or common dimensions of integration. They suggest that these could be used to construct a matrix to structure the collection and collation of empirical evidence with which local authorities and their partners can analyse their own progress in specific areas of integration.

These dimensions comprise:

- *The **extent** of integration: the 'stage' or depth of the collaborative activity within integrated services*
- *The integration of **structures**: layers of an organisation's functioning, for example, governance and strategic levels, and frontline operational service delivery levels*
- *The integration of **processes**: the ordering of work activities across time and place, at different organisational levels*
- *The **reach** of integration: the extent to which partnerships in integrated services reach out to include diverse agencies.*

Importantly, the authors emphasise that it cannot be assumed progress on any one of these dimensions will automatically ensure comparable progression along any other dimension.

In their review of the literature on models of multi-agency working, Atkinson *et al* (2007) draw on previous attempts to characterise or categorise multi-agency activity. One of their findings is that models of activity tend to focus on one of two primary components - either the extent of multi-agency activity or the organisation of multi-agency structures or teams.

So far as the first of these components in concerned, approaches typically advance a staged progression or 'ladder of engagement' indicating the extent or depth of the multi-agency activity with integration as the end state. So for example, (after Townsley *et al* 2004)

Autonomous working: Services are still separate but individual professionals from different disciplines will work together to achieve specific goals. Professionals may offer training and support to staff from other agencies, but the focus and funding of service delivery remain single agency and services are separate with little obvious coordination.

Coordinated working: Professionals from different agencies assess separately the needs of children and families but meet together to discuss their findings and set goals. The focus of service delivery will be multi-agency and coordination of services across agencies is achieved by a multi-agency panel or task group. Funding may be single or multi-agency.

Integrated working: Services are synthesised (and coordinated). The approach is more holistic with the focus of service delivery on the user. Funding is multi-agency and professionals operate as a team, with the expectation that roles will be blurred or expanded. A key person, or link worker, coordinates services for families and liaises with other professionals and agencies on their behalf.

The focus in this example is at the level of service delivery but clearly there is also a need to consider different levels of partnership working, including the strategic, governance, performance and commissioning activities. So, for example (after Fox and Butler 2004)

Cooperation: At this stage relationships may be more formal. Members agree to co-operate with each other. Their goals remain individual rather than collective, but they see their future as linked. Some planning and division of roles may be required.

Coordination: In this second stage group members agree to carry out pieces of work together, which represent collective goals. Each member is now allowing their activities to be influenced by the contributions of other members. The aim is usually to deliver pre-set, common objectives.

Integration: In this final stage the activities undertaken are developed, implemented and 'owned' by the group. The partners are committed to co-designing something for a shared purpose. The organisations involved are brought into a new structure with commitment to a common mission.

So far as the organisation of multi-agency working is concerned, various typologies exist. These include ideas of separate legal entities, 'virtual' or co-located partnerships and categories of joint working. At the level of actual delivery these might involve (after Sloper 2004)

Multi-disciplinary working: Individuals working within a single agency.

Inter-disciplinary working: Individual professionals from different agencies separately assessing the needs of the child and family and meeting to discuss findings and set goals.

Transdisciplinary working: Members of different agencies working together jointly, sharing aims, information, tasks and responsibilities. Conventionally, this category is perhaps closest to a working idea of integration supported by a more holistic approach with user needs at the centre of activity.

3 Part Three. The Common Assessment Framework and the practice of common assessment.

"There may be a rule of optimism that somehow a common assessment framework is an uncomplicated opportunity simply waiting to be exploited." Pithouse (2006)

3.1 Introduction

The origins of the Common Assessment Framework are commonly associated with the publication of the Laming report into the death of Victoria Climbé, among the central recommendations of which was which was the need for significant improvements in interagency working and information sharing. The Framework has become a key vehicle to promoting better outcomes for children, identified in the Every Child Matters/Change for Children programme (2003) in England and Children & Young People: Rights to Action (2004) in Wales. In both countries, the CAF has *promulgated broadly similar legal, conceptual and ethical frameworks. The CAF is located within various legislative sources that refer to multi-agency collaboration to support children and parents with additional needs* (Pithouse 2009), and specifically the Children Act 1989 (section 27) and Children Act 2004 (section 25). This legislative and policy emphasis is designed to promote the development of a stronger culture of assessment, information sharing and earlier intervention amongst child welfare practitioners.

There have, however, been differences in approach to CAF implementation in England and Wales. Although CAF guidance has remained non-statutory, all local authorities in England were required to begin introduction of the CAF and other aspects of the Change for Children programme during 2006 with full implementation by 2008. In Wales, the approach has been less prescriptive, with the WAG envisaging that *local partnerships would develop their own, individually tailored, working arrangements for carrying out common assessments…. The development process across the local authority areas will have an evolving and different service profile and shape; and reflect the different priorities, strengths and opportunities of each area* (WAG 2007). The picture on CAF implementation in Wales is therefore more mixed with some authorities developing models more or less identical to those in most English local authority

areas while other authorities are either at a very early stage of CAF development or have chosen a different route to achieving the common objective of improving life-chances for children and young people with additional needs.

3.2 What is the CAF?

'CAF' is not infrequently used as a shorthand reference to the process and activity of common assessment but in fact refers to a number of inter-connected components of which assessment is one. Conventionally, the common assessment framework (CAF) comprises a standardised assessment tool, arrangements for a lead professional or key-worker to coordinate the multi-agency package of support delivered by a team around the child (TAC) or team around the family (TAF). These are underpinned by enhanced information sharing arrangements and communications technologies to enable digital completion and transfer (for example an electronic or e-CAF) although, Contact Point, the proposed national database for England has now been abandoned.

The CAF has been variously defined as:

- *One of a 'core set of activities to be undertaken by local authorities and their partners' as part of the 'roadmap' supporting the implementation of integrated working. (Every Child Matters: Change for Children 2006).*
- *Suitable for use with any child or young person who may have additional needs and where practitioners need to understand better what the needs are and what the most appropriate response would be (WAG 2010).*
- *A key tool for integrated working as it is a generic and holistic early assessment of a child or young person's strengths and needs that is applicable across all children's services and the whole children and young people's workforce. The CAF is an assessment of what the family and services can do jointly to address children and young people's needs. (CWDC 2009)*
- *A tool to enable early and effective assessment of children and young people who need additional services or support from more than one agency. It is a holistic consent-based needs assessment framework which records, in a single place and in a structured and consistent way, every aspect of a child's life, family and environment. (Working Together 2010)*
- *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. (Easton et al 2010)*

Although robust outcomes studies concerned with service users are still limited, there is growing evidence (for example, Easton *et al* 2010 and 2011) that the CAF process can be a key mechanism for enhancing and embedding integrated working as well as leading to improved outcomes for children and young people. These include improvements in school attendance, engagement and aspirations, in physical health and self-confidence, in family relationships and in housing and financial support. For families, there is some evidence for improved and earlier access to services and more focused support to parents. The LARC 2 review found that the impact of CAF processes on poverty, however, was not as strong when compared for example to changes in parenting response and skills. Nevertheless, the use of more holistic assessment does appear to have been helpful in supporting the identification of financial, housing and benefits

difficulties and to promote access to relevant support.

The more recent LARC 3 review (2011) looking in depth at arrangements within 21 participating Local Authorities in England found that:

- **CAFs are leading to better outcomes at lower cost**: in response to a range of needs, from circumstances where children and young people need early preventative support through to circumstances where substantial multi-agency interventions are required at a level falling just short of the threshold for specialist services. Scenario analysis from 80 case studies identifies potential savings of between £5000 and £150,000 being reported.
- **The CAF process itself is cost effective**: CAF processes are mostly under £3000, the exception being the most complex cases. Even here, the data suggests an upper limit of £8,000 (to be set against savings of approximately £100,000).

The report concludes that:

"The CAF process is an enhancement to capacity for early intervention and not a costly bureaucratic overhead"

and also that progress has been most apparent in those areas where the CAF process underpins specific evidence-based programmes that have been shown to be effective in working with vulnerable children and families.

3.3 Common Assessment element of CAF

The focus for this part of the report is the common assessment component of the framework, what it consists of, is intended to do and the learning that has emerged from evaluations of implementation.

Conventionally, guidance (for example CWDC 2009) suggests that practitioners are generally required to consider undertaking a common assessment where there is evidence that a child may have needs that mitigate against their progress on maximising life-chances (as defined, for example, by the national outcomes framework in use) without the provision of additional services. It goes on to say that you can do a common assessment at any time…when:

- *You are concerned about how well a child is progressing. You might be concerned about their health, welfare, behaviour, progress in learning or any other aspect of their wellbeing. Or they or their parent may have raised a concern with you;*
- *The needs are unclear, or broader than your service can address;*
- *A common assessment would help identify the needs, and/or get other services to help meet them.* (DfES 2006)

An assessment should only be carried out with the consent of the family and where it would appear to add some value to the current understanding of needs and provision for them. The available guidance in both Wales and England emphasises that the common assessment document itself is simply that and not a referral form, although where the assessment indicates that the child has

urgent or complex needs, requiring specialist assessment and intervention, the common assessment information can be used to inform a referral into specialist assessment processes.

3.4 What contributes to effectiveness?

While Pithouse (2009) was to conclude that *there is little that is 'common' in the way the CAF operates across England and Wales,* the evidence for what works in promoting and embedding CAF processes in general is now reasonably well established through substantive research undertaken in both Wales and England (for example the UEA evaluations 2006 and 2009, Easton *et al*/LARC 2 2010, Pithouse 2006 and 2009). Nonetheless there is a need to make a distinction between effective structures and mechanisms or processes on the one hand and their impact on better outcomes for families on the other hand. This latter component is perhaps less clear, in part because of the range of approaches that have been adopted and the findings are much more tentative.

So far as structural and process elements are concerned the following features have been identified as supportive factors (see for example UEA 2006 and 2009, Easton *et al* 2010).

- Acceptance and embedding of the CAF is promoted where multi-agency processes are already working well, where high levels of trust exist across the professional network and where common assessment is one part of a broader but clearly prescribed model of integrated working being developed within the local area.
- There is positive agreement and active commitment at senior levels to the CAF project within strategic partnerships.
- There is ownership and enthusiasm for the CAF project at all levels across the children's services network
- There is clarity and confidence about the key process elements to integrated working arrangements and an open approach to identifying and seeking resolution to emerging difficulties or uncertainties.
- Provision has been made to enable adequate preparation, engagement and development of the workforce to understand, contribute to and manage the new arrangements and implications of change that are likely to emerge from them.
- Assessment processes that do not aggravate workload and capacity difficulties and are supported by reliable and efficient ICT and co-ordination services.
- Initiatives that seek to integrate all of the elements of the CAF process – common assessment, engagement with families, Lead Professional role, the Team around the Child (TAC) model and meetings, action planning and reviews are likely to embed more successfully as well as being more influential on securing better outcomes than projects that concentrate on only one or two of these elements.

3.5 Areas of likely or continuing challenge

The absence of any or all of the factors identified above will mitigate against effective embedding of integrated processes but in addition the following have been cited as potential obstacles or persisting barriers to full implementation

(see for example UEA 2006 and 2009, Gilligan and Manby 2008, Pithouse 2009, Adamson and Deverall 2009, CWDC 2010):

- A lack of shared accountability and commitment, for example where CAF remains seen as a single agency, not a multi-agency process with a common assessment originating from and staying within the same agency. There is evidence that the common assessment 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.
- Lack of capacity and support to fulfil the Lead Professional role effectively.
- The absence of continuing training and administrative support.
- 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?
- The CAF does represent new demands on both universal and specialist services, which it is important that agencies recognise. The CAF may require different patterns of working, is taking more time than previous patterns of referral work for most practitioners, and will make new emotional demands on some workers.
- Having the capacity to make CAF a priority is also an issue for sectors working with large numbers of children in groups, like education, in comparison with those agencies who tend to work with a much smaller number of children on an individual basis.
- The engagement of professionals in universal services in a common assessment process may well challenge traditional roles: a change from "reporters or detectors" of problems and concerns to the main players in facilitating families to find resolutions to their problems.
- There is some evidence that social care may be least engaged in the CAF process. This may in part be linked to any confusion that exists about the role of social care within the CAF process and a lack of clarity about threshold levels. Certainly, implementation of the CAF framework does offer opportunities to ensure greater coherence and collaboration between specialist and targeted services operating at or around statutory thresholds of need (for example by engaging social workers within multi-agency arrangements to support TAC). In addition, where common assessment documentation is used to support referrals of children and young people to social care, there will an advantage to all parties in ensuring that the standards and quality of information recorded within CAF assessments meet agreed requirements and reduce rather than augment information gathering activities by, for example, social care intake services.
- Perceptions that common assessment processes add to rather than diminish workload demands are not uncommon. These are likely to gain impetus where interface issues with specialist assessment process remain unresolved particularly where there is continuing evidence for duplication of effort. While the CAF will provide new skills for practitioners this may not necessarily offset worker frustrations about the opportunity costs involved in operating the CAF system, which for some may be seen as a time-consuming diversion from actually engaging with service users. In addition, there is evidence of some reluctance to initiate common assessments for fear of assuming the Lead Professional role.

- There continues to be marked variation across the children's services network concerning the perceived purpose of the CAF, particularly among those who are unfamiliar with holistic approaches to assessment. It is clear that assessing families holistically demands a range of different skills and a new way of thinking for many practitioners. There continues to be a tendency among some practitioners to see the CAF as a one-off referral mechanism or a request for help rather than an assessment that may subsequently inform a referral.
- The issue of consent and use of informed and implicit consent continues to be a challenge particularly with professionals operating within universal services given that most CAF work is being undertaken by practitioners from the education and health sectors.
- More generally, while the CAF introduces more explicit documenting of consent, much of this still remains with adults. The engagement of children's views about an agreement to assessment processes remains underdeveloped. This may of course be less a function of the CAF and more to do with the way professionals view and engage with children and young people within their own cultural and occupational dispositions.

3.6 Does common assessment make a difference?

For professionals there is evidence that common assessment processes can help to improve multi-agency and information sharing practices and also assists practitioners to think more holistically about the circumstances of children and their families. This can also include an increased emphasis on the assessment of parent and family strengths.

Positive impacts for professionals have also been identified in the rewards and stimulation that can arise from new ways of working, increased knowledge and understanding of other agencies, and improved relationships and communication between agencies. At the same time, moves towards integrated activities have been found to generate uncertainty about professional status and identity. So far as impact on workload is concerned, the picture is quite mixed although the weight of evidence does suggest that integrated practices are time-intensive.

Finally, the completion of common assessment documentation has led to improvements in the detail and reliability of basic demographic information as well as health and education needs compared to previous records.

4 Part Four. Key working and the Lead Professional

The concept of a key-worker role to act, for example, as a single point of contact and coordinator of multi-agency packages of care and support has been established for many years and is a statutory requirement for some children and young people (e.g. disabled children, children looked after or on the child protection register). Perhaps in an attempt to distinguish this statutory function of key-worker from the need to establish a similar role for children falling below statutory thresholds of need, the term 'Lead Professional" was introduced with the Every Child Matters: Change for Children agenda in England. Integrated models of working in children's trusts *can be distinguished around differences drawn between key workers and lead professionals, and the stage/age at which the models are applied:*

Key worker*: provides a single point of contact, typically working with families with children with complex needs, with high and often lengthy involvement.*

Lead professional*: works with families with some identified need but who do not meet eligibility criteria for specialist services, provides a point of contact for them to make choices and navigate the system, ensures appropriate interventions, and family involvement* (Robinson *et al* 2008).

Introducing the idea of a Lead Professional, the DfE (2006) indicated that *"the lead professional is not a job title or a new role, but a set of functions to be carried out as part of the delivery of effective integrated support…The lead professional role is designed to help children and young people whose individual needs are classed as low level and under the thresholds for statutory services, but which cannot be met by universal services and are significant in combination.*

Children with additional needs might therefore be under the threshold set by specific statutory services, but when the child's needs are aggregated they require co-ordinated interventions (i.e. provision from two or more agencies). The role of the Lead Professional in these circumstances is to carry out a minimum set of core functions in order to deliver an integrated response to these children. These are in essence to:

- Act as a single point of contact for children and families, building trust with them, engaging them with the process and ensuring that they are well-informed and central to decision-making.
- Ensure that appropriate interventions are delivered, following comprehensive assessment and an agreed 'solution-focused package' of support in which the child and family are involved.
- Reduce overlaps and inconsistency of services by liaising with the child, family and practitioners, monitoring progress and ensuring a smooth hand-over to another lead professional where necessary.

Where children have no additional needs or where their needs require a response from a single practitioner or agency, an LP is not needed.

It remains the case that there is no statutory guidance about who should take on the lead role below statutory thresholds of need or entitlement to services in England. Evaluation of the Children's Trust pathfinders (UEA 2007) concluded *that this open 'definition' is currently causing confusion and further clarification is needed on the difference between 'lead professional' and other job titles, such as 'key worker'; which practitioners can be expected to undertake the role, and therefore who should be trained; and more details on the functions of the lead professional, such as how long a lead professional remains the single point of contact for a particular child and family.*

It is also the case that the original idea of the 'lead professional' has evolved including the introduction of budget-holding lead professionals in some areas with devolved control over some or all of the budgets required to deliver publicly funded services to families with children identified as having additional needs. In any event local arrangements do vary. Some key workers are designated workers, who coordinate care for children full time and have no other

professional role outside key working. Others perform the key working role in addition to their traditional role.

The practitioner most appropriate to be the lead professional for a particular child or young person is likely to change over time, as the complexity and nature of the child or young person's needs change.

Conventionally, a lead professional is accountable to their home agency for their delivery of the lead professional functions. They are not responsible or accountable for the actions of other practitioners or services.

4.1 Who can act as a 'Lead Professional' within the CAF?

CWDC (2009) envisages that many practitioners in the children and young people's workforce can act as a lead professional at certain times for some of their cases. This would include practitioners within the core children and young people's workforce and the evidence does suggest that a range of professionals across the health, education and social care sectors have become LPs. (OPM 2006) It will also includes those in the wider children and young people's workforce (people who work or volunteer with children, young people and/or their families, part of the time, or who are responsible for their outcomes.

While the specific activities of a lead professional should be defined by the work that needs to be done with a child or family rather than by professional background (OPM 2006b), the evidence suggests that in general a number of key professional and inter-personal skills and attributes are required (OPM 2006, Easton *et al* 2010).

- The ability to empower and build trust by developing positive relationships with children, young people, families and professionals.
- Being flexible and able to adapt to individual family's needs.
- Being honest, open and trustworthy.
- Being able to collaborate with and coordinate a range of multi-agency professionals to identify the right support for the whole family and to ensure people do what they say they are going to do.
- Understanding assessment of risk and protective factors.
- Strong and adaptive communication skills.
- Having knowledge of local and regional services.
- Having an understanding of the boundaries of one's own skills and knowledge.
- Being able to convene and to chair meetings requesting and sharing information as necessary.

Most authorities also highlighted a need for informal support to help lead professionals and those who had received CAF/lead professional training but who had not yet undertaken an assessment.

4.2 What supports effective implementation of the lead professional role?

For the lead professional concept to work successfully, the most recent guidance available from the CWDC (2009) suggests that the following elements need to be established within local arrangements for integrated provision.

- That the CAF has been established as the main way for initially identifying and addressing additional needs of children and young people.
- That there is a commitment to, and a clear understanding of, when and how information can be shared legally and professionally.
- That there are mechanisms for storing and sharing CAF information securely between practitioners supporting the same child or young person, either in local or national eCAF systems or by other mechanisms
- That there is a cross-agency commitment to multi-agency working so that practitioners carry out their agreed actions
- There are sources of support for practitioners when required
- There is a clear and transparent management framework in place, with effective systems for line management, training, accountability and dispute resolution
- That there is access to high-quality supervision and line management support for the lead professional.
- That essential and/or additional training where necessary is made available to enable lead professionals to either acquire or develop the skills identified for the role.
- There are clearly defined escalation routes to resolve disputes or other matters (for example, about who the lead professional should be; where accountability lies; non-delivery of action; or how resources are to be allocated) and to provide strategic input to secure engagement of all services.

Additional features identified by OPM (2008) and Walker et al (2009) that are likely to support promotion of the BHLP role include:

- Implementation of BHLP tends to be easier where lead professional practice is already well established.
- All the essential building blocks, such as CAFs, TACs, and commissioning and budget-pooling arrangements, need to be in place.
- The target populations need to be defined.
- The desired outcomes for BHLP practice and ways of measuring them should be specified prior to implementation of the new arrangements.

4.3 What are the challenges to implementation?

Omission of any of the features identified above is likely to mitigate against successful implementation. In addition, reviews of the lead professional role by OPM (2006 and 2008), Walker et al (2008) and CWDC (2010) identified the following potential obstacles:

- Insufficient understanding of the lead professional role.

- A lack of formal agreement among agencies about how to collectively deploy the lead professional functions.
- Difficulties in involving busy practitioners in a TAC/TAF and during periods of unprecedented change in both the health and social care sectors.
- Concerns about balancing the role of voluntary and community agencies as service providers and as independent advocates for children and young people, indicating a need for clear processes for involving voluntary and community sector agencies in lead professional work.
- Difficulties inherent in sharing information and gaining the consent to do so.
- Resistance to moving to the CAF and abandoning other forms of assessment.
- Anxieties about increased workloads, developing the essential skills, and ensuring appropriate support and supervision for lead professionals.
- Challenges in co-ordinating the complexities associated with whole systems change across a variety of agencies.
- Challenges for practitioners because the additional needs of children and young people are highly variable and present complex challenges for practitioners.
- Variations in perceptions of what constitutes 'additional needs' between professionals from different backgrounds, who lack a common understanding of risk and protective factors.
- Concerns that because multi-agency panel working was already well-established in many areas, further change to implement TACs would involve further disruptions in practice.
- The lack of a shared 'language' and terminology between professional groups.
- Concerns about protecting the confidentiality of children and young people.
- Fully realising BHLP practice requires will require significant cultural and organisational change which needs to be implemented gradually.

4.4 Do Lead Professionals make a difference? The impact of lead professionals on delivering integrated delivery of services

Research on integrated working in children's services (for example, Easton *et al* 2010, Walker *et al* 2009, UEA 2007), tends to confirm the importance of the lead professional role as key to effective multi-agency working. This is particularly important for TAC/TAF arrangements, with some young people and families saying that the qualities of the lead professional and delivery team were more influential than the actual family meetings.

The lead professional role also appears to serve as a key enabling factor in engaging families within the CAF process and is therefore of considerable importance in contributing to the embedding of the integrated arrangements as a whole. Easton *et al* (2010) found that parents valued consistency in professionals – including the lead professional. This may have implications given the dynamic nature of a TAC/TAF team and suggests that there may be an advantage to retain one consistent figure as the lead professional throughout an episode of intervention.

While the national evaluation by Walker et al (2009) of budget-holding lead professionals (BHLPs) found they were neither any more or less cost-effective

than conventional lead professional experience, the ability to more immediately relieve the kinds of pressures associated with household poverty can mean that BHLPs quickly gain the trust of family members. The evidence suggest that overall purchases by BHLPs do make a real and immediate difference. This usually short-term relief was highly valued by families and could contribute to an effective first step in engagement to a more comprehensive intervention.

Overall, there is evidence showing that families with a key worker have better relationships with services, higher morale, feel less isolated and have a reduced sense of being a burden.

From the professional perspective, it is clear that there can be difficulties about this important role. These tend to relate mainly to clarity about CAF processes and to having the confidence and skills to undertake the role successfully.

5 Part Five. Team Around the Child (TAC) and Team Around the Family (TAF) - Integrated Models of Service Delivery

5.1 Introduction

TAC is a needs-led approach to supporting children, young people and their families and originally developed within health care services to meet the needs of children requiring complex and multiple interventions. It has, over recent years, been increasingly applied within emotional and social care provision for children with additional as well as complex needs. With an increasing emphasis on the need to consider 'whole family' approaches to support, the scope of TAC is being broadened to accommodate a broader membership of services and specifically services for adults and commonly referred to as the 'Team around the Family' (TAF).

Two points need to be made at the outset about this evolution from TAC to TAF. Firstly, although TAF is gradually replacing TAC as a model of delivery, they share in essence the same conceptual framework, ambitions to secure better outcomes and challenges in implementation. It is the scope and reach of the two approaches where the important differences are found. Unless indicated otherwise therefore, references in this part of the report to 'Team around the Child' or TAC apply equally to TAF. Secondly, most of the examples of TAF approaches in operation currently cited within the literature (for example Kendall et al 2010) suggest quite a narrow focus on highly targeted and intensive interventions at or just below statutory thresholds of need. This may have the effect of mis-representing the potential or indeed need of TAF to occupy a broader space within the 'protection domain'. This issue is considered in more detail within Part Three of the report concerned with integration of family support pathways.

This summary of the approach consists of three parts. Firstly the concept of TAC as originally defined is considered and links made with recent theoretical developments in understanding new forms of inter-agency collaboration and integrated working. Secondly, the essential components and benefits to the model are described together with an outline approach to envisioning TAC within conventional frameworks of understanding needs. Thirdly, the published evidence for the effectiveness of these approaches are considered together with

emerging findings on what works in introducing and embedding approaches at an early stage of integrated service organisation and delivery.

5.2 Conceptual perspectives underpinning the TAC integrated model

CWDC guidance (2009) summarises the 'Team Around the Child' as *a model of service provision in which a range of different practitioners come together to help and support an individual child. The model does not imply a multi-disciplinary team that is located together or who work together all the time; rather, it suggests a group of professionals working together only when needed to help one particular child. In this sense, the team can be described as a 'virtual' team; in practice, practitioners will find themselves working with a range of different colleagues at different times to support different children.*

The model is based on the ethos that such flexibility is essential if children's services are to be able to meet the diverse needs of each and every child. Team Around the Child places the emphasis firmly on the needs of the child, rather than on organisations or service providers.

This definition reflects elements of contemporary theory concerning new and emerging forms of interagency work and collaboration of which co-configuration and knot-working may be especially relevant.

Co-configuration refers to a form of work *orientated towards the production of intelligent, adaptive services* achieved through *dynamic, reciprocal relationships between providers and clients* (Warmington *et al* 2004). This form of work is seen as comparable with emerging forms of social provision in which a range of agencies and otherwise loosely connected professionals are required to collaborate with young people and their families to develop forms of support over brief or extended periods of time. Importantly, co-configuration is a participatory model, in which 'interagency' relationships include clients as well as professionals. Co-configuration is also characterised by *distributed expertise* and by shifts away from compact teams or professional networks, sometimes referred to as 'communities of practice'. These tend to be characterised by tight connections within defined work settings. By way of contrast, distributed expertise encourages a shift away from conventional forms of team-working to what Warmington *et al* (2004) refer to as *knotworking*: *an intensely collaborative activity involving constantly changing combinations of people coalescing to undertake tasks of relatively brief duration.*

Both co-configuration and knotworking envisage work as being 'situation' driven. In the conventional case of the TAC, it is the individual child or individual needs of the child that comprises the 'situation' and serve as the *centring and integrating device in complex, multi-voiced settings* (Warmington *et al* 2004). It is, however, possible to imagine other types of 'situation', which could provide the basis for a comparable operation of the model of operation. For example, it would be possible to extend the notion of the team around the child to the 'team around the XYZ need', which, in the case of Looked After children might be 'the team around the children's home' (Lord *et al* 2008). The evolving of TAC to a 'Team around the Family' (TAF) is therefore simply one example from a range of possible options. Conceptually at least, the TAF shares many of the fundamental constructs of the TAC that may have preceded it.

5.3 Locating and applying the TAC concept

TAC should be understood as a conceptual approach to rather than *a detailed prescription for service delivery…. another fixed system into which children and families must be persuaded to fit* (Limbrick 2007). Limbrick goes on to suggest that *the approach cannot come to your locality pre-packaged. Across the country there are varying organisational structures, varying models of current service delivery, varying populations and varying work forces.* Service partners and providers will therefore need to work together across agencies to develop protocols and practice which apply the TAC approach to their local situation. Accepting this caveat there are nonetheless a number of core elements essential to the approach:

The Team around the Child is an approach to multi-agency service co-ordination at the level of the actual service to the child and family. The model requires collaborative teamwork and gives each child and family its own team or TAC, which will be *an individualised and evolving team of the few practitioners who see the child and family on a regular basis to provide practical support* (Limbrick 2007). As needs change, particular professionals in the peripheral group (i.e. the professionals in the wider circles around the child) can become members of the TAC and particular members of the TAC can move to the peripheral group. It might be appropriate for an entirely new professional who is not in the peripheral group to be invited in. Each TAC is individual because its membership is responsive to the individual needs of that particular child and family.

Practitioners come and practitioners go but…the TAC as a whole persists as a support system for as long as it is needed… This is a gradual process so that the child and the family continue to receive support from the Team as a whole even during a major transition (Limbrick 2007).

The essence of the TAC is that professionals from the different agencies and the child's parent(s) come together on equal terms at regular family-friendly meetings to discuss the child's and family's needs in detail and to agree a co-ordinated approach. Each TAC empowers family members by offering them a full place in the team. It is also important that the TAC remains small and manageable. It is likely to lose much of its value if it presents as *more than a handful of people*. (Limbrick 2007)

Each individual TAC has a team leader or facilitator who can be the child and family's key worker or lead professional. They have particular responsibilities to ensure that multiple services for children with additional or complex needs are effectively co-ordinated *for* the family and not *by* the family.

5.4 Stated benefits of the TAC Model for children, their families and professionals

Some children and families require regular and frequent services over time from a large number of professionals coming from two or more agencies. Advocates for TAC suggest that the model should contribute directly to the elimination or at least mitigation of hazards (for families as well as professionals who may be functioning more or less independently of each other) that associate with fragmented and disjointed service responses to additional and complex needs by ensuring that:

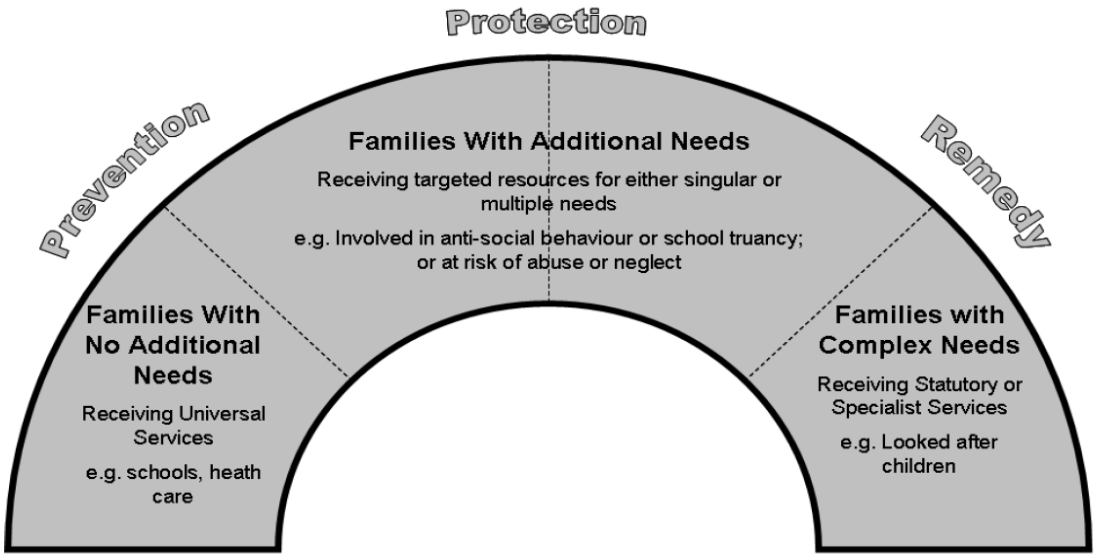
- Professionals work in partnership with parents.
- Services are co-ordinated.
- Programmes are integrated.
- Support is continuous.
- The service is stable.
- The service is flexible.
- Provision is uniform across the locality.

Limbrick (2004) suggests that TAC is overall a low-cost model and that improved levels of service coordination may allow for elements of service rationalisation.

5.5 Operating criteria

Figure Two provides a conventional representation for the continuum of a child's needs. Within mainstream services for children and young people, the criteria for creating a TAC are conventionally located within the middle stage ('protection' or targeted intervention) of this continuum and continue to apply to the interfaces with both 'prevention' (universal intervention) and 'remedy' (specialist service provision).

Figure Two: Families First Pioneers Guidance 2011 'New Models of Service Delivery' Efficiency and Innovation Board



This conventional application does not imply that the approach may not be adopted for children with more complex and acute needs. Indeed, as mentioned within the introduction, the TAC was first developed to meet multiple interventions over time and the approach has been applied to children and young people with disabilities (who are by definition children with complex needs) as well as Looked After children.

Arrangements for initiating TAC processes may be more or less formalised within authority areas. Given the emphasis on fluidity of response and adaptation at the centre of the concept it will be important to balance prescriptive procedural

requirements with an environment supporting innovation and initiative. Commonly, TAC arrangements for children with additional needs correlate with and support local procedures for implementation of common assessment and lead professional arrangements. While any agency may instigate a CAF, this may not lead to the call for a multi-agency meeting with the family – the agency with concerns may be able to meet identified needs within its own resources. Where it cannot do this and/or where needs remain unmet, then other providers will be drawn into a working arrangement with the family and a lead professional identified. These essential criteria form a common basis to the need for and creation of a TAC.

In recognition of a need to standardise service response, secure engagement of agencies and balance resource commitments, many but by no means all authority areas have developed multi-agency panels to operationalise working arrangements at an early stage. Panel meetings are generally distinct from family meetings that take place within the implementation phase of a TAC or TAF plan. The functions and membership of these panels does vary but in general appear to take one or more of three forms:

- Where indication of need is compiled remotely from the family, for example, through screening or the sharing and compiling of data and intelligence reports, the panel collates the information and determines a preferred course of action. Where indicated, this may include the nomination of a lead agency or lead professional to make initial contact with the family and to begin the process of developing and coordinating a family support plan. The panel is directly involved in a time-tabled review of progress.
- A completed CAF assessment is sent to the Panel by the assessor. The panel determines whether or not the criteria for continuing support via a TAC or TAF are met, identifies the agencies that need to be involved and which agency is best placed to provide the lead professional role. The assessor is required to attend the panel meeting and present the findings and conclusions of the common assessment. Family members may or not be invited to attend the panel. In most cases, the panel will be involved either directly or indirectly in a review of progress.
- Lead professionals or in some cases other TAC members refer cases to the panel where progress within a support plan is either not being made (for example, families removing consent or agencies not delivering required resources) or where there is uncertainty about what actions should be taken.

5.6 Key implications for the approach

The TAC approach requires the children's key practitioners, whether TAC/TAF facilitators or members, to be competent in developing helping relationships with families and to apply negotiating skills in their partnership work with parents. The approach also requires that practitioners develop effective relationships with each other.

While TAC meetings provide opportunities for practitioners to develop effective relationships with each other across service and agency boundaries, each TAC becomes a continuing support system, not only for the family, but also for the practitioners themselves who might otherwise feel they are sometimes on their own when facing great challenges presented by particular children and families.

Ideally, in a whole system approach to a child with additional and/or complex needs, there will not be separate or discipline-specific programmes of intervention. Though practitioners who are new to each other might elect, after the early TAC meetings, to work separately from each other towards the goals set by the family support plan, it is expected that eventually they will decide to join their approaches together as far as possible and agree integrated goals.

Whether or not practitioners are integrating their interventions, there will be a need with some children and families to limit the number of practitioners involved at any one time. Most parents, when given an opportunity to design their ideal support service, will opt for fewer people rather than more.

Neither integration of programmes nor provision of a TAC facilitator or lead professional should require a net addition to practitioner workload. Nonetheless, time will be an issue for practitioners and their managers when there is an agreement for close collaboration in the approach. For many practitioners, although by no means all, this will represent a new requirement and a significant adjustment in how time is spent. These changes will require planning and support at a strategic level about how practitioners' time and skills are best employed for a given population of children and young people.

5.7 Establishing a Team around the Child / Family System

Limbrick (2007) while acknowledging that conditions will differ in each locality, identifies a number of general points common to the process of establishing a TAC/TAF. These envisage an organic evolution and one in which there will be advantage in combining both 'bottom-up' and 'top-down' approaches to achieve successful implementation.

- Make contact with all the professionals at all levels in all services that are enthusiastic about service co-ordination and the Team around the Child model.
- Locate parent organisations and individual parents who are enthusiastic about service co-ordination and the TAC model.
- Identify a small group of these people who will help in the first planning stages.
- Locate all examples of good practice in professional collaboration in your locality and try to build on these.
- Locate people in other localities who have established the TAC/TAF model and learn from their work.
- Work out where to place this initiative for change within existing planning structures.
- Ideally this will be with a multi-agency committee or a manager with some responsibility for multi-agency collaboration.
- Start writing a proposal for the new system with help from the people you have identified above.
- Consider establishing a pilot project involving enthusiastic professionals and parents.

In all cases, the approach does require commitment from senior managers, effective planning at all levels in partnering agencies and some resources.

5.8 What helps in making effective TAC and TAF arrangements

While there are a now a number of studies that are concerned with effective preparation for and embedding of integrated provision as a whole, these still remain relatively limited in number so far as TAC and TAF arrangements are concerned. A recent review, (Lord *et al* 2008 and see also DCSF 2007) was concerned with evaluating the early impact of integrated children's services. It was based on a sample of 14 local authorities in England of which 4 had adopted the TAC approach as a vehicle for establishing need and service delivery. The authors note that many of the key features identified are consistent with the conclusions of other research into integrated working. The review identifies five essential enablers associated with the development of integrated services:

- **Clarity of purpose/recognition of need -** 'continuing success is more likely where arrangements are based on a coherent and long-term vision and the focus in individual services is on compatible goals'.
- **Commitment at all levels -** including the vision and ensuring adequate funding and resources.
- **Strong leadership and management -** 'effective multi-level visible leadership is an enabler of success'.
- **Relationships/trust between partners -** 'the need for strong personal relationships, trust and respect amongst partners; … requires a realistic timeframe; … a history of working together and earlier positive experiences of collaboration are instrumental in success …'.
- **Understanding and clarity of roles and responsibilities.**

At the level of actual delivery, Easton *et al* (2010) found, that so far as TAC meetings were concerned, these tended to be more successful when:

- there was an air of informality, with the use, for example, of relaxed meeting rooms;
- preferably in a neutral and central place;
- plain language was used in meetings, documentation and during discussions;
- appropriate support interventions were identified and implemented;
- there was clarity about next steps, which were documented and circulated to all TAC members, including the family, with a detailed action/support plan; and
- there was full engagement from parents and all professionals.

Finally, findings from the Kendall *et al* (2010) review suggest that most authority areas that have developed TAF arrangements have opted to use an adapted version of the common assessment document to provide a detailed assessment of family need. As with the common assessment process, the whole family assessment process is likely to identify the need for additional specialist assessments (for both adults and children) to be undertaken. These might be in relation to adults' or children/young people's mental health needs, family therapy, domestic violence, physical health, substance misuse, or special educational needs. The review goes on to conclude that TAF arrangements are likely to be more successful when:

- The roles, responsibilities and expectations of all members, including families are clear.
- TAF members commit to deliver relevant aspects of support, comply with the support plan developed and are able to identify their contribution to improving family outcomes, as well as the benefits for their agency or service of such improvements.
- There is a clear expectation that practitioners as well as families will attend TAF meetings and they are supported to attend and participate in those meetings to ensure they are actively involved in decision-making.
- There is a lead professional who is responsible for coordinating and phasing the support provided and addressing any issues of non-delivery.
- TAF meetings are used to provide (and update) detailed information on families from a wide range of services and this information is presented in a variety of formats, including genograms and merged family chronologies.
- TAF arrangements are supported by web-based systems to enable the secure transfer and sharing of information between TAF members, for example using SharePoint.
- Senior members of staff are responsible for regularly monitoring and reviewing TAF meetings, or take responsibility for chairing TAF meetings, to ensure progress is made. Attendance at TAF meetings is monitored and absences followed up.
- TAF meeting are held in a variety of locations, including local authority offices, schools, and community centres, in order to facilitate the engagement of families and other agencies, especially schools.
- Effective family support plans have a multi-agency and family focus, with clear review timescales (usually three to six-weekly). They need to be managed through regular TAF meetings, led by a robust and appropriately supervised lead professional.
- Family support plans developed by the TAF provide an overview of needs, actions and support in one document. This also helps to ensure that support is provided in a coherent way and does not conflict with other work undertaken. Plans should clearly outline what the consequences are if family members are unable to change their behaviour or work with practitioners to address identified issues.
- There are clear links to social care assessments and clear referral and assessment processes/timeframes for families who are involved with statutory services.

5.9 Challenges to implementation

- TAC/TAF approaches can be time intensive. Specific challenges can arise with the time taken to arrange and organise TAC/TAF meetings and identifying and contacting the relevant professionals (Easton *et al* 2009).
- Ensuring strategic and operational buy-in can be challenging. Local authorities have experienced reluctance on the part of some agencies to engage with the process and/or prioritise their engagement (for example, professionals fail to turn up for meetings or do not implement an agreed support plan (Kendall *et al* 2010)
- Identifying staff that will take responsibility for TAC/TAF approaches is another common challenge. There is a also a risk that, where staff are given

designated roles or where it is perceived that particular practitioners are more routinely involved than others, some professionals (including those who should be working with the family) 'step back' and disengage from the change process (Kendall *et al* 2010).

- Without a commitment to making sure that action planning and regular reviews take place, commitment to the process is likely to diminish over time. This generates frustration and disappointment for families and professionals alike and may serve only to delay or lengthen the period of time during which support may be necessary.
- Inconsistencies and uncertainties about the involvement of parents, children and young people is unhelpful. The evidence suggests that when parents and/or young people are included in family meetings, the entire CAF process appears to be viewed more successfully because everyone is involved and able to contribute to the discussion. (Easton *et al* 2010)
- There is some evidence, for example SIS (2010) that not all practitioners consider the engagement of children and young people as key to the success of the TAC/TAF model, find it difficult to communicate effectively with them and are frustrated by the pace and progress of delivering support in ways that involve children and young people in the process. A lack of skills and experience among practitioners, and different opinions about the need to engage with children and young people may contribute to their distancing from the TAC/TAF process and undermine its potential value. The absence of specific guidance about how to engage children and young people with the TAC/TAF process is likely to reinforce these deficits.

5.10 Does TAC/TAF make a difference?

While there is a considerable body of literature concerning the theory and concept of integrated working, robust evidence for effectiveness of TAC/TAF on outcomes still remains relatively under-developed. In general terms, the literature that is concerned with impact still consists largely of descriptive, single (or limited comparative) case studies of local initiatives (Warmington *et al* 2004). The lack of clarity or definition about the terms and language used to describe partnership and multi-agency work together with the range of models in operation also contributes to the difficulty in developing more extensive and robust comparative studies. Even so, the impact on professionals and professional systems remains better understood than the effect on families. There is some material on the views and experiences of children, young people and parents regarding TAC but this has not yet been comprehensively substantiated (SIS 2010).

Nonetheless, Easton *et al* (2010) did find that the CAF process in general was contributing to better outcomes including improvements in school attendance, engagement and aspirations, in physical health and self-confidence, in family relationships and in housing and financial support. It is not clear in this study, however, the extent to which TAC/TAF is the contributory factor to improvements or whether these are primarily attributable to other elements in the process. In a recent review, Kendall *et al* (2010) concluded there was evidence that existing support for many families had failed to result in improved outcomes due to a lack of coordination of services and services not accounting for the wider problems faced by family members. By way of contrast, TAF approaches to assessment and support had helped to identify and address concerns early enough to

prevent, for example, entry of children into the care system. At the same time, more intensive, family focused approaches to assessment and delivery secured earlier identification of child protection concerns. TAF approaches were found to be particularly successful at engaging families with a history of poor or non-compliance with agencies.

6 Part Six. The evaluation of integrated working. Key messages and implications

While there is a developing evidence base for 'what works' in integrated working the picture is by no means complete or consistent in all areas. On the one hand, there appears to reasonably conclusive evidence concerning the facilitators and barriers to multi-agency working including integrated practices. Examples of key findings have been included in parts three to five of this review and typically revolve around issues concerned with working relationships, multi-agency processes, resourcing integrated activities, management and governance but even here there are likely to be differences of perspective and priority across and within agencies and professional groups (see for example Sloper 2004, Atkinson *et al* 2007, Lord *et al* 2008, Easton *et al* 2010, CWDC 2010). On the other hand, evidence for the effects of integrated models on positive outcomes for children and families is more limited and/or typically remains an area of 'informed inference' rather than being established through robust methods of evaluation. Again, key findings from the perspective of families tend to centre around issues of earlier response to difficulties, easier access to services and to information about available provision; lead professional working; ongoing, respectful and reliable support; and the greater understanding of their child's needs, especially from within universal services (see for example Lord *et al* 2008, SIS 2010).

In addition, while the assumptions underlying the benefits of integration seem self-evident, it is also relevant to note that some of the literature has questioned whether integration is leading to better outcomes (e.g. Allnock *et al* 2006, Marsh 2006)), or indeed whether full integration either is or should be the ultimate model of multi-agency activity (Warmington *et al* 2004). Having said this, the review did not identify evidence that integrated approaches to service delivery actually contribute to poorer outcomes.

So far as impact of integrated processes on outcomes for families are concerned, there are likely to be a number of reasons that explain the limitations (including transferability and general validity) and limited availability of conclusive findings so far.

Firstly, in general the sheer variety in models and approaches to integrated delivery makes comparative assessment more complex than might otherwise be the case. Determining whether one approach to integration is more effective than another therefore remains difficult.

Secondly, at a local level, research propositions (or hypotheses) around the anticipated benefits of integrated processes and models of delivery on outcomes may either be under-developed or overly ambitious in the sense that the framework for measuring and evaluating outcomes is simply not capable of supporting an assessment of locally identified objectives.

Thirdly, measures may not be sufficiently sensitive to support identification of those elements that either are or may be more instrumental in contributing directly to improvements in outcomes. This in part a question of attribution and the need, so far as is possible, to eliminate other important influences on outcomes from those structure and process elements that are specifically to do with integrated provision. It is accepted, nonetheless, that given the multiple influences at work, a complete disentangling of causal factors is unlikely. (O'Brien *et al* 2009)

Taken together these suggest that a number of factors that should be considered in developing a research and/or evaluative framework to support a more robust approach to the assessment of progress as well as problems in securing better outcomes for families.

- It may be useful to build a theory of change and one that is capable of supporting hypotheses or propositions about the short to longer-term impacts of the project and the contextual influences upon it.
- Develop and catalogue a range of quantitative and qualitative measures that will enable the relationship between structure, process and outcomes to be reasonably well understood and attributable.
- Ensure that these measures are capable of capturing a range of perspectives and activity both vertically (for example from strategic partnership to service delivery) and horizontally (for example, service pathway standards, providers and families) across the project area.
- Align data collection and analysis activity to support your strategic commissioning requirements.
- Be clear about the any specific caveats that may apply to indicators (e.g. national PIs) when used as proxy outcome measures.
- Ensure that your research and evaluation capability for the change project is adequate and able to support performance assessment and review of propositions.
- Consider a staged evaluation that balances costs and value.

There is now a range of useful resources that can be used to support project evaluation, both in pilot phase and beyond. For example, NFER/LARC2 (see Easton *et al* 2010) contains a comprehensive set of propositions developed by local authorities to hypothesise the impact of change as a result of introducing integrated processes and models of working. Walker *et al* (2009) detail the steps involved in developing a theory of change to evaluate lead professional working. In terms of the impact of integrated processes on service users, the 'Distance Travelled' tool is now used by a number of authorities to benchmark and evaluate change. 'Think Family' indicators have also been deployed both as a screening tool for TAC/TAF referrals and to assess progress.

7 Part Seven. Implications for project design

In this concluding part to the review a number of key implications for project design are identified. These have been distilled from the discussion of best practice and evidence within parts two to six of this document. Again, the relevance or weighting of each implication will not be the same for each one of the three authorities.

7.1 Integration

This is a medium to longer-term change process. The size and diversity of the workforce together with the numbers of agencies and organisations with different policies practices and procedures means that change of this order takes time to embed itself into practice

The project requires a clear commitment and action from the Children's and Young People's Partnership Board in conjunction with other strategic partnerships and senior leaders to support the effective operation of CAF/TAF processes across all partner agencies, including a strategic focus on the collection and use of monitoring data and evaluation of impact.

It may be useful to develop definitions of what integration means within locality arrangements and plans, to ensure these are disseminated and understood. There may also be value in benchmarking the range, extent and typology of multi-agency working across the authority area.

7.2 Common Assessment

There needs to be clarity on what the common assessment is, who it is for, and how it relates to other formal assessments undertaken by the local authority and partner agencies. This should include guidance on which assessments to use, when and how. Business process mapping needs to systematically address all the interfaces between common and specialist assessment.

Assessment is itself an intervention. Holistic assessment skills and approaches to support planning are not commonplace and need to be a central component to the training programme for this project.

The function of a common assessment form as a tool to support assessment of need rather than a mechanism for referral needs to be emphasised.

The documents should be considered as one important source of data to support the overall plan for evaluation.

Practitioner skills and access to IT facilities are a key factor in supporting the e-enablement of common assessment.

Practitioners and families who will be using common assessment documents should be involved in their design. Having overly complex materials that require significant amounts of detail risks the assessment tool becoming an end in itself rather than an enabler of good practice. Design should therefore reflect a reasonable balance between comprehensiveness and efficiency.

The structure and/or prescribed content of assessment forms should not eliminate scope for narrative recording.

Targeted and age appropriate guidance and information for children, young people and families should be developed to support the new arrangements.

Schools based staff in particular together with some health professionals will be the main users of common assessment processes. Their engagement and support of the project will be absolutely central to its eventual success.

Integrated forms of multi-agency working can be time intensive. Clarity needs to be provided about the time commitments involved in common assessment activity and support made available to practitioners to manage time and/or workload demands.

7.3 Lead Professional

This is a key element to project success. A clear policy needs to be in place setting out the role and limits of the lead professional role, how the role is allocated and will be supported.

Whether or not a designated group of practitioners will act as lead professionals needs to be determined. There are advantages and disadvantages either way. The use of a small number of lead professionals as project sponsors and mentors should be considered in any event.

The skill set required of lead professionals should be clearly and consistently defined.

7.4 TAC/TAF

Ensure there is guidance that clarifies the roles, responsibilities and expectations of all TAF members including families.

Expect that some practitioners may have a lack of skills and experience or may not be confident in engaging with children and young people in particular. Practitioners should be encouraged to take up opportunities for further training or mentoring where appropriate.

Ensure that arrangements for review of TAC/TAF plans are clear, given priority and committed to. Without this commitment to the process is likely to diminish over time.

Work to ensure as broad a membership of TAC arrangements over time. If not, there is a risk that practitioners may step back or disengage from the change process.

Ensure escalation rules are in place where there is a pattern of non-attendance or practitioners/agencies do not implement an agreed support plan.

7.5 Evaluation

The scope of project evaluation should be informed by a number of propositions about the impact of integrated processes that can be tested.

The framework to evaluation should be multi-faceted and capable of integrating a range of quantitative and qualitative measures. These measures should encompass structural, process and outcomes dimensions to the project.

The systems and research capability should be sufficient to enable and support the evaluative task.

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Appendix One: Case materials and resources

8 Assessment and planning

Blackpool. (Family Assessment) The local authority identified a need to provide more integrated and coordinated support, which addressed the needs of all family members. In order to facilitate this way of working Blackpool decided it needed to develop a family focused assessment tool. This tool builds on the CAF domains to provide a detailed assessment of family need. The assessment includes detailed information on both adults and children within the family, such as family daily routines, specific family events, specific health issues (adults as well as children), offending, adults' aspirations, employment, caring responsibilities etc. It focuses on strengths, as well as needs.

Bolton. (Single Family Support Plan) The plan is usually developed in the initial TAF meeting, based on the initial assessment of the family's needs. All key stakeholders (including family members) will usually be asked to sign the family support plan. Effective family support plans will have a multi-agency and family focus, with clear review timescales (usually three to six-weekly). They are managed through regular TAF meetings, led by a lead professional.

Both documents can be found as appendix Two and Four respectively in

Kendall S, Rodger J and Palmer H (2010). *The use of whole family assessment to identify the needs of families with multiple problems.* Research Report DFE-RR045/DfE at https://www.education.gov.uk/publications//eOrderingDownload/DFE-RR045.pdf

CWDC (Assessment and Planning) CWDC has developed a toolkit for practitioners using a family intervention approach. This targets the support needs of families experiencing multiple problems who are frequently at risk of statutory intervention, but often fall below existing service thresholds. Many of them also have a history of non-engagement with services. The toolkit includes examples of family assessment and planning documents that have been used to support these approaches and can be found at http://www.cwdcouncil.org.uk/working-with-parents-and-families/families-with-multiple-and-complex-needs/new-learner-resources

9 Multi-agency panels

Westminster Family Recovery programme (Screening and allocation) Rather than using a separate family assessment document, the Westminster FRP bases its initial assessment on existing assessments and information from services currently working with the family to develop an intelligence report. This is then used to assess families' needs and identify actions, including additional specialist assessments, which may be required.

With the consent of the family, a family intelligence report is completed by an Information Desk and draws data (written reports, figures, assessments) from a number of sources (e.g. Police, Housing, Immigration, Children's Services) through either direct access to databases or from contacts within partner

agencies, providing a rounded view of the family unique to the Family Recovery Project.

The report is used initially to support a multi-agency panel meeting which is intended to:

- Share existing information about the family
- Identify gaps in information
- Identify family & individual needs
- Identify what Family Intervention Project/FRP will support the family
- Identify the negative consequences/sanctions the family face should presenting issues not be addressed

This information and assessment is used to draft a multi-agency action plan for subsequent agreement by the family. The meeting also identifies the full membership of the 'Team Around the Family' and two lead professionals, one for the adults and one for the child(ren). A smaller cohort of TAF members then engages directly with the family to implement the plan once agreed.

Further details on the programme can be found at http://www.localleadership.gov.uk/docs/Repairing%20broken%20families%20Sept%202010.pdf

Details including maps of the referral and assessment processes used by the FRP can be found at pp 21-27 in Kendall S, Rodger J and Palmer H (2010). *The use of whole family assessment to identify the needs of families with multiple problems.* Research Report DFE-RR045/DfE at https://www.education.gov.uk/publications//eOrderingDownload/DFE-RR045.pdf

Southend (directing referrals)
Southend has adopted the CAF as the single assessment for use across services to children within the authority. There are three localities each of which has a Children & Family Panel that meets every two weeks. The panels are made up of professionals working in that locality and staff from services that work across all three localities. With exception of child protection referrals to social care, these panels effectively act to support 'step up' and 'step down' processes as a 'clearing house' for referrals of children assessed as being in need and children who may have additional needs identified by CAF.

The Panel has two functions.

The first is to consider any new assessments put before it and to do one of three things:

- Agree continuation of existing arrangements without a TAC
- Agree that a sustained multi-professional response is required utilising a TAC, develop an action plan that takes into consideration the needs and wishes of the whole family and appoint a Lead Professional if one has not already been identified (or if the Lead Professional needs to change).
- Assess if a stage four intervention (i.e. requiring specialist services) is required and refer the case onward in appropriate.

The second function of the Panel is to receive a progress report from the Lead Professional at eight weekly intervals or when an action plan has been completed.

Further details on the operation of the panel can be found at http://www.southendchildrenspartnership.org.uk/Assets/Documents/OperationalGuide.pdf

More details on the evolution of the CAF within Southend can be found as *C4EO theme: Early Intervention* at http://www.c4eo.org.uk/themes/earlyintervention/vlpdetails.aspx?lpeid=255

Cornwall CAF (Resolving problems)
The multi-agency Prevention Panel aims to promote the use of the Common Assessment Framework (CAF) and Early Support for children and young people aged 0-19 and provides problem solving for blocked or difficult cases. Cases can be referred to the panel when one or all of the following criteria are met:

- Where an action plan has been implemented and reviewed and professionals are concerned that the needs of the child have not been met and are moving from tier two additional to tier three complex;
- Where an action plan has been devised but professionals are not working together to deliver on it
- Where an identified need cannot be resourced due to scarcity or no provision

Further details on the terms of reference for this panel can be found at http://cornwall.childrensservicedirectory.org.uk/Prevention-Panels/Prevention%20Panel%20Terms%20of%20Reference.pdf

10 Use of Key Workers / Lead Professionals

Bristol (use of dedicated lead professionals)
CAF/TAF systems have been an integral and important part of Bristol's broader approach to locality arrangements over the last 4 years, supervised overall by three area-wide coordinators. Common assessment and team around the family activities impact on the wider locality planning and commissioning activities, and vice versa.

The three areas of Bristol then break down into approximately 3 localities each. Key elements of the Bristol CAF/TAF model include:

- Pre-Assessment Checklists (Pre-CAF) used as a tool for in-house discussions within individual agencies and services – including to help them determine whether a full CAF is appropriate.
- CAF/TAF 'panels' meet once weekly in each locality, and sometimes the day is broken down into meetings regarding 0-5's, primary aged, and then secondary aged children. There are core members (including from educational psychology, CAMHS, social care, integrated youth service, health visitors, and early years / childcare placement officers) as well as associate panel members who attend as required (from the behaviour improvement

team, police, housing, educational welfare, substance misuse services, and child poverty intervention service).

- The city operates a hybrid model with regard to lead professional involvement in these systems, with some dedicated workers mainly for school aged children, but also the expectation that other professionals will pick up the role.
- There is a contract between Bristol City Council and 3 different providers for the delivery of multi-agency working arrangements (to the value of £300-£400k in each of the 3 larger areas). The Youth Offending Team delivers the contract in one of the areas, Social Care Services in another, and a voluntary agency Action for Children in the third. These 'system minders'[1] are described by stakeholders locally as critical to the successful implementation.

Specific services included in the contracts for each area are:

- Facilitating locality panels in each locality area, including: ensuring appropriate agency representation; identifying the most effective team around the child; and promoting child and parent engagement. This role is described as a Locality Partnership Manger.
- Project work linked with the facilitation of the panels (including in particular lead professional work, but also individual and group work with children subject to a CAF)

Approximately one third of the contract should be dedicated to the first area and two thirds to the second.

Reports have identified the high quality of project work undertaken as part of these contracts, and also that their work has been valued by a range of stakeholders. However, there are also suggestions that this may have led to a reluctance on the part of others to take on the lead professional role -particularly for 0-5's.

The providers are subject to quarterly monitoring including against targets for the number of new CAFs, panel meetings attended by parents and agencies, impact on attendance and other outcomes, lead professional roles taken on by project staff.

There have been a number of evaluations of Bristol's arrangements for identifying and working with families who have additional needs, both internal and external. Overall, these have noted the significant positive impact of CAF/TAF arrangements on outcomes for children and families, including the impact on safeguarding noted in the 2010 Ofsted Inspection. However, there are many more 'CAFs' for school aged children than pre-schoolers, with only a small number being made by health visitors. Schools are very 'bought in' to the system, partly because of its original strong links with the Extended Schools agenda. A high proportion of families referred into the CAF/TAF arrangements have had prior contact with social care services (approximately 30%).

[1] This mirrors Glenny and Roaf's emphasis on the role of the 'system minder' to keep arrangements on track, including orchestration of relationships and monitoring task completion (Glenny and Roaf 2008 Multi-Professional Communication: Making systems work for children)

One question for Bristol going forward is the extent to which the Locality Partnership Managers, having now established and embedded new ways of working, may be asked to take on responsibility for more than one locality in the future. This was rationalisation of locality management support must not be achieved at the expense of a watering down of the impact of arrangements to date. The city is also considering evaluation findings about the need for increased consistency, and is considering commissioning a single provider of these services in the future.

Another important question is how to secure services to wrap around the families, particularly in relation to existing gaps such as domestic abuse services, counselling and mental health support for parents, counselling and therapeutic support for children and young people, and support for parents with learning difficulties.

Finally, the city is considering ways in which health visitors and other significant players for under 5's can be drawn into the system in the future.

11 Family Involvement

Swindon Common Assessment and Team Around the Family
Swindon have implemented CAF arrangements to help them to identify and wrap support around children and families with additional needs. They have done this in the context of also developing virtual, soon to be actually integrated family support teams based in individual communities[2]. There has been a strong leadership and management commitment to integrated working and ultimately co-location of staff as a key component of effective team around the child / family. The basis for this is that families have consistently told commissioners they want to work with a smaller number of professionals who have a range of skills (rather than a large number each bringing something slightly different). Another key strand of the approach has therefore been the development of a common set of skills and values for working with these families to enable a skilled and flexible workforce able to deliver evidence based services.

The business model for Swindon going forward from 2011 includes:

- Children, adults and families receiving services earlier before their needs become complex and long standing, and thereby using resources more effectively.
- Advice and information available to children, young people and their families near to where they live.
- One common assessment record so that people only have to tell their story once.
- One lead professional for each child or family who knows who else is involved and can ensure timely and appropriate services as and when required.

[2] The integrated teams will be working in a co-located way from June 2011, and will be commissioned using a completely pooled budget. Under the Transforming Community Services programme, community health services have had to separate from their PCT hosts to date, and in the case of Swindon have TUPE transferred to the Local Authority under the auspices of the Section 75 Health Act pooled budget.

- Professionals located in multi-agency locations so they can share information and expertise and provide the best services for children, young people and their families.
- Better transitions to adult life.
- Families can access high quality education provision anywhere in the borough.
- Business can use the quality of services for children as a reason for re-locating to Swindon.
- Services will be cost effective.

The 'big' issues for Swindon over the last few years have been teenage pregnancy, poor school attendance, poor educational results, and offending – all of which they believe are inter-linked.

The element of both these models that is worth teasing out is their emphasis on pro-active involvement of the family, specifically enabling them to choose their lead professional and team around the family.

In the last 6 months, the perceived success of this approach has led Swindon to apply the thinking to some of their higher tier interventions, for families with very complex or entrenched needs and difficulties. They have called one of these strands 'The Life Programme' – which emphasises engagement through a high level of involvement and choice for families at the outset. At the heart of this programme are a set of principles that include in particular valuing families, inviting families to participate, working with empathy. The aim of the programme is to develop sustainable, self-generated solutions to problems from within families with currently the most chaotic lifestyles and a commitment to scale this up to all families in chronic crisis. Faced with budget reductions in the region of 28% between 2011 and 2014, the council also hopes that this programme will impact on the number of children in need / in care. A pooled communities budget will fund the start up of this programme.

It is hoped that, in time, the model working here at the interface with statutory intervention will generate learning that too can feed into the Team Around the Family model operating at the lower 'emerging additional needs' level, and the workforce intervening with families at this level. For example, how to work collaboratively with families based on mutual trust and respect and, as part of that work, be able to challenge family members effectively. Swindon is already engaged in a piece of work that seeks to identify which elements of the workforce are well placed to pick up this work with families 100% of the time, and which maybe 10-20% of the time. For example, they have re-designed the role of youth support services (including job descriptions for individual workers) to reflect the need to do more work around engaging with young people in the context of their families.
Swindon is also exploring the potential for budget holding lead professionals – but are mindful of the fact that the existing market place for services may not be sufficiently developed to enable this to work effectively.

12 Evaluation

Bristol
The 'Distance Travelled Tool' developed by Bristol Children's Services together with Action for Children consists of a scoring system that can be applied to each of the 19 domains of the CAF. Service users rate their personal progress and then the effectiveness of services on scales ranging from zero to four.

0 = no issues (evidence that the child or young person is achieving the outcomes without support)
1 = minor issues (evidence that the child or young person needs occasional support to consistently achieve outcomes)
2 = moderate issues (evidence that the child or young person needs regular support to achieve outcomes)
3= significant issues (evidence of a serious impact on the child or young person's well being)
4 = critical and complex issues (evidence of extreme impact of the child or young person's well being)

Scores are discussed with the child, young person or family when the CAF is initiated, before each three-monthly review meeting and at the close of a case. The lead professional re-scores each domain with the child, young person or family and they are used as the basis for discussion. CAF assessors are unable to meet the local requirements for the completion of an assessment (in this case *e*CAF) without completing the scoring. The tool supports at least three functions. Providing an initial focus on areas of strength and difficulty and where intervention may be best targeted, measuring the impact of CAF action across an episode and at aggregate level supporting analysis of potential service gaps and variation in outcomes within and between domains and geographical areas. Distanced travelled prompt cards have been produced to support practitioners and are available from http://www.bristolpartnership.org/images/stories/CAF_Distance_Travelled_Prompt_cards.pdf

It is noticeable that, to September 2010, the city was seeing the greatest improvements in higher tariff cases (with scores of 3 or 4 in any domain), including in particular in terms of participation in learning, progress in learning, aspirations, family and social relationships, and emotional / social development.

Blackpool
The family assessment tool, based on an adapted CAF, contains a scoring matrix completion of which is supported by the use of family cue cards by practitioners to explore the domains in the family assessment with both adults and children over 8 years old. The cue cards have been designed as user friendly prompts based on the main domains in the assessment form, such as parenting, housing and financial issues.

Adults within the family are asked to score each domain on the family assessment form between zero (negative) and ten (positive), to identify strengths and/or needs. Children and young people are asked to give a 'Red, Amber, or Green' (RAG) rating. This information is entered into the assessment document and provides a baseline assessment and allows families to identify a

link between scores, the prioritisation of needs and intended outcomes. The scoring is then reviewed on a periodic basis and at episode closure to evaluate progress and the extent to which outcomes were achieved. The assessment template and matrix can be found as Appendix Two in Kendall S, Rodger J and Palmer H (2010). *The use of whole family assessment to identify the needs of families with multiple problems.* Research Report DFE-RR045/DfE at https://www.education.gov.uk/publications//eOrderingDownload/DFE-RR045.pdf