



Shared Evaluation Resource

Report of Evaluation of Stage 1 of the Kirklees Integrated Working Pilot Overall Findings

Client: Integrated Working Pilot Board
Neighbourhood Renewal

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Executive Summary

The policy context

The Every Child Matters policy paper places an emphasis on public agencies working together to deliver children's services. This means practitioners work beyond the boundaries of the organisation in which they are employed. Local Authorities and their partners are charged with developing arrangements which enable this to happen.

Local implementation

In Kirklees, funding has been provided through Neighbourhood Renewal to support the development of new ways of working between partner agencies. Support for the pilot of this new way of working is provided by two Change Managers.

A transformational change management approach was adopted in order to implement this change, focusing on the use of the Common Assessment Framework (CAF) and integrated working tools which support this. The approach relies on developing networks of staff across agencies who will be encouraged to work together across organisational boundaries to share information and agree solutions.

Three local project implementation groups (LPIGS) were set up as catalysts for encouraging this multi agency way of working with a view to rolling this out across the district if this way of working appears successful. The LPIGs report to the IWP board who in turn report to the Every Child Matters and the Local Public Service Board of children and young people.

The purpose and scope of the evaluation

The pilot process is being implemented in two stages, stage one involves developing and initiating the integrated working process and stage two works to embed this change in processes into working practice. This evaluation report draws on evidence gathered from sub reports that have looked at the following aspects of the pilot process:

- Observation of staff involved in integrated working
- Interviews with staff involved in delivering integrated working
- The perspective of strategic and change managers
- Training in the Common Assessment Framework (CAF).

Overall the evaluation wished to establish to what extent the pilot approaches are delivering shared solutions for families requiring tier 2 /3 support that are appropriate, streamlined and timely. By shared solutions we mean using the experiences and skills of all relevant practitioners and the family jointly as well as the tools provided.

The following strands form the scope of this stage of the evaluation:

1. Shared understanding by professionals of problems from the family perspective and subordination of own area of interest to the priority needs of the family
2. Confidence of Lead Professionals from a range of settings in their role
3. Harmonising of assessments and replacing by CAF and appropriate IT systems

The Evaluation Methodology

The evaluation of the first stage of the pilot process involved the following aspects:

- Observation of staff involved in integrated working
- Interviews with staff involved in delivering integrated working
- Interviews to gain the perspective of strategic and change managers
- Focus groups to review the training in the Common Assessment Framework (CAF) and integrated working tools.

The Evaluation Findings

The findings are presented according to the four strands outlined earlier.

Shared understanding

Overall, staff valued the ECM groups highly as they provide an opportunity for face to face discussion in order to improve the services they provide for families. They build on existing interagency working and relations that are already established. The groups help motivate staff, staff are also able to discuss and support each other with the practicalities of testing the CAF process and new integrated working tools. Staff's understanding of each others services has also improved through their commitment to attending the group. This knowledge, however, has only developed in relation to services who are committed to the process and have sent representatives to attend the ECM groups. Staff wish to further develop their awareness of the remits and areas of expertise of all services in order to best develop and implement family support plans.

Successful contribution to group discussions, however, relies upon the remits of staff as specified by the services they are from. A lack of capacity and understanding of why staff need to contribute to family support packages may impact on attendance to multi-agency forums. This suggests further work is needed within services to support the approach that has been enthusiastically embraced by the pilots.

Cascading information regarding this integrated working process by ECM members (champions) is very much dependent on the strength of character of the individuals and the degree of openness of and support from service managers and colleagues.

Initial barriers to trialing the new process have included information sharing. The Child Index (Kirklees information sharing service) has helped to alleviate this barrier, however, more work is needed to make these tools as user-friendly as possible, in order to best retrieve information regarding children and families.

Further work is needed to ensure that mechanisms are in place in order to ensure children and families are receiving universal services. There appears to be a lack of connectivity between data in different organisations, this continues to present opportunities for children to slip through the net.

Support mechanisms – Change Management and Leadership

An agreement to share information between partner agencies was set up and this has facilitated the sharing of information for the ECM groups. However outside of these groups where trust has not yet been built up between services that do not traditionally work together, there may still be a culture of people not sharing information. Practitioners outside of the ECM

groups may not have the same confidence to share information. Work is needed at a higher level to influence the operational detail of how services see themselves are being able to share information with others.

Support and guidance is required for staff to set up multi-agency meetings, most importantly in ensuring that a range of services are in attendance to ensure the best possible solutions for families. This also relates to the authority and power staff have to pull together these meetings.

The ECM members may need support in running the ECM groups to become more independent and fill the gap that the change manager will leave behind when the pilot has ended.

Change managers have had success in changing hearts and minds of front line staff and managers. However it is unrealistic for them to be able to change organisational policies on their own. This requires the influence of senior decision makers.

Confidence of Lead Professionals in their role

There is a concern about the increase in workload incurred by adopting the CAF process. It is, however, recognised that as people become more experienced the process becomes easier and quicker and will ultimately reduce the duplication of staff's work, as only one assessment is needed and can be used to contribute to specialist assessments.

Clarity is needed regarding how the Lead Professional role will be allocated and supported within and across services. Additional resources can then be provided to services who are likely to undertake the majority of CAFs.

Harmonisation of assessments

Training is required for all frontline staff to ensure clarity of the integrated working process as a whole and the benefits of harmonizing assessment processes. In addition to the mind set change, streamlining assessments will require some flexibility in service design. Universal needs assessments, the CAF and specialist assessments should compliment each other in order to improve the efficiency of collection information from families in order to assess needs.

This harmonization of assessment needs to be brought about through effective communication between services and staff. Staff need to be made aware of service processes in order to establish where and when this assessment information can be sourced and how they can contribute to it.

There are many practical barriers, e.g. hours of working and points of contact, which need to be addressed which may affect service design. There is a strong need for services to take account of the requirements of their own 'internal customers' and organise services accordingly.

Training is needed in order to help widen staff's focus outside their own agenda when understanding needs from the perspective of families. Once this holistic approach is adopted, staff need to be able to recruit the most appropriate services onboard to best support families.

General staff awareness of other services needs to be improved. The service directory could help this, however, in order to maximise use, the directory must be needs, problem or issues focussed. This will help staff to search the directory with specific cases in mind.

Conclusions and recommendations

From the front line perspective real progress has been made by the change managers in establishing forums and a practical process for doing CAF assessment planning and delivery. It will be useful in stage 2 of the evaluation to see how these have been perceived by the families.

The transformational model has been successful in bringing about mindset change, amongst those services and practitioners who have been active through the ECM groups. Further rolling out to additional services such as schools will require much stronger mainstream leadership. Structures that will facilitate this type of working now need to be developed across services and organisations.

Roles need to be decided including that of the lead professional, assessment regimens need to be agreed and the detail of service delivery set out to allow services to compliment rather than clash with each other. This means services at least having a discussion about what they can do for each other. Once there is clearer idea of what services need to look like, then workforce plans can be developed.

However all of this needs to sit within a Localities strategy with a clear framework for service commissioning to meet the needs of the local population and to some extent this needs to drive the process. Commissioning of services is still in its infancy, yet there is a need to put in a structure that allows for accountability now. This could allow for the flexibility to review what is put in place now once the commissioning process becomes more attuned to the needs of its population, and can clearly articulate what and how services need to provide for this.

This evaluation has taken place at a very early stage in the reshaping of children's services and has focussed primarily on the practical implementation of the CAF. However it is apparent at this stage, that the transformational model delivered by the Change Managers is not enough outside of a wider strategy.

We have set out our recommendations here in relation to a number of groups who have been involved in the process. These recommendations are summarised below

What services need to consider:

The selection, role and support given to staff who will act as Lead Professionals, and the resultant level of CAF training.

How they 'sell' their services through the Service Directory, so that other practitioners can see how they relate to their work.

How they facilitate networking between themselves and other agencies at front line level and how services listen to each other so they can better meet each other's needs. In addition, how they integrate across different tiers of intervention with other services

What strategic managers need to consider:

Governance – accountability to share information with others when it is not in an ECM group. This includes how they will work with services to implement line management structures and job roles that incorporate CAF, lead professional and information sharing elements.

How the structure can accommodate the kind of integrated working that the ECM groups have allowed and that clearly have an important role to play in fostering trust and building relationships and networks between practitioners.

Targeting of service areas where CAF is not being supported to encourage support for this through development of structures that enable front line staff to deliver the service.

Workforce development plans that are clearly related to these structures, so staff are trained and able to do this work and which again fosters trust and relationship building.

What change managers need to consider:

How the quality of what has been achieved in terms of culture change that has been initiated in the ECM groups can be maintained and relationships fostered.

How more schools can be brought into the picture and how existing services such as the Learning Service can be used to support their work.

Targeting of services where support for CAF from line managers is weak, with support from strategic managers to encourage systems to be put in place to support front line staff. This will be particularly important in supporting the change champions from the ECM groups.

What front line staff need to consider:

How they can influence the use of this multi agency approach in their service and influence colleagues to think about the families they deal with from new perspectives. Develop their networks of contacts to 'think outside of the box' when setting up TAC meetings. In addition, how they can support colleagues new to the CAF process

Reviewing this work in the longer run

The work that has been initiated over the last 9 months will take time to embed and significant changes in service delivery may take several years to make any impact. As the Joint Area Review process becomes more established and data becomes available over a number of years, it would be useful to undertake further evaluation of how this process is working.

Introduction

Integrated working is a requirement of statutory agencies involved in delivering services to children, under the Children Act 2004. Kirklees has had a pilot process underway since April 2004 funded through Neighbourhood Renewal monies. The pilot process is being implemented in two stages. Stage 1 has run from September 06 to March 07 and Stage 2 runs from March to November 07. This overarching report presents the findings so far for this stage.

The overall evaluation report draws on the evidence gathered from 4 sub reports that have looked at the following aspects of the pilot process:

- Observation of integrated working
- Interviews with staff involved in delivering integrated working
- The perspective of strategic and change managers
- Training in the Common Assessment Framework (CAF).

The overall evaluation report sets out the background and policy context that has been the driver for integrated working followed by a discussion of how it was envisaged the pilot would work. This is then discussed in relation to a change management model which has been used to decide the scope and focus of the evaluation. The pilot has very much focused on a bottom up approach and the implementation of this is described. Reference is made to the national evidence on Children's Trust development to support the approach. This evidence and the change management model enabled a series of evaluation questions to be developed, these are presented along with the methodology.

The findings of each of the pieces of work set out in the methodology section are presented in sub reports. The overall report draws together the evidence from all of the sub reports to give a picture of how integrated working is being implemented and issues arising. Conclusions and recommendations are then drawn in relation to what this means for the second stage of the pilot – extending the number of people involved in integrated working.

Background

The Policy Context

The Every Child Matters policy paper places an emphasis on public agencies working together to deliver children's services. This means practitioners work beyond the boundaries of the organisation in which they are employed. Local Authorities and their partners are charged with developing arrangements which enable this to happen. Children's Trusts are one approach which has been suggested. These will need to be supported by integrated processes. Some of which like the Common Assessment Framework are centrally driven.

There is recognition from DFES that 'integrated delivery can be fostered in many ways and at many levels to make sure that the overall system meets the right needs for the right children. This requires effective integrated strategies, such as a joint needs assessment, shared decisions on priorities, identification of all available resources and joint plans to deploy them. This means joint commissioning, underpinned by pooled resources, to ensure that those best able to provide the right packages of services can do so. This requires arrangements for governance that ensure everyone shares the vision and gives each the confidence to relinquish day-to-day control of decisions and resources, while maintaining the necessary high-level accountability for meeting statutory duties in a new way'¹.

This evaluation of Children's Trusts states that across the whole system there are some unifying features which help to link the various elements:

Leadership at every level, not just the Director of Children's Services, but at the front line

Performance management driving an outcomes focus at every level, from area inspection to rewards and incentives for individual staff

Listening to the views of children and young people - on the priorities at a strategic level, and on how day-to-day practice is affecting them personally²

At a strategic level the Children's Trust approach described above is endorsed by the concept of Local Area Agreements (LAA). In Kirklees a component part of the LAA is the Children and Young People's block. This pools budgets across agencies that have responsibilities to children and young people in order to deliver on a set of shared outcomes. These outcomes are measured through targets agreed with the regional government office. At a strategic level responsibility for achieving these targets sits with the Local Public Service Board (LPSB) for children and young people who in turn delegate more detailed work to the Every Child Matters Board. Part of this more detailed work includes developing strategies for reshaping services and the workforce that delivers on them.

¹ <http://www.everychildmatters.gov.uk/aims/childrenstrusts/>

² <http://www.everychildmatters.gov.uk/aims/childrenstrusts/>

Neighbourhood Renewal (NR)

In Kirklees funding has been provided through Neighbourhood Renewal to support the development of such new ways of working between partner agencies. Initially this was through the Reshaping the Future Workforce Programme funded between April 2004 and March 2006. Since April 2006, this programme has been refocused to concentrate on facilitating a programme of change management around the Common Assessment Framework (CAF). The focus of this has been to develop integrated working between front line staff on real cases. This has been supported by an emerging strategic framework to address governance and resource issues that builds upon the structure set out above for achieving the LAA targets. The funding from Neighbourhood Renewal (NR) has been used mainly to support the role of two change managers, training of staff in the CAF process and evaluation of how this is working.

How the integrated working pilot was intended to work

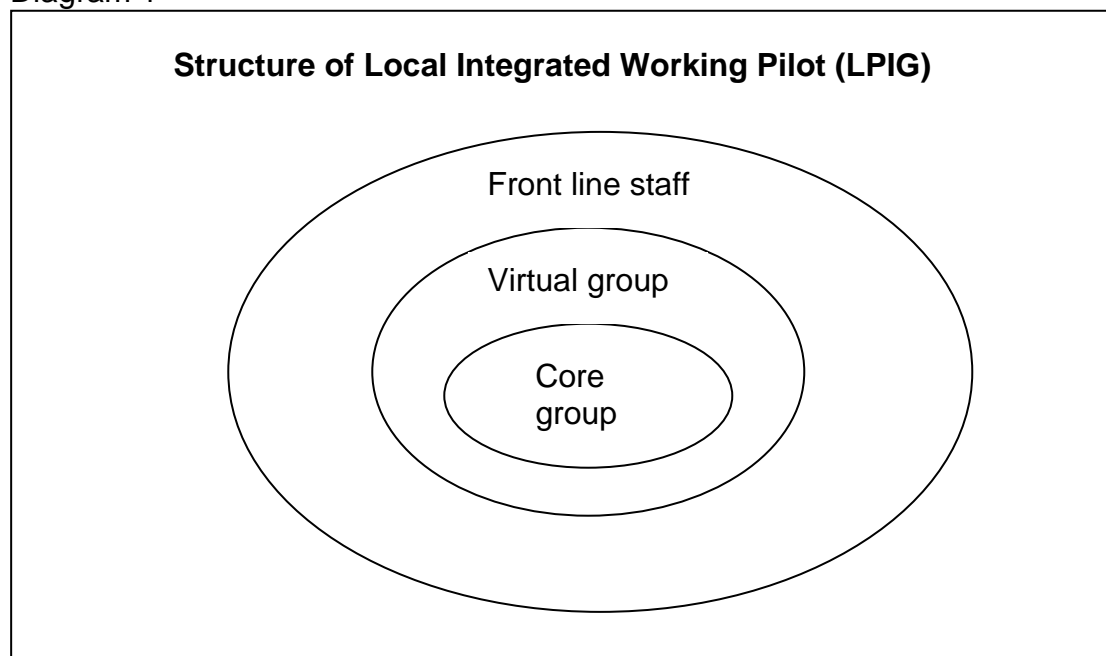
The change management model

Our understanding was that the model being used to implement the change, with the Common Assessment Framework and the Lead Professional role as key components of the change was a series of small area based pilots. This used a bottom up, rather than a top down approach across the whole of Kirklees. This type of model allowed for different processes and structures to be developed according to local circumstances.

However it was unclear as to what the starting point was for each of these pilots in terms of their processes, what the visions of integrated working for each was (for example how processes in partner agencies need to change and how cultures need to change) and what the stages are for achieving this. For this reason we have discussed a more detailed model of what change we were wishing to achieve. (See the section on the change management model.) This model was presented to the pilot groups at the start of the evaluation process for discussion.

The change management approach adopted relies on developing networks of staff across agencies who will be encouraged to work together across organisational boundaries to share information and agree solutions. This relies on largely informal structures rather than the more formal structure that may be present in Children's Trust arrangements. Three local project implementation groups (LPIGs) were set up as catalysts for encouraging this multi agency way of working with a view to rolling this out across the district if this way of working appeared successful. This is illustrated on a conceptual level below.

Diagram 1



The core group was to be made up of representatives from universal services that have most contact with children, for example health visitors, head teachers, and school nurses may be

the most likely to take on the Lead Professional role. The virtual group was to be made up of more specialist staff who may only come into contact with a small number of children with particular needs or with particular age groups, for example Connexions workers, health trainers, police. These would be front line rather than managerial staff. The front line staff layer would contain all other staff who come into contact with children. How this has worked in practice is considered in more detail in the section How has the Integrated Pilot Worked?

The area pilots

Three area based pilots have been selected to trial this process. Each area initially covered a different group of children for the purposes of the pilot as follows, but overtime this has expanded to cover the full age range.

- Batley - pre birth – 5 young parents under 19
- Dewsbury 6-19, pre birth to 5 in first phase and 6-11 in the second phase
- Huddersfield South pre birth to 19

It was expected the focus would be on children who had tier 1 or 2 needs on the Hardiker grid. Although in some cases this went up to Tier 3 needs. This is because the threshold for intervention by Safeguarding is so high, yet families just below it still need support.

It was envisaged that in the longer run this core group would no longer be needed. This is because interagency working, sharing of information and solutions would become normal practice and be embedded in the culture of all children's services regardless of the agency who employs them. For this reason the pilot has had two stages to it. The first stage has been to set up integrated working forums through Every Child Matters groups – one per locality. These are made up of front line practitioners who interface with real families and need to discuss cases with other practitioners. Once this had been established it was planned to encourage the members of these groups to champion change in their own organizations, supported by managers who meet as the local pilot implementation group.

Before we do on to consider how the pilots worked in practice it is useful to consider what the pilots were trying to achieve using a change model. This is the subject of the next section.

The Change Management Model - what were we trying to achieve

In order to get a sense of what we are trying to achieve through change in Kirklees a model of where we were at and where we were trying to get to was needed around which the evaluation could be structured. In evaluating change it is helpful to have the process articulated through a theoretical framework in order to see if this is actually happening through the empirical testing of evaluation. A change management model is akin to road map, it helps us see where we are trying to get to.

There are three categories of change management models, topdown models, transformational models and strategic models.³ Two of these, top down and transformational models appear to be consistent with the models identified in the national CAF evaluation. (See the section on evidence for the approach)

Given the above discussion on the Kirklees Integrated Working Pilot, it appears that the model the LPIGs are using approximated to a transformational model. This is because we were encouraging change through 3 separate pilots made up of front line staff who would determine how new processes would be implemented. This type of change works by influencing the values and priorities of followers. We assume that this is the representatives within the LPIG who are expected to influence their colleagues in the range of organizations that they come from through challenge, but also through support and coaching as well as providing opportunity to express any negative emotions about the change, safely. Ultimately people will begin to connect to the change and see the benefits of improved performance brought about by the behaviour change. There is still a need within this model to have a clear vision of what needs to be achieved. As part of the evaluation we have looked at how well the transformational model of change is working.

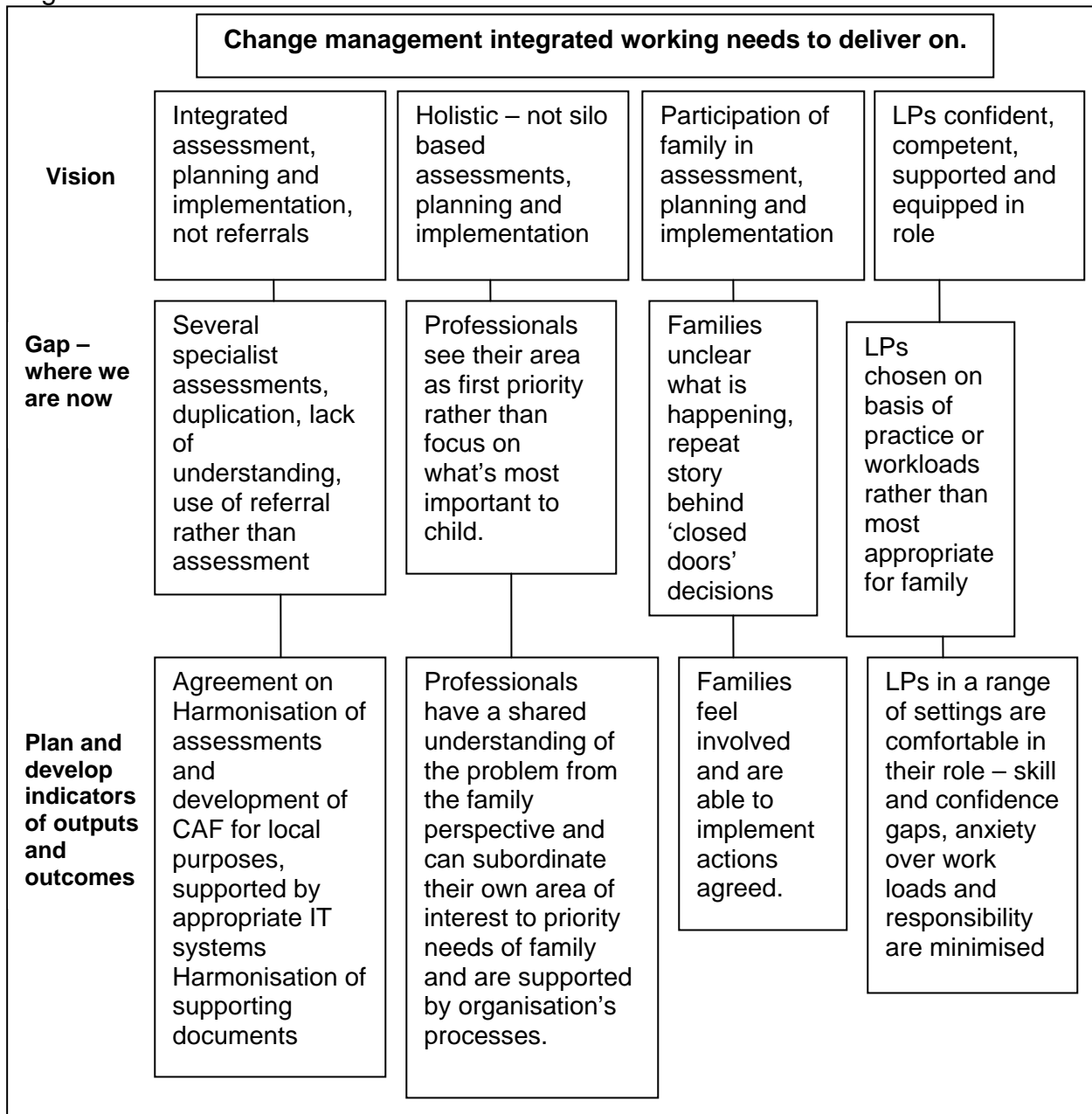
Having a model is helpful in understanding the process of change. This model however needed to be applied and the visions in the road map set out in specific terms, if we to evaluate if any of the change was being delivered. We have done this in diagram 2 overleaf in relation to describing the vision and strategic planning. We have made reference to the key issues set out in the national evaluation of CAF and Lead Professionals, as we do not have base line information about processes and culture within Kirklees specifically. It may be that the model does not describe exactly the situation in Kirklees, but it at least presents a start on what we thought the LPIGS were trying to achieve. The key issues that appeared in the Children's Trust evaluation included:

- Clearer guidance on processes to avoid anxiety and climates of bickering
- Joining up specialist assessments to avoid duplication
- Workload making professionals reluctant to take on Lead Professional roles
- Upskilling the workforce – around how to involve families
 - understanding where a family does have a need
 - understanding families holistically

³ For a further discussion of this see Treasury Board of Canada Secretariat, Changing Management Culture: Models and Strategies to Make it Happen

We applied these issues to the change model to set out at a high level what we were trying to achieve.

Diagram 2

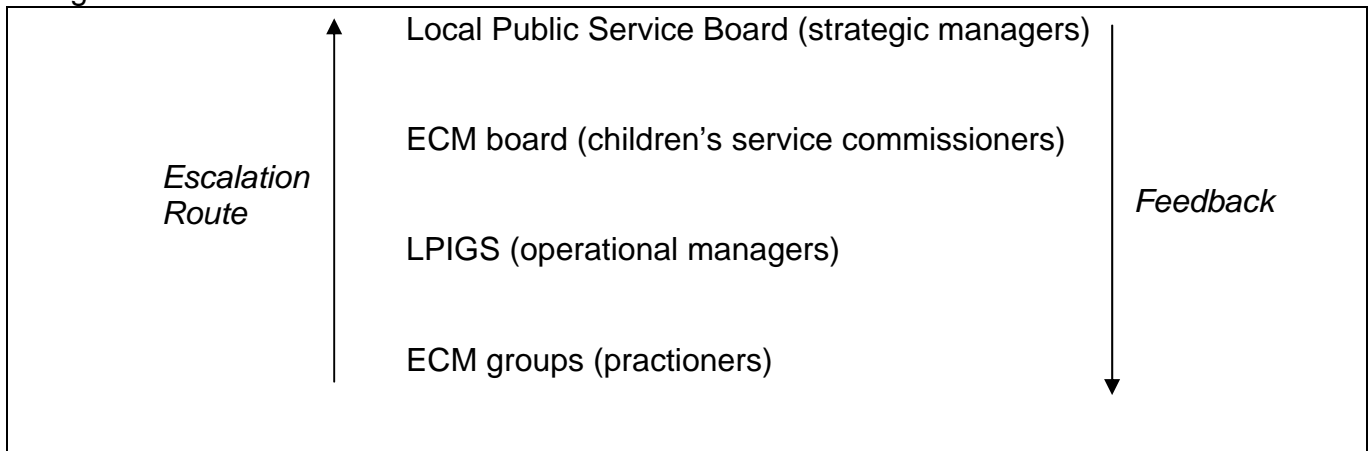


How the Integrated Pilot was Implemented

The Local Pilot Implementation Groups (LPIGS)

The LPIG process has worked through bringing a group of senior operational managers together at regular monthly intervals in each pilot area to discuss issues relating to the practicalities of integrated working. This group supports the work of a three operational groups of practionners again in each pilot geography (the Every Child Matters groups). These groups have initiated a process of completing live Common Assessment Frameworks and have fed back how this process works to the higher level strategic groups. Mechanisms have been put in place to escalate issues upwards through the operational manager of each LPIG group to the higher level ECM board and then to the Local Public Service Board for Children and Young People. This is summarized in the diagram below.

Diagram 3



Project management

The change project has been managed on a day to day basis by two change managers who in the absence of a steering group for 'The Reshaping the Future Workforce project', reported initially to the Head of Early Years and latterly the Head of Localities. Progress is reported to the Integrated Working Pilot Board (IWP) and through this to the Every Child Matters Board which is chaired by the Children's Services Director.

A two stage approach

The pilot is being rolled out in a two stage approach. The first stage has been to set up to facilitate integrated working forums in the three areas and establish the CAF process. This stage has run from September 2006 to March 2007. Stage 2 is then to roll this out across each of the 3 pilot areas to encompass all the children's workforce in that area by December 2007. Those who have been involved in the initial roll out ECM groups are to act as change champions within their respective services.

In order to help support integrated working a set of tools have been developed and a set of sub groups reporting to the IWP Board have been charged with developing these.

The Tools

- Child Index
- Common Assessment Framework (CAF)
- Service Directory
- Lead professional
- Information sharing protocols

The Child Index

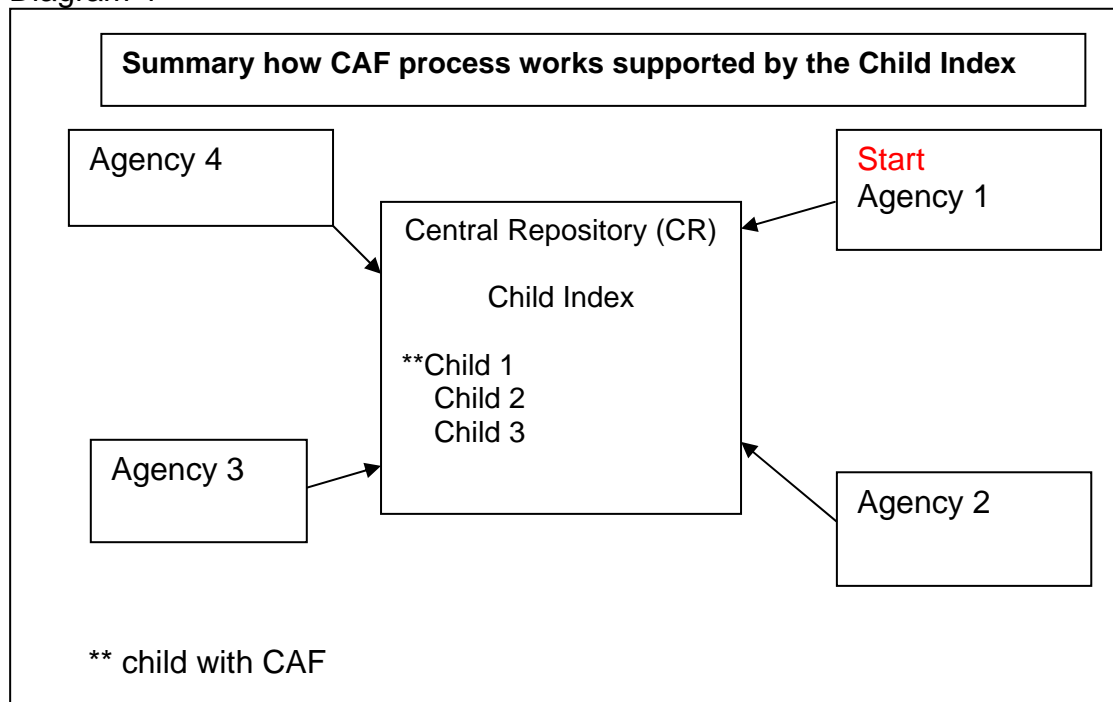
This provides basic details of each child within a local authority area and will be held centrally as a reference for all agencies working with children. Where an agency has concerns about a child, it will be possible to check whether other agencies also have concerns through contacting the repository where the child index is held to see if a child has been flagged as having a received a (CAF) see below. If the agency feels that others may need to be involved they can flag on the index that a CAF has been completed. At a national level the Child Index is not yet available and so a local version has been developed which may continue after the national one has been implemented.

CAF

CAF as a concept is intended to support integrated working, not so much as a paper exercise but as a means of encouraging practitioners working with families to discuss and develop shared solutions with them, rather than working in isolation. The CAF may be completed by any agency with a concern about a family through a central repository and shared with relevant agencies. Agencies may contact the central repository to check whether a CAF has already been completed for a child and if so make contact with those agencies to see if there is a need to share information. This is illustrated in the diagram 4 below. Regular analysis of CAFs and the reasons why they are being completed will be kept and analysed to inform resource allocation planning.

Once a lead professional has completed a CAF with a family's consent, then, they will draw together a meeting of practitioners from appropriate agencies. This will form a 'Team around the Child' (TAC) meeting.

Diagram 4



- Agency 1 has concerns about child 1, checks with CR if there is a CAF.
- There is no CAF, but agency 1 finds out that agencies 2 and 3 are involved. Agency 1 completes a CAF.
- The CR flags the child on the child index **.
- Agency 1 is prompted to discuss the situation with agencies 2 and 3 with consent from family
- Agency 4 comes into contact with child. They check with the CR to see if the child has a CAF with consent from parents.
- CR informs agency 4 this is the case.
- Agency 4 then contacts other agencies to share concerns and discuss solutions.

The Service Directory

This is a web based tool that allows practitioners to access information about services for families that may form part of the solution to their particular needs. It is found at:

<http://www.kirklees.gov.uk/community/localorgs/orgdirectory.asp?CatCode=S01/04/03/01>

Lead Professional

In addition to the tools each child will have a Lead Professional who will take responsibility for ensuring that relevant agencies are involved with the child and for seeing that solutions are implemented and delivered.

Information Sharing Protocols

Information Sharing Protocols have been agreed at a strategic level, but guidance is not in a format that is appropriate for either practitioners or families to be able to follow.

Training

Training has been delivered since September. Two types of training have been offered, one which raises awareness of the CAF and a second that goes through the process of completing a CAF. Further roll out is now planned. Initial training was implemented by the staff from a number of service areas, including Safeguarding and Learning. Further training is to be by the change managers. Guidance has been issued to managers of front line staff as who may need this.

Monitoring of progress

At each ECM group an audit was completed of each CAF brought to identify if there were any aspects which caused concern. This was recorded in an issues log to identify where any of the tools were not working, or any other issues that prevented multi agency working. This log was regularly analysed to take action on how things needed to change and through reporting to the IWP group could be escalated within partner organizations.

Communications Plan

A communications plan was developed that set out how the CAF process intended to work in terms of who receives which information about an assessment and also the escalation process when barriers are encountered to integrated working. This was communicated through the LPIG groups.

A more detailed flow chart of how the integrated working process for CAFs has worked is found in Appendix 5.

Purpose and Scope of the Evaluation

The purpose of the evaluation

The three LPIG pilots are to be evaluated with a view to identifying what has worked or not worked and whether they have succeeded in implementing a process that enables true integrated working and delivery of the ECM outcomes. The purpose of the evaluation is to find out if the new ways of working provide learning for:

- improving the experience of and interaction with services for families.
- Enabling a co-ordinated approach to the complex needs of families.
- Contributing to a body of knowledge to inform the reshaping of services and the children's workforce
- Testing mechanisms around joined up and partnership working between agencies and staff.
- How integrated working tools can improve joined up working

Fundamental to achieving this is about knowing whether the processes and culture change being tested could become embedded in working practices and hence be sustainable in the longer run. We need to know whether there is evidence of this change and what causes it to happen in order to apply lessons elsewhere.

Returning to our transformational model of change we needed to know if the conditions for success that enable this model of change to work are present. We need to know to what extent:

- representatives within the LPIG and ECM groups are influencing their colleagues in the range of organizations that they come from through challenging mindsets and ways of working particularly as we move away from the structure of the ECM group to the more virtual Teams around the Child.
- there is support, coaching and mentoring at a higher level to the extent that people feel supported
- there is opportunity to express any negative emotions about the change safely
- people are connecting to the change and see the benefits of improved performance brought about by their own behaviour change

It is by addressing these points that we will be able to assess whether there has been an attitude change amongst staff subordinating their own organisation's priorities to the needs of the family and looking holistically at their needs.

The scope and context of the evaluation

The model above describes the scope of the evaluation in that we are trying to assess what the conditions for success have been in managing the change to realise these four areas.

Have we achieved integration of assessments, planning and implementation?

Are assessments, plans and implementations holistic?

Are families participating in the assessment, planning and implementation?

Are the LPs confident, competent, supported and equipped to perform their role?

The context was to be defined by the client groups and services that each LPIG wished to focus the evaluation on. However a focus on particular client group has not been sustained through the project, as the ECM groups in each LPIG area have had to work with the families who have presented.

It may be that future evaluation work could focus these questions on specific area or contexts in which we wish to see those questions answered. Consideration was given to seeing if the Joint Area Review indicators could help us to decide which contexts we may wish to focus on. For example the extent to which integrated working is benefiting young parents. However at this stage there have been so few CAFs completed it was not possible for us to test out the process with particular target groups. This may be something to consider once integrated working has been rolled out more widely.

Evidence for the approach

Two sources of evidence have been used to inform the evaluation of the approach adopted. One is the evaluation of Children's Trusts. ⁴ The second is the evaluation of the Common Assessment Framework and Lead Professional(LP). ⁵

The evaluation of the Children's Trust pilot has suggested that, 'an initial sole focus on, for instance, inter-agency governance arrangements for the children's trust is likely to reduce the potential for effective progress'. Success is more likely to be achieved through incremental build up and expansion of change by example and persuasion and at diverse levels, with the ripple effect leading to a general sense of professional empowerment, motivation and positive momentum.

This evaluation used depth interviews and documentary analysis with 35 authority areas to draw out what the conditions for success are in developing effective interagency working. We have presented the key findings of this evaluation here to draw comparisons where possible with the work that was planned in Kirklees, and also to highlight areas for consideration during the course of the evaluation.

Piloting of processes

This evaluation suggests 'the best strategy is to pilot a set of processes in one geographical area and perhaps also in some discreet multi-agency team groupings'. The three LPIGS have attempted to take a geographical approach and through initial age grouping they have limited the range of the agencies involved.

There is some support in this national evaluation for the expectation that the relatively informal approach of the LPIGs will kick start the culture change as long as there is opportunity for learning and flexibility when things go wrong. It suggests the importance of trust and challenge, regular inclusive partnership meetings and on going training and professional development of delivery staff, so they develop understanding of each other's roles and develop a shared language and practice.

Approach to change management

The evaluation suggests that 'those managing this change programme require change agency skills of a very high order and the change management team must have adequate leadership capacity. Dedicated resources will need to be established and sustained in each local authority to ensure change managers are retained and change agents at all levels, with commensurate personal and professional skills, are employed to see the change through successfully. There must be a strong leader, or tight leadership, to communicate a clear vision throughout the whole partnership and to hold this complex emergent change together'.

⁴ Managing Change for Children Through Children's Trusts, National Evaluation of Children's Trusts, April 2006, University of East Anglia and National Children's Bureau, report for Department for Education and Skills and Department for Health.

⁵Brandon, M, Howe, A, Dagley, V, Salter, C, Warren, C, Black, J 2006, Evaluating the Common Assessment Framework and Lead Professional Guidance and Implementation in 2005-6, DFES RR740

Although Kirklees has appointed change managers to deliver the day to day pilot implementation we will need to consider as part of the evaluation the extent to which this is supported at the highest levels.

Governance and Accountability

Clear terms of reference for inter-agency governance are vital for the long-term viability of successful children's trust arrangements. Formal agreements to which partners have subscribed provide clarity of purpose for the children's trust and clear lines of accountability and provide a framework for developing relationships with groups and agencies less committed to the detail of the change process. Again this needs to be explored as part of the evaluation of the Kirklees approach.

Developing frontline trust and partnership

The Children's Trust evaluation found that piloting multi-agency teams was currently the most common positive mechanism for introducing change at the frontline, suggesting that multi-agency team working, training and development at the micro level is an effective way of changing cultures and practices among practitioners. This is something which the approach of the LPIGs includes. However, caution is recommended in extrapolating from the experience of these pilots to the full-scale reform of the cross-sector workforce.

Areas to consider

The evaluation recommends checking on the effect of the change on staff's day to day efficiency, and the effects of additional work pressures and anxiety about job continuity. This is something the Kirklees evaluation needs to consider.

The clarity of roles is considered essential for all those involved and information sharing is based on willingness for professionals to trust and challenge each other. Although protocols are important, they alone do not build trust and working relationships.

The evaluation of CAF and Lead Professional suggests that there can be difficulties with both top down and bottom up models of implementation. Difficulties with the bottom up approach can lead to a focus on local issues, delay the development of a strategy and mean that practitioners are working without guidance.⁶ Awareness raising may also be delayed. This can lead to confusion within and between practitioner groups and a lack of professional confidence. If the pilot area is very small and professionals work outside the pilot then this can cause problems if a worker outside the pilot area has to take on the Lead Professional role. Other issues that were raised around the CAF included:

- Assessing children holistically requires a range of skills and new ways of thinking
- There is a difference between assessment and referral – CAF is seen as a referral mechanism by some rather than a helping mechanism in itself
- Some practitioners had anxiety around involving families in the process
- A minority of practitioners were anxious about the role of lead professional and needed support

⁶ Brandon, M, Howe, A, Dagley, V, Salter, C, Warren, C, Black, J 2006, Evaluating the Common Assessment Framework and Lead Professional Guidance and Implementation in 2005-6, DFES RR740

Evaluation Questions

The overall evaluation question to be addressed was:

To what extent are the pilot approaches delivering shared solutions for families requiring tier 2 /3 support that are appropriate, streamlined and timely. By shared solutions we mean using the experiences of all relevant practitioners and the family jointly as well as the tools provided.

In essence what we are trying to see is what the conditions for success are that run through the services received by each family involved in the system. The connections go beyond having partnership documentation in place to how the mindsets of practitioners have been influenced and can influence change.

In attempting to answer this overall question a series of sub questions were developed which draw on the recommendations and points for consideration presented in the national evaluation of Children's Trusts and the change management model already described. These sub questions have been grouped into the following strands which form the scope of the evaluation:

1. Shared understanding by professionals of problems from the family perspective and subordination of own area of interest to the priority needs of the family
2. Confidence of LPs from a range of settings in their role
3. Harmonising of assessments and replacing by CAF and appropriate IT systems
4. Involvement of families in the assessment, planning and implementation of decisions made with them

The evaluation is split into two stages to fit with the two stage approach to the implementation of the pilot. The first stage is about understanding how the process of creating integrated working has gone. That is the achievements of the LPIGs and the ECM groups in creating the right environment for change. The second stage is then how this is embedded in lasting change when Teams around the Child take over from the ECM group and how this effects the service. For this reason we have set out a series of questions for each of the 4 points above that relate to stage 1 only. The table below summarises this.

Table - Summary of detailed evaluation question areas for Stage 1

Stage	Evaluation questions	Sub areas	Scope
1 Initiating integrated working	Shared understanding	Culture change and influence of ECM group members Mechanisms for connecting others to change Change management and leadership	ECM members only LPIG
1 Initiating integrated working	Confidence of Lead Professionals	Role allocation, support and confidence	ECM members who have the role of a LP or manage a LP LPIGS
1 Initiating integrated working	Harmonisation of assessments	Training in the tools – all staff	All staff attending training but with those working with target group followed up.

Stage 1 How the ECM group and other key activities such as training are initiating integrated working.

Shared Understanding

Culture change and influence of ECM group members

To what extent do staff involved in the ECM groups understand their role and the role of other staff in other agencies they deal with? To what extent do they understand the constraining factors on staff in partner agencies?

What is the experience of these staff as far as work pressures due to additional work goes, and around anxiety about continuity and clarity of roles? What support is provided including the opportunity to express negative feelings? What support and coaching is provided as roles change.

What mechanisms do they have for cascading their learning to all colleagues who need it? Who do they see as needing to know about the ECM group and in the future the TAC groups? How well do they and their colleagues feel connected to the change, if they understand it and any benefits they see as a result of it? How this has affected their behaviour in their role?

What are the barriers that have been encountered in developing shared solutions that are appropriate, timely and streamlined? What was the process of multi agency working like before and how does this compare?

(We need to find out if the mindset of practitioners involved in the ECM group has changed and are influencing others to change? For example – is there a passing on of responsibility after a referral has been made or continued input? Do they still wait until there are case conferences to sort out problems, or do they act more quickly?)

Support Mechanisms - Change Management and Leadership

For those practitioners involved in the ECM groups and those in LPIGs who support practitioners, how confident are they in these roles and in the new ways of working? Do they feel they have confidence around having permission to work in this new way? Is there a sufficiency of resources and systems to support them to do this?

What changes are needed in governance arrangements between organizations to enable practitioners to feel more confident in their role?

What has been the ability of change managers to influence internal aspects of partner organizations to enable processes and policies to change? What are the blockages here?

Confidence of Lead Professionals in their role

Some of the things we need to know here are similar to those already give above, but are focused on those staff in the ECM group who have taken on the role of a Lead Professional.

How the role of lead practitioner is allocated in differing settings, whether there are any criteria or protocols for this.

The value of any training and support received to meet the skill requirements of this new role.

Support and understanding from line managers and own organisation in performing this role, including emotional support and work load allocation.

Confidence practitioners have in new ways of working and confidence around having permission to work in this new way? Are there sufficient resources and systems to support them to do this?

Harmonisation of assessments, CAF and IT systems

This needs to explore both the training staff have received as well as how the assessment tools are used in practice.

To what extent has the training in the use of CAF, child index and service directory achieved its objectives? We would wish to explore this with all staff who have received training not just those involved in the ECM groups.

Evaluation Methodology

Stage 1 of the evaluation considers, how the ECM groups and other key activities such as training are initiating integrated working? We set out here the methodology we have used to try and address a series of sub questions that underpin this.

1. Shared understanding

1. Attendance by evaluation staff at LPIG meetings to observe how the core groups operate and to ensure evaluation staff are able to keep up to date with the process.

2. Observation of ECM groups and analysis of initial process mapping.

The purpose of the observation was understand how the groups were working together and see to what extent there is an understanding of each other's perspective around; what the needs of families are from the information provided in the CAF, possible solutions that may address these needs, who are the best people to deliver on this, take on the lead professional role and the involvement of the family in this process.

The observation was recorded using structured templates developed after initial observation of three groups. The template can be found in Appendix 2.

3. In addition a CAF issues log has been kept which reports blockages. These are fed back up to the LPIG group. Analysis was undertaken of this in conjunction with the observations of the ECM groups. Discussions were held with the change managers as to how these issues were being addressed.

4. Interviews with ECM members

24 in-depth interviews with staff from across the three ECM groups were undertaken during March 2007 by an external agency. The interviews lasted 40-90 minutes and were recorded for analysis purposes. A copy of the discussion guide is to be found in Appendix 3. The discussion broadly covered their understanding of the ECM group the group's dynamics and what they had got out of it. How they used the experience gained in the ECM group to influence change in their organisation and how much support they received for this. The clarity of their understanding of the CAF process and the role of lead professionals.

5. Interviews with Change Managers and Strategic Management

In order to understand the extent to which systems and procedures are changing within partner organizations an interview was conducted with one of the change managers. This covered how the process had worked, barriers to change and how these can be overcome, as well as governance and leadership at a strategic level. The discussion guide for this is in Appendix 3.

2. Confidence of Lead Professionals (involved in ECM groups) in their role

We had proposed a series of interviews with lead professionals that built on the staff culture interviews but as most of those involved in the ECM groups had completed a CAF as a lead professional it was not deemed necessary to undertake a second interview, as the role of LPs could be covered in the first. It may be useful to interview Lead Professionals who have not been involved in the ECM groups during stage 2 of the roll out.

3. Harmonisation of assessments

In order to see if staff feel that CAF will be able to replace some of the other assessments that are being undertaken, it was useful to discuss with practitioners who had been on the training whether this may be possible. Two focus groups were run with those who had been on the training in March 2007. The groups were recorded for analysis. The discussion covered the how the tools including CAF would be used, if CAF was able to replace anything and what the helping and hindering factors could be in using it and the other tools. The discussion guide for this is in Appendix 4.

Discussion of Evaluation Findings

Changes to the focus and nature of the evaluation during the evaluation process

At the beginning of the evaluation process it had been hoped to link integrated working to the JAR. However during the course of the evaluation it became apparent that it would not be possible to consider only the outcomes for particular target groups of children in each of the three areas. This is because so few families would have met the criteria to be included in the evaluation. It may be more appropriate to use this approach once integrated working is more fully rolled out. We could then focus on for example cases of children moving from education to employment who have received input from more than one service as indicated by the Child Index. Although we cannot relate the work that has gone on in the pilots directly to the JAR, the evaluation has allowed us to gain significant learning about how the process has worked.

At the start of the evaluation process we set out a series of questions to address. We shall discuss the findings from the range of evidence sources in relation to these questions. Our overall question was,

To what extent are the pilot approaches delivering shared solutions for families requiring tier 2 /3 support that are appropriate, streamlined and timely. By shared solutions we mean using the experiences of all relevant practitioners and the family jointly as well as the tools provided.

In answering this question we looked at whether there was a change in culture towards a shared understanding of practitioners, the confidence of lead professionals and whether there was a move towards greater harmonization of assessments.

Shared Understanding

Culture change and influence of ECM group members

To address this we wanted to find out if staff involved in the ECM groups understood their role and the role of other staff in other agencies they deal with. We also wanted to know whether they understood the constraining factors on staff in partner agencies.

From the interviews with staff participating in the ECM groups and also from observations it appears that for most participants the ECM is a valued forum. It allows a rare opportunity for face to face discussion. It is seen as motivating and an improvement on how things have been done before. For some members of the ECM groups, multi agency working is not new, for example health visitors and schools, CAF is just another assessment that complements their existing systems.

Belonging to the group however has helped boost people's confidence in completing a CAF. It has also helped people find out who to contact to get things done for families and how to go about this. In this respect it has begun to improve people's understanding of what each other's services can do for them, but perhaps only in specific situations rather than a breath of understanding.

There are few members who have not participated significantly and from the interviews this still suggests that there are people who have been unclear about their role. Participants may also need time to build up their confidence to contribute. However this is a point to bear in mind when rolling out integrated working further, that not all practitioners even when involved in multi agency groups see the relevance of their attendance. This may be because as in the case of the ECM groups where the discussion has been for example about young children, staff who work with older children are unclear as to where they fit in to such a group. Yet if we are looking at a whole family perspective with a mix of age ranges then their input can be essential. Some practitioners may need some support to understand this.

There are some key agencies who are absent from the groups, such as Social Services. This has not helped other agencies gain a greater understanding of where they fit in. There does seem to be a lack of clarity as to when Social Services should get involved with families and then what happens to the role of the Lead Professional. This has been clarified by the change managers however beyond the ECM groups this understanding will still be limited.

Time is a constraining factor in attending the ECM groups and requires a big commitment. Suggesting that this is not a process that all front line staff could be involved in, yet it is important for people to be aware of and a useful reference source when needed.

Through participation in the ECM groups and being exposed to different perspectives on cases, practitioners have been challenged about what they perceive the needs of the family to be. This has enabled people to consider what families perceive their needs to be rather than what practitioners perceive them to be. However we must bear in mind that those participating in the ECM groups are likely to be the practitioners who are more open to this way of working.

In order to test out the model of change champions who would help drive the CAF process forward in their organizations, we wanted to know what mechanisms were available in organisations to cascade learning about the ECM group approach. We also wanted to know how ECM member's colleagues felt connected to the change.

This would help us understand if the catalyst of the ECM groups could be sustained. From the interviews with staff and the change managers, it appears that cascading of information into services by the 'ECM champions' is very much dependent on the strength of character of the individuals and the degree of openness of service managers and colleagues. There are too many variables here to rely on change champions alone to drive change. Where support from line managers is weak, this may be particularly problematic. At the moment apart from the ECM group these champions cannot look elsewhere for support and the role of the change managers who support ECM groups is temporary. There is concern that CAF may just fall to the usual agencies and staff who have always worked in this way.

Amongst ECM members there appears to be strong commitment to the change and to this way of working and for some there has been a new openness to how they think about working with families. Whether they are influencing services more broadly is another matter. This appeared to be supported by those who had undergone CAF training but were not part of the ECM groups.

We wanted to know what are the barriers had been encountered in developing shared solutions that are appropriate, timely and streamlined We also wanted to know what the process of multi agency working like before and how this compared?

Initial barriers to getting on with implementing CAFs have included information sharing. The development of the Child Index has been a major help in overcoming this. This at least allows people to find out who all the key persons are who are involved with a family, providing it is kept up to date. There are still concerns however as to the very limited amount of information that is available for example in relation to knowing the frequency and recency of contact with the other agencies. It also depends on agencies keeping their information up to date.

In addition there are still no mechanisms in place in order for statutory organizations to see where children are not receiving universal services, such as being registered with a GP or starting nursery at age 3 or school at age 5. There is no clear process to understand how children who are permanently excluded from school or who leave one school and do not turn up at another are found. If children are not even accessing even the most basic universal service such as school, then it is impossible to ensure they receive other services they may need. This lack of connectivity between data in different organisations continues to present opportunities for children to slip through the net.

Practitioners in health and education say that they have worked in the past in a multi agency way and that this is not entirely new. However they have welcomed the opportunity that the ECM groups has provided them with to have face to face contact with people. The ECM groups also allow for updates of cases of previous CAFs, so that people can see how progress is being made. There is a sense of joint responsibility for cases beginning to develop.

Support Mechanisms - Change Management and Leadership

We wanted to identify here what support was being provided to the change management process. We have identified from our interviews with the ECM members that there are differences in the degree of support from line managers and that there are concerns around resources for people to take on the role of lead professionals.

From the perspective of managing change in a safe environment, we wished to know what changes were needed in governance arrangements between organizations to enable practitioners to feel more confident in their role in the ECM groups. This related particularly to information sharing.

An agreement to share information between partner agencies was set up and this facilitates the sharing of information for the ECM groups. However outside of these groups where trust has not been built up between services that do not traditionally work together, there may still be a culture of people not sharing information. Practitioners outside of the ECM groups may not have the same confidence to share information. The ability to do this needs to be more explicit through the line management structure and performance management that this is a necessary part of jobs. However this requires work at a higher level to influence the operational detail of how services see themselves as being able to share information with others. This also applies to practitioners actually doing CAFs there is a need to have this incorporated into job descriptions.

Guidance is still needed around running 'Team Around the Child' meetings, and the need to encourage people to think 'outside of the box' when looking at who to invite. Support is needed by some practitioners in setting these up, particularly where they are working outside of their area of expertise.

We wanted to know how the change managers have been able to influence internal aspects of partner organizations to enable processes and policies to change, as well as any blockages they had encountered.

There is strong support for the two change managers in running the ECM groups and a sense that they are providing real leadership and even in some situations have moved individual CAFs forward. There is a concern that the groups and momentum they have created will not be sustained when their role ends. ECM members are beginning to chair their own meetings, but the change managers are still looked to for guidance. The ECM members may need support to become more independent and fill the gap that the change managers will leave behind.

Change managers have had success in changing the hearts and minds of front line staff and managers. They have been able to initiate work in streamlining the variety of assessments, through the IWP board taking this on as a workstream. This may in time influence partner organizations policies around assessment. However it is unrealistic for them to be able to change organisational policies on their own. This requires the influence of senior decision makers.

Confidence of Lead Professionals in their role

Most of those participating in the ECM groups have taken on the role of Lead Professional for a family and have undertaken a CAF. There is some concern about workload not just in attending ECM groups, but in completing the CAF itself. It is recognised that as people become more experienced they become quicker in completing them. However by working together duplication may be reduced in the long run as only one assessment will be needed.

At the moment so few people are trained in CAF it appears that those who are, will see an increased workload. There is no clear understanding or criteria yet for how lead professionals are to be allocated. Concerns were expressed amongst some individuals who had been trained that some agencies would withdraw from doing CAFs and leave this to others.

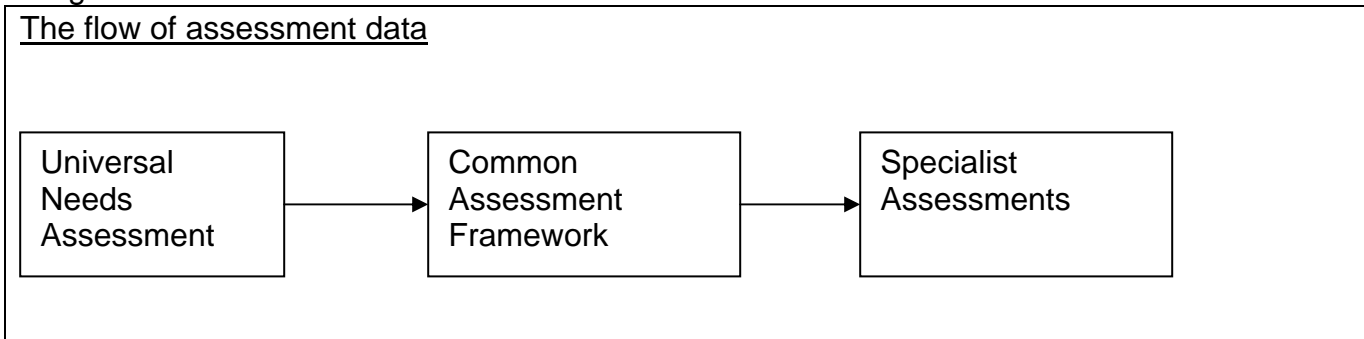
The experience of staff here varies according to who their line managers are. The best line managers see that CAF is a national process and that it has to be implemented, at worst they do not see CAF taking over from their assessment processes. Support mechanisms again will follow this pattern. Confidence in taking on this role will depend on the character of the individual but also the commitment and support they receive from their line manager.

Harmonisation of assessments

There is still some way to go on this. Some ECM members perceive the CAF as complementary to their existing assessments whilst others mentioned that their colleagues and even managers had little awareness of CAF.

In addition to the mind set change that is needed, streamlining assessments will require some degree of service redesign. The IWP Board has taken on the harmonisation of assessments as a workstream. This will consider the range of assessments from the universal needs assessment developed within the Deighton Sure Start, the CAF and specialist assessments. Ideally they should compliment each other, so that as the assessments become specialist additional information is gathered, rather than starting assessments from scratch and collecting information again. This is shown in diagram 5 below.

Diagram 5



Achieving a system such as this, will require each service firstly knowing about each of the assessments, when and who they are conducted by. Some such as the universal needs assessment may be conducted on babies and unless regularly updated may be of less value if a CAF needs to be completed on the child when they are of school age. Knowing who holds the assessment information and how to access it also needs to be considered, given some of these assessments may take place over years, during which staff and organisational structures will change. Services will need to be aware of how this process works and stands alone from services and staff changes and at what points they are expected to contribute to it. This will need to be built into service processes and organisational memories.

It is unlikely that this can be considered separately from the lead professional role and a review of assessments may begin to give an indication of those services most likely to undertake CAFs. This will help rationalize why particular services may be more likely to require additional resources if they are undertaking the majority of CAFs. Services must be involved in the planning and implementation though.

Practicalities of integrated working and use of the integrated working tools.

Approximately 150 front line and operational staff received training in the CAF, not all of these participated in the ECM groups. Discussions were held with participants that went well beyond just the training received, and covered the whole process of integrated working and their experience of this. We present here some of the findings from these groups and the members of the ECM groups, in relation to integrated working and also to the tools that support it.

It is apparent that it is not just a question of training staff in the CAF, but there are many practical barriers to be addressed too which may affect service design. Even the use for a common language and common understanding of terms would be helpful. For example the

term SIPS, in Social Services means Service Information Points, but in schools it means School Improvement Plans.

A further simple example may illustrate how services do not complement each other. Schools state they find it difficult to contact social services, as the best time for teachers to do this, is lunchtime due to timetable commitments. However this may be when social services offices have least staff available to take calls. This simple example suggests there is a strong need for services to take account of the requirements of their own 'internal customers' and organise services accordingly. Services also need to look at what job roles they have performing certain functions- for example why is it necessary for a teacher have to call Social Services when non teaching staff could do this?

There are still concerns as to the ability or power of some lead professionals to pull together TAC meetings even when involved in the integrated pilot.

The Child Index could be very useful as discussed above. However there are concerns about its completeness, that is the range of agencies connected to it, as well as the amount of detail that is provided being sufficient.

As far as the CAF process goes there is an acknowledgement that practitioner's are still focused around their own agenda, rather than understanding needs from the perspective of the family. Although it is acknowledged that a more holistic approach is important. There is still no clarity over whether those who had undertaken training would carry out a CAF. Some such as Connexions workers have an expectation that somebody else is likely to do this before them. The length of the form and its lack of child friendliness is an issue. There is a need for ongoing and refresher training on the CAF process to keep existing lead professionals up to date as well as expand their numbers.

As part of the evaluation we reviewed the service directory, as well as exploring it people within and outside of the ECM groups. Some conclusions we have drawn are as follows. It is difficult to find the website– for example there is no obvious link on the front of the Kirklees website and the URL is not easy to remember or work out. Once it has been found it only allows searches by broad organisational types e.g. Kirklees Council or Public Services and so assumes a user knows what service they are looking for. This is probably not how a parent or practitioner would search. It needs to allow searches by need, problem or issue, e.g. behaviour, parent support, truancy. It would be useful if information on it was in plain English– for example stating we can help families who have needs related to – children's behaviour, feeding children, school attendance etc. The service directory needs to be seen as a sales window for services. It would be advisable to consider whether there needs to be some editing of content, so that rather than services listing what they do, they state what situations they can help parents and practitioners with. Parents and some practitioners for example would not know what the Portage service is, even though it may be very relevant to the problems they are experiencing. However if it was possible to do a search on behaviour issues for pre school children then this should throw up the Portage Service as a potentially useful service.

Conclusions

In drawing conclusions regarding how the process has gone we need to ask how well has the transformational model of change worked in bringing about the outcomes we expected:

- Integrated assessment, planning and implementation
- Holistic assessments
- Participation of the family in assessments
- Lead professionals who are competent and confident in their role.

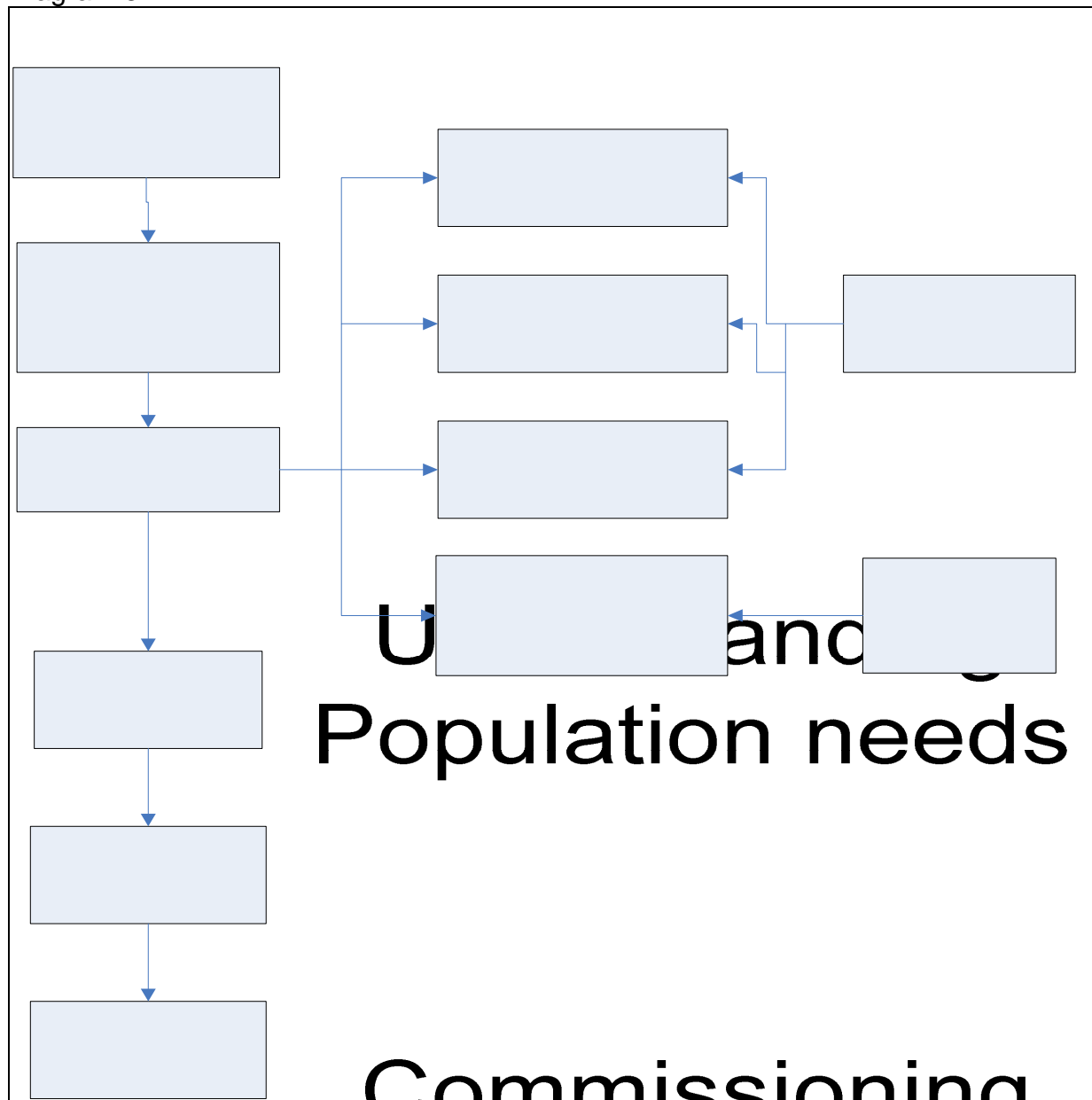
From the front line perspective real progress has been made by the change managers in at least establishing a forum and a process for doing CAFs. Furthermore a very small number of CAFs have been completed and it will be useful in stage 2 of the evaluation to see how these have been perceived by the families. In this respect there is a real achievement here.

The challenge is how to make this success work across the whole of Kirklees, across many services including schools. The transformational model has been successful in bringing about mindset change, amongst perhaps the more open minded of practitioners through the ECM groups. Rolling out further will require much stronger leadership, as has been suggested by the national evaluations of Children's Trusts, CAF and Lead Professionals. Structures that will facilitate this type of working now need to be developed across services and organisations. Roles need to be decided including that of the lead professional, assessment regimens need to be agreed and the detail of service delivery, and service awareness, set out to allow services to compliment rather than clash with each other. Services need to be aware of the CAF process even if they do not implement it, so they can be involved and support Lead Professionals. An illustrative example is Kirklees Neighbourhood Housing wardens, would not necessarily wish to undertake CAF's, but are likely to be able to make a very useful contribution to a 'Team Around the Child' meeting.

This means services continuing to discuss what they can do for each other. Once there is clearer idea of what services need to look like, then workforce plans can be developed. However all of this needs to sit within a framework of services being commissioned to meet the needs of the local population and to some extent this needs to drive the process. Commissioning of services is still in its infancy, yet there is a need to put in a structure that allows for accountability now. This could allow for the flexibility to review what is put in place now, once the commissioning process becomes more attuned to the needs of its population and can clearly articulate what and how services need to provide for this.

We have tried to express this process in the diagram over the page.

Diagram 6



The diagram takes the needs of the population as its start and assumes that commissioners will use this to decide what services and how much of them to allocate budget to. In designing integrated services, ie. services that fit with each other, some aspects will need to be influenced by cross service considerations, rather than the service deciding such things in isolation. Examples of such things include assessment processes, supporting the child index and information sharing and how service thresholds relate to each other. This list is not exhaustive. In addition when services are deciding their practical operations such as location and timings of service delivery, account needs to be taken of partner services who use them. Once a service has been designed to take account of the needs of internal and external clients, this will indicate the workforce needed to deliver it, how this may be structured and what needs to be in job descriptions. This helps provide a structure for services to work within, but at the same time, there is still the need to maintain the bottom up approach that has worked so well in initiating culture change.

Recommendations

This evaluation has taken place at a very early stage in the reshaping of children's services and has focussed primarily on the practical implementation of the CAF. However it is apparent at this stage, that the transformational model delivered by the Change Managers is not enough.

We have set out our recommendations here in relation to a number of groups who have been involved in the process.

What services need to consider:

1. Whether their service will have lead professionals, how these roles are allocated and hence who needs refresher CAF training. This cannot be done in isolation from other services and relates to points 5 and 6 below.
2. How to support their staff in taking on this responsibility including workload allocation
3. How they 'sell' their services through the Service directory or other methods of raising awareness, so that other practitioners can see how they relate to their own work.
4. How they facilitate networking between themselves and other agencies at front line level
5. How services listen to each other so they can better meet each other's needs.
6. How they integrate across different tiers of intervention with other services – for example in the area of family support where does it become appropriate for Social Services to become involved and what continued support if any can be given by other services beyond this point.

What strategic managers need to consider:

1. Governance and accountability when sharing information with others beyond ECM groups. This includes how they will work with services to implement line management structures and job roles that incorporate CAF, lead professional and information sharing elements.
2. How the structure can accommodate the kind of integrated working that the ECM groups have allowed and that clearly have an important role to play in fostering trust and building relationships and networks between practitioners.
3. Targeting of service areas where CAF is not being supported to encourage support for this through development of structures that enable front line staff to deliver the service.
4. Workforce development plans that are clearly related to these structures, so staff are trained and able to do this work and which again fosters trust and relationship building.

What change managers need to consider

1. How the quality of what has been achieved in terms of culture change that has been initiated in the ECM groups can be maintained and relationships fostered.
2. How more schools can be brought into the picture through the use of multi- agency processes that have already been set up in schools. How existing services such as the Learning Service can be used to support their work.

3. Targeting of services where support for CAF from line managers is weak, with support from strategic managers to encourage systems to be put in place to support front line staff. This will be particularly important in supporting the change champions from the ECM groups.

What front line staff need to consider:

1. How they can influence the use of this multi agency approach in their service
2. How they can influence colleagues to think about the families they deal with from new, holistic perspectives.
3. How they can support colleagues new to the CAF process
4. How they can develop their networks of contacts to 'think outside of the box' when setting up TAC meetings.

Reviewing this work in the longer run

The work that has been initiated over the last 9 months will take time to embed and significant changes in service delivery may take several years to make any impact. As the Joint Area Review process becomes more established and data becomes available over a number of years, it would be useful to undertake further evaluation of how this process is working. This could be done for particular target groups who the data suggest may not be achieving to the extent that we may wish. For example children who are missing school. Critical incidence techniques may help explore where integrated processes are contributing or hindering progress in focused areas of work.

As far as the second phase of the evaluation of this pilot process goes, we would wish to explore the strength of the networks that are being developed by front line staff. We would also wish to capture an understanding of the families' perspective.



**Report of Evaluation of Stage 1 of the Kirklees
Integrated Working Pilot
Observation of the ECM Groups and Issues logs**

Client: Integrated Working Pilot Board
Neighbourhood Renewal

Author: Helen Carlin

Date: April 2007

Analysis of ECM group Observations and Issues Logs

A key part of the change management process has been facilitating the CAF and integrated working processes. This has involved bringing together groups of front line operational staff to discuss cases. Prior to bringing cases, the staff member will have gained consent from the parent to undertake a CAF and will have contacted the Child Index to check a CAF has not been completed already, to see if the child is known to other agencies and also to inform the Index they are undertaking a CAF. This is shown in the flow chart in Appendix 5. The multi agency groups which came together became known as ECM groups and were supported in their work by the LPIG for each locality, which their managers attended. In the longer run it is envisaged that individuals will be able to call their own multi agency meetings – Team around the Child (TAC) meetings, with support provided through a local ECM group.

As part of the evaluation, observations were made of the three ECM groups. The purpose of the ECM observations was to understand how the individuals in the groups were working together. We wished to see if members were gaining an understanding of each other's perspective around:

- what the needs of families are from the information provided in the CAF
- possible solutions that may address these needs
- who is the best person to deliver on this
- involvement of the family in this process.

In addition numerous other issues were picked up around the value of face to face contact and also the CAF process itself, some of which have been addressed through the Issues Logs kept by the change managers, whilst others will require further debate.

In all 13 ECM groups were observed. Four were in Huddersfield and Batley and five were in Dewsbury. Standard templates were used to record key observations. This is included at the end of this sub report. Analysis of the group observations were discussed with the two change managers to confirm findings and inform the future role of the ECM groups.

We have presented our analysis of these observations in the two spider charts overleaf. The first considers the value of having face to face contact and the second looks at issues relating to the CAF. The observations relate mainly to the discussion around CAFs, rather than other aspects of business that may have been discussed at the ECM meetings.

In Chart 1 we have grouped the findings from the observations into four themes, which are discussed below.

Bringing it to life

On an impressionistic level all the groups demonstrated a clear commitment to wanting to support the families who had CAFs brought to the groups. There was a sense of really wanting to change and improve things and a willingness to share expertise, rather than particular professions appearing to dominate. However, we have only observed the groups 4-5 times each and this dynamic may change as people become more familiar with each other's roles.

Actually working through cases together brought situations to life and allowed an exchange of information that gave more insight to a situation than may be possible through what is documented in the CAF. It is important that CAF forms present the information that families agree to have written about them. Having the opportunity to be able to provide more detail through face to face discussion helps overcome this limitation.

Service Understanding

A service directory is available to describe what services do but it is acknowledged that people do not use it. The reasons why are explored more in the section on training, but a key problem with the directory, is that it's search function is service not problem led. Face to face contact through the ECM groups has been much more useful in that people can 'search other people's knowledge' and clarify how things will work for them.

Awareness of new services and new staff roles is crucial. When looking at a whole family that has children across a range of ages a professional who is used to dealing with just one age group may not be aware of what is available for others. Yet without face to face contact it is difficult to achieve a deep level of understanding of what different services do and for staff to have the confidence to feel they can step outside their 'silo' and offer their services to help others. Much of this depends on individual confidence, but also feeling that they are valued and respected by others. This may be particularly the case for some of the 'new' professions in the Children's Workforce, for example Positive Action for Young People (PAYP) workers, Family Support Workers, Behaviour Improvement Workers (BIP) Learning Mentors. Yet these are the staff who may be most likely to have the time to build relationships with families and relate to them on their level.

There are real issues around how different services understand each other, having face to face contact helps break these down. Concern has been raised around the lack of involvement by Social Services. Their involvement would help in some of the cases that practitioners believe are close to the threshold for Safeguarding intervention. Perceptions of what constitutes a child protection issue can vary between agencies depending on the types of cases they are used to dealing with. There is a lack of clarity as to whether agencies should still be involved once a case has been assigned to Social Services.

Face to face contact and relationship building helps individuals overcome perception barriers they have of each other and also perceived differences in status and hierarchy between professions. The groups allowed people to share knowledge of other services. More experienced staff are able to explain what practitioners and families may expect of services and how to get them. This is particularly helpful where staff are having to work outside of their area of expertise and are unsure as to how to make sure services listen to them. This is illustrated with an example of a CAF brought by a PAYP worker:

Knowing who is working with who.

A CAF was brought by a PAYP worker who had received a referral from the Youth Offending team. The PAYP worker had spent some time working with the child and his mother. The child in question was attending a special needs school. The PAYP worker visited the school to try and gain more information about the child and the school acknowledged that the child did have some behavioural issues. However when the PAYP worker tried to initiate a TAC meeting through the school this was not successful. Usually it is schools who call reviews, so this was outside the PAYP worker's expertise. At a later date it was discovered that the YOT had set up a multi agency meeting with the school which the PAYP worker was not included in. Yet the PAYP worker had taken on the role of the Lead Professional and completed the CAF. This meeting was initiated by a different member of the Youth Offending Team to the person who had made the original referral.

This case highlights the issues there may be around information sharing within services as well as between services. Perhaps there is a need to have the Lead Professional recorded against the Child Index, in which case the YOT would have known to include the PAYP worker. It also highlights that people may need additional support when working outside their area of expertise.

Developing Equal Partnerships

Clearly in the example above there are issues here that relate to workforce development and the need for people to have a better appreciation of each other's roles and working methods. Support is being provided to professionals trying to run Team around the Child (TAC) meetings, by an experienced staff member from CAMHS, who has been involved in the Calderdale pilot of CAF. However there are capacity issues as to how many TAC meetings this one person can support.

It was apparent through observations that some participants were not always clear about when they could ask other services for help. For example a school was not aware that CAMHS could go into a school and provide support to a Behaviour Improvement Worker with a child. It was only through suggestions being made by others and questioning of the CAMHS representative as to what their service could contribute to a particular case, that this support became known to the school.

The groups did not have clarity on who should play the role of the Lead Professional (LP). It was felt that services would have to make their own decisions on this. For example in schools it was clear that most teachers would not have this role – it was likely to be a head teacher in a primary school, and a SENCO in a Secondary.⁷

⁷ Special Educational Needs Co-ordinator

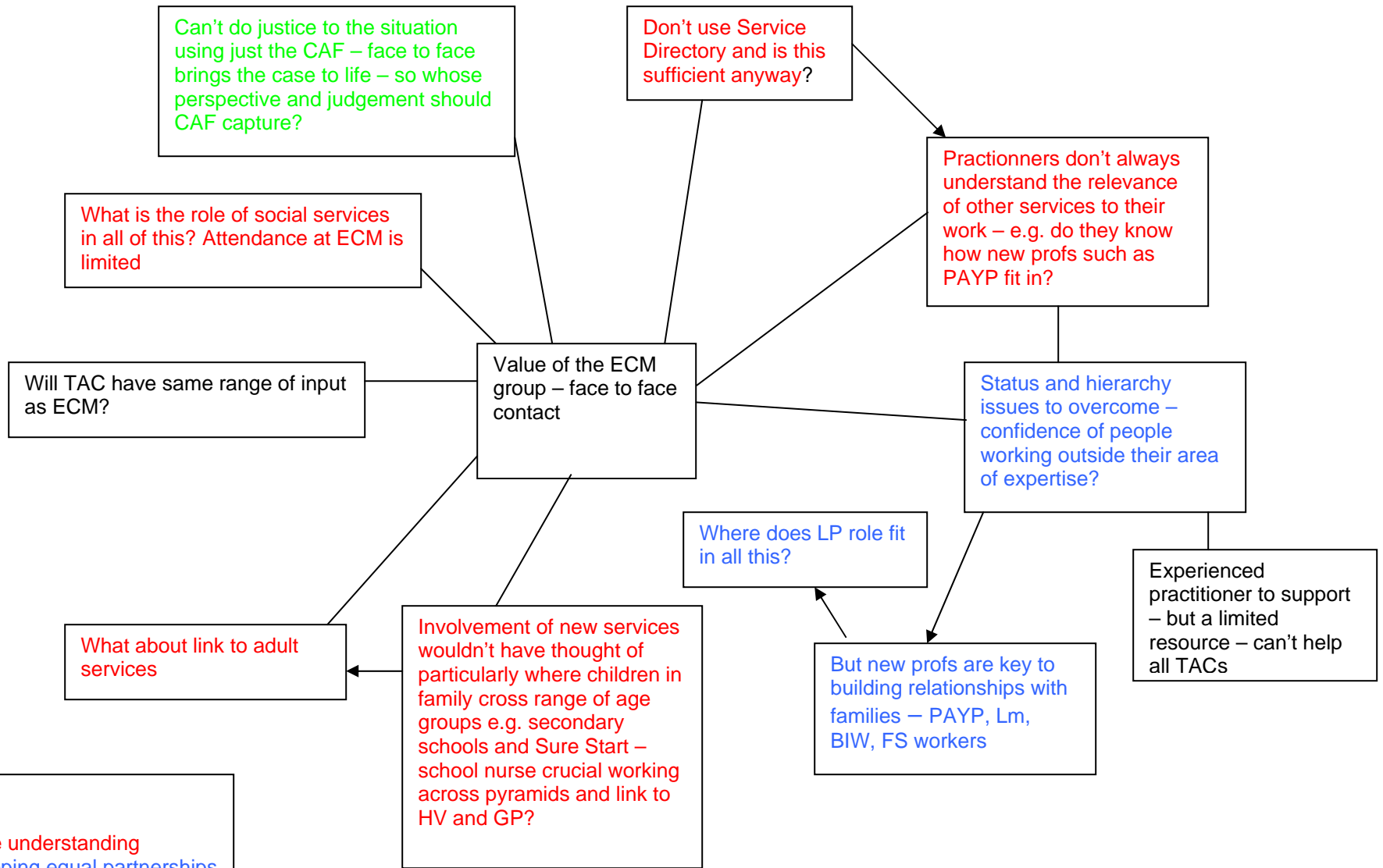
Thoughts for the future

All the ECM groups observed appeared to express a value to their continued existence, not least as a support forum for other practitioners who will be trained in CAF. Part of the value is the range of practitioners who are there and the networking opportunities this affords. There are no other such opportunities to bring together such a wide range of people. In this sense practitioners are able to get input to families from services that previously they would not even have been aware of. It is unlikely that the TAC groups will have this range of people – and something here may be lost in joining up what may at times appear to be completely unconnected services from the practitioner's perspective, but are essential from the family's perspective. The case study below illustrates the range of support that a family might need. The support needs may appear basic, yet if met can make a big difference.

Joining Up Services

Through the intervention of family support worker from Sure Start, a family were able to get access to a new washing machine. Previously they had rented this. The money saved on renting the washing machine was used to clear rent arrears. Both the teacher and BIP worker from the children's school commented on the improvement of the appearance of the children and their mother and that their confidence had improved. The ECM group felt that this was due to support to the family being much more organised.

Chart 1 ECM Analysis 1



Colour Key
 Red – service understanding
 Blue – developing equal partnerships
 Green – bringing it to life
 Black - thoughts for future

The second chart shows issues arising from the groups around the CAF process. These have been grouped into themes which are discussed next.

Perceptions of the process and practical issues

Participants in the groups had many practical issues to debate around how to undertake CAFs with families. Some were unused to involving families in the decisions made about them, or how to elicit the information needed to complete the form and gain informed consent. There were criticisms about the length of the form and duplication if more than one child in the family required a CAF, for example housing and finance issues are likely to be the same. However comments were made that the CAF did allow a focus on positive reporting about a child, although there are concerns about how strengths could be highlighted and used to inform plans.

Right information at the right time

Although on the whole the child index appeared to work well. Practitioners contacting the service received prompt feedback but it was felt there was insufficient information available. For example the list of agencies who had been involved was variable, as was knowing the timing of contacts. Practitioners need to know if a contact has been in the last few weeks or several years ago, and if it was official or unofficial in making a decision as to whether to proceed with a CAF. Some assessment – such as Social Services core assessments are not available on the Child Index. It would be helpful for practitioners to know quickly whether social services are already involved with a child.

Some agencies need more information than the CAF provides, for example CAFs referred to Sure Start require additional information before staff can deal with them. Of course there still remains a set of specialist assessments. There needs to be some means where even if additional information is needed, it is only this which is collected and not information which is already on the CAF.

Getting the whole picture

CAF only captures information about an individual child and not a whole family. This can mean only a partial picture is gained and not all the necessary services can be put in place. For example a health visitor undertaking a CAF for a preschool child, may not consider it important to contact the older sibling's secondary school and Connexions PA, to address a truancy issue they observe. However it is acknowledged that having a CAF focused on one child helps focus issues.

The group raised issues around continuity for a family if a Lead Professional leaves or is off work. This may be more of an issue at the current time when so few people have been trained, but is something services need to build into their everyday working

Resources

Schools raised concerns that they may have more CAFs to do than anyone else because of their universality. This would raise capacity issues. The Child Index also may present capacity issues, particularly as demands for more and better quality information rise.

Children slipping through the net

The ECM groups have raised the continuing problem of children slipping through the net and hence emphasise the importance of people having an opportunity to talk to other practitioners and also the crucial role of the Child Index. A case study illustrates this.

Preventing children falling through the net

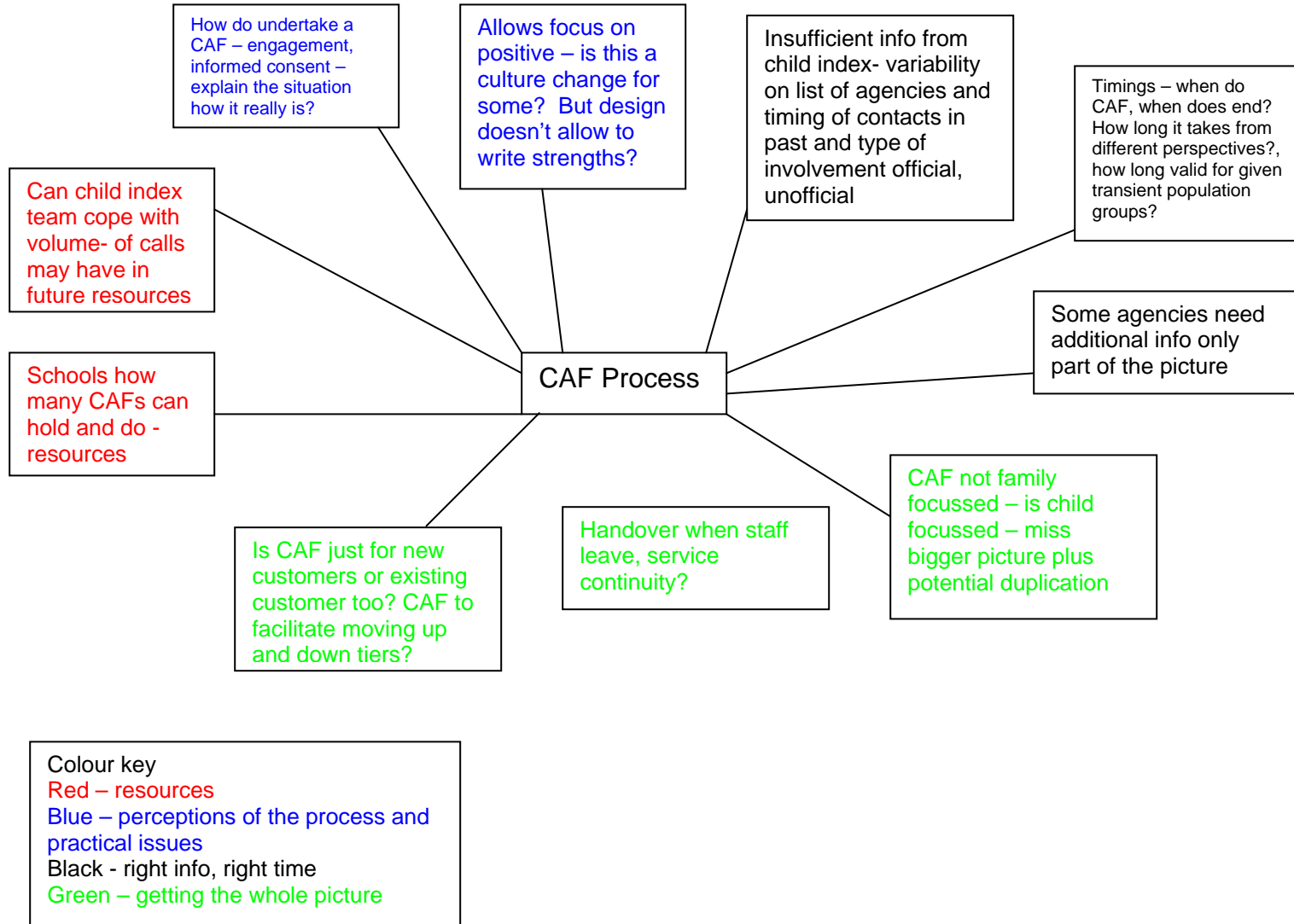
A primary head teacher brought a CAF to one of the ECM groups. The teacher had concerns about the child's attendance. The child was living with grandparents – who take on the role of parents, but had been passed between the birth mother and grandparents. The birth mother was involved in a violent relationship. The child had received no medical care and was not registered with a GP or dentist and the grandparents received no income for the child. The child was living in an unsafe house with dangerous electrics and the family was about to be evicted. Referrals had been made by the school to Social Services and the case was eventually taken on. There are still ongoing concerns about the child's emotional well being because she is being moved between family members.

The case above illustrates the ease with which children can fall through the net when they are not accessing even universal services. In this case the child was not registered on any health databases, if the child had not been attending school albeit sporadically, no agency may have been aware of her existence.

However even when children are registered with health databases through GP and health visitors, they may not then go on to access nursery and school entitlements. There is no system currently that allows the Education Service to know which children to expect to enter nursery at age 3 or compulsory schooling at age 5. This allows scope for children who are rarely seen by medical staff, yet who may not be receiving appropriate care, to miss out on these opportunities.

For children who have been in schools but who are excluded, or leave the school and do not start at another one, then the ECM groups were unclear as to who would take responsibility for the education of these children. It was unclear as to whether this was the role of Education Social Workers or not –as there responsibility appears to be for children who are actually on a school role. This raised questions around the Child Index, as to when a child may be taken off a school role and what the system is for ensuring that if they come of one school role and do not end up on another, who chases this up.

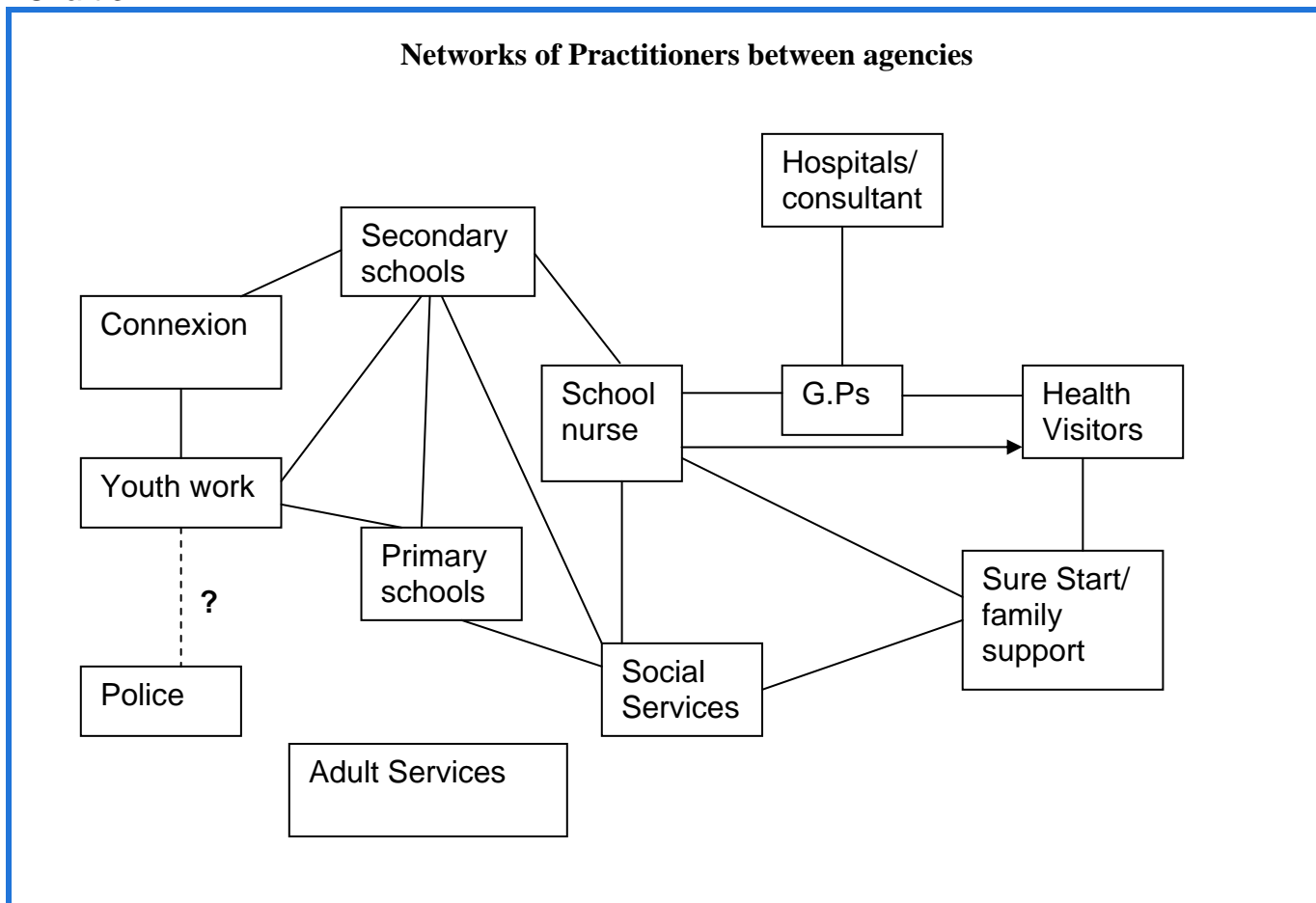
Chart 2 ECM Analysis 2



Developing Networks

An important learning point from the LPIGs has been the value of giving people the opportunity to network in a constructive way that also enables them to get real work done. Chart 3 below indicates how people may be linked hypothetically through their organizations currently. It includes only mainstream services, with connections to some key specialists such as social services and hospitals.

Chart 3



The purpose of the diagram is to show how difficult it may be for some agencies to interact with each other, for example there is a long path between youth work and GP's. Yet if we were looking at how physical activity could help a young person's physical and mental health it could be a crucial connection. Without structures such as the ECM group, where it is possible to find both a youth worker and a school nurse in the same place, it can be very difficult for these connections to be made.

In moving out beyond the small number of practitioners who have been involved, it will be important to maintain the quality of network that is being established by the ECM groups within the TAC meetings. This means ensuring that people at the extremes of the network are

aware of each other's roles and have strong connections through the more central members to each other.

From observations of the groups it may be that some of the newer roles that have been developed will need support in being tied into these networks and in having the confidence to work outside of their area of expertise. Awareness and understanding of the CAF will also be crucial.

Challenges that need to be considered for the future may include

There is a need to encourage real integration between different practitioners who have not been involved in the pilots, most notably schools, who are central players in the network.

Real development of the Service directory, so it is issue or problem led and acts as an interesting 'shop window' onto services and what they can do for families.

Guidance is needed on the TAC meetings, particularly around who to include, encouraging people to think 'outside of the box' on this, particularly where there are a range of ages of children to consider.

What processes can be put in place in order for statutory services to see where children are not receiving universal services such as GP and dental registration and attending school.

ECM GROUPS OBSERVATION TEMPLATE

LPIG

Date:

Location:

Names of members and roles

Name	Role	Organisation	Contribution

Current CAF

Case (Brief Synopsis)

Process queries

Process

Completing CAF

Storage of CAFs, Child Index & paperwork

Action planning

Benefits

Progress with previous CAFs

Process queries

Future CAFs

Future of ECM group

Template

ECM Integrated Working Common Assessment Checklist and Monthly Issues Log for- HUDDS SOUTH / DEWSBURY / BATLEY-

Process	Issues arisen/ comments	Response

**STAGE 1
EVALUATION OF THE KIRKLEES INTEGRATED
WORKING PILOT**

The ECM members

Research report prepared for



Shared Evaluation Resource

MARCH 2007

Conducted by

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INTRODUCTION

THE INTEGRATED WORKING PILOT

Some agencies and services working with children and families have traditionally had a tendency to work somewhat in isolation from each other, and it has become all too apparent in recent years that this can be detrimental in terms both of clients' experiences of the quality of service offered and of potential ultimate outcomes. The government is committed to providing support to deliver local change programmes and has developed a set of tools and processes for local areas to encourage far greater multi-agency communication and working in an attempt to improve practice.

The Integrated Working Pilot was established in Kirklees to start to develop more formalised cross-agency networks to share information both on their own practices and on individual child and family cases, and agree solutions in partnership. Three pilot implementation groups have been set up, in Huddersfield, Batley and Dewsbury.

The Shared Evaluation Resource of Kirklees Partnership commissioned McCallum Layton in February 2007 to carry out an independent evaluation of the Integrated Working Pilot, to help assess this method of working in terms of its early effectiveness and efficiency, and to identify any areas that will require attention when it comes to the full rollout across the Kirklees area.

METHOD AND SAMPLE

During February and March 2007, 24 in-depth face to face interviews were conducted, with practitioners drawn from each of the 3 implementation groups. The discussions, following a semi-structured guide prepared by Kirklees Partnership, sought to understand how the pilot participants have found the process so far, with specific reference to:

- The ECM group format and effectiveness
- The CAF process – the form itself and the role of the Lead Professional
- The benefits of more integrated working, and support given and needed in promoting this

Kirklees Partnership nominated and recruited the relevant practitioners, and organised the venues where interviews would take place. McCallum Layton research staff then undertook the interviews themselves, which lasted for between 40-90 minutes each and were tape recorded for analysis later.

THE FINDINGS

THE ECM GROUPS

Their purpose

Representatives from a wide range of agencies involved with providing services to children, have been teaming up to work together in learning to implement the new Common Assessment Framework tools. Every Child Matters (ECM) group meetings have encouraged integrated working and participants almost universally reported high levels of satisfaction with the experience, for example:

“That’s what this pilot’s been about for us, as a group, to highlight where things are not as easy or smooth running and I believe that’s gone back to the LPIG hasn’t it, the group above us” (Voluntary sector)

The concept of integrated working is obviously not new for many respondents, and indeed some have been working closely with at least certain other agencies for some time. One respondent pointed out, though, that although they’ve always worked with different agencies it can still feel that some practitioners are ‘hidden away in little bunkers’. Properly integrated working is felt to be of significant benefit to both workers and, more importantly, to families:

“I think families get a better quality service as well because it’s more joined up and more cohesive, and it really has enhanced communication, just having people who have been able to work together, and have been able to work together to the same outcomes as well” (Health)

The initial formation of the ECM groups was considered to have been well managed and many respondents mentioned early on how this has led to a positive process of changing perceptions and building relationships:

“They can actually hear what I do as a school nurse, that I don’t just do height, weight and test children’s vision ... The opportunity to meet and discuss is a far better way to find out what is going on with the other roles” (Health)

“We all wrote down what we thought each other’s jobs were and it was really interesting. You know because I think everybody had an idea on the surface but not in depth and it was very surprising” (Education)

“My understanding of their roles has changed definitely. Especially for support workers and health workers. I didn’t realise they did get so involved. I think people are more vocal, more relaxed and more confident but again that’s a trust thing” (Young People’s Support)

Participation

It was generally felt that although there is a good mix of people involved in the ECM groups, it was evident that some agencies were felt to have been missing from the pilot. Out of the 24 respondents, ten felt that input from the Social Services would have been beneficial:

“In terms of the groups of people I think the right people have been around the table, but we could have done with someone from Social Services” (Young People’s Support)

In addition, a few respondents mentioned that more involvement from the police, midwives, teachers, CAB workers and housing could have been helpful.

Attendance

Most respondents mentioned that they do try and attend most meetings. Some felt, however, that the commitment of meeting fortnightly for half a day has been quite onerous:

“The time given to them, for me, is the biggest drawback for the meetings and the process. For me it is 3 hours every 2 weeks and it was discussed initially whether I would be able to commit to that. But it is something that I have taken onboard. I actually do it in my own time then” (Health)

“Everybody has got very important jobs you know, and sometimes it’s not possible for everybody to be in every single meeting” (Family Support)

Leadership

When asked about the role of the Change Managers, most respondents said that this has been to hold the group together and provide guidance. Many respondents highlighted the importance of having the Change Managers present in meetings to answer any questions and to keep to the agenda. One respondent mentioned, though, that although they have been helpful this may have restricted the group at times:

“Change Managers have had a particular agenda based on ways of interpreting the integrated working tools and operating them - that they brought with them to the meeting. Sometimes that’s been very helpful, sometimes it’s prevented the group actually coming up with its own solutions” (Family Support)

The Change Managers have generally played a key role within the ECM meetings, and there are mixed views about how the group will function without them:

“Chris McLean and Wendy, they’re on about moving out and it makes you think ‘what’s going to happen now’ – because they are excellent and they do bring it all together and make the group function” (Health)

“I think things might come to a crunchy stop. Because without the Change Managers this process would not have got as far as it has” (Family Support)

Others were less concerned about this, however:

“I think we are getting more confident with what we are doing. It has been good to have that point of reference to overcome difficulties we have had. But as a group I would say we are all a bit more confident” (Education Social Work)

“I’m sure that it will move forward, there are some very committed people” (Health)

Many respondents mentioned that issues identified with the CAF form and process had been taken to the LPIG meetings by the Change Managers:

“They’ve definitely been important in these first months when you know we’ve been able to ask them questions. They’ve bridged the gap between ourselves and the LPIG groups” (Young People’s Support)

“We get feedback to us as a group about what has been happening in the LPIG. So we have an idea of what is going on at that level and Wendy feeds back to us and vice versa” (Health)

However, a few commented that although they were aware of the LPIG, they were not entirely sure of its purpose or how it operates, and the feedback 'loop' may not have been working as well as it might:

"When Wendy feeds back to the group what she's been doing at a higher level it's meaningless to me, I have no understanding of how it operates at another level. You know when she talks about LPIGs and things I'm completely lost" (Education)

"We get the distinct impression that the LPIG group is really waiting for our comments and they don't really pass anything back down whatsoever" (Young People's Support)

Group dynamics

Most respondents appeared to feel perfectly comfortable contributing during the ECM meetings and believe the groups to have gelled very well. This applied equally across each of the 3 groups.

(It must be borne in mind in this context, that participants in the pilot ECM groups were to a certain extent self-selecting and were probably among the more open to integrated working in the first place. Several volunteered to take part, and others were nominated as being potentially useful and active members of the groups.)

When asked about group dynamics most respondents were very positive:

"We're a lovely group, we're all very honest and very open and I think we're all good at sharing" (Family Support)

"I feel that I can comfortably say if I have found something as a barrier and discuss it. It is a comfortable forum to discuss any problems" (Education Social Work)

It was highlighted by a few respondents, though, that it occasionally felt inappropriate for them to be involved. One respondent referred to the meetings being tedious as a consequence.

"I think in terms of my involvement, sometimes I have sat there and thought what am I doing here kind of thing, did we need be at that" (Young People's Support)

"I think the highest levels of frustration have probably been amongst people who are working with older children, where the relevance of what's been going on has been not all that obvious to" (Family Support)

Most respondents find the potential input between different agencies motivating and an improvement on previous approaches:

"Hugely beneficial. Meeting and actually working alongside the other professionals within my area who I know and make referrals to but you very rarely get the chance to have that opportunity for face to face discussion" (Health)

"Amongst professionals, the left hand knowing what the right hand is doing, I think that's probably the biggest potential benefit" (Family Support)

The majority of respondents comment on how the ECM groups have helped to develop CAF implementation. Some respondents mention in particular that the group format has boosted confidence when following the CAF and the sharing of experiences and ideas makes the process considerably easier:

“As I said I took my CAF form, went through it, someone shouts out ‘you want to contact the educational psychologist’, another one shouts out ‘contact so and so’ – give me the names, give me the numbers, it makes my job a lot easier for bringing together all these relevant agencies. So yeah if anyone has got anything that will help they’ll pipe up and chip in – it works” (Young People’s Support)

Roles and support outside the ECM group context

The interviews sought to explore what wider role in integrated working the ECM group participants are playing back in their own teams and agencies, and what support they receive outside of the ECM group context. It became apparent that it is probably too early to judge the impact of the pilot beyond the direct participants, as there has not yet been much time for new ways of working to develop as a result.

The amount of support that has been received from line managers, however, varied considerably. Some commented that where managers hadn’t done any training themselves, they were often not that aware of the process, and several seemed to have little interest in it. Attempts had been made, by many respondents, to share information and inform their line managers and other team members of the purpose and benefits of the integrated working pilot, but sometimes without too much success to date:

“I’ve said well you know how will this CAF form affect our systems at the minute? And his answer was well; I’d prefer our assessment system to take over from the CAF basically. So really, I think now it’s time for me to sit down with my line manager and say look, there’s been these meetings for months now, this is going to be rolled out and you know what is the Connexions standpoint on this?” (Young People’s Support)

“I think the managers need to be informed more. I think sometimes you need to be a bit authoritarian and say, because we have to implement the CAF, it’s a national process, we don’t have a choice on it. We’re all supporting and working to the same outcomes so if the process is the CAF then we should be supporting it. I think management haven’t got that information clearly enough” (Family Support)

Others, however, report high levels of interest from their line managers:

“Usually after each ECM I’ll go back and speak to my line manager, discuss what has happened and if there is anything that relates to what we’re doing so yes I take that back and disseminate it to my team” (Domestic Violence Worker)

“So yes I have the support asking me what I need to do, what responsibilities I’m taking on being a lead professional, because I think they’re interested in how I’m using my time and how it’s impacting my workload and caseload” (Young People’s Support)

As this is a working pilot and not yet common working practice, many respondents see this way of working, outside of the ECM group context, as being very disjointed. Several clearly felt that until the CAF is rolled out fully and far more people receive the training it will be very difficult for the early ‘pioneers’ to take any real lead.

THE COMMON ASSESSMENT FRAMEWORK (CAF)

What is the CAF?

The purpose of the CAF is to help practitioners assess children's additional needs and develop a common understanding of those needs, and an appropriate action plan, with other agencies. The overall aim is to provide better services, earlier, and without the need for the family to repeat their story in a number of different assessments with different agencies.

Most respondents are generally happy with the overall purpose of the CAF.

"The CAF structure has given us something to work to; it's given us an assessment process" (Health)

Many of the workers interviewed had only fully completed one common assessment. Three practitioners had done no direct CAF work at all but had gained knowledge of the process by attending the ECM groups and hearing the experiences of others. A few practitioners mentioned working with a large number of common assessments, and explained that this isn't particularly a new way of working to them. Some mentioned still using formal assessment processes developed by their own agencies, and the CAF being additional to other work or processes they would have been involved with anyway:

"To me it doesn't take the place of our other assessments, it compliments that and that's what it should do for other people" (Health)

"As a high school we actually do quite a lot of multi agency work anyway and probably we might be able to get to the same end result for a child just by doing my own multi agency work rather than involving the CAF process" (Education)

Awareness of the CAF

As ECM participants, respondents were of course already aware of the CAF form and process, but most commented that their colleagues (and even managers, in some cases) have little awareness of CAF and there is a need for information to be cascaded far more widely:

"Not every area seems to be aware of it. I did a study day a few weeks back and was talking to a social worker who said what's a CAF?" (Health)

"When I did the training a lot of the people that were at the training were managers, and then you get down to grass roots and you speak to class teachers, and you'll say 'what do you think about maybe doing a CAF on this', 'you what, I don't know what you mean' – we've even had that from a colleague, with a social worker, that they're not fully aware" (Health)

CAF Training

The majority of those interviewed had received some form of training on the CAF, and most felt this to have been useful. Respondents said that the training had been multi-agency, lasting between half a day and two days.

"We had the initial training on the integrated working tools, yes, for one day. I think it would be accurate to say it was a briefing day about the integrated working tools" (Family Support)

"Very good, very informative, everything's there, I can't say I can remember everything in detail of where I need to go and what I need to do but I have got all the information now to hand and my office has it for when we need to start to work with a CAF" (Voluntary)

It was considered extremely useful to be attending the ECM groups, alongside receiving the training, to work through how the process can and should work in practice. One respondent referred to colleagues who also attended the training but are not members of an ECM group, who had found it disjointed:

"When I went on the training that I went on I had already established myself within the ECM group. So it made sense to me but to others it just seemed like this abstract notion of how we will work, but we don't know when. You know so I know another colleague of mine I speak regularly with has just left after the training and stacked all the booklets and then carried on as usual" (Education Social Work)

The majority of respondents believe that further training, soon, is essential. As well as regular refresher training, many respondents believe that certain practitioners need to be specifically targeted:

"There's only some people being trained at the minute and we were talking about it yesterday there's hardly anybody from schools or whatever at the minute has actually been trained for it. It's a matter of rolling out more training for another bulk of people" (Young People's Support)

"It's time that the training was rolled out. I can't be the only person within the school responsible for CAF because I'm the only person that's had the training, that doesn't make any sense" (Education)

Some respondents are concerned that colleagues haven't yet received the CAF training so are unable to follow the process, even where it is identified that a CAF is needed:

"There's been a number of occasions where someone has said I need to do a CAF form on this young person, but they haven't been through their training yet, so they're unable to do the form and it's not in my area, so I'm unable to help them out, because I haven't got much time myself. So everyone really needs to get through this training" (Young People's Support)

Obviously, this has been a pilot exercise so far and further training will take place as the integrated working tools are rolled out more widely. The pilot participants, are clearly keen, though, to see this happen as quickly and effectively as possible.

The CAF process itself

When asked to explain their understanding of how the CAF process works, some respondents started with the initial assessment, the pre-CAF. This was generally understood to be a form that determines whether or not a full CAF will be appropriate. There were conflicting views about whether this form will always be necessary, with some practitioners launching straight into the CAF and others believing it to be a useful initial checklist that should not be neglected.

“There is the pre-assessment check list, so you go through that and if you’ve got a child and they’re not meeting one of the 5 criteria for ECM i.e. keeping safe, the environment, etc, then we decide on maybe doing a CAF. So we then do a pre-assessment checklist and that will guide us through as to yes or no and determine whether a CAF is necessary” (Health)

When talking about the CAF process respondents often summarised this way of working in terms of efficiency and effectiveness. Although there are concerns over increasing workloads it seems generally agreed that working together to avoid duplication will be efficient in the long run.

“I think initially they will increase workload, but I don’t think they will in the end, I think they will enhance communication, bring people together, avoid duplication and will be a lot more co-ordinated. So you’re not having to keep ringing around people or chasing it up, you know, you will be able to have your team there and have face-to-face meetings and hopefully get things sorted out sooner” (Health)

One respondent uses a good example of how the CAF process works well to ensure the focus is on what the young person needs rather than what the professional perceives:

“I was thinking here is a young man with medical issues that are not being met and I need to chase up those things. Yes that was a concern for mum. But that wasn’t an overriding priority for her. In fact it was about being safe in the community and how isolated they felt as a family, and the fact that she wanted her son to get a good education. So as a process it is very useful because I think very often we do as professionals put our perception of need onto our clients and think oh yes they are living in poverty and this is what they need” (Health)

The Child Index

All respondents are aware of the Child Index and some comment that it’s the next step from a pre-CAF to see if a CAF has already been completed:

“It’s been explained to us that we should bring the pre-CAF up first, do an initial assessment to see if a CAF should be needed then ring the Child Index up to see if a CAF has already been done” (Young People’s Support)

Many respondents mention how this is something new and will encourage information sharing and avoid duplication of work:

“What we haven’t had in the past is a mechanism of an index or a directory where children’s details are kept, that other professionals can access, so that’s going to make information sharing and working a bit easier in the future” (Education)

Only a small number of respondents, though, had used the Child Index so far. The information was found to be limited due to the pilot being at an early implementation stage, but the system is believed to work well:

“At this moment in time because we’re just doing the pilot they don’t have a lot of information coming forward and of course in time they’ll turn round and be able to say ‘well yes a CAF was done on this child two years ago’” (Health)

“The information isn’t really in depth, but the system works. Some say Social Services working with this family there’s no open record, no lead worker, but we’ve got records of Social Services working with the family. Then you have to do the digging and find the names, find the dates” (Young People’s Support)

At this stage, just one respondent mentioned the importance of ensuring information is accurate and available nationwide:

“The Child Index has got quite a lot of potential for reducing the risk of families and children slipping through net. Provided it is effectively maintained and accurate, and provided all authorities in the country are doing the same thing” (Family Support)

Completing the CAF form

The DfES guidance indicates that not all sections of the CAF form need to be completed, but some people are clearly attempting to do just that. The majority of practitioners who have completed a CAF form included information in all sections. Although many thought that some sections could perhaps have been left, this wasn’t clear to them:

“We were looking at the different sections and thought well, you know what can we put in here when actually at the end of the day it might not necessarily have needed filling in at all. We were trying to fill sections in that maybe should have been left anyway” (Young People’s Support)

Practitioners have completed the form in different ways;

- by sitting with families and going through the entire form in one go
- in stages over 2-3 visits
- completing the form in discussion with other agencies
- by having a ‘chat’ with the child/parent and then going away to complete the form alone
- typing up the form later so that the input boxes can be increased

There were conflicting views about what exactly should be included on the CAF forms, with some practitioners wanting the form to be shortened and others wanting space for more information. Some found the form regimented, others repetitive.

Most respondents referred to their first time completing a CAF form how they had considered it to be a lengthy process. Those that had only completed one CAF form mentioned how the guidance notes were heavily relied upon for each section. It is generally believed, though, that more practice will help increase confidence and reduce the amount of time it takes to complete.

Several respondents made the comment that the form is 'not very child or user friendly'. Suggestions include; a separate sheet with the guidance notes so that the form can be shared without intimidating the parents and young people and having a separate shorter 'child friendly' form:

"It's not very family or user friendly, and there's a lot of information down the side, written down the side of the CAF, that if you do it with a family it can be quite off-putting, so I think that the guidance should be on another sheet and just have a simpler form" (Health)

"It's got lots of notes down the margins and those are really aimed at professionals, I think it could be a much more family friendly document, much easier to share with people without scaring or intimidating them" (Family Support)

"The only gripe I've got with the CAF form is that it's supposed to be orientated around the child and emphasis on the child, but it's not child friendly, there is no way that a child (a 'normal' child), can sit there and fill out that full form with his full concentration, it's a long form and if parents can't do it young people can't do it. It should be one based for the parents to help you out and a smaller more child friendly CAF form" (Young People's Support)

One respondent points out that although the form allows you identify who is working with the family it doesn't ask if this is active or if you've used any information from them to complete the form:

"The layout of the form allows you to identify who is involved in work with the family – but it doesn't really allow you to put clearly whether that's active, current work or past involvement and also doesn't really allow you to identify whether you've used information from them in completing the CAF" (Family Support)

Some respondents completed the form with the help of another practitioner and found this to be important to gain a different perspective.

"Professionals bring different slants ... she started doing questioning on things like immunisation and other things that were her specialty that I would never have touched on. Therefore had I done the CAF, just me in my own right it would only have had an educational perspective on it. It wouldn't have had the extra information that was actually important. (Education)

"I think if we decide there needs to be a sharing of information, then surely there needs to be a sharing of how the CAFs completed, you know it can't be a single agency assessment and then work done. There needs to be some communication between agencies on the assessment as well" (Family Support)

Another issue frequently mentioned by respondents concerned whether it is could be feasible to do a joint CAF for children in the same family:

“The family that I’m working with there’s 3 involved and potentially there should be 3 CAFs because you can’t do a family on one. It has to be on one single person which seems silly then because how do you link them together?” (Young People’s Support)

“We weren’t entirely clear whether we had permission or sanction to use professional judgment to decide whether to do one or all of the children, so we made our own decision about that. And that’s an example, if you like, of operating in bit of a vacuum, you know it would have been probably a smoother process if we’d had some interim procedures agreed and set up that covered those sorts of questions, particularly when people are a bit anxious about adopting a new process and so on” (Family Support)

Many of these issues will already have been raised and discussed through the LPIG forum. Given that the CAF is a national tool, there will clearly be little scope to amend or adapt the framework based on local experience, but it may be possible to address some of these points in the wider rollout training and support.

LEAD PROFESSIONAL (LP)

What is the LP?

The lead professional is the worker identified in the CAF process as a central point of contact that a young person and their family can trust, with the aim of reducing overlap and inconsistency from other practitioners. Respondents did generally confirm that the LP role would benefit families as intended, by having a single practitioner as a clear reference point who could coordinate and negotiate with multi-agency colleagues:

"It benefits the parents especially, because it has to be somebody they are comfortable with" (Education)

Choosing a Lead Professional

When asked how a lead professional is decided, a number of different answers were given. These included:

- Whoever completes the CAF (4)
- The practitioner who has the most contact with the family and knows the child best (4)
- Whoever co-ordinates a Team Around the Child meeting (4)
- Family or parents' choice (1)
- Unsure how it's decided (7)

There was less clarity among respondents about how the LP role works than about the CAF, as LP work is obviously at an even earlier stage of implementation than the CAF.

"So my perception of how things stand is that at the moment we haven't got a clear definition of who should be taking on the LP role, and we haven't got procedures about how that should operate" (Family Support)

"I don't think it's very clear about the lead professional yet, or what their role and responsibilities are going to be. So I think from the ECM point of view we spent a lot of time looking at the CAF assessment, but we've been waiting desperately for some more guidance from Kirklees on the lead professional role" (Health)

Although most respondents felt the role was within their capabilities, there were some that felt they would only ever be in a position to offer a back-up. Note that the following comment also underlines some lack of clarity in the type of cases that would be dealt with under the CAF:

"I can see my role as being supportive; I can't see me being a lead. Purely because I think once it gets to the tier 3 and tier 4, it's more social services, it's more children in need, children at risk which wouldn't be something that I would get involved in" (Young People's Support)

Workload

Many respondents fear that the overall package of CAF/LP work will have a noticeable impact on their workload. As the approach is still at an implementation stage many of those who have received the training expect to bear the brunt of the additional workload until further training is carried out:

"It looks at the moment that within each institution, there are only perhaps one or two nominated people who can do the CAF so that means that they will always take the brunt of that workload" (Education)

Some respondents also fear that practitioners with heavy workloads will avoid completing CAFs, resulting in the same people carrying out this role:

“People are saying I’m not going to have time to do this. So in terms of education, teachers they have said oh I can’t be doing this, I can’t be doing a lead professional role, I need to be teaching, which is fair point but who’s going to do it then” (Health)

“I think that other agencies are definitely still thinking it’s the health visitor’s job, and they’re struggling to see where they are going to fit in” (Health)

As well as adding to an already heavy workload many respondents are anxious about the responsibility of LP work:

“People say ‘it’s not that bad’, ‘it’s not such a big responsibility’, but ultimately it does have that responsibility because I don’t know who else is going to make sure that plans happen. I think that’s quite frightening for people as well who may be developing really strong relationships with the family, to think ‘well I’m suddenly going to get the role, because I get on with the family, because they find me easy to work with, I’m going to be the one chosen to be LP every time” (Family Support)

Although the CAF/LP work is considered to be an effective way of working, the extra workload and responsibility is potentially daunting for many respondents.

“People have been saying it kind of puts you off with the workload that comes with that. Some people say they haven’t got the time and it’s not the right thing to think about, but if you’re filling in this form thinking it’s coming with all this baggage. I can see if you’re doing 5, 6 7 of the forms it could become a bit of a workload” (Young People’s Support)

“I think is hugely beneficial and I think to be honest with you I could do with one on every family. Just don’t make me lead professional for them all” (Health)

CONCLUSIONS

The objective of any pilot exercise is to highlight where improvements can be made for wider rollout. Several of the issues raised in the evaluation interviews, particularly as relate to the detail of the CAF process itself, will already have been raised and considered via the LPIG mechanism that has existed for that very purpose. Other more 'generic' learnings, however, have also been identified as a result of carrying out this research among the pilot participants.

In planning the rollout across Kirklees, we would suggest that the following issues be taken into consideration:

- The CAF training experienced by these respondents was generally felt to have been useful and effective – no suggestions were made as to ways in which the format or the content of the training should be improved
- The ECM group structure, however, has clearly played a significant role in consolidating what was learned in the training and helping practitioners put theory into practice. Time limited, 'theoretical' training sessions cannot be relied upon to introduce people to the new working practices sufficiently well for them to be able to go straight out and start applying them. While we recognise that fortnightly meetings involving all practitioners across the district would obviously not be practical, some form of adapted ECM group setting for new people coming on board with the process would clearly be valuable
- The pilot ECM groups appear to have worked very effectively, coming together rapidly, providing a forum where all participants feel comfortable contributing, and acting as a means of introducing workers to each other and opening up effective lines of communication between agencies. Those people involved in the pilot will, by definition, have been among those who perhaps needed least encouragement to get involved in this type of set-up, and to make sure it worked – other groups may not be as successful if left to their own devices. There may be scope for the 'early adopters' to be given a role in establishing new groups and helping guide these
- Further, there are indications from this early research that there may be some who will need active encouragement to get involved with the new practices, which may require some effort in highlighting their relevance and potential usefulness across the board. Many respondents could think of agencies and services that had not been involved in the ECM groups as much as they would have expected - whether this has been because they were not invited in the first place, or because they dropped out early on, we cannot tell. Also, some ECM participants do not appear to have seen a great deal of interest or support from their line managers or colleagues. There may be a case for specifically targeting key services and/or individuals for training early on in the rollout process
- So far, it seems that the extent to which participants in the pilot have been able to play a role as 'champions' of the new working practices has varied, but has often been limited by a lack of understanding of the new processes among their colleagues, and even a lack of awareness of them coming in. Given the nature of the individuals involved, they will no doubt be comfortable taking up this challenge, but they will not be able to do it all by themselves
- It seems that the pilot ECM groups have been quite heavily reliant on the Change Managers for guidance. This is no doubt to have been expected under the

circumstances, but once they start to back out, meetings will need to become entirely self-supporting. This process has started, with some meetings being chaired on a rotating basis by other participants, and so far this has been felt to work perfectly well. However, even if they were not in the chair, the Change Managers will still have been looked to for guidance and played something of a leadership role in moving cases and issues forward. As other participants become more experienced and skilled in the new practices, they will no doubt be able to fill the gap left by the Change Managers, but it should be recognised that this may take time (particularly since this will be only one part of their day to day job roles), and they may require some support to achieve this

- The CAF form itself raises a number of queries and issues, such as whether the whole form needs to be filled in, how best to tackle completing the form, what to do in individual specific circumstances etc. Clearly the form itself cannot be changed, but local guidance addressing the queries raised during the pilot can presumably be drafted (and this may already have been done, on the basis of issues fed back to the LPIG) to smooth the way for new people coming to the process
- The role of the Lead Professional is not clear to many respondents, and there is concern that whatever the theory may be, this may often end up falling to the same agencies/people. Greater clarity in this area will be needed, and recognition of the potential need for time and support to carry out this role effectively
- Some concerns were expressed over the amount of time that completing CAFs and acting as Lead Professional on cases can take, and the impact this may have on practitioners' existing workloads. ECM participants have obviously been going through a learning experience, when things always take longer, but it will be wise to consider this issue when rolling the new practices out and try to address any potential concerns here proactively. Some respondents commented themselves that they will speed up as they become more familiar with the new framework, and indeed that it should reduce duplication of effort and improve efficiency once it has started to bed in – communication about the new processes could usefully emphasise these points
- The Child Index is widely seen as having the potential to be an extremely useful tool, provided this (in time) contains comprehensive and accurate records. So far, anyone using the Child Index service has been able to receive a prompt reply to their enquiry. This obviously will have resource implications in keeping records of enquiries up to date and responding to calls for information as this tool is expanded. This will need to be addressed if it is to meet practitioners' needs effectively (and they will only make effective use of it if it does meet their needs)
- The Service Directory has only been used by a few practitioners so far, but this is generally felt to have the potential to be a very useful resource once it is complete (but again, only if it is kept comprehensive and up to date)



Shared Evaluation Resource

**Report of Evaluation of Stage 1 of the Kirklees
Integrated Working Pilot
Management perspectives on the how this approach
to change has worked**

Client: Integrated Working Pilot Board
Neighbourhood Renewal

Author: Helen Carlin

Date: April 2007

As has been described in the introductory sections of the main report, a transformational model of change management has been used in this pilot process. This is very much based on working from the bottom up and using influence to change the values and priorities of others. It is evident from the structures that are being proposed to the IWP board that this is expected to continue at least in the short term. The proposed structure will be discussed further in this section.

The change process around introducing the CAF has worked through having three locality groups of operational managers (LPIGS) meeting on a regular basis and a sample of the front line of these managers meeting to discuss and act on real CAFs once a fortnight. (ECM groups) Any issues identified by the front line staff that they cannot deal with, are escalated to the operational managers to investigate within their service.

The members of the ECM groups are expected to be change champions, influencing other front line staff. There is an assumption that they will influence their colleagues through challenge, demonstration, support and coaching. There are concerns and risks with this type of model, as people can be unclear as to their roles and responsibilities and lines of accountability are unclear. From a performance management perspective it raises difficulties, particularly where managers are unclear as to what staff are doing. However in terms of integrating staff and acting as a catalyst for mind set and culture change it does have value as an approach and allows for practical solutions to be found. Even with a bottom up approach the national evaluation of CAF and LP suggest that this can lead to a focus on local issues and delay the development of strategy. These shall be discussed in relation to the situation in the pilots.

This transformational type of change works by influencing the values and priorities of followers. It was intended for this to work through the representatives within the LPIG influencing and challenging their colleagues in the range of organizations that they come from. In addition they would provide support and coaching as well as providing opportunity to express any negative emotions about the change, safely. Ultimately people would be expected to begin to connect to the change and see the benefits of improved performance brought about by the behaviour change. There is still a need within this model to have a clear vision of what needs to be achieved. As part of the evaluation we have looked at how well this transformational model of change is working. This section of the report looks at the perspectives of strategic and change managers on how this model is working.

Evaluation findings

For this part of the evaluation we gained the perspective of the change managers and a member of the Integrated Working Pilot Board (IWP). Two interviews were completed with a change manager and an IWP member.

The interviews were recorded and transcribed for analysis. We describe here how the change management process has worked and how this related to the change management model described earlier in the main report.

Setting up the change management process

The change management process began as part of a broader project around reshaping the future workforce. However the pilot project has become focussed on implementing the CAF and associated integrated working practices rather than the broader integration of the workforce. Initial work focussed on setting up processes and systems for delivering the CAF including working through governance arrangements.

The day to day work is conducted by two change managers who report to a board made up of KMC and health agency representatives, including people from the commissioning arena. The change managers describe their role as being like 'glue' that holds together the strategic and the operational. Their role has been partly change manager and at the start partly project manager.

The Work of the Change Managers

The change managers have had a remit to concentrate on the implication of the CAF. They have been very much about supporting the bottom up approach and brokering and facilitating interaction between agencies. Their role supports service managers around how they may manage change in relation to CAF. They have ventured into other connected areas such as the universal and specialist assessments and acted as the 'glue' between operational and strategic. They have identified other pieces of work in this area that are connected and need to be integrated with CAF. They have been able to direct this into the IWP board where it can be considered as part of a broader strategy. This has been a valuable part of their role.

The change managers have had responsibility for managing the LPIG and ECM meetings, although they have tried to make their role facilitative and encourage chairing and decision making by the group members themselves. Their role has also involved running training for CAF and working with Education Data Management to set up the Child Index and make this operational.

The change managers felt that there was a culture of trialling things and that they were able to get things wrong, learn from this and try again. There is acknowledgement of the frustrations that some staff must feel with the process for example where people have received training in CAF, but are not implementing them, as they are not part of the ECM groups.

In terms of the qualities of the change managers sensitivity to situations is very important,

'You're a bit like a thermometer. You're testing the water and as the water starts to heat up, you're checking it out all the time'. Change manager

Allies have been important and the willingness of staff to 'give things a go'. They play a valuable role in that they are not charged with making judgements, encouraging people to speak freely about their concerns.

How it has worked and achievements

Change managers described facilitating the pulling together of all assessments and having this work taken forward by the IWP group as one of their successes. The experience of the ECM groups suggested to them that families were experiencing a better quality of service –

there were real outcomes here and a difference is being made. They believe families are also more involved because of the ECM group process. Families must give consent to do a CAF and also for it to be discussed at an ECM group. They must also be able to attend and take part in any 'Team around the Child' meetings that follows.

The relationship between the strategic and the operational

There is a perception amongst change managers and also at the front line, that there is a gap between the strategic and the operational. This could present a void and is characteristic of the delay in strategy development in a bottom up approach to change management. This has implications for the security that front line staff have in terms of accountability structure. This has presented a barrier to bringing about change. In implementing the CAF there needs to be a clear message that CAF is not negotiable. This needs to come from senior managers, service boards and service heads.

At a strategic level an information sharing protocol have been signed between Kirklees, Calderdale and Wakefield statutory agencies. Practitioners do manage to share information on a day to day basis. However there is a sense that some front line staff may not always be confident around sharing information, particularly in services where there is no culture of sharing data. Again this would suggest there is a need for clear leadership and for information sharing rights and responsibilities to be communicated through an agreement written in language people can understand.

Factors supporting and hindering the change

Other barriers that have been encountered at a higher level are a perception that the process may not work. Change managers felt they have had some access to senior decision makers, but decisions may have been deferred. The change managers may have benefited from being included as part of a team in Children's Services to help develop a sense of belonging. Developing networks has been a crucial part of the job, and a kick start on this as part of a broader induction to Children's Services would have been valuable. The provision of information to services as to what was happening and the role of the change managers would have been welcomed.

Aspects that have helped the change management process have included having an agreement to share information at the level of ECM groups. The trust that has developed between individuals has been crucial and enabled information to be shared. The enthusiasm and commitment of members of the ECM groups and the real engagement of some elements of Children's Services have enabled the process.

Longer term Mainstreaming of this work

In the longer run the approach to integrated working modelled in the ECM groups needs to become part of all services delivery approach. It has been suggested that this may be achieved through the use of change champions, but it will depend very much on the strength of the ECM member in achieving this.

This is concerning as there is a risk of relying on front line staff alone to escalate the change in culture. Leadership will be required for this to be built into service delivery plans, job descriptions and performance management systems, if it is to be sustained.

Where CAF fits into the bigger picture of integrated working

At this stage it is not clear where the strategic overview for integration may fit with commissioning and workforce development, rather there is a sense of trying to bring people together to make this happen. This will allow us to see how the CAF fits into broader workforce development, including the changing the roles and responsibilities of different parts of the workforce.

For the future workforce development it could fit within the existing structure, IWP structure and the localities programme board. There is a sense that workforce planning needs to fit with the joint commissioning of children's services, but at the moment these linkages are not being made. The IWP board seems to have some splits as to how it sees its role in relation to workforce development. Some members are keen to focus just on the CAF and leave other aspects of workforce development to others. While some members see the IWP board as having a crucial role to play in the broader workforce development agenda.

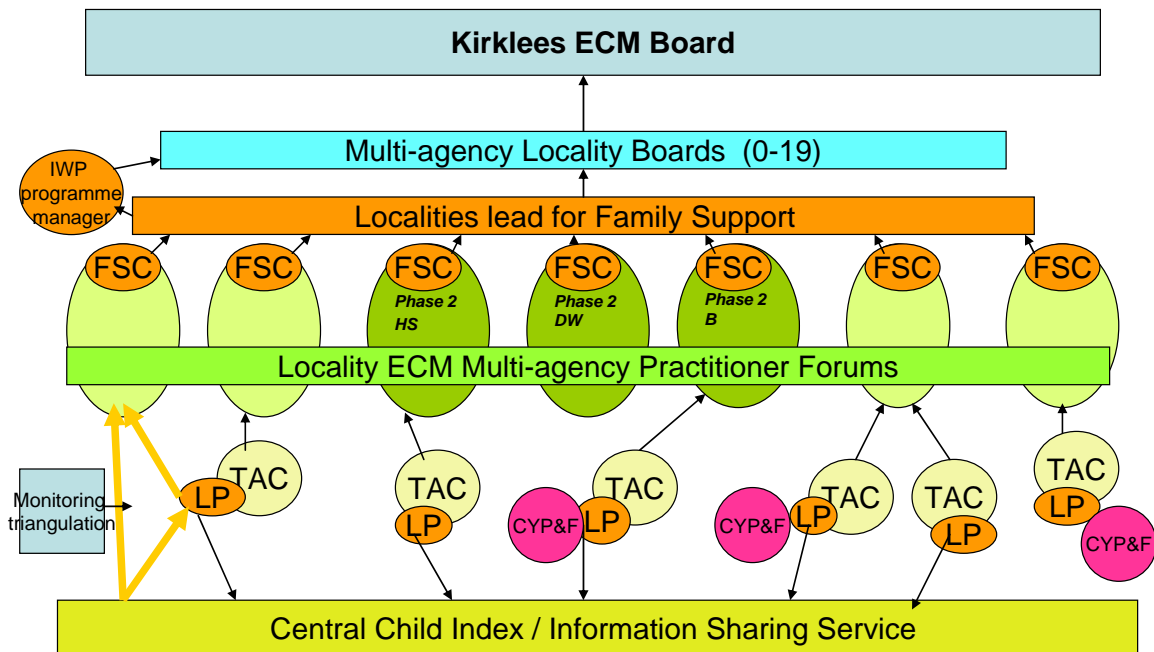
'I think what we have is a programme board which is very much about performance managing the action plan to deliver CAF, which is fine' IWP member

There is recognition that continuing in this way may not be the most helpful way of managing the change.

'But I just worry that we're losing... some of that energy of people and that's so hugely important. Once you kind of sap that people start to feel aaagghh what's the point kind of thing and no ones listening'. IWP member

From the strategic perspective there is a sense that there is a lot of activity happening on the ground, but that the structure that is in place does not support it as effectively as it might in terms of accountability. There is an understanding that people are desperate to engage with a strategic overview and don't like working in an environment where accountability is unclear. The diagram below shows the proposed structure.

Proposed ECM Common Assessment locality Structure 1



This structure allows for ECM groups to continue as a support mechanism in each locality for practitioners undertaking CAFs. CAFs would be monitored by each locality by a Family Support Co-ordinator, this may be a role that fits into an existing role. However this structure needs to fit into the bigger structure for Children's Services.

There is a recognition that developing a structure for Children's Services may be difficult as there is a need to work alongside partner agencies outside of Children's Services. There is no timescale as yet for creating this structure. However consultation on a Workforce Strategy is planned for April 2007. This will start the debate and lay the foundations for developing a three year strategy.

'The ability to come together as a collective and have a corporate view still seems to be in the process of emerging, developing and that might be the way that it is and that just takes time cause of circumstances.' IWP member

Recognition is also given to the constraints and huge pressures that partner organizations are under. This focuses them on internal change and can lead to perceptions that engagement can be more difficult. There is a sense that KMC needs to have its own clarity of purpose before it starts to engage with partners around what it needs them to do. Similarly Kirklees PCT is under considerable pressure and constraints. The Connexions Service is undergoing significant change as it is incorporated into KMC. There are also other KMC services currently undergoing significant change such as Educational Social Work. Commissioning and workforce planning are good examples of where this clarity is needed. There is a sense that in trying to move things forward as far as workforce planning goes, discussions tend to be on an abstract level.

'It's almost like you can talk about that as long as you're not talking about the reality. Now that we're talking about the reality you can say virtually nothing.' IWP member

There is acknowledgment that as part of the change process there needs to be some influencing of the structures in other services and agencies, not least as part of the joint commissioning process, but also as part of the Children's Workforce Planning. But the bigger picture around this is not always being discussed.

'But its having some sort of structure, some sort of kind of principles and values underpinning what you're trying to do, to try and guide it better in a sense of where it is.' IWP member

This is perhaps not helpful when trying to get structures in place that will help develop the accountability that seems to be so desperately needed by front line staff. There is a need to have a structure that is maintained regardless of changes in personnel and a fear that this may not happen in Kirklees,

'The danger in our approach is that it collapses every ten minutes.' IWP member

The LPSB is not seen as providing leadership and a vision for example around workforce development. It was suggested that the LPSB needed to have a different approach.

'And if that's about providing strategic direction and accountability, how do you best do it. What level of understanding and knowledge do you need to do that? And therefore what sort of mechanisms do you have in place to actually ensure that you know its happening basically. I don't mean just about performance management, but I mean it is about having a sense of how do you know you're getting people to engage.' IWP member

At an operational level however it is perceived that people have got a big commitment to it and have already been working together

'People try and find ways of solving problems, cutting corners, communicating.' IWP member

There is some acknowledgement however that leaving individuals with a lack of clarity around their role, can leave them feeling devalued and this can be destructive.

'Lots of stuff goes around, gossip and rumours and people are unhappy and uncomfortable. Key sort of people who have got a key role in linking and communication. Sometimes they do that without even knowing that they're doing that, unconsciously I think.' IWP member

There was also an acknowledgement that commitment to really driving change and making it happen was not always strong,

'We haven't on the operational level, ... just resourced it properly. We accept that's it's all going to happen somehow, it will take place in some sort of way, but we don't quite know how.' IWP member.

Taking people out to train them in the CAF for example, takes resources away from elsewhere. This can be hard on those who are outside of the integration process when they are struggling.

It was acknowledged that bringing schools into the CAF process had not really even been tested yet. This was seen as an area of potential challenge, particularly as the head teachers can act as gate keepers. The bottom up approach that has been piloted has enabled other school staff such as SENCO's and teaching assistants to be involved.

The IWP group does not have culture change within services as part of its remit. It will only touch on this through the CAF. However there is an acknowledgement that this needs to change particularly around Safeguarding children and what the threshold for involvement is.

'You'll get this sense that people outside safeguarding will say that safeguarding should be involved at an earlier stage. Or they think that you're coming in too late. Its too late now, what's the point now kind of approach. And safeguarding are saying we don't have the resources to do anything more than that, we can only just about do this. If people think we should be coming in earlier, then perhaps look at how. But that discussion is still not taking place'. IWP member.

On the integration of job descriptions and standards across partner organizations, this is still seen as being a long way of. Currently job descriptions are only written jointly where there is joint commissioning of a particular post. At the current time KMC is still going through a Pay and Reward review and getting its structures in place around this.

For the future there is need to get proper line management and performance management structures in place and that there cannot be a long term reliance on the ECM groups. These are seen as interim measures. They have a role in bringing people together with common interests, but there needs to be a structure of accountability. Support for staff should be coming through line managers. This is happening in some areas where the LPIG members are supporting their staff who are involved in the ECM groups, but this needs to happen across the board. It is acknowledged that implementing this will pose some challenges, not least in that there are established interests in the current system.

There is still a need to engage schools in this agenda. This will require a different approach, given that schools have an autonomous status, separate from the local authority. Including them in forums such as the ECM in order to develop networks between school staff and others in Children's Services may be challenging.

Conclusions

The perspective we have gained here on the change process that has been put in place is limited to the views of one change manager and one IWP member. However the experience seems to fit with the national evidence around how CAF has worked. A bottom up approach works so far and has initiated change and brought staff together. It has even begun delivering a service, as real CAFs have been completed and a multi agency approach has been used.

A very small number of families have even seen a difference made. However if this is to be rolled out more broadly, so that many more families can experience this quality of service a great deal remains to be done.

It is clear there needs to be some real vision that all aspects of Children's Services engage in this process. This needs to be translated into practical structures and performance management systems so front line staff can see where they fit. Lines of accountability need to be established and systems put in place for developing staff to meet the needs of the roles that this structure will include. This degree of intervention will require strong leadership at the top to create and implement these structures. At the same time, it is very important the good work that has been undertaken at the front line is not lost and the very things that have made it work, such as trusting relationships and valuing of others contribution is maintained. Fostering this approach needs to be part of any higher level strategy.



**Report of Evaluation of Stage 1 of the Kirklees
Integrated Working Pilot
The CAF training**

Client: IWP Board
Neighbourhood Renewal

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Date: April 2007

Background and methodology

Prior to the Integrated Working pilot, around 150 frontline and operational management staff working within children's services across the three pilot areas participated in training. This training, conducted towards the end of 2006, outlined the implementation of the CAF tools. The training was multi disciplinary and was conducted with staff who dealt with children from 0 to 19 years of age. It was led by the Integrated Working Pilot Change Managers and delivered by three members of staff from the Children and Young people's service, Kirklees PCT and Social Services.

Staff who have been involved directly with the Integrated Working pilot have been able to practically apply the CAF tools. Staff who have not been involved in the pilot have not yet had this opportunity, but are likely to be able to predict where these tools can be applied. In order to evaluate staff's current perception of integrated working and the training they received, two focus groups were run with operational staff.

These focus groups were conducted in March 2007 at Dewsbury Moor Children's Centre. The discussion covered the following aspects:

- The current situation
- A case scenario
- Practicalities of integrated working
- Barriers to integrated working
- Awareness of services
- The CAF tools and training

These aspects will form the main sub-sections within the findings section of the report. Conclusions and recommendations will then be made based on these findings.

Findings

The current situation

Participants from a variety of services were involved in the discussion. Initially, participants were asked to introduce themselves and explain their job roles and services. As part of this introduction, participants were asked to incorporate details of the following four factors:

1. How they identify a child in need
2. How an assessment is undertaken
3. How a plan is developed and implemented
4. How different agencies are involved

The resultant discussion uncovered differences between professionals in terms of the support they provide to children and families, how they engage with these families and develop and undertake solutions.

Participants work within services who deal with different types of children according to their need. Some provide more universal services and others more targeted and specialist. The nature of the differences in remits for services mean there is a natural pathway to follow in terms of engaging with children and families. For example, the health visitor explained that she had access to every new baby with their area:

“...we do go into every family that has a new baby, so we’re privileged really that, you know, we can get in there, assess the whole family, not just the baby and the parents, but all the children.”

Whereas more specialist services, for example, Portage, receive a lot of their referrals through their health colleagues. This service and some of the other services undertake PR work to raise awareness with professionals regarding what their services do.

All participants undertake assessments with the children they come in contact with, however, these assessments range from structured diagnostic assessments to unstructured assessments which are based more on professional judgment. For example the young people’s service use risk assessment tools called APIR and RICTOR. The young people’s service participant explained one of the tools:

“APIR is the Action Plan Improvement Review, it is an 18 point assessment of the person’s needs around family, health, physical health, educational needs.”

The representative was keen to explain that the APIR is from the young person’s perspective of how they perceive their situation as well as professional judgment.

Each service described their specific remits and the criteria they use when supporting children and families. Within these service remits, cases are often prioritised due to their severity or the level of need. Participants wished to highlight that whilst their service has particular remits, they also consider the wider needs of children and families. They work with other agencies to provide wider solutions. One participant recognised the trigger for instigating support for a child, however highlighted that if they are providing support, this may be one indicator of multiple problems for a child. This same participant continued to explain how he works with other agencies to provide support for children:

“We go through all the stages to see what the causing fact is and like I said, attendance is a main concern but having said that there are other issues we take on board, i.e. that’s why we liaise with other agencies as well, i.e. if there’s say if it’s a medical concern we’ll liaise with the appropriate school nurses, maybe GPs, doctors, school doctors etc. So, there’s a multiple of problems we try and wean out from sort of like discussions with the Head, teachers, with the parents etc and that determines how much the child is in need, that really and how we can really resolve the problems. Like I say the attendance is just one cause but there are other problems that we have to face as well.”

A case scenario

The discussion then moved on to consider the support that could be provided to a hypothetical family. The participants were provided with a scenario which considered a family with complex problems. The purpose of considering this scenario was to facilitate discussion regarding the practicalities of supporting a family. Participants split into small groups to consider this case. Participants discussed the various support packages they could provide to the family. Interestingly, the support packages suggested by each group, varied, each of the packages tended towards the professionals’ own remits and viewpoints.

All groups agreed that a wide range and number of agencies could potentially provide support to the family. A major consideration in the discussion was the co-ordination of the high number of agencies who could contribute to the support package for the family.

This co-ordination, crossover of remits, clarification of service roles and further issues will be explored in more depth within the next section.

Practicalities of Integrated working

When reading the scenario, the groups were asked to consider advantages and disadvantages of focusing on each individual or the family as a whole.

Overall, family focussed working was viewed positively; however participants highlighted difficulties or considerations in working this way. There was recognition of family focussed working being good practice and ‘politically correct’. One participant explained that parents had a right to be involved within the process of providing support to family members:

“As long as it’s done in the right way, parents are going to be part of the whole process and they have a right to be part of the whole process of, you know, whatever the intervention is. They need to be part of that as well.”

Another benefit in dealing with the whole family was felt to be the inclusion of some of the adult issues:

“Cos if you’re looking at a family focus on every single member is likely to be included. You know, you can focus on each individual whereas if you’re just looking at say the children, then the adults would get missed and they might have specific problems of their own that won’t be then addressed.”

The participants felt that a more holistic approach could get to the root of the family difficulties.

Another participant wished to highlight the fact that there could be difficulties around confidentiality and competency especially when involving young adults. Each young person (13 years old plus) should be treated as an individual and they should decide whether their parents should be involved. The young people’s service representative explained that it is important to assess each case separately in terms of allowing full involvement of parents/families:

“...we’ve always looked at things as an individual particularly with the 13 pluses is to treat each individual young person as an individual and therefore they’ve got, you know, they can decide if they can prove that they’re competent they’ve got a right to decide...It’s still young person focussed, all our work but where possible we will involve the parents.”

In some cases the participants explained that their experience shows that the parents may not agree to the approach suggested, their behaviour in itself may be the problem for the young person, or the services may not be able to agree with the parents’ solution.

Some participants felt that work could be done to engage with parents. The participants discussed the perception of some services being superior partly due to the increased legal power they have to support children and families. This is beneficial both in terms of engaging with families and completing fuller assessment.

One participant acknowledged that sometimes families need to have involvement with Social Services in order for families to work with other agencies:

“...they’ve managed to open the door and it’s like everybody else can sort of like jump in then really about doing their bits really.”

A participant from the young people’s service explained that sometimes their assessments need to be kept short in order for their clients to complete the them, however the youth offending team are able to complete far longer assessments with their clients because of the nature of the service.

This legal power to force families to be involved with Social Services, however, participants believed could also work against other agencies. This depends on families’ perception of Social Services, one participant explained that sometimes this involvement makes families wish to disengage with other services.

It was felt that some families may perceive family focused intervention as over complicating the problem. Integrated working with a family focus naturally includes more agencies.

“...it’s going to be more complex with a family focus because there’s going to be more agencies but I think that’s an issue with integrated working full stop.”

Whether working with an individual or family focus, the participants felt that involving a range of agencies potentially increases the amount of jargon. Even in the course of the discussion, one participant started to get confused with some of the jargon used when explaining details of services:

“You see you’re talking jargon to me! And this is one of the things that we’re all going to have a problem with, isn’t it? That, you know, you obviously are very conversant with it and it means a lot to you whereas if we’re coming from different aspects we don’t necessarily have a working knowledge of what it all means and what it means in regard to the young person and I think that’s something that, you know, we don’t have enough common ground, do we between ourselves?”

Some of the attendees again discussed the fact that they would not be involved in many of the areas included in the scenario, because of the age of the individuals or remit boundaries. It was also felt that in this case other agencies would already be involved before it came to their notice, and that they would deal with the individual but if other issues were raised they would refer on to other agencies.

In the scenario, one child had a ‘child in need plan’, this indicated to the groups that Social Services were involved and some liaison with them would be required to establish what the plans are from their point of view for the whole family. It was accepted that in this case and similar cases a lot of agencies could be involved due to the multiple issues portrayed and there was a possibility of agencies working at different paces with different members of the family:

“But at the same time, I suppose, you have to look at the overall picture and see how everybody’s got their role to play within that framework as well because you don’t want to disregard certain areas of concerns as well.”

Discussion within one group, highlighted the need, when working with multiple agencies, to recognise specialisms and realise the limitations of services:

“...sometimes you might be wanting to patch up the situation as much as you can before you get the other agencies involved in the team. But I think the danger there is obviously you don’t want to do too much. You might tread on somebody’s toes then and you might be doing something that you’re not really, you know, qualified to do so.”

One respondent wished to establish how involvement of many agencies would be undertaken to ensure no duplication of support occurs:

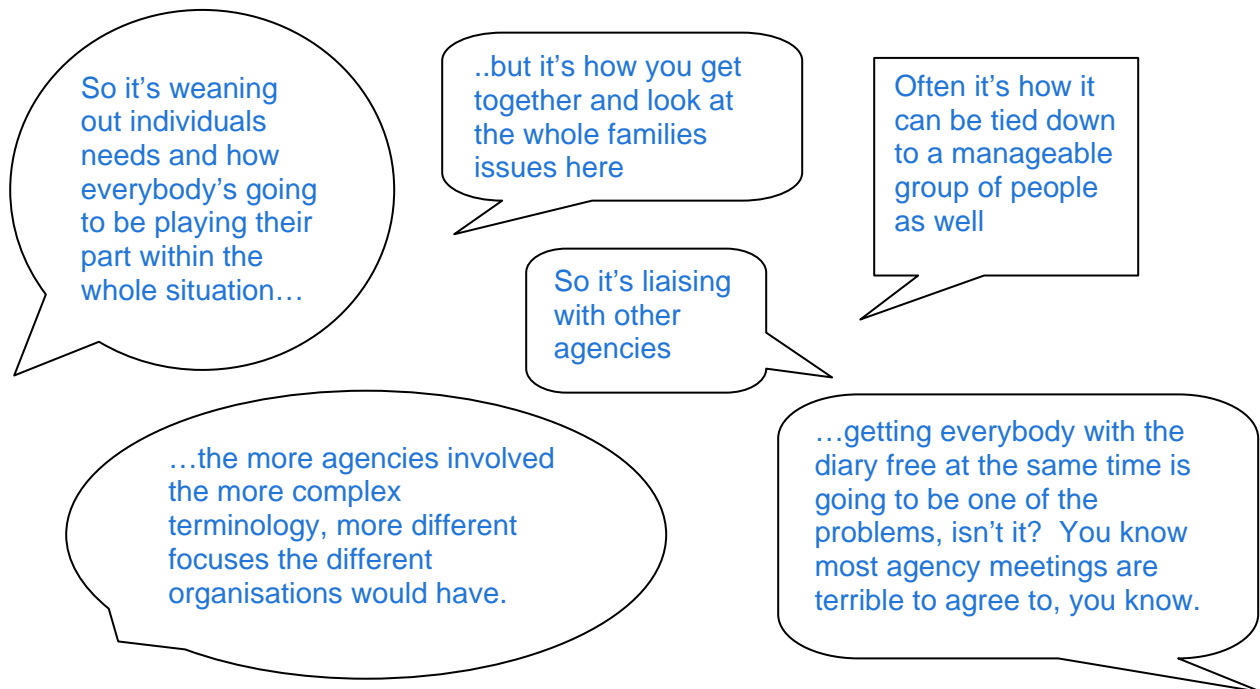
“And who’s pulling all the strands together as well was another major point that came out (of our discussion). The minute you see all these people involved you think, well, you know, how does that offer effective communications and ensure no duplication or anything falling in to gaps. I mean it’s a huge problem, isn’t it, that?”

During the session there was anecdotal evidence of cases where duplication of support has occurred. For example, duplication of professionals within the same service working with some families.

Although it was also stated that an advantage to focusing on the child is that the support may seem less overwhelming to the family. It was affirmed within the group that a holistic approach was more probable to get to the root of the problems, and also ensure for example that the adults in the family don’t get disregarded.

“...you can focus on each individual whereas if you’re just looking at say the children, then the adults would get missed and they might have specific problems of their own that won’t be then addressed.”

Some other logistical points raised are shown below regarding integrated working:



Barriers to integrated working

One participant felt a barrier to communication between agencies could be due to contact hours. She explained that she can not get hold of Social Services at lunchtimes, this barrier was particularly prevalent for people working in schools:

“That’s major. The best time of, as a teacher in school is to pick up the phone and say, ‘Look, I’m going to fax this to you but can I just ask you to look on your database or, you know, are there any known issues.’ You can’t do that... That’s right but a lot of people will come and find me because the deal is that if it’s Section 17 or 47 it’s got to be reported straight away in writing to me but say I was teaching period three or four I would ideally like to pick up the telephone at lunchtime and just run the scenario passed them and ask them to check, you know, their files and I can’t do that.”

A discussion was undertaken regarding inconsistent and unclear thresholds, remits and criteria; these were perceived as barriers to getting support. One respondent believed there to be:

“...a difference in terms of criteria with other services but specifically around safeguarding it’s been discussed quite a lot ...”

The respondent went on to explain that he thought this difference was subjective according to the different agencies who dealt with safeguarding.

Another participant discussed the criteria they use to establish need in their service within schools. She highlighted the need to be consistent in terms of criteria by which need is established:

“One person per child in need wouldn’t necessarily be at one point another establishment’s child in need so that is what’s going to be good about hopefully the, you know, in years to come that should eradicate any (inaudible) because the same criteria should be deployed, shouldn’t it? And ensure that we’re all singing, you know, hopefully from the same hymn sheet.”

A discussion developed about the difficulty getting Social Services to accept referrals and being a stumbling block to integrated working. The participants discussed how the process they went through to refer a client to other services was different. One respondent explained that their services has learned the depth of information that is required for referral i.e. chronological records, and how this quality of evidence can influence how far the case will go in particular with Social Services.

One participant discussed problems a colleague had referring a child to Social Services due to lack of background evidence:

“She hadn’t got a catalogue of things but she felt strongly enough to pass it on and one of the things that was said to her was, ‘Well, don’t you know about the CAF that’s going on?’ and ‘How much information have you got on the child?’.”

One participant explained how they deal with Social Services:

“But as I say if we realise not to just accept what they’re saying sometimes and fight a bit harder, you know, and say, ‘Yes, we have got this evidence and I really want to make this referral, you know, and I want to speak your manager.’ I mean children shouldn’t be taken in a home if they don’t want to but 13 year old and they’re having milk bottles thrown at them. It is still a child, you know. And we’ve got to try and protect them,”

The participants explained that sometimes they have to ask for the manager to get a referral. Some people find it easier to refer onto other agencies rather than going through the ‘red tape’ to refer to Social Services.

“We have just been doing a case with a number of agencies have had real problems accessing the family home etc. Everybody’s expressed concerns but, you know, it wasn’t really tied down. But it took one incident for Social Services to get together and everybody was called in and now the case is progressing to probably a satisfactory level where, you know, at least everybody is aware of what the family’s needs are and the family themselves have gone through such a phase as well but because of problems, you know, it’s taken an incident for it to be, it’s like a touch paper really, you know, for everybody to get involved and do something about it. Everybody’s been expressing concerns but nothing gets done in the end. And that’s our sort of like dilemma at times.”

One respondent explained that sometimes a case has to progress to a more serious level and a specific incident needs to occur before some services take on a case, rather than work together more at a preventative level before problems escalate.

Awareness of services

Moving on from the scenario the groups talked about how they would involve other agencies around the logistics of coordination of larger groups of agencies and initial coordination. The groups talked about how they were aware of other services and one member described how their team works very closely with a whole range of agencies who signpost regularly but on a more informal basis. Other attendees talked about needing to know how to engage with services apart from those with which they ‘naturally’ work. This extends beyond statutory agencies to, for example, holiday activity schemes. One attendee felt that knowing about other agencies could be influenced geographically

“Well I think there is a divide between North and South and there are different ways of working. I think that happens just because where you’re based.”

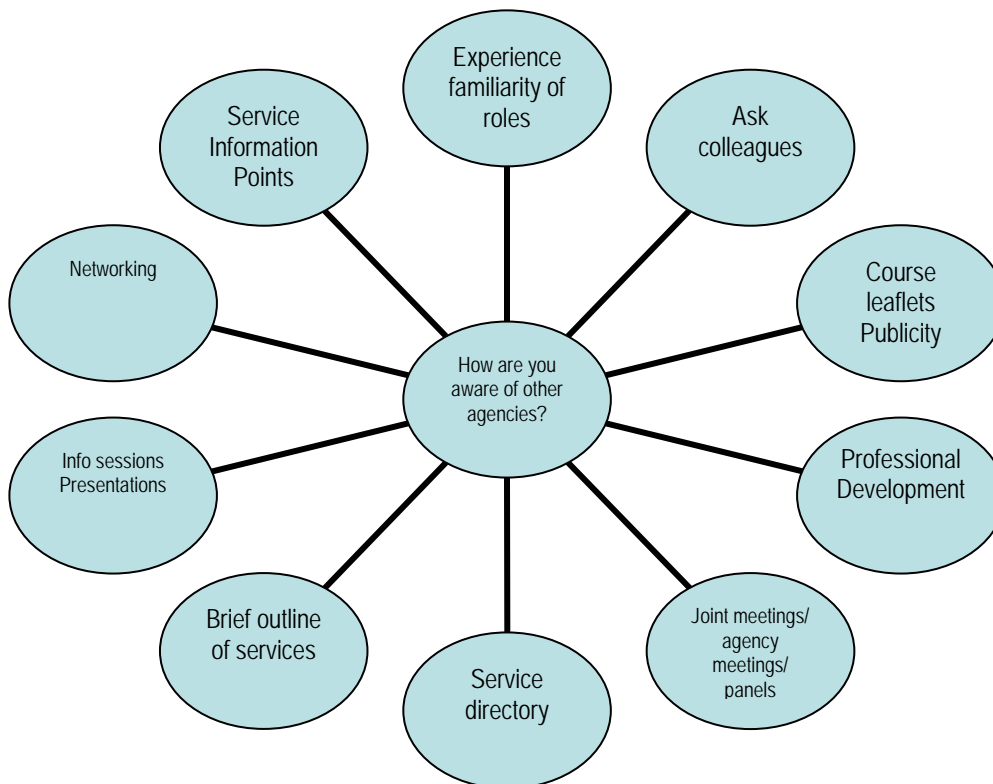
There was a discussion about a particular network event, a practitioners group, dealing with a specific age cluster but also involving generic services such as housing, this event was coordinated by one person who invited the services they were aware of

“She invited all the services she was involved with, did....., and then basically and through Connections and then it was pretty much an open invite to services if they could support.”

One participant explained that a lot of contact with other professional comes from informal networks:

“I’m just thinking about a formalised approach and the informal approach. Our team works very closely informally with a whole range of agencies, Health Visitors, Physios, OTs, Speech Therapist, Social Workers. You name it and they signpost on a regular basis. Getting on with housing. But that’s on a more informal basis rather than you know through the CAF, for example or Integrated Services Review Panel which we mentioned.”

The stated means of identifying other agencies are shown in the diagram below



As demonstrated above the service directory was talked about this was used as an example of how a trainee (someone without the above demonstrated means) may get to know about other agencies and how generally networks could be broadened.

“As far as I know, there is somebody within Kirklees who’s supposed to be compiling a list of all the support services.”

One member talked about practicality as directories can be out of date. Another member acknowledged the online version but underlined the importance of the directory being issue led rather than service led otherwise it would defeat the object.

“...and I think that’s been the problem with most of the stuff that’s been put together in the past, it works on the presumption that you know who you’re looking for.”

Some of the barriers encountered were around not being sure who to ask for and then not being immediately in touch with that person and that hopefully the service directory would cut out this circuitous route. There was reference to the fact that people may not always be fully aware of correct procedure and to take that into consideration when trying to refer a case.

“And we can’t assume that everybody’s well trained. You know what I mean?”

The CAF tools and training

Participants were asked to indicate what they learnt as a result of the CAF training. The overall response to the CAF training was positive. Participants explained that the training helped make them more aware of the range of agencies which work within age groups of children who are outside the remit of their service.

The majority of participants were able to remember the CAF tools highlighted during the training and were able to see practical applications for the case scenario outlined earlier in the discussion.

There seemed to be some confusion regarding who would take on the role of the Lead Professional and instigation of the process. Reservations were highlighted about the appropriateness of some services instigating the CAF process. Some staff had concerns about completing the CAF form itself and whether the assessment was from a family or individual focus.

For example, a connexions worker felt that their service would not necessarily complete a CAF but would get involved in the process at a later stage:

“I felt that we wouldn’t necessarily be the person that would complete the CAF because we wouldn’t necessarily be a CAF for itself, yeah, because I think that process would maybe have already started before we got involved and maybe hopefully at an earlier stage.”

She explained that there is confusion regarding the level of qualifications or experience staff need in order to complete the CAF forms.

“When you’re doing the pre-CAF assessment, you know, you’re only looking at your own agenda there. You’re not looking at the whole issue and so you’re only doing your bit. So you’re probably, that probably puts some people off doing the CAF forms anyway so you know, it’s not really relevant to them because they’re not going to be doing, fulfilling the whole needs of a child’s or whatever, they’re only going to be doing their own bit.”

The length of the CAF form was also discussed as a hindering factor in engaging with the CAF process for both professionals and clients.

The participants were unsure whether taking on the role of Lead Professional would be dictated by a professional’s level of ability, responsibility, work load or pay and other contributing factors, for example, choice by a family. They expressed a concern about some

agencies withdrawing from taking the Lead Professional role, leaving only certain agencies or sections of agencies who would take on the lead role.

There was discussion about the nature of the service directory and at what stage of development it was currently at. One participant explained that whilst the service directory may not necessarily be the definitive solution to being aware of other services it *“could be taking you some way down the road towards an answer”*. The participants believe the directory needs to be up to date. There has got to be an online version and it has got to be issue and lead led:

“...it’s no point listing the services because if you don’t know they’re out there, you’re not looking for them and I think that’s been the problem with most of the stuff that’s been put together in the past, it works on the presumption that you know who you’re looking for.”

Participants envisaged the child index providing more support in establishing whether non-statutory organisations are involved with families. He felt that this is difficult to do at the current time.

In terms of contributing to a plan for a family or individual, some participants were concerned by the ability or power of professionals in being able to pull together a multi-agency or TAC meeting. One participant highlighted the difficulty of his colleague who is actively involved in the integrated working pilot being able to bring together a TAC meeting.

Conclusions

There are differences between services in terms of the support they provide to children and families, how they engage with these families and, develop and undertake solutions.

Participants work within services who deal with different types of children according to their need, some provide more universal services and others more targeted and specialist.

All children and families are initially assessed by a service. These assessments range from structured diagnostic assessments to unstructured assessments which are more based on professional judgment.

Plans developed to provide support to families sometimes incorporate input outside the services remit from other agencies with whom informal links are made, to provide a wider range of support. However, support packages may tend towards the professionals’ own remits and viewpoints.

Overall, family focussed working was viewed positively for a number of reasons; however participants highlighted difficulties or considerations when working this way.

These considerations include personal preference of young adults in developing their support package, for example, inclusion of parental input and confidentiality.

Other practicalities regarding integrated working were explored, these include the use of jargon between services and engagement of parents. Cross over of different services’ remits was highlighted. This was raised as an issue because there were concerns around

duplication of support or a lack of support for individuals. Co-ordination of multiple agencies could incur some logistical problems, for example, in terms of the differing paces of support with different family members, and developing and managing complex plans. In addition, pulling together multi-agency meetings could be difficult because it is hard to tie down professionals to attend meetings.

One group highlighted the need, when working with multiple agencies, to recognise specialisms and realise the limitations of services.

Barriers to integrated working were considered, for example, the hours that services could be contacted. Other barriers to receiving support included inconsistent and unclear thresholds, remits and criteria. Access to support from Social Services was raised as problematic due to the inconsistency of threshold for different services and the depth of history needed for referrals.

In terms of awareness of other services, participants described how their team works very closely with a whole range of agencies who signpost regularly but on a more informal basis. Other attendees talked about needing to know how to engage with services apart from with which they 'naturally' work, this extends beyond statutory agencies. One attendee felt that knowing about other agencies could be influenced geographically. Generally a need to widen networks was accepted.

Overall the response to the CAF training was positive. Participants explained that the training helped make them more aware of the range of agencies which work within age groups of children who are outside the remit of their service. The majority of participants were able to remember the CAF tools highlighted during the training and were able to see practical applications.

There seemed to be some confusion regarding who would take on the role of the Lead Professional and instigation of the process. Reservations were highlighted about the appropriateness of some services instigating the CAF process. Some staff had concerns about completing the CAF form itself and whether the assessment was from a family or individual focus.

Participants envisaged the child index providing more support in establishing whether non-statutory organisations are involved with family.

In terms of contributing to a plan for a family or individual, some participants were concerned by the ability or power of professionals in being able to pull together a multi-agency or TAC meeting.

Recommendations

All processes designed to facilitate integrated working should take into account the differing nature of services. This difference occurs throughout all stages of professionals providing support to children and families.

Clear explanations of the integrated working processes and the CAF tools are required. A common language needs to be adopted, one which is free from jargon thus facilitating

coherent communication both between professionals and between professionals and families. For example, the terms 'criteria', 'remits' and 'thresholds', seem to be used interchangeably.

The integrated working process including CAF should be promoted to all frontline staff and operational managers in all services with any dealings with children and families. This awareness raising should also promote the benefits and importance for children and families and professionals to adopt this way of working. The importance of adopting the new CAF tools and process should be clearly explained to professionals so that all services make an equal contribution to the process. This may also help improve staff confidence and authority in pulling together multi-agency meetings and coordinating agencies who are working jointly on a plan for a family.

In addition to training for staff new to the CAF process, refresher training is also needed for staff who have already received the CAF training to clarify any areas of confusion. Clear guidelines need to be provided to all staff about the CAF process, indeed which services should be involved in instigating a CAF, who can act as Lead Professional and how and who should develop and implement a family plan.

Professionals need to improve their networks, in order to be better informed of support available for children and families. Ideally the promotion of services should be issue-led rather than service-led. This awareness-raising of services could be achieved via a service directory, ideally this would be need to be online and up-to-date. Other networking events could also be organised, so professionals can have face to face contact if this is preferable.

An assessment across services could be undertaken to establish the range of services, their remits and thresholds. This work could help better establish the criteria or service thresholds children and families need to meet in order to receive support from the various agencies. It could also help minimise duplication of service provision for families

It is suggested that consideration is given to how to best engage families in the CAF process. This stakeholder group should be consulted and the guidelines for involving families in the process should be family-driven.

Appendix 5

Kirklees Pilot area Information Sharing and Common Assessment Process- Draft

