What Appears to be Helping or Hindering Practitioners in Implementing the Common Assessment Framework and Lead Professional Working?¹

The Common Assessment Framework (CAF) and lead professional (LP) working are part of a government strategy in England and Wales for earlier intervention and more integrated services for children and families. A national government evaluation studied the early piloting stage of implementation of CAF and LP working in 12 English trialling group areas. Initial findings suggest a number of interlocking factors, which seem to either help or hinder the process of implementation. Where there is enthusiasm for the work and a clear structure, which is understood and internalized by practitioners, CAF and LP are promoting better multi-agency working, helping agencies to come together much faster and enabling more rigorous follow-through of services. Hindrances include the lack of a local history of successful multi-agency working, which seemed in turn to breed professional mistrust and fuel anxiety. Anxiety is also generated by fears about change and lack of confidence in new skills. For many practitioners aspects of this work are new and the emotional impact of the work needs to be acknowledged in support and training. The task of local implementation would be easier if there were firmer national guidance about CAF and LP roles and processes, for example a single nationally approved CAF form. Copyright © 2006 John Wiley & Sons, Ltd.

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¹ The views expressed in this paper are the authors’ and do not necessarily reflect those of the Department for Education and Skills.

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The development of a Common Assessment Framework (CAF) and the establishment of lead professional working (LP) were announced as central elements in the English government’s strategy for more integrated children’s services in 2003 (DfES, 2003), and were backed by the legislative spine of the England and Wales Children Act 2004.

Government guidance explains that the Common Assessment Framework is used where children in ordinary settings have additional needs (DfES, 2006a). The purpose of the CAF is to help practitioners from a range of sectors to assess children’s additional needs for services earlier and more effectively, develop a common understanding of these needs, and agree a process for working together to meet them. The aim is to provide better services earlier, without the need for the family to repeat their story in a number of different, overlapping assessments. As such, early common assessment is part of the government’s strategy to shift the focus from dealing with the consequences of difficulties in children’s lives to preventing things from going wrong in the first place. It is important to note that the Common Assessment Framework is intended to be used in cases where concerns are other than about child abuse (Munro, 2005).

Some common assessments might result in the identification of a lead professional who will co-ordinate the actions set out in the assessment. Department for Education and Skills (DfES) guidance explains that a lead professional is someone who acts as a single point of contact for a child and their family when a range of services are involved and an integrated response is required (DfES, 2006b). The lead professional supports the child and family in getting the help they need and the role is intended to reduce overlap and inconsistency between practitioners and services.

Common Assessment Framework materials were issued for trialling in England, centrally, from the English government in April 2005 (DfES, 2005a), and guidance for managers on developing the lead professional role was similarly available from July 2005 (DfES, 2005b). Approximately 90 local authority areas informed the DfES that they planned to implement these new ways of working, ahead of the national ‘roll-out’ after April 2006. From these 90, the DfES selected 13 trialling group areas (one dropped out, so they became 12). The 12 areas were selected from an analysis of various factors, which included readiness, starting date, a spread of sector involvement, established IT options for CAF/LP, and experience of piloting other integrated services initiatives (for example the Information Sharing Assessment scheme (ISA) or Children’s Trusts arrangements).
A team of researchers at the University of East Anglia was recruited by the DfES in August 2005 as external independent evaluators of the early working of CAF and LP in the predetermined sample of 12 local authority areas. Lessons from the evaluation were intended to help inform further CAF/LP development during December 2005–February 2006 and national roll-out plans for 2006–2008. The evaluation was completed in March 2006.

This article presents preliminary, tentative findings drawn from work in progress from the brief, seven month evaluation. It needs to be emphasized that a quarter of the 12 areas who had identified themselves as likely early starters have been slower to begin the work than they had thought, and that there is therefore a limited volume of CAF or LP work to evaluate. The comment ‘It’s still too early to say’ has been an enduring feature of the evaluation. Tentative findings presented here are in relation to the 12 areas’ plans and preparation for implementation (including training), and the views of a small number of practitioners and their supervisors, who are carrying out the work. Different approaches to practice in CAF and LP work are illustrated by the perspectives of this small number of workers at the front line, already engaged in this work.

Our preliminary analysis categorizes the 12 areas into different stages of progress in starting up this work and then examines what appears to be helping or hindering implementation and good practice.

**Methodology**

The key research question posed by the evaluation was ‘what helps or hinders practitioners in implementing CAF and LP?’. Early findings presented are drawn from the 12 trialling areas from three key sources.

1. **Telephone Survey 1.** Single, lengthy interviews were conducted with the 15 key leads for CAF/LP in the 12 trialling areas between September and October 2005 (one authority had three area leads), to provide background understanding and context. Their names were provided by the DfES. Interview questions included context of CAF implementation, support structures for practitioners, how CAF and LP were set up, training provided, who was involved, resources available, monitoring, relationships with other assessments, follow-up procedures, and views on effectiveness. Most of these strategic managers were the lead persons for both CAF and LP. Their professional origins were mixed but the majority had a social work background.
2. Workshops were held with 13 practitioners from eight of the areas between September and October 2005 with follow-up telephone contact in January–February 2006. Not all 12 areas were represented because of difficulties in identifying practitioners who had begun the work. Practitioners were from education, health and the voluntary sector. Workshops were held at the beginning and end of a month’s engagement for two groups of practitioners. At Workshop 1, guidance was given about their task as research informants and the guided diary exercise (use of time for CAF/LP work, and reflections on the work). At Workshop 2, the practitioners’ experiences of the diary exercise and of CAF/LP work were shared and communicated with the research team and with each other. Workshop practitioners were contacted again by phone two months later.

3. Single telephone interviews with the line managers of the 13 practitioners were undertaken between October and November 2005.

To complete the study, a further phone survey was carried out between November 2005 and January 2006 to gain the perspectives of a broader range of practitioner and stakeholder groups (76 additional respondents, 47 practitioners and 29 operational and strategic managers).

Data Analysis

The 15 interviews for Telephone Survey 1 were all taped and transcribed. Three researchers searched the transcripts for common themes and another researcher produced comparative tables of the authority demographics, history, structures, and CAF/LP processes. The four practitioner workshops were taped and researcher notes taken. Case studies were developed from these records.

Context of the 12 Trialling Group Areas and the Build-Up to CAF and LP

The 12 trialling group areas are predominantly densely populated urban areas of high deprivation (ODPM, 2004). High deprivation has made many of these areas eligible for government funding for projects to combat crime and social exclusion, which have required good multi-agency collaboration. Some other areas with lower levels of deprivation have been the beneficiaries of large government grants, particularly as ‘trailblazers’ to pilot the government’s Information Sharing Assessment (ISA) scheme. Some areas spent the funding primarily on good IT systems, others on developing a shared
Many of these areas have already developed and established an infra-structure for multi-agency working. It is important to note that many of these areas have already developed and established an infra-structure for multi-agency working.

In this respect it could be said that we are not studying a representative sample in relation to the remaining areas starting CAF and LP working after April 2006. Although caution should be exercised about the transferability of all the lessons from this pilot to all England, it should also be noted that one of the areas to make the most rapid progress in this evaluation has less prior experience of multi-agency working.

The state of CAF/LP implementation was fluid and changing rapidly when we carried out the first telephone survey with strategic managers between September and October 2005. From this information we categorized the areas into four groupings to reflect the level of experience they had by this time. Some of the slower starting areas have subsequently made rapid progress in the number of assessments completed and LP cases being carried, and all of the areas had either started CAF and LP work or were about to do so imminently. The position shown in Box 1 represents progress by the end of October 2005.

Box 1. Authorities’ progress towards CAF/LP implementation by October 2005

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<tr>
<td>3 authorities—More experienced</td>
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<tr>
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<tr>
<td>3 authorities—Very early days</td>
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<td>3 authorities—Not yet started</td>
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All stages of ‘start-up’ included a mix of previous multi-agency and common assessment experience. For example, areas in the ‘more experienced’ group included those building on experience of joined up multi-agency processes and those who developed relatively new systems. There are lessons here for the widespread implementation after April 2006, in that it is not necessary to have a long history of multi-agency experience to get started, and that in some instances it may even be easier to start from scratch. There was also a sense that some areas were willing to test out the new systems and to learn through doing. Others were hanging back to wait until more was known, until IT systems were better, or until their systems were more fully thought through. These different ‘can do’ and ‘can’t do yet’ positions were perceptible in many of the interviews conducted.
What Helps and What Hinders CAF and LP Implementation?

From the data we have been able to glean at this stage, a number of interlocking factors emerged that seem to be either helping or hindering the process of implementation.

**Box 2. Factors that help or hinder implementation**

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<thead>
<tr>
<th>Factors that help implementation</th>
<th>Factors that hinder implementation</th>
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<td>• Lack of agency join-up/conflicts of interest</td>
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<td>• Perceived benefits for families</td>
<td>• Lack of professional trust</td>
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<td>• History and practice of good multi-agency working (inc. previous common assessment or LP)</td>
<td>• Mismatch between the ‘vision’ and the practice</td>
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<td>• Anxiety about increased workload</td>
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<td>• Anxiety about new ways of working</td>
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Factors that Help Implementation

**Enthusiasm at grass roots and managerial level**

Enthusiasm for CAF and LP was widespread among all the different sectors and levels of respondents we contacted:

‘Of all the work coming in CAF and LP excites us most as it’s trying to get to the core of the problem and the influences on the young person’ (education supervisor).

‘I think it is great. In terms of early intervention work . . . I believe that more effective work is done once a common assessment has been completed because it gives a much more holistic picture to all practitioners. They can see exactly what part of the support plan they are supposed to do. It keeps them focused and it’s common practice. It helps to pinpoint the area where that young person needs support. It helps in many ways, it has helped agencies come together much faster and understand exactly what they are there for’ (strategic manager).

**Perceived benefits for children, young people, and families**

Even at this early stage, practitioners and their supervisors were beginning to identify some benefits of these systems for young people and their families. One supervisor spoke of CAF being ‘very important.’ She felt that early input could give parents the strategies to care for their children better but that the effects of this would probably not show up until years to come.
Another practitioner made more concrete observations about the current impact on the family:

‘The process was very time consuming and also very intrusive for the family. The family were completely willing to help us in every way possible . . . but I have concerns that not all families will be this easy to work with . . . ’ (voluntary sector practitioner).

This practitioner’s supervisor pointed out the positive results for the parent in this family:

‘Completing CAF with the parent helped her to understand what her child needed and to ask for this from other professionals, particularly in meetings. She was able to use the CAF as a tool. The parent being part of completing the CAF meant that at the meeting there were no surprises’.

Another practitioner said that a mother felt that she had been ‘listened to’. Good news about CAF work was clearly spreading in one school. A parent had heard about this help and approached the learning mentor to ask for ‘a CAF’ so that her family could get support too.

Practitioners also said that young people are finding the process helpful. In one case, a young person told the Connexions PA (who became the LP) that doing the CAF gave her a sense of choice and options.

Perceived benefits to young people and their families were also evident in LP working.

‘the young person is able to request that I contact services on her behalf which helps as she is shy and wouldn’t chase up agencies if it were up to her’ (education practitioner).

‘I have developed a trusting relationship with the young person. I follow through whatever I say I will and if it’s another professional’s responsibility to do so, I inform the young person of this. I have encouraged him to attend all multi-agency meetings and ensure the language used is accessible to him’ (education practitioner).

The same practitioner emphasized that ‘if I wasn’t the LP in this case the young person would probably not be participating in any education or other activities’.

**History and practice of good multi-agency working**

Those areas with a backdrop of a shared vision about cultural change owned by strategic managers and practitioners alike seemed further down the road of successful engagement across sectors and good multi-agency working. Discussions of individual cases with practitioners gave us examples of how doing this work is improving and promoting multi-agency working and mutual understanding:
‘this CAF definitely helped the multi-agency approach and ensured people followed through . . . this process has helped everyone to communicate better and realize [child’s] needs more clearly . . . doing the CAF has helped me to realize how good other agencies are—the patient work from the youth worker has been excellent’ (education practitioner).

The outcome of another CAF was that there was no need for an additional service. However, the process of completing the assessment underlined forcibly that there was a necessity for the professionals involved to communicate better and to work together more effectively to support the child’s behaviour in school.

There was also an example of better cooperation through LP working: ‘I have been encouraged by the way in which professionals, especially in health, have cooperated and shared information, in a way which would not previously have happened, and definitely feel this has helped us prevent this child slipping through the net’ (education practitioner).

The CAF process also led to intervention from agencies that had previously been difficult to engage. One common assessment resulted in a step-up in two other agencies’ commitment to the young person. A representative from the youth offending team now attended multi-agency meetings, and the common assessment process prompted social services to become involved even though the education support practitioner had been trying to persuade them to do so for two years.

Learning from others
Learning from other authorities and other areas seemed helpful both in the local design of the systems to implement CAF and LP, and in doing the work itself. A number of the trialling group areas had been in contact with each other at the planning stages to swap knowledge and experience. Practitioners at the workshops we ran were eager to borrow practice tips and find out how others were putting the systems into practice. One example of this was a practitioner who picked up on the usefulness of a pre-CAF checklist during workshop discussions and has now changed local practice.

‘We do a pre-CAF checklist on all the cases now to determine who needs a CAF’ (education practitioner).

Existing IT system
Good IT systems were mentioned by a number of areas as being very helpful to bedding down the CAF and LP process and connecting up multi-agency working and information sharing.

‘[IT system] is brilliant, it gives the whole thing meaning’ (education practitioner).
This particular system allows practitioners to log concern about a child. If a number of concerns are recorded it triggers an alert. The CAF form and the service directory are located on the same system and support for practitioners can be identified in this way.

In another area the CAF form is similarly on a database and this area is moving towards an ‘eCAF’ form. This system extends to significant harm and to social services intervention. It was suggested however that this ‘child concern’ discourse does not use the language of universal services, and universal agencies, such as schools, may be reluctant to use the database.

Some areas are hoping to introduce all the electronic integrated services materials at the same time (e.g. ISA, CAF, Index), but hanging back and waiting for the perfect joined-up IT system does seem to create a hindrance to getting this work started and hence to learning as you go.

Areas without a good IT system find this causes additional work: ‘CAF involves a lot of photocopying and paper handling at the moment’ (strategic manager).

Clear structure for CAF/LP process
It is too early to be confident about the way in which the planned structure for CAF and LP matches up to practice. However, there were indications that a clear structure, which was understood and internalized by practitioners, made implementation easier. Some areas have developed and communicated a transparent structure, which incorporates both CAF and LP along a continuum of need: ‘there is an overall strategy that everyone understands’ (strategic manager).

A number of areas have a tiered model of ‘levels of need’. Some models incorporate the full range of potential needs, including both preventative work and more complex child protection issues. One area has well developed publicity and training material with visual representations of the levels.

Good training, support and supervision
A number of strategic managers and practitioners commented on the benefits of multi-agency CAF/LP training as an opportunity to bring practitioners from differing agencies together. A voluntary sector practitioner said ‘It’s made me think in a different way listening to other people who also undertake assessments’.

Follow-up training was valued, as were ‘toolkits’ to take away at the end of training. Ongoing support from a named individual was the most valued form of help, and this appeared to keep practitioners motivated. Advice from someone who knows the whole picture was felt to be invaluable. ‘Its not just
training for the CAF, it’s about having the whole process understood’ (strategic manager). Some areas had achieved this by the appointment of champions in the field or integrated service managers in the localities.

In two high quality CAF forms that we saw (clear information in most or all of the domains and analysis of the issues) we learnt that the practitioners had received good supervision. Practitioners had good support from their supervisors in gathering the information and completing the CAF form, and generally in the new skills needed for CAF and follow-up LP working for example in structuring the CAF process, report writing skills, sharing information with other professionals and negotiating skills.

Factors that Hinder Implementation

Lack of agency join-up—conflicts of interest
Some areas identified problems in getting particular agencies and sectors to sign up for these multi-agency processes. In one small local pilot, involving the school was causing problems. School staff were not attending training, and did not appear willing to follow the CAF process. A practitioner commented

‘I have reservations that the school will not undertake the recommendations and the family will feel that the process was a waste of time’ (voluntary sector practitioner).

Involving criminal justice agencies was seen as difficult in a number of areas. In one area the police had originally been keen to join but had to drop out because of perceived conflicts of interest between ‘keeping the community safe’ and ‘child first’ priorities. Similarly, youth offending teams were involved with the early training but have been slow to join in with the work.

We were told that, even if agencies are meeting and working in different ways, they are still operating within their own narrow operational boundaries. There are no sanctions or inducements to rectify this, as there are no national multi-agency performance indicators.

Lack of professional trust
Lack of a shared vision and problems with agency join-up seemed, in some instances, to also point to a lack of professional trust. One practitioner told us that professionals need to trust each other in order for the LP role to work effectively: ‘they’ve got to get better at integrating before we can trust people’ (health practitioner).
There appear to be challenges when people from different professional backgrounds come together. A key tension is how to manage information sharing and who to talk to when separate sectors are accustomed to sharing different kinds of information with different groups of people (and often not with parents). There are problems about a ‘lack of common language (and) differences in workload planning and workforce remodelling’ (strategic manager).

Lack of professional trust is perhaps part of the reluctance of some agencies to accept another practitioner’s common assessment. One area felt that better linking to social services’ initial assessments would forge better professional trust:

‘It seems ludicrous to go through the whole thing again and it seems contrary to the ethos of CAF, . . . The CAF and the initial assessment are essentially the same assessment . . . because one of the things social workers were saying was teachers, health visitors and youth workers aren’t going to be able to do a good enough assessment, but actually they’re having their eyes opened by it, so it builds that bit of professional trust, which has a spin-off in all sorts of ways . . . I do think that this is an area that needs much more stringent attention between the two parts of the DfES to get sorted’ (strategic manager).

Mismatch between the ‘vision’ and the practice

The antithesis of improved understanding and multi-agency working occurred when common aims were not properly shared or owned by individual agencies or sectors.

‘Some agencies don’t share the vision. The work needs all agencies to have a common and shared vision. Confidentiality, for example, is an issue as some agencies say they can’t share information because it’s confidential’ (education supervisor).

‘A school dominated agenda could be an issue, with schools taking over’ (education supervisor).

A mismatch between vision and practice was also prompted by the perceived lack of join-up between government departments in accepting a single common assessment.

‘People do not see how it fits into existing structures . . . CAF does not have the ‘weight’ to replace existing forms that have already been developed. People might be prepared to do it during a pilot but not necessarily in a mainstream service. So there are tensions about credibility, about it being too new’ (strategic manager).

By contrast, it is possible that the hesitance about a shared vision was because the system was still new. Perhaps it revealed a lack of familiarity, rather than a deeper reluctance.
‘The CAF process is new . . . with some areas just going ‘live’ now, so I feel that not all professionals in certain agencies are at the stage to embrace it’ (health practitioner).

Many of the operational staff we interviewed felt that it was up to them to spread the word and drum up support, and that this could be wearing:

‘It’s a constant sense of frustration that other people still don’t understand’ (voluntary sector practitioner).

Confusion and muddle about processes
As well as lack of awareness about the CAF process, line managers and practitioners gave us examples of muddle and confusion about the LP role evident at this early stage of implementation. This was exemplified by one practitioner at the workshop, who was not sure whether or not she was the lead professional.

More clarity was felt to be necessary in relation to the obligations and expectations of others working with the lead professional, for example

‘Keeping the LP up to date with developments and not expecting the LP to do everything, but rather practitioners doing tasks on the case too’ (health supervisor).

‘There needs to be an understanding that LP working is about being the coordinator of services for the child, not taking full responsibility for the case. This is tending to happen as everyone is so pressured in their work’ (education supervisor).

There is also a need for the LP role to be respected by other professionals (especially where a less qualified practitioner is given the role). Greater communication and a better PR exercise were thought necessary to promote knowledge and understanding among professionals.

‘There needs to be an expectation on all professionals to communicate and value the LP role’ (health practitioner).

Skill/confidence gaps
A significant hindrance at this stage appeared to be a gap in both skills and in confidence:

‘I haven’t got the skills to ask for consent in complex family cases where there’s domestic violence and drug misuse. I haven’t had training for this and I’m worried that I might be uncovering other problems that I won’t know how to deal with. However much training [I had] I wouldn’t feel confident doing this work. It’s so complicated, there are so many issues and you can’t help taking it home with you’ (education practitioner).
Strategic managers also had concerns about skills training for both CAF and LP.

‘Skills training is going to be an issue when you train people in the role of LP and in filling out a form when they have never sat down and assessed someone before. We previously highlighted [in predecessor common assessment training] that some people have got the skills and some have not. Focusing on people’s strengths helped practitioners in the early pilot who felt uncomfortable filling out the form (in the children’s centres) and felt that it was intrusive’ (strategic manager).

At one of the workshops we were told that ‘people are frightened’ of being an LP. A number of practitioners said this included the anxiety about who else might be in the multi-agency team and what their professional background might be.

Concerns were expressed at workshops about the specialist skills needed to chair meetings as the lead professional, and the point made that it would be better to have someone else to act as chair and/or take notes.

Practitioners were concerned that these skills gaps could have a detrimental impact on families’ uptake of services:

‘There is an impact on families of experiencing badly chaired meetings; we could lose their cooperation at level 2 and we could scare families away that don’t engage with services easily anyway’ (health practitioner).

Lack of support

Most training did not appear to be specifically tailored to reflect the existing experience, skills, and knowledge of the practitioners attending. This meant that, whilst some practitioners felt the training was repetitive and overdone, other staff lacked some of the basic skills and training in core areas such as assessment, communication, and interpersonal skills. Areas appeared to have different approaches to these issues:

‘It’s not about teaching professionals how to do their job’ (strategic manager).

‘Some people will need back to basics training’ (strategic manager).

Many of the supervisors and first line managers we contacted said they had not received training and so were not able to provide support for CAF/LP working. In some areas training was not available due to lack of funds in the agency.

‘Most of them haven’t (had training) which is a real weakness because frankly they are giving out some duff advice’ (strategic manager).
As a result, practitioners often commented that they knew more about CAF than their supervisors: ‘My line manager wouldn’t have a clue’ (education practitioner). ‘The practitioners know a lot more about it than the managers’ (health practitioner).

In some instances we were told that the time spent on CAF/LP working has had a deleterious impact on the time available for support and supervision. ‘Work is too busy to find time for it’ (education practitioner).

Anxiety about increased workload

‘People have engaged with the concept but are anxious about the impact on their workload. To do a CAF properly, it isn’t just a form, it’s a process and it’ll take time. Also there are concerns that to do this process, you are going to highlight a lot more children and need to intervene with a lot more children—are the resources there?’ (strategic manager).

‘People generally think CAF is a good idea but there are some tensions over the sense that “we already do all this, I’m not going to do this as well as everything else”’ (strategic manager).

Many practitioners we spoke to pointed out that their administrative workload had increased since beginning CAF work. The most widespread anxiety was that doing a common assessment would lead to being the lead professional and this would further increase their workload. Practitioners also told us that completing CAF/LP work also has an impact on other cases: that there was less time for other work as the CAF/LP system was so time consuming.

Anxiety about new ways of working

Part of the concern about increased workload seemed to stem from the anxiety of coping with new roles which needed new skills:

‘practitioners in Connexions are used to being a referral service, i.e. referring issues on to other agencies rather than working with the issues themselves, and so the LP role is a very new way of working that they need training in’ (education practitioner);

‘my role has changed drastically in the last 2 years. I was trained to save lives but now we’re all a bit like social workers, but doing tasks we’re not trained to do, such as chairing meetings and delivering difficult information’ (health practitioner).

One practitioner commented that there was a need for a culture change among practitioners ‘accepting that parents attend meetings, asking them what they think they need rather than...’
telling them what they need, “empowering them” (health practitioner).

As one strategic manager commented ‘Some people will always resist change; we need to make champions of the ones who are eager’.

**Update of Findings**

Later findings in the evaluation confirmed the earlier enthusiasm for CAF and LP work and the willingness to make these processes work. However, it was apparent that CAF and LP working also posed many challenges. Anxiety and frustration were generated by the lack of clarity about how the work was to be done, lack of support, and lack of join-up between agencies. Later findings revealed more about how CAF and LP were used but also reiterated the factors that help and hinder both practice and implementation. In spite of the many challenges, it appeared that if a number of positive factors were in place (especially a well communicated ‘vision’, clear processes, good support and ongoing training) significant hindrances such as gaps in skills and confidence could be alleviated. When we followed up the workshop practitioners after two months, we found that, for most, levels of confidence had improved. More experience in carrying out CAF and LP work had allayed some earlier anxieties and made these practitioners more comfortable in the new roles.

**Discussion**

The study findings need to be set within the context of what is already known about implementing change and multi-agency working. There is a considerable literature base in this field (see for example Atkinson *et al.*, 2002; Cameron and Lart, 2003; Sloper, 2004; Greco *et al.*, 2005; Carpenter *et al.*, 2005), which gives a consistent picture of the factors that help or hinder this type of initiative. Our findings provide further agreement with the existing literature, including the indication that many of the barriers to successful implementation are the lack of, or the opposite of, the facilitating factors (Sloper, 2004).

Whilst most of the literature about multi-agency working concerns process rather than outcomes, the US study by Glisson and Hemmelgarn (1998) did consider the impact of multi-agency working on children’s improved psychosocial functioning. They found that multi-agency working in itself did not produce improved outcomes for children. Instead, they
concluded that a positive, supportive climate within agencies, which promoted good relationships between practitioners and children and families, was linked to better outcomes. A principal reason given for the centrality of relationships and a supportive climate is that, for the work to be successful, practitioners must be viewed by children and families as both available and responsive (Dozier et al., 1994, in Glisson and Hemmelgarn, 1998). This is important at the beginning stage of initiating help and assessment, if families are to have confidence in the services provided. Practitioners in universal services carrying out common assessments and acting as the lead professional need good relationship building skills, at least at the minimum standard identified in the ‘Common Core’ of skills and training (DfES, 2005c).

It is well recognized that child protection work is emotionally demanding, but our early findings have shown that some practitioners felt that early intervention work (CAF and LP) can also be emotionally draining. Woodhouse and Pengelly (1991) identified high anxiety levels and feelings of inadequacy among professionals working with families to help children. Unconscious processes that assist practitioners (and managers) to defend against this anxiety tend to spill over into their work with other professionals. Training, support, and supervision that takes into account the emotional impact of the work with families and with other professionals can help to ground practitioners and prepare them for the emotional as well as the technical and procedural demands. Since the work should be primarily about relationships rather than systems, without this sort of support practitioners may struggle to do the work and cope with the work.

In order to learn from this study and not continue to replicate the well established barriers to successful implementation, a supportive working environment needs to be provided for individual practitioners and operational managers, including ongoing training and practical day to day support. Local implementers need to ensure that their strategy for implementation (when and where the work is starting) and their CAF/LP processes (who does what, when) are well thought through and properly communicated so that practitioners and managers know what is expected of them. In the absence of increased resources, practitioners’ work time or workload will need to be reconfigured to take account of the increased demands made by this work.

Confusion about processes has a tendency to breed individual professional anxiety and produces a climate where bickering and professional mistrust can be rife. The task of clarifying local processes would be made easier if there were
firmer national guidance and more prescription about CAF and LP roles and processes, for example a single nationally approved CAF form. Similarly, to encourage professional trust and minimize multiple assessments a better join of CAF to other specialist assessments (such as the youth offending assessments, and the Assessment Framework used by children’s social care (DH, 2000)) is needed at a national level.

Evidence from practitioners suggested that families were on the whole very positive about both CAF and LP work. However, it is crucial to have early comments from children and families themselves about the features that make common assessment successful and what attributes are valued in a lead professional.

A copy of the completed report (Research Report 740) is available on the DfES website.

References


