

Isle of Wight Common Assessment Framework (CAF)

Annual Report 2014 - 2015

1. Background

The Common Assessment Framework (CAF) forms part of the Early Help Offer on the Isle of Wight. The aim of this offer is to support families as early as possible to ensure that problems do not escalate to become more acute and more costly; to the detriment of children and families, by investing in effective community services and multi-agency co-ordination. Drivers for the Early Help Strategy include; recommendations for local authorities following the Munro Review, Isle of Wight Improvement Plan as a result of the Safeguarding Inspection (Ofsted Jan. 2013), financial pressures and reduced resourcing levels across all partner agencies, government focus on 'troubled families' and increasing demand for child in care services.

Monthly data is collected for the children's service performance review at the end of each month. This report takes a more in-depth look at the annual data from April 2014 to March 2015. Some slight differences may be evident from real time monthly data and the overall annual data due to later amendments and time lag with receiving some assessment late.

2. Development of Early Help Offer and CAF over 2014

The Early Help Offer continues to develop and grow. November 2014 saw the return of Ofsted with positive outcomes evidenced by early help. Ofsted reported:

Children and young people on the Isle of Wight benefit from access to a wide range of improving Early Help Services. The remodelling of these services with a focus on children's centres, aligned to three locality hubs, has strengthened collaboration across agencies. This ensures that most children and their families receive the right level of support. Strong and effective partnerships are improving outcomes for children. Consequently, young people at risk of harm or on the edge of care are being identified earlier and helped to prevent issues escalating.

Common Assessment Framework (CAF) processes are clear and management oversight is robust. Although most CAFs seen by inspectors (six out of 10) require some improvement, the new format, introduced in April 2014, places the voice of the young person firmly at the centre of the process. Training for Lead Professionals is increasing confidence in this role and ensuring that children in need of help and those requiring protection are clearly differentiated. This is a noteworthy improvement since the Ofsted inspection in 2012. Staff reported that this is underpinned by clear threshold pathways via Hants Direct and the Children's Referral Team (CRT). An outcomes tool (distance travelled) completed with young people and their families is effective in measuring individual progress and is also aggregated to evidence the impact of the Early Help services. Parents reported to inspectors that they are happy with the service they receive

2014 also saw the embedding of locality working with monthly Locality Hub meetings established where lead professionals can come and discuss more complex cases and updates about support available are shared. These have proved very successful with youth providers, 0-19 early help provider, drug and alcohol services, the role of the LADO and the Duke of Edinburgh Award amongst the contributors. Processes around referrals into early help and step downs from social care are also embedding with Hantsdirect continuing to field calls and MASH investigating more complex cases with recommendation of support either at universal, CAF or social care. Cases stepped down from social care are now taken to a weekly transfer meeting where the support moving forward is discussed and paperwork shared.

The contract to deliver children's centres and parenting support have also undergone further development with a new integrated early help tender designed and commissioned. This new 0-19 Offer combines children's centre, parenting support and the Troubled Families agenda to deliver a range of support for families with children from pre-birth to 19. This offer is delivered within a locality model with three hubs reflecting the CAF localities. In this way close working relationships continue with health visitors, midwives and pre-schools as well as developing links with schools nurses, schools and youth providers to deliver a range of support to families across the age range of childhood and adolescence. Weekly triage meetings for each locality have been established to discuss cases and relevant support required. Barnardos were successful in winning the contract and the integrated offer will continue to develop and establish through 2015 and beyond.

3. Enhancing Quality Assurance and performance management

The monthly auditing of 6 CAFs (2 from each locality) continues and feeds into the wider children's services quality assurance process. Recommendations follow from this process and are implemented and disseminated to the wider CAF network to ensure good practice continues. Performance management data continues to be brought to the monthly Performance Action Group (PAG) alongside data from other teams within children's services to gain a broad understanding of areas of demand and implications of this.

4. Current Delivery:

The Isle of Wight Early Help action plan for the year ahead is currently under review with contributions from the multi-agency early help strategic group. This plan is due for sign off in June 2015.

The 0-19 early help offer continues to develop with a consultation and transition phase rolling out from April 2015 to inform delivery of new service from July 2015. Referral routes for support are being developed with an updated early help assessment, a troubled families' referral and a family support referral.

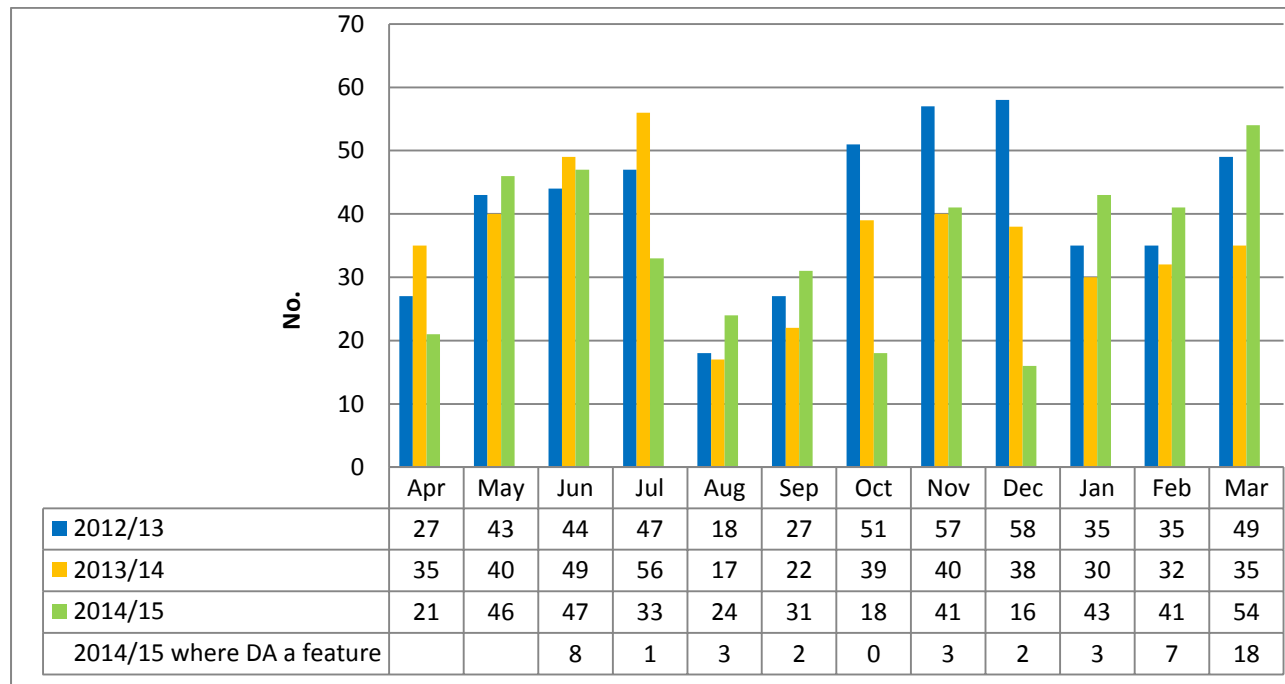
The transfer meetings with social care to discuss step downs are establishing with effective information sharing. The triage meetings with 0-19 provider to discuss support to families known to them are also developing.

5. Data analysis

5.1 CAFs received 2012-2015

Over the past three years there tends to be peaks at the start of new terms and in preparation for transitions seen in traditionally higher figures in June and July and October and November, and troughs in the holiday periods as with December and August. 2012 to 2013 saw higher than average figures in the winter months, 2013 to 2014 experienced a peak in the summer months and 2014 to 2015 saw a more gradual rise in the summer months and again during the spring 2015.

Graph 1 CAFs opened over the last three years:



5.2 CAFs opened April 2014 – March 2015

The data analysis that follows concerns CAFs received between April 2014 and March 2015. It does not include cases that were already open during this period and it is therefore important to remember that these figures do not reflect the complete total of open CAFs during this period. Furthermore, the figures do not reflect the current or total number of cases that each Lead Professional or agency may be holding as do not take into consideration CAFs ongoing during this period.

Between April 2014 and March 2015 a total of 420 CAF's were received by the Isle of Wight Early Help Service. This is a reduction of 13 on last year's figures which may in part reflect the embedding of Hantsdirect and rigorous threshold checks. Nearly a third (132) of the 420 CAFs opened 2014-15 were step downs from social care - an increase of 36 on last year. 197 were from schools with the remaining 91 from other professionals including health care professionals, early years staff and children's centres (see section for more detail).

The total number of CAF's received for each locality in April 2014 – March 2015 was:

West and Central Wight	161
North East Wight	143
South Wight	116
Total	420

West and Central Wight (WCW) and North East Wight (NEW) localities have traditionally higher rates of CAFs due to the higher population figures centred in urban areas of Ryde and East Cowes for NEW and Newport and Cowes for WCW.

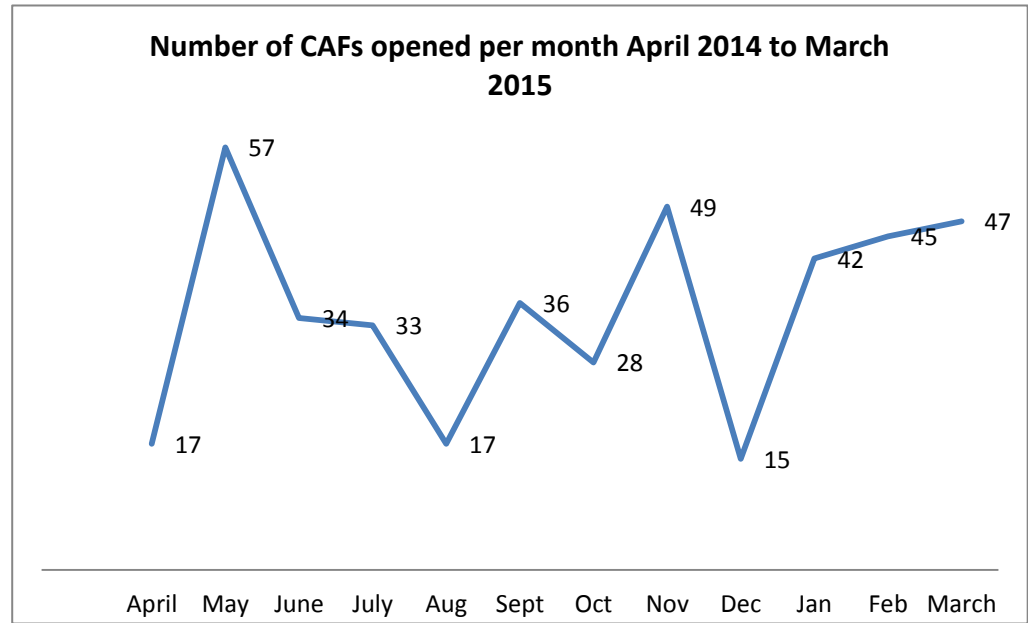
Figure 1 and Graph 2 illustrate the monthly spread of CAFs received throughout the year April 2014 to March 2015. The months of May saw the highest numbers of CAFs received possibly as a re-focus following the end of the financial year. November also saw high figures with 49 CAFs received. January, February and March of 2015 were

consistently high and may reflect the auditing of social care cases which saw 47 new CAFs stepped down over these three months. The holiday seasons of August and December are always quieter with a rise in figures in the following months of September and January.

Figure 1

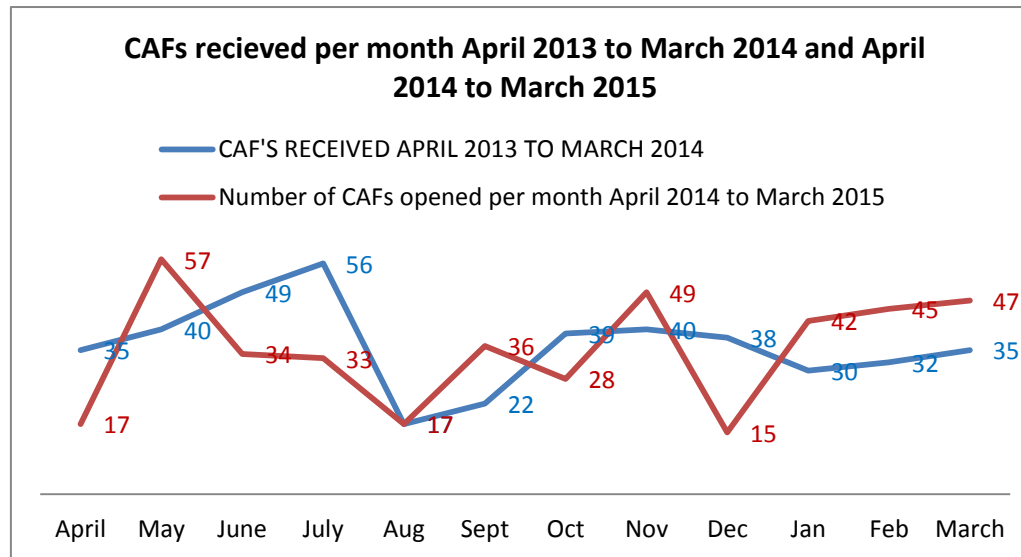
Number of CAFs opened per month April 2014 to March 2015				
	NEW	SW	WCW	total
April	1	5	11	17
May	15	19	23	57
June	13	11	10	34
July	11	9	13	33
Aug	10	5	2	17
Sept	14	4	18	36
Oct	10	8	10	28
Nov	14	10	25	49
Dec	6	2	7	15
Jan	16	14	12	42
Feb	19	12	14	45
March	14	17	16	47
total	143	116	161	420

Graph 2



Graph 3 compares this year's figures to last year's which saw a more gradual rise and fall with June and July receiving the highest CAFs followed by a fall through August and September and rising from October.

Graph 3



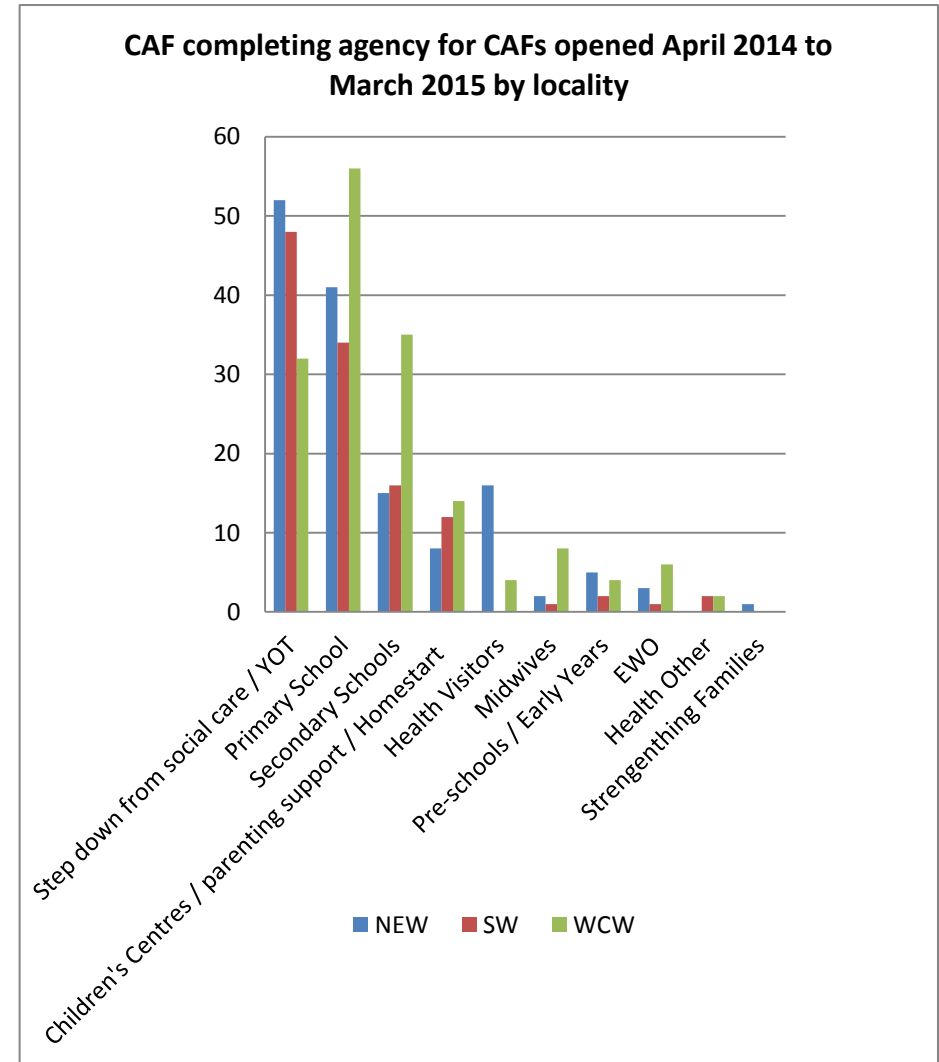
Agency:

Of the 420 CAFs received between April 2014 and March 2015 nearly a third (131) were undertaken by primary schools and 66 (15%) were undertaken by secondary schools. In total 197 (47%) of CAFs received between April 2014 and March 2015 were completed by schools. These figures mirror last year's totals. The next largest group was social care step downs with 31% received (132). This is an increase of 37.5% on last year's figures. Other groups of CAF completers include children's centres and Homestart with staff completing 8% of total received, health visitors completed 5% - reflecting last year's figures and midwives completed 3% - a reduction from last year's figures which were 8%.

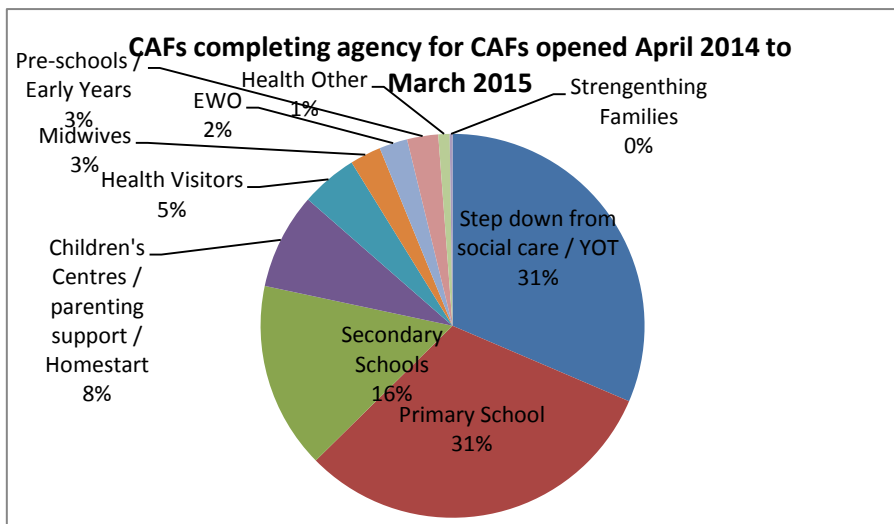
Figure 2

CAFs completing agency for CAFs opened April 2014 to March 2015				
	NEW	SW	WCW	total
Step down from social care / YOT	52	48	32	132
Primary School	41	34	56	131
Secondary Schools	15	16	35	66
Children's Centres parenting support/ Homestart	8	12	14	34
Health Visitors	16	0	4	20
Midwives	2	1	8	11
Pre-schools / Early Years	5	2	4	11
EWO	3	1	6	10
Health Other	0	2	2	4
Strengthening Families	1	0	0	1
total	143	116	161	420

Graph 4



Graph 5



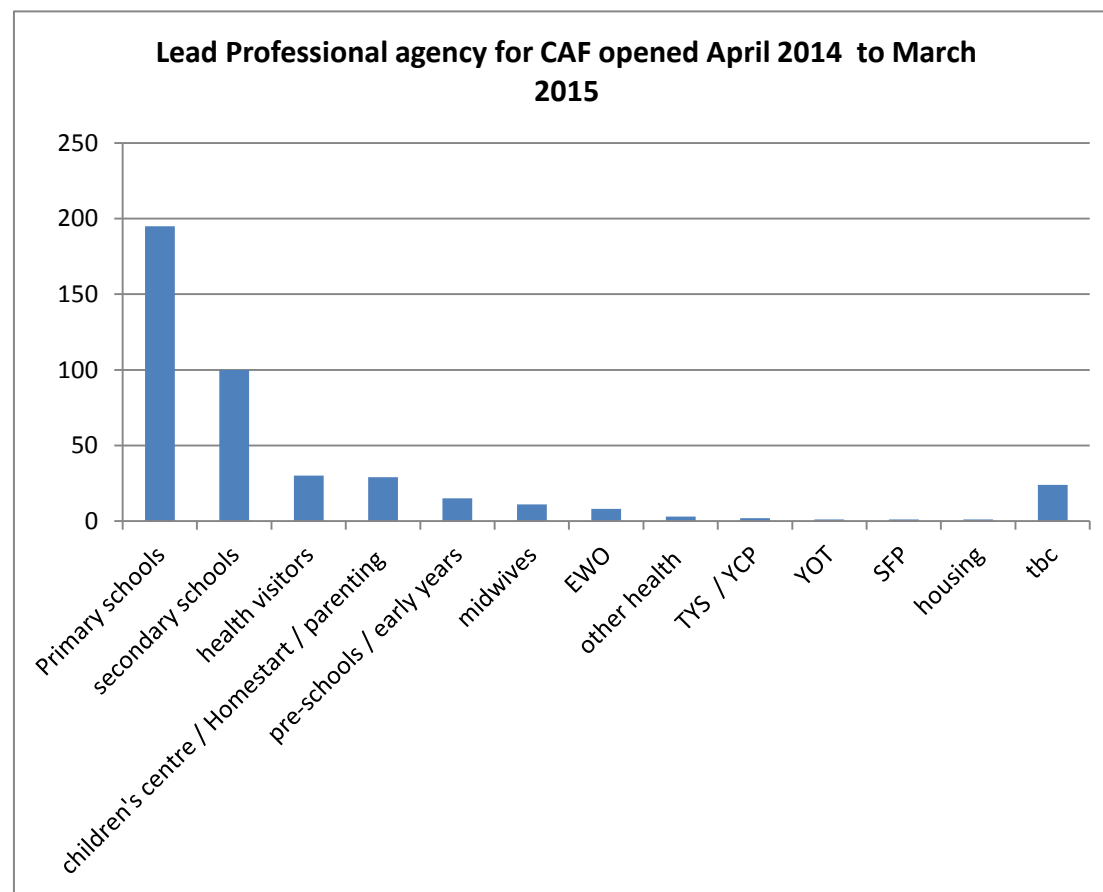
Lead Professional Role

Of the 420 CAFs completed the agencies that took on the role of lead professional generally reflect the trend of CAF completers with primary and secondary schools having the highest levels. Figures differ from CAF completed levels per agency as initial CAF completers do not necessarily become the lead professional. Consequently, primary schools actually took on an additional 64 lead professional roles to the number of CAFs they completed. Secondary schools took on a further 34 lead professional roles in addition to the 66 CAFs they completed. Health visitors took on a further 10 lead professional roles. Children's centres were lead professional on fewer CAFs than they completed and this may reflect their continued partnership with health visitors and early years. It is important to be aware that these figures reflect only the CAFs opened from April 2014 to March 2015 and agencies will be leading on more CAFs than the figures portrayed here as ongoing CAFs, opened before April 2014 are not included.

Figure 3

Lead Professional agency for CAF opened April 2014 to March 2015				
	NEW	SW	WCW	total
Primary schools	71	57	67	195
secondary schools	31	21	48	100
health visitors	13	7	10	30
children's centre/ Homestart/ parenting	6	15	8	29
pre-schools / early years	9	1	5	15
midwives	4	1	6	11
EWO	1	3	4	8
other health	1	0	2	3
TYS / YCP	2	0	0	2
YOT	0	0	1	1
SFP	0	0	1	1
housing	1	0	0	1
tbc	4	11	9	24
total	143	116	161	420

Graph 6



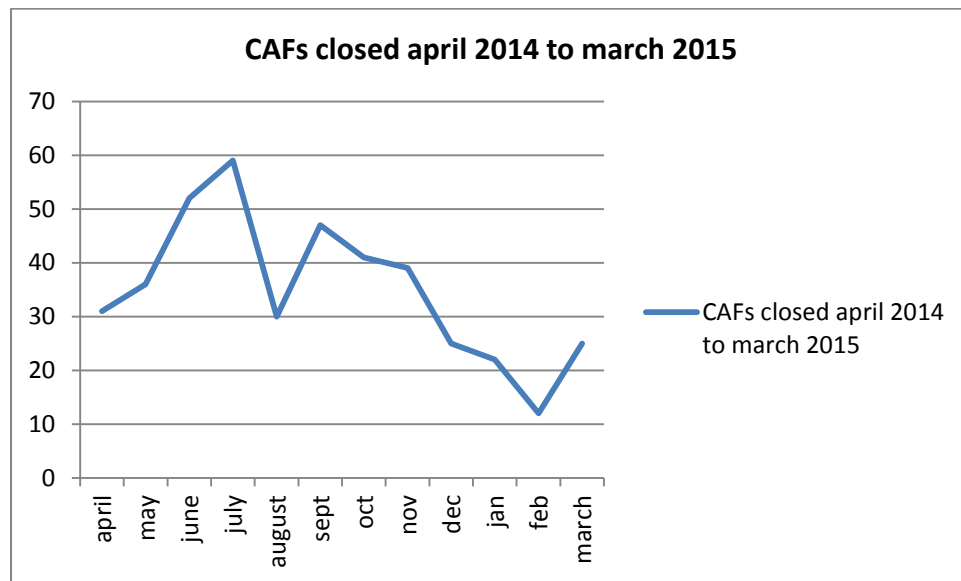
5.2 CAFs closed April 2014 – March 2015

Between April 2014 and March 2015 418 CAFs were closed. The total number of CAFs closed during this period for each locality was:

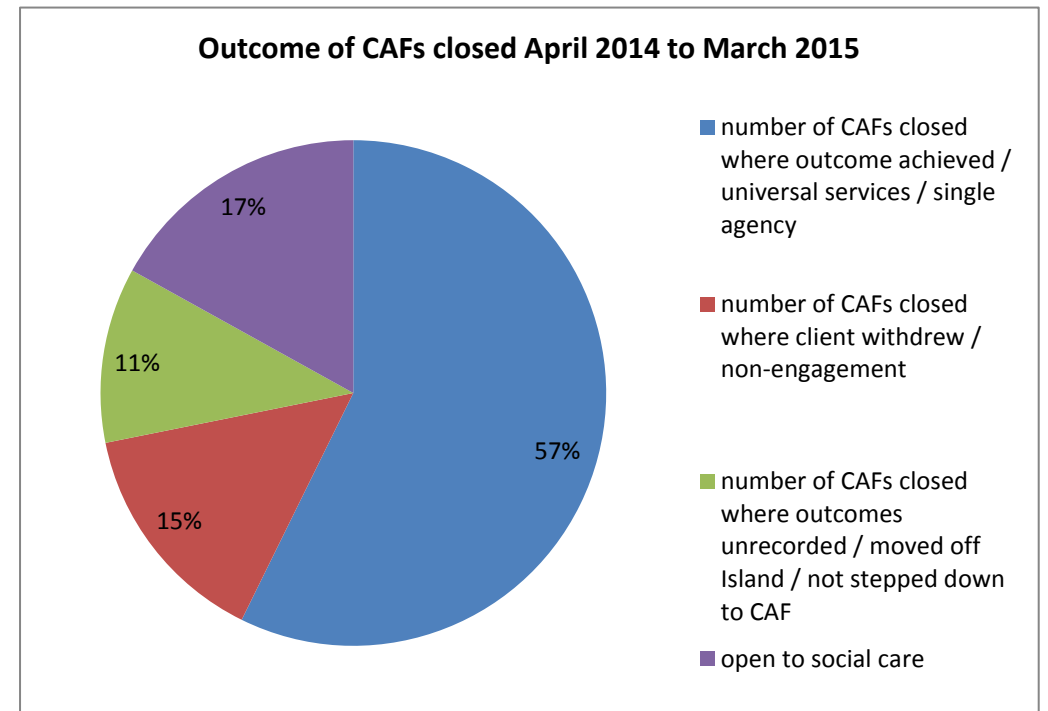
West and Central Wight	192
North East Wight	123
South Wight	103
Total	418

July saw the highest number of CAFs closed with a dip in August. Closures rise in September and fall until February 2015. The majority (57%) of CAFs closed saw outcomes achieved. This reflects last year's figures of 56%. 15% of CAFs closed through non-engagement or withdrawal of consent; slightly up on last year's figure of 13%. 17% of CAFs closed were as a result of stepping up to social care. This was an increase on last year's figures which saw 8% closed due to social care involvement.

Graph 7



Graph 8



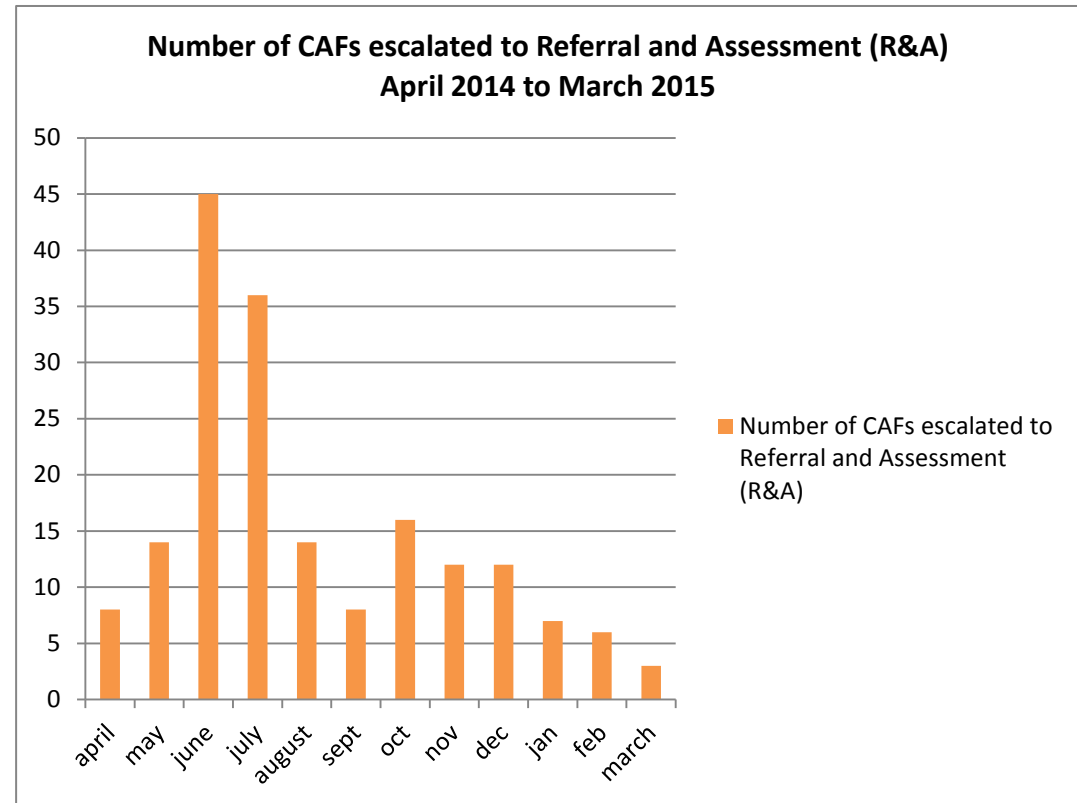
5.3 CAFs escalated to R&A

Between April 2014 and March 2015 181 CAFs were escalated to R&A. Numbers peaked in June and July. This is a seasonal trend, potentially due to professional’s concerns about safeguarding monitoring over the holiday period.

Figure 4

Number of CAFs escalated to Referral and Assessment (R&A)	
April	8
May	14
June	45
July	36
August	14
September	8
October	16
November	12
December	12
January	7
February	6
March	3
total	181

Graph 9



5.4 CAFs stepped down

215 children were stepped down from social care over the period of April 2014 to March 2015. Step downs peaked in July and August due in part to a review of Child in Need (CIN) cases which resulted in an increase in step downs over this period. An improved transition process has also been introduced leading to increased clarity and an

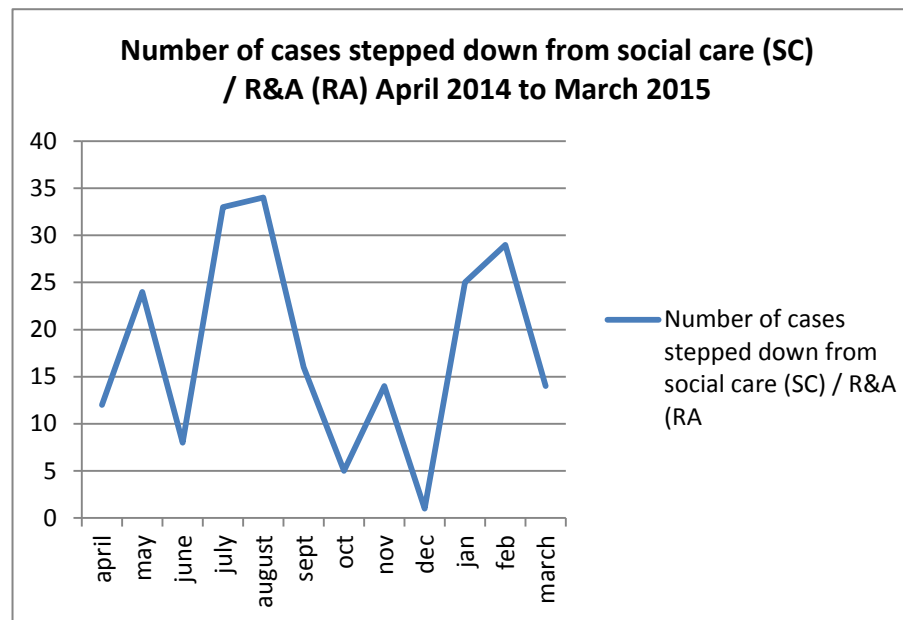
increase in numbers. The peaks also reflect increased activity at this time in cases stepped up and new CAFs received. Numbers begin to rise again in January and February again reflecting a general increase in numbers received

Figure 5

Number of cases stepped down from social care (SC) / R&A (RA) *	
April	12
May	24
June	8
July	33
August	34
September	16
October	5
November	14
December	1
January	25
February	29
March	14
total	215

*numbers may differ slightly from monthly statistic to improvement board due to time lag of assessments received

Graph 10



5.5 Distance Travelled

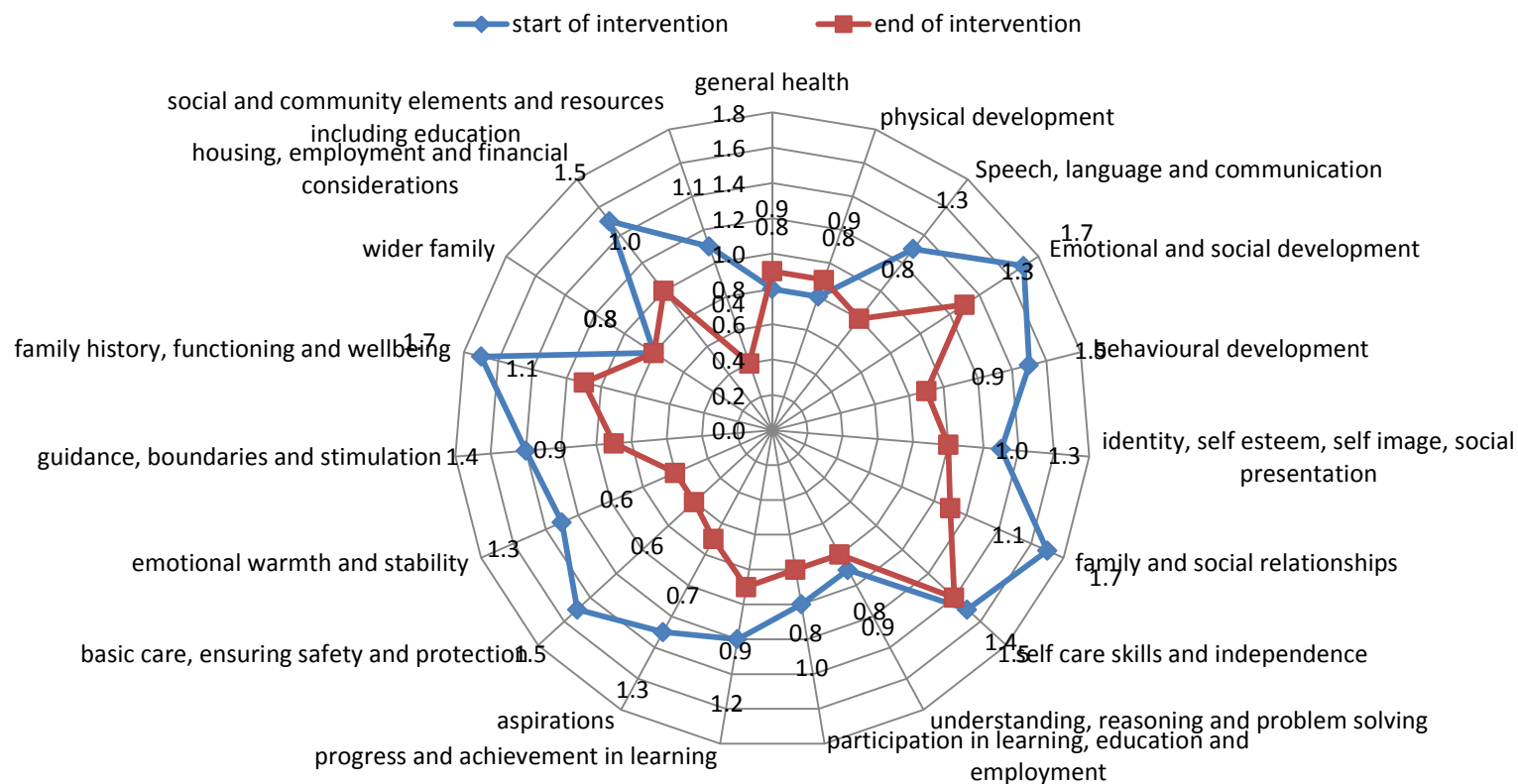
The progress and outcomes of CAFs are monitored via a Distance Travelled Tool (DTT). This checks progress in four main areas: Health, Learning, Parents and Carers and Family and Environment. Of the 420 CAFs opened between April 2014 and March 2015 51% (213) had a DTT completed at the start of the intervention. This is a good representation especially as all cases stepped down from social will not have a DTT completed at the start of the intervention. Of the 418 CAFs closed over the same period 19% at a DTT completed at the close of intervention. This will be an area of focus going forward with CAF coordinators following up on all CAFs closed to ensure a closure record is received.

Number of distance travelled tools April 2014 to March 2015		
	completed at start of intervention for CAFs opened	completed at end of intervention (closure record)
NEW	73	29
SW	34	13
WCW	106	37
total	213	79

On a dip sample of 10 CAFs closed between April 2013 and March 2014 the highest level of need at the start of intervention centred around emotional and social development, behavioural development, family and social relationships and family history, functioning and wellbeing. This reflects the main presenting factors. These areas also recorded the biggest reduction over the course of the CAF process:

Graph 11

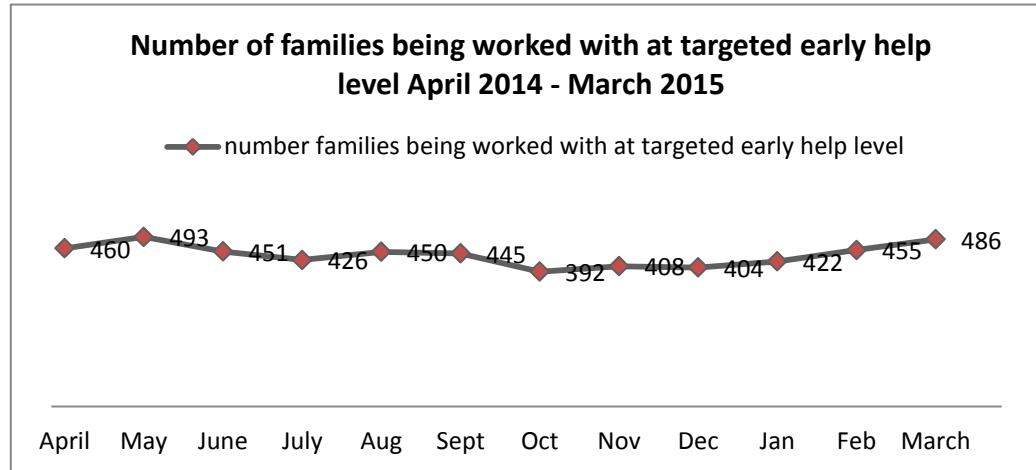
Distance Travelled recorded for 10 CAFs closed April 2014 to March 2015



5.6 Overall CAF figures for the year

The total number of families being worked with at early help level including those opened pre April 2014 has remained relatively constant throughout the year. Figures remain within the 400 's with a slight drop in October rising again to a high in March 2015. As we have seen, the rise and fall of CAFs reflect a number of variables including the rate of closure, rate of cases being stepped down from social care and stepped up into social care as well as the number of new CAF received. As noted previously, a high number of step downs have been received at the beginning of 2015 and therefore reflect the steady rise in figures over this period:

Graph 12



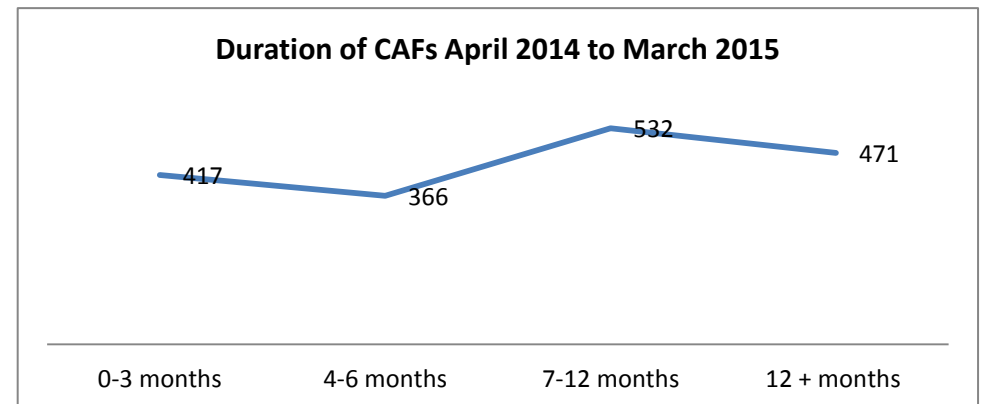
Length of time open

As part of the quality assurance cycle CAFs continue to be monitored and checked to ensure that open CAFs do not drag without activity. All CAFs over a year's duration are also monitored to ensure relevancy of support. The majority of CAFs over the period April 2014 to March 2015 have been open for 7 to 12 month duration:

Figure 7

	at end of Quarter 1	at end of Quarter 2	at end of Quarter 3	at end of Quarter 4	total
0-3 months	98	110	81	128	417
4-6 months	101	94	86	85	366
7-12 months	119	141	134	138	532
12 + months	133	100	103	135	471
total	451	445	404	486	

Graph 13



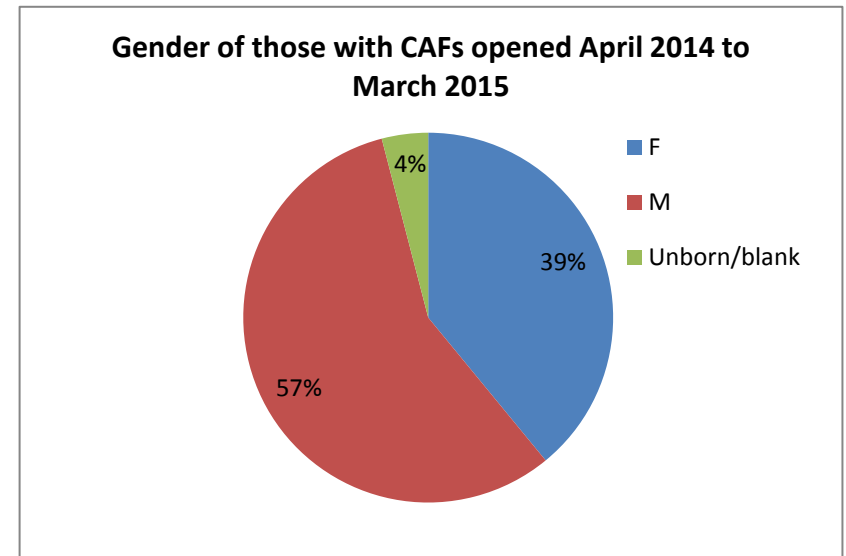
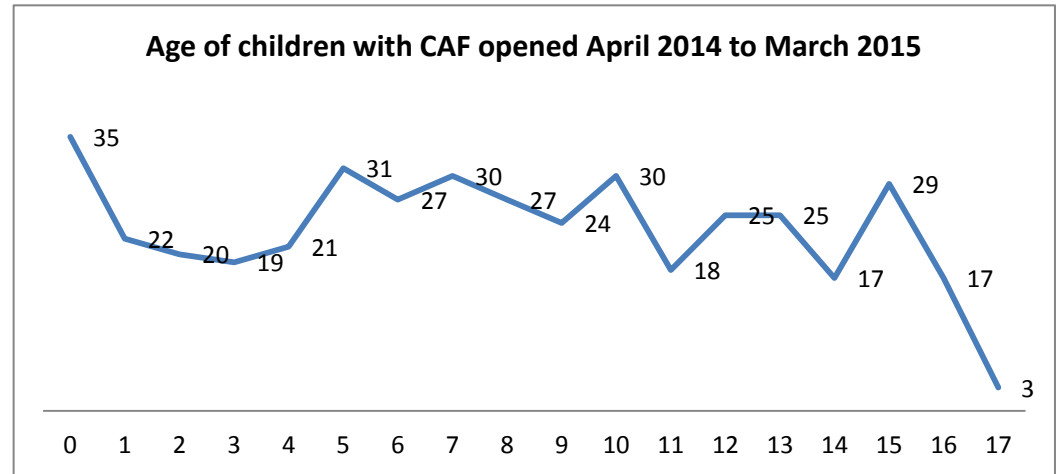
Age and gender

A snapshot audit on ages as of 30/04/2015 on CAFs opened between April 2014 and March 2015 saw the spread of CAFs across the age ranges as relatively even. There was a peak with under one's including unborns with 35 listed. This is lower than the last two year which saw figures of 46 and 55. It is possible to interpret slight peaks in the lead up to school transition at age 5, 7 and 10 with figures tailing off for 16 and 17 year olds. Of the 420 CAFs opened over this period, 239 (57%) were males with 164 (39%) were females

Figure 8

Age	NEW	SW	WCW	
0	16	11	8	35
1	7	10	5	22
2	8	5	7	20
3	9	4	6	19
4	8	6	7	21
5	14	5	12	31
6	11	9	7	27
7	6	11	13	30
8	9	7	11	27
9	7	7	10	24
10	10	10	10	30
11	3	4	11	18
12	7	9	9	25
13	8	4	13	25
14	6	3	8	17
15	9	9	11	29
16	4	1	12	17
17	1	1	1	3
	143	116	161	

Graph 14



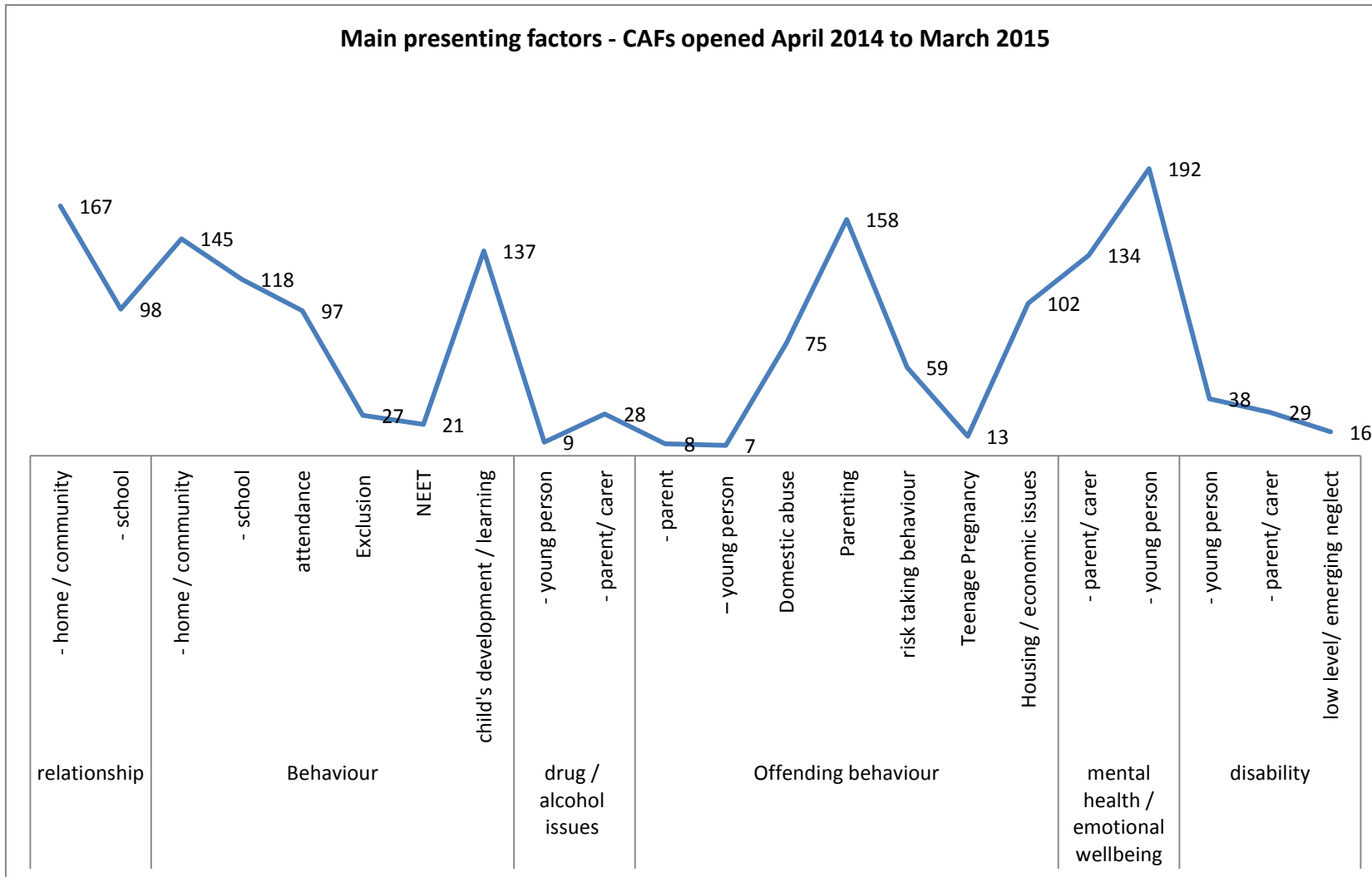
Main presenting factors:

Of the 420 CAFs received between April 2014 and March 2015 the highest presenting issues centred on mental health and emotional wellbeing with nearly half (46%) indicating concern for the child’s emotional wellbeing and 32% indicating concern for parental mental health. 40% noted a need for support around the relationship at home and in the community with 35% recorded a need for support around behaviour within the home and community. 33% also recorded a concern around the learning and development of the child with 38% indicating a need for parenting support:

Figure 9

Main presenting factors		NEW	SW	WCW	total
relationship	- home / community	52	49	66	167
	- school	30	23	45	98
Behaviour	- home / community	60	25	60	145
	- school	36	22	60	118
	attendance	30	22	45	97
	Exclusion	7	9	11	27
	NEET	9	0	12	21
	child's development / learning	40	40	57	137
drug / alcohol issues	- young person	3	1	5	9
	- parent/ carer	9	8	11	28
Offending behaviour	- parent	3	4	1	8
	- young person	1	0	6	7
	Domestic abuse	22	23	30	75
	Parenting	49	60	49	158
	risk taking behaviour	19	7	33	59
	Teenage Pregnancy	3	4	6	13
	Housing / economic issues	36	31	35	102
mental health / emotional wellbeing	- parent/ carer	45	39	50	134
	- young person	47	64	81	192
disability	- young person	15	12	11	38
	- parent/ carer	5	9	15	29
	low level/ emerging neglect	5	7	4	16
	total	526	459	693	

Graph 15



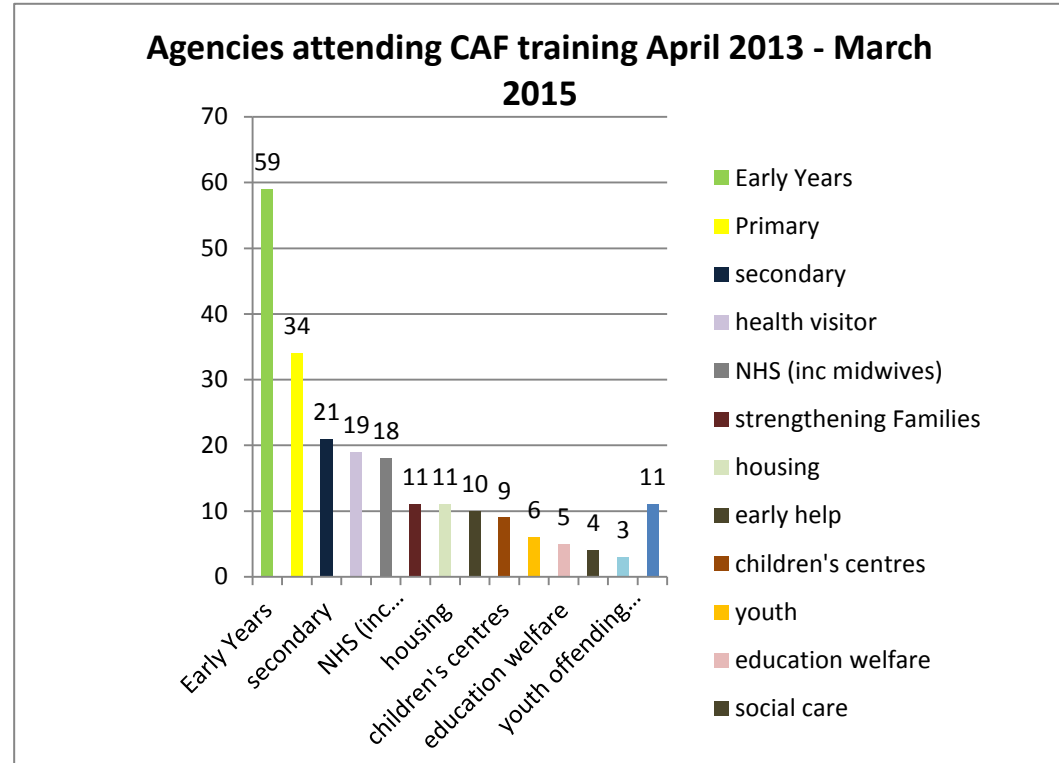
5.7 Training

The early years sector form the largest group attending CAF training over the last two years with 59 people attending (some are repeat attendances). Education forms the next largest group with 34 attending from primary schools and 21 attending from secondaries. Health is the next largest group with 19 health visitors attending and 18 other health care professionals including midwives:

Figure 10

agency	
Early Years	59
Primary	34
secondary	21
health visitor	19
NHS (inc midwives)	18
strengthening Families	11
housing	11
early help	10
children's centres	9
youth	6
education welfare	5
social care	4
youth offending / probation	3
other	11
total	221

Graph 16



6. Proposed Future Delivery

Future service deliver will continue to embed updated CAF assessment and links with localities and the 0-19 Offer through triage and locality meeting. Continue to develop and follow quality assurance processes and monthly auditing to feed into wider service delivery and encourage established use of DTT. Work closely with partners including social care to ensure new step down process is effective. Continue to ensure Early help representation at all key operational and strategic forums including METRAC, MARAC, PAG, RAG, LSCB audits, SCR, Community Safety Partnership, Serious Sexual Offences Group, Children's Services Managers Meetings, Transfer Meetings, Triage and Hub meetings.