

Supporting families with complex needs: Findings from LARC4 Executive summary

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

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

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

Key findings

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

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



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

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

Overwhelmingly, most of the 32¹ completed, costed and moderated cases studies show that over time, the common assessment process is cost effective for families with complex needs. Indeed, the potential savings are substantially greater than those reported in the previous LARC3 study (Easton *et al*, 2011).

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

Messages for different audiences

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

¹ No financial data was provided for seven families

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

At **national/system level**:

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

For **LA leaders and managers**:

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

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

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



For health sector leaders, managers and practitioners:

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

Methods

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

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

