

What helps or hinders practitioners,
children and young people, and their
families in implementing the Common
Assessment Framework and Lead
Professional working?



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Working alongside mentors from Making Research Count (MRC), practitioners design and conduct their own small-scale research and then produce a report which is centred around the delivery of Integrated Working.

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This year, 41 teams of practitioners completed projects in a number of areas including:

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- Bullying
- CAF
- Child trafficking
- Disability
- Early Years
- Education Support
- Parenting
- Participation
- Social care
- Social work
- Travellers
- Youth

The reports have provided valuable insights into the children and young people's workforce, and the issues and challenges practitioners and service users face when working in an integrated environment. This will help to further inform workforce development throughout England.

This practitioner-led research project builds on the views and experiences of the individual projects and should not be considered the opinions and policies of CWDC.

What helps or hinders practitioners, children and young people, and their families in implementing the Common Assessment Framework and Lead Professional working?

**Ruth Crossland
Worcester Council**

Abstract

The Every Child Matters (DfES 2003) policy agenda has brought multi-agency working to the fore of children's services in the UK. The implementation of the Common Assessment Framework (CAF) is a central part of the measures developed to improve outcomes for children and young people. The CAF is a standardized, shared assessment tool which is used across agencies to help practitioners develop a shared understanding of a child or young person's needs. It has been designed to support practitioners in assessing needs at an earlier stage and to work with families, alongside other practitioners and agencies, to meet those needs, thus supporting integrated working practices.

This study investigated the views of professionals and families who had been involved in a CAF. Five families were interviewed, as well as the Lead Professional and one or two other professionals who had been involved. These interviews explored experiences of the process and feelings about its future use. Perceived strengths included training and the support available for both families and professionals during the CAF process. Concerns were expressed from professionals regarding increased workload and difficulties completing the assessment. There was a lack of clarity regarding whether or not the CAF improved outcomes in itself, however professionals and families were positive about its benefits.

Key findings for future practice included the need for the impact of CAF to be monitored from the perspectives of professionals, families and young people. There also needs to be an allowance made for the extra time and resources required by this new way of working if a wider range of professional groups are to be encouraged to become involved.

Aims of the project

The project aimed to explore the processes involved in the implementation of the CAF in Worcestershire, through investigating the experience of the CAF for families and the professionals who support them. It was initially planned to also investigate the experiences of the young people involved but this was not possible as most of the children were too young and one parent did not give their consent.

The project will identify strengths and issues and problems in implementation. This report will consider implications for practice, particularly focusing on the impact on integrated working.

Context

Multi-agency working has come to the fore over the last decade or so. The present government has demonstrated a commitment to this agenda as a policy priority (Glaister and Glaister 2005). However, the requirements for professionals to work together in an integrated manner are no new phenomenon. In the 1970s Bronfenbrenner highlighted the difficulties caused by a lack of a national approach to multi-agency working:

'It is a sobering fact that, neither in our communities nor in the nation as a whole, is there a single agency that is charged with the responsibility of assessing or improving the situation of the child in his total environment. As it stands, the needs of children are parcelled out among a hopeless confusion of agencies.'

(Bronfenbrenner 1970, in Soan 2006)

Despite the work of Bronfenbrenner and others, this statement could just as easily have been written thirty years later; any improvements in services for children with complex needs made in the intervening period produced little effect. Despite calls for more effective inter-agency working, and legislation which outlined the need to work in a more integrated manner (Children Act 1989, Education Act 1996, *SEN Code of Practice*, 2001), progress simply wasn't being made. This tragically led to a series of failures which ultimately culminated in the death of Victoria Climbié. The publication of Lord Laming's enquiry following the death of Victoria Climbié *highlighted* a number of problems within existing systems and acted as a major catalyst for advances in multi-agency working and developments in existing systems. Perhaps the most notable development was the radical restructuring of children's services. This was supported by the publication of the green paper *Every Child Matters* (2003) and the development of the Children Act 2004, a closely linked document which provided the legislative foundation for this whole-system reform. Crucially, these documents saw a major shift in focus towards services being centred around the needs of the child,

and away from the previous emphasis on the needs of the professionals. This new approach, in conjunction with the requirement that all agencies involved in working with children and young people must develop effective strategies and working practices represents the most compelling piece of government policy for multi-agency working in recent years.

‘We want to put children at the heart of our policies, and to organize services around their needs. Radical reform is needed to break down organizational boundaries. The Government’s aim is that there should be one person in charge locally and nationally with the responsibility for improving children’s lives.’

(DfES 2003: 9)

This organization of services involved the development of children’s trusts, which integrate key services for children and young people, and the role of Children’s Commissioner which was designed to ensure that that the child’s agenda would remain at the centre of procedures.

The green paper *Every Child Matters: Change for Children* (2003) set out the government’s aim for every child to have the support they need to achieve better outcomes in five key areas:

- being healthy
- staying safe
- enjoying and achieving
- making a positive contribution
- achieving economic wellbeing.

A series of measures was set out to work towards achieving these, including service reorganization and integration, workforce reform, enhanced information sharing and early intervention. The Common Assessment Framework was one of the measures introduced nationally under this programme of change. It aims to promote more effective, earlier identification of additional needs and is seen to be a key part of delivering front-line services that are integrated and focused around the needs of children and young people. The CAF is a standardized, shared assessment tool which is used across agencies to help practitioners develop a shared understanding of a child or young person’s needs. It has been designed to support practitioners in assessing needs at an earlier stage and to work with families, alongside other practitioners and agencies, to meet those needs. There is undoubtedly the potential that the CAF could have a wide impact for children and their families; White et al. (2008: 3) suggested that ‘it is very difficult to overstate the aims of the CAF. It is hailed as a needs led, evidence-based tool which will promote uniformity, ensure appropriate “early intervention”, reduce referral rates to local authority children’s

services and lead to the evolution of “a common language” amongst child welfare professionals.’ Moreover, DCSF (2007) state that the CAF is designed to apply to children who may have ‘additional needs’, this is estimated to be up to a third of the child population. However, at this stage there has been little large-scale research regarding the effectiveness of the CAF, although a number of small-scale studies regarding local implementation have taken place. This is perhaps, in part, due to the relatively short period of time that the CAF has been in place, and the fact that measuring outcomes is extremely difficult.

Perhaps the most prominent piece of research carried out regarding the CAF was the national evaluation in 2006 which aimed to investigate ‘what helps or hinders practitioners in implementing the Common Assessment Framework (CAF) and Lead Professional (LP) working’ (Brandon et al. 2006). This evaluation found that there was considerable enthusiasm among practitioners for the CAF and LP and these new ways of working were having a positive impact on the lives of children, young people and their families. However, it was also acknowledged that these changes to practice posed many challenges, including changes to workload and a lack of clarity about how the work was to be carried out in practice.

The implementation of CAF in Worcestershire began in May 2007 with the establishment of the Integrated Working Programme (IWP) Board which consisted of multi-agency representatives. The training for multi-agency staff began in October 2007, and this continues to be delivered, covering use of common assessment, the role of Lead Professional, and information sharing. As of 1 January 2009, 120 CAFs had been completed.

Methodology

The methodology planned at the outset of the research underwent some modification as the project progressed. The essential element of the original plan was that it aimed to gather views not only of the different professional groups who were involved in CAF but also the views of the families and young people who were at the centre of the process. The plan was to interview eight families who were at some stage of a CAF. It was proposed that data would be derived from semi-structured interviews with the families involved and this would be followed by interviews with the Lead Professional and one or two other professionals who had been involved in the CAF. It was also planned to carry out interviews with the child where possible. The inclusion of families as a major part of the research was seen as essential in order to provide a service user perspective on the CAF.

The research was approved by an Ethics Committee. Considerable care was taken to ensure that the research was conducted in accordance with the British Psychological Society Code of Ethics and that the methods employed held regard for the sensitivity of the subject matter of this research. This meant that the procedure for identifying families to take part in the research involved sending information about the project through the CAF co-ordinators to each family who had been involved in the CAF process. At the time when the information was sent out 23 CAFs had been initiated, however information continued to be sent out to each new referral. Families were provided with a reply slip to return to indicate whether or not they were willing to take part. This ensured that the confidentiality of families was maintained and their details were not disclosed unless they had given their consent. In the event, either because families were unwilling or unable to go through the significant amount of information sent or because they did not want to go through the potentially intrusive process of being interviewed, only five families responded to the information and agreed to take part. This number did not increase despite the fact that information continued to be sent to each new referral.

Of the five families who agreed to take part in the research a parent was interviewed in all cases. For each case this only involved the mother, although no restriction had been made suggesting that only one parent should be involved. No children were interviewed, four were thought too young and one parent did not give her consent. The professional who had completed the CAF and one or two other involved professionals were interviewed for all five families. These included a variety of professionals including educational psychologists, school staff, family support workers, and nursery staff.

Due to the small number of families involved, the interview data was supplemented with information gathered on a local authority level which considered training statistics, training feedback, practitioner questionnaires, CAF audit and CAF statistics. This provided a richer picture of the development of CAF within the authority and how it was impacting on professionals.

The interviews were all recorded and transcribed, with the exception of the first parent interview where the recording had been too faint to be interpreted. Interview data was then analysed using thematic analysis.

Due to the nature of the data being collected focusing on individual's views and experiences of the CAF, a flexible design strategy was deemed to be most appropriate. It was initially planned that a grounded theory study would be most appropriate as it allowed opportunity to generate theory from data collected during the study. This was thought to be a particularly useful approach as the CAF is such a new process and as such there is very little previous research or knowledge in this area. Robson (2002) describes grounded theory studies as being 'particularly useful in new, applied areas where there is a lack of theory and concepts to describe and explain what is going on' (p. 90). However, due to the limited number of families who

agreed to take part in the study, there was an insufficient amount of qualitative data to be able to begin to identify categories and themes as demanded by grounded theory analysis, and as a result of this the method of analysis was changed to thematic analysis. The advantage of using thematic analysis was that it offered a level of flexibility that was extremely useful. Interviews were chosen because the study was focusing on the meaning of the CAF to the participants. A further advantage of interviews is that they allow individual perceptions of processes within a social unit to be studied prospectively (King 1994). This allowed for an exploration of the development of the CAF and its possible future implications.

Findings

Training

Information on perceptions of training was gathered through the interviews with practitioners and the feedback that the authority collected at the end of the training sessions.

There are three types of training sessions on offer within the local authority: a one hour briefing session; a one day practitioner training session; and a half day manager/supervisor training session. Each of these sessions is delivered to a multi-agency audience. By November 2008 the following training had been delivered:

| Session | Numbers trained |
|-----------------------------|-----------------|
| Briefing | 1,579 |
| Practitioner training day | 710 |
| Manager/supervisor training | 187 |

Each training session has been delivered to a wide, multi-agency audience including professionals from schools, children's services, primary care trust, further education, Prison Service, housing, police, Fire and Rescue Authority, voluntary organizations, and children and adolescent mental health services. Full details of the types and numbers of different professionals who had been trained are listed in Appendix 1. The data shows that the training has been available to, and taken up by, a large number of different professional groups.

Comments from professionals regarding the training have been largely positive, with suggestions for improvements being noted and followed up on to continually improve the standard of training and ensure its relevance and effectiveness. Such improvements include the change in length of the practitioner training from two days to one, and the provision of anonymised examples of completed CAF assessments.

One aspect of the training which was held in high regard, was its delivery to a multi-agency audience; one practitioner commented that it was 'good to network with colleagues from different areas of the children's workforce'. As the CAF requires different professional groups to work together, the range of agencies attending each training session offers an opportunity for the development of inter-agency relationships and this could help facilitate integrated working. Each of the professionals interviewed stated that they found the training useful, although it was commented that some sort of follow up would be useful, particularly if there was a significant period of time between attending the training and involvement in the CAF.

Completing the assessment

An important theme highlighted by a number of professionals who had initiated CAFs was the practicality of completing the CAF. This included a number of issues including: difficulties with the form; engaging with the family; and the time and resources required.

Difficulties with the form

The professionals interviewed who had initiated a CAF spoke of the difficulties they had experienced when filling out the CAF form. This was often seen as a barrier to effective and efficient working. Responses to the form ranged from those who thought it too arduous a task due to its length and complexity to those who found its rigidity unhelpful in the circumstances they were working.

Professionals commented on the number of sections included in the CAF form and expressed the view that a lot of the information that was required was often irrelevant. One professional commented that "most of the form was irrelevant, I had to leave most of it blank". However, it seems that some professionals may have misunderstood the intention of the CAF to be a detailed assessment of need rather than a method in which to raise concerns or an assessment with a narrow focus on one specific problem. Clearly some of these issues are linked to concerns regarding the amount of time a CAF could take, which is discussed at a later point.

Engaging with the family

Some professionals thought that the formality of the form and the amount of information it required could be off-putting for parents. However, the parents

interviewed did not make any comment regarding this. Indeed, two parents discussed how useful it was to have all information in one place.

Time and resources required

There was concern among professionals regarding the time required for professionals when involved in the CAF process. This issue also arose in the National Evaluation (Brandon et al. 2006), where two thirds of practitioners and managers stated that the CAF had impacted significantly on their workload. However, there was a varying degree of frustration communicated by professionals with regard to the impact of CAF on their workload, which seemed to be largely due to their role and their view of the effectiveness of this extra time input. It was noted that this increase in workload would be reduced over time as practitioners became more familiar with the process and its associated materials.

There was some discussion regarding the potential that some professionals would be put off doing CAF work because of the impact it would have on their workload. This was felt by most professionals to be relevant, but it was also suggested that once involved in a CAF these anxieties tended to be reduced. However, it is likely that concern regarding time and resource implications will be different for different agencies, and this may well impact on the types of professional who will initiate and be involved in CAF work. This may have implications which affect the number of different professional groups involved in CAF and therefore the number of CAFs that are implemented.

Support during the CAF

There were points raised from both professionals and parents as to how well supported they felt during the CAF process. For professionals this tended to focus on how well supported they felt in carrying out the CAF, and whether or not there was someone from whom they could ask advice, particularly during the early stages of such a new process. The role of the CAF co-ordinators was highly valued by the professionals who had initiated CAFs as they felt there was someone who they could ask questions and seek clarity from if there was any confusion. In addition to this, the CAF co-ordinators normally attended a professional first CAF meeting and this resulted in professionals feeling there was some sort of 'safety net' for them. For families, there was more of a focus on how supportive they felt professionals had been, and more often than not this was with regard to the role of the Lead Professional.

The role of the Lead Professional

Parents spoke very highly of the Lead Professional they had worked with. One aim of the Lead Professional role is that families only have to tell their story once and this was highly valued by parents. One issue raised here was that because each CAF can only be done for one child, where there was a family issue that involved more than one child the process would have to be duplicated.

The impact on families

All professionals interviewed were asked if they thought the CAF would lead to better outcomes for children and their families. Every professional thought that they would, but a number commented that the CAF was not the only way to achieve this. It seems that the CAF is seen as a useful tool, but there is still uncertainty regarding whether or not it is the *best* way to improve outcomes. However, there was a family support worker who said that parents were starting to ask for a CAF for their child when they heard about it from parents who had been through the process.

The parents interviewed were also very positive about the impact of the CAF. Most notable was the frequency of comments regarding how fast everything had happened following the decision to initiate a CAF. This was particularly noteworthy for one parent who had been struggling for a long time to receive support and input for her child who had a number of complex needs. However, another parent suggested that although things had improved, she wasn't sure that it was because of the CAF, although she did suggest that at the very least the CAF had made everything happen faster than it otherwise would have.

Implications for practice

Encouraging professionals to become involved in CAF working

The relatively small numbers of professionals who were involved in doing CAFs was evident. Although there were a number of different professional groups involved, this in no way reflected the number and range of professionals who had taken part in the training. Moreover, despite the fact that one of the main aims of the implementation of CAF working was to encourage and facilitate multi-agency working, the cases investigated in this project involved a small number of professionals normally limited

to a member of school staff and one or two other professionals. This is far from the ideal that a CAF will bridge gaps between health, education and social care working. This is inevitably impacted by the issue of managing time and resources, discussed below.

Management of time and resources

As was found in the national evaluation, professionals were finding that practitioners across different sectors were reluctant to complete a CAF or to be a lead professional because of their concerns regarding the impact on their workload. It is possible that the uncertainty surrounding this new and unfamiliar process only serves to exacerbate this issue.

There is recognition that using a CAF as an early intervention strategy can work successfully but that the increase in workload is significant. With the exception of one professional, a head teacher, all professionals noted that carrying out a CAF does not easily fit into existing working practices. Therefore, at management level there needs to be acknowledgement of the extra demands that aCAF places, and allowances need to be made so that this does not act as a barrier to the professionals being involved. This should serve to increase the numbers of professional groups involved and therefore further develop the CAF as a method of integrated working.

Providing support

It was evident that professionals had high regard for the support they received from the CAF co-ordinators. Nevertheless, there remain a number of difficulties with the form itself. It would be useful to consider ways of providing ongoing support which offers both professionals and families the opportunity to feedback on their experiences and how the process could be improved. There may also be opportunities here for developing links between different groups to encourage integrated working. These measures are vital to ensure that the process remains up to date, relevant and worthwhile. There also needs to be further work to explore ways of supporting professionals who are having difficulties encouraging families to engage with the process.

Monitoring impact

Each family and professional perceived some impact and improvement of outcomes; however, it was often unclear as to whether this was due to the CAF. Although it is difficult to measure an improvement in outcomes, it will be necessary to continue to

gather information regarding the implementation of the CAF, including training, quantitative and qualitative use, in order to provide an evidence base for the impact of the CAF.

Furthermore, the views of families and young people must be continually sought in order to ensure that the process continues to be centred round their needs. It is vital that the processes in place are, and continue to be, beneficial to families, rather than simply being a process which must be followed.

Conclusion

It is clear that the CAF is still a very new process, and has not as yet had time to be integrated into existing working practices. Nevertheless, there is an enthusiasm among families and professionals who have been involved in a CAF. The take up of training has been considerable, and this now needs to lead to developments which encourage professionals to utilize this approach. The professionals all demonstrated a commitment to using the CAF as part of their future work, although they acknowledged that support was needed at a management level to take account of the different demands this approach places on them.

The role of a practitioner researcher is a valuable one, although not without its difficulties. Meeting the varying demands of my role as a trainee educational psychologist and simultaneously carrying out this research project created challenges regarding time management and ensuring that each role was carried out effectively. However, being a practitioner offers a valuable insight and perspective on the research, and allows for a more personal approach. Moreover, the skills acquired as a practitioner can be utilized to ensure that the research is relevant and useful for those involved. My own training and experience of the CAF as a practitioner allowed me to carry out a project that was meaningful and sensitive to those involved.

Appendix 1

Total number of staff CAF briefed as at 31 December 2008

| Agency/Partnership | Total |
|---|-------|
| | |
| First School | 115 |
| Primary School | 101 |
| Middle School | 18 |
| High School | 57 |
| Special School | 15 |
| Children's Services | 386 |
| H&W Fire and Rescue Authority | 4 |
| PCT | 298 |
| West Mercia | 120 |
| Voluntary Organization | 100 |
| Connexions H&W | 102 |
| Probation | 37 |
| CAFCASS | 18 |
| Bromsgrove District Council | 6 |
| Nursery | 177 |
| Further Education | 19 |
| SPACE | 4 |
| Wyre Forest District Council | 1 |
| Pre School | 88 |
| Acute Trust | 2 |
| After School Care | 6 |
| Education Service for Travelling Children | 0 |

| | |
|---------------------------|-------------|
| Adult Services | 1 |
| Higher Education | 2 |
| Redditch District Council | 16 |
| YISP | 6 |
| Corporate Services | 1 |
| Childminder | 22 |
| Pupil Referral Unit | 11 |
| Unknown | 20 |
| CAMHS | 17 |
| Prison Service | 5 |
| Housing Provider | 7 |
| Total | 1782 |

**Total number of staff CAF practitioner trained as at
31 December 2008**

| Agency | Total |
|-------------------------------|-------|
| | |
| First School | 35 |
| Primary School | 58 |
| Middle School | 21 |
| High School | 32 |
| Special School | 19 |
| Children's Services | 177 |
| H&W Fire and Rescue Authority | 4 |
| PCT | 179 |

| | |
|---|------------|
| West Mercia | 11 |
| Voluntary Organization | 61 |
| Connexions H&W | 88 |
| Probation | 0 |
| CAFCASS | 0 |
| Bromsgrove District Council | 15 |
| Nursery | 30 |
| Further Education | 3 |
| SPACE | 5 |
| Wyre Forest District Council | 0 |
| Pre School | 23 |
| Acute Trust | 3 |
| After School Care | 2 |
| Education Service for Travelling Children | 4 |
| Adult Services | 0 |
| Higher Education | 0 |
| Redditch District Council | 15 |
| YISP | 7 |
| Corporate Services | 0 |
| Childminder | 0 |
| Pupil Referral Unit | 6 |
| Unknown | 13 |
| CAMHS | 0 |
| Prison Service | 2 |
| Housing Provider | 14 |
| Total | 827 |

Total number of staff CAF manager/supervisor trained as at 31 December 2008

| Agency | Total |
|---|-------|
| First School | 17 |
| Primary School | 12 |
| Middle School | 9 |
| High School | 8 |
| Special School | 1 |
| Children's Services | 40 |
| H&W Fire and Rescue Authority | 0 |
| PCT | 11 |
| West Mercia | 10 |
| Voluntary Organization | 16 |
| Connexions H&W | 12 |
| Probation | 0 |
| CAFCASS | 2 |
| Bromsgrove District Council | 0 |
| Nursery | 25 |
| Further Education | 4 |
| SPACE | 1 |
| Wyre Forest District Council | 0 |
| Pre School | 7 |
| Acute Trust | 0 |
| After School Care | 1 |
| Education Service for Travelling Children | 0 |

| | |
|---------------------------|------------|
| Adult Services | 0 |
| Higher Education | 0 |
| Redditch District Council | 0 |
| YISP | 0 |
| Corporate Services | 0 |
| Childminder | 0 |
| Pupil Referral Unit | 0 |
| Unknown | 2 |
| CAMHS | 0 |
| Prison Service | 0 |
| Housing Provider | 5 |
| Total | 183 |

Percentage of schools briefed, practitioner and manager/supervisor trained as at 31 December 2008

| Type of school | Briefed | Trained* |
|----------------|---------|----------|
| First School | 56% | 48% |
| Primary School | 40% | 47% |
| Middle School | 57% | 85% |
| High School | 76% | 72% |
| Special School | 80% | 90% |

***This figure includes those schools that have attended practitioner and manager/supervisor training**

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Or write to CWDC, 2nd Floor, City Exchange
11 Albion Street, Leeds LS1 5ES
email info@cwdcouncil.org.uk
or fax us on 0113 390 7744

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