

**Royal Borough of Kingston on Thames**

**Common Assessment Framework, Lead  
Professional and the role of ASKK**

**Final report – Executive Summary**

**Sept 2009**



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## **EXECUTIVE SUMMARY**

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Social Information Systems (SIS) has been engaged by the Royal Borough of Kingston to evaluate the Common Assessment Framework (CAF) and Lead Professional (LP) arrangements, including the role of ASKK.

SIS has worked with the Information Sharing Steering Group (ISSG) to agree the aims and objectives of the current evaluation. It was agreed that the following themes should be addressed:

- Agency engagement, inter-agency communication and joint working
- Training
- The Common Assessment Form
- The role of ASKK
- Information sharing and consent
- The engagement of families
- The Lead Professional role
- Emerging needs and service responses
- Outcomes for families
- Achievement of strategic objectives (Appendix A)

It was agreed that the methodology should include:

- Quality assuring a sample of CAFs
- Undertaking a number of case studies and interviews with families
- Conducting interviews with a range of managers and professionals from the various agencies.
- Reviewing a sample of 'signposting to services' forms to determine how they are being used.

## **1.2 Evaluation of Common Assessment Forms**

A total of 90 Common Assessment Forms (CAF) completed between April and October 2008 have been assessed using the quality tool developed by SIS in consultation with the steering group (Appendix C). The first part of the assessment is a checklist of data items that should be present on the form. The second part of the assessment involves judging the following aspects of the CAF as good, satisfactory or poor:

- The level of detail in the assessment
- Summary of key needs
- Summary of key protective factors or strengths
- Summary of risks
- Desired outcomes

The CAF sample comprised a greater proportion of boys in the ratio of almost two-thirds boys to one third girls. CAF's had been completed for children across the all age ranges and the majority were of White British origin (67%).

The most common factors leading to a common assessment were 'family under stress' and behavioural concerns. Included in 'family under stress' are cases where the family is isolated with no support and coping with significant stressors such as illness, disability, spouse in prison, frequent house moves, insecure tenure and uncertain immigration status.

Professionals most commonly completing CAFs were school staff and Family Support Workers (FSW). SENCOs, Inclusion Managers, Head Teachers, Deputy Head Teachers and Heads of Year together accounted for over one third of the CAFs (33). FSWs had completed nine CAFs.

The checklist of data items that should be included on the form revealed that they were generally quite well completed, with a few exceptions. Just less than half (46%) of the CAFs had written consent from the parents, carers or young person to complete the CAF and share the information contained in it. A further 21% had recorded verbal consent and a further 22% simply recorded 'yes' in the consent box and it was therefore not clear whether the consent was written or verbal.

For almost half of the CAFs examined the question regarding 'who was present at the assessment' was left blank (40 forms) or 'none' had been recorded (five forms). This is significant as the CAFs are ideally supposed to be completed with the family. In addition, one half (45) of the CAFs had no comments from the parents or child / young person concerned.

Approximately 20% of the CAFs for children of school age did not have the school details recorded and 23% did not have GP details recorded. Clearly these are important pieces of information and should be available if the CAF is completed with the parent or young person.

A qualitative assessment of the CAF content (as detailed above) revealed that overall, the majority of assessments were good or satisfactory across all the five sections. Assessments were less likely to be graded 'good' in terms of identifying key protective factors and articulating desired outcomes. Assessments were more likely to be graded 'poor' in terms of summarising key risks and key needs.

Key issues emerging from the evaluation of the CAFs relate to:

- The engagement of families in the process and the evidence that this may not be happening in a significant proportion of cases.
- Concerns about some CAFs that contained judgemental and unsubstantiated comments.
- Ensuring the needs of the child are paramount. There was a tendency in some cases to focus on the needs of the parent.
- For some CAFs the needs were not clear or were not evidenced effectively.
- Some CAFs had been completed with a particular service in mind, which meant they were 'service led' rather than 'needs led' assessments.
- Strengths were not evidenced consistently on all CAFs.
- There was a tendency for some practitioners to confuse needs and services, needs and risks and confuse outcomes with outputs.

**1.3.1 Interagency working and communication**

All interviewees highlighted the good history of inter-agency working in Kingston and the high level of management support and awareness of this agenda. The CAF / LP work is seen as fulfilling a need for early intervention work in general and enabling the linking of concerns from several agencies about particular children.

Within the strategic context for CAF /LP, the main challenges were highlighted as cross agency communication, particularly with statutory social services, also IT systems and processes, differing professional cultures and the prioritisation given to this agenda within individual agencies.

**1.3.2 Training**

The training programme is well embedded in Kingston and the numbers of staff trained so far are well above the targets set. In general, practitioners felt that interagency working and communication has been enhanced through the multi-agency training programme where cross agency engagement has been very good. Practitioners cited the opportunity to mix with professionals from other disciplines as one of the major benefits of the CAF and LP training.

The feedback from professionals regarding the CAF training (levels 1 and 2) was generally positive. Most felt that the training was professionally delivered and very good, thorough and useful, however one or two commented that it was quite long and that perhaps the two sessions could be combined.

The LP training was more universally well received. Professionals thought the training was very useful, covered issues in more depth than the CAF training and clarified roles and responsibilities.

**1.3.3 Common Assessment Form**

Most practitioners were clear about when to complete a CAF and the process for completion although there was some anxiety about children around the boundaries of levels 3 and 4 (i.e. boundary with statutory services). A few practitioners would like more clarity about whether the CAF is a referral or an assessment tool.

The main challenges identified related to the length of the form and the time it can take to complete, the sensitive and personal nature of the questions and how to deal with the issues that such questioning might reveal. Many practitioners noted the emotional demands that this work makes on the professionals involved, however the CAF was valued as a tool for broaching issues with families that might otherwise go unaddressed.

The interviews revealed a range of practices in the completion of the CAF from careful and detailed assessments to a tendency to 'dash it off' using information that might already be held on file. This second approach may be linked to the use of the CAF as a referral rather than an in-depth assessment.

ASKK staff said that the quality of the CAFs is generally quite good but some they receive are poor and this may be related to the degree of experience practitioners have completing assessments with families.

Several interviewees commented on CAF in relation to teenagers, in particular that the wording of some sections of the form, especially the developmental' sections, make it seem less appropriate for older children or teenagers. It was also noted that CAF work is potentially more problematic with teenagers where there are complex family dynamics, where teenagers and parents disagree and 'hidden' sensitive family issues might come to the fore.

#### 1.3.4 Role of ASKK (Kingston's Information Sharing Hub)

In general the comments from interviewees about the role of ASKK were very positive. People commented that they are very helpful and approachable and that the support from ASKK and the CAF co-ordinator is superb, this includes telephone and one-to-one support, the newsletter, website and the LP forum. These findings are supported by research in both Shropshire (2007) and Warwickshire (2007) where the support and mentoring role of the dedicated CAF support person was identified as invaluable.

The role of ASKK co-ordinators has changed due to the role of LP becoming embedded into multi-agency working practices. A few managers said that the role of ASKK should remain under review and some suggestions were made about the possible future remit of ASKK, including:

- Recording and following up 'intentions to complete a CAF' - in response to concerns identified earlier that CAFs are being considered but not initiated or initiated but not completed and possibly being left in insecure environments.
- Is there a case for ASKK to act as an early intervention referral and assessment team?
- The development of a co-located and dedicated multi-disciplinary team to deal with vulnerable children and young people, seconding members of staff from various agencies. ASKK would be located within this team, which would be responsible for all LP and chairing work for level 3.
- ASKK to act as independent chairs for FMASMs.

#### 1.3.5 Information sharing and consent

In general obtaining consent from families was not perceived to be a problem. There is a sense that everyone has come to terms with this issue and although practitioners may struggle with it at times and with particular families, consent is simply seen as good practice.

#### 1.3.6 Engagement of families with the CAF / LP process

There is a concern, stemming from the CAF quality assessment and discussions with ASKK, that the CAF forms are not always being completed with the involvement of the family. All the practitioners interviewed for this report had always completed their CAFs with the family, however some interviewees who receive CAFs confirmed that they also have suspicions that the forms are not always completed with families.

All professionals agreed that the meetings (FMASM) are very child and family centred and the family is made to feel very comfortable. The meetings have apparently been well received by families, even if they were anxious initially.

#### 1.3.7 Lead Professional role

Almost all interviewees said that they are clear about the role and responsibilities of the LP and the expectations of them, however some were worried about the potential workload and how

it will work in practice. Those who had actually undertaken the role were finding that in practice it has not been as onerous as expected.

National research has highlighted that some professionals have struggled with some aspects of the LP role, such as chairing meetings. One issue that is causing some difficulty is the need to both chair the meeting and take minutes. Several interviewees said that it would make it easier to chair the meeting if there was someone else to take minutes.

Some interviewees had experience of attending several different FMASMs with different chairs and there was some anecdotal feedback that the quality of the FMASM review (and therefore of the output / outcomes) is related to the quality of the chairing. There was a suggestion that meetings chaired by practitioners who lack confidence and experience, are not so successful. Interviewees felt that skills for this role could be imparted through training, at least partially but that seniority, experience and personal characteristics also play a part. A few people were of the opinion that the best approach would be to have independent chairs for FMASMs.

Several interviewees commented that the work can be emotionally demanding and in particular that dealing with families with complex needs can be daunting. Managers need to ensure that LPs are well supported in this role and that they receive good supervision. This is not happening consistently at present and it requires further consideration.

Several people commented on the strategic and professional benefits of the LP role despite the extra work that it might create. Some felt this way of working is essential to effectively support vulnerable children and parents and additionally it had increased awareness of their own organisation and other professional roles.

#### 1.3.8 Needs and services

The researcher asked the interviewees about their perspectives on the types of needs and service responses that are arising through the CAF work. Several interviewees cited behaviour issues, parenting and domestic abuse. Housing issues also seemed to feature in many cases.

The types of service responses are typically Supporting Families Service input for parenting, general advice and support in addition to the provision of childcare, wrap around care, holiday activities, and Family Advice and Support Service (FASS) for behaviour issues. Clearly the impact on these services arising from CAFs will need to be kept under review.

Several interviewees mentioned that they would be more likely to complete a CAF if they were sure the services would be available and / or the case is likely to be designated as level 3 otherwise *'it can seem like a waste of time'*. This is linked to considerations about the future of the Signposting to Services Form (SPTSF) and it has been included in the recommendations section for further action.

#### 1.3.9 Outcomes

Interviewees generally expressed a feeling that CAF / ASKK and LP has formalised the good practice that was going on anyway in Kingston, with the major advantage being that the family is now fully involved and engaged in a way that they might not have been in the past. All those interviewed felt that this is a positive development and a better way of working with vulnerable families.

The main benefits highlighted were:

- There is a process in place to respond to professional concerns about vulnerable children. Schools in particular see this as a beneficial development as previously they felt they were 'holding' these concerns.
- It has improved multi-agency communication and widened professional networks and contacts.
- It connects the network of professionals around the child / family.
- Families value the LP role as they only have to negotiate with one person rather than re-telling their story several times to different professionals.
- The local authority has much better information about their vulnerable children, who they are, where they are and who they are in touch with.
- Better match of services to needs and reduced duplication of effort.
- It can put families and professionals in touch with services that they may not have realised existed.
- The family and multi-agency support meetings (FMASM) are very reassuring for the family.
- Compared with old ways of working, families get help quicker and more professionals get involved and stay involved.

The key factors for a successful outcome were identified by one practitioner as engagement from the family and an understanding of the process and what it is trying to achieve. A few people commented that there are cases where it is difficult to make an impact, either due to the nature of the problems within the family, because the family will not engage fully with services or because the necessary services do not exist.

## 1.4 Data from interviews with families

### 1.4.1 Methodology

Five families were randomly<sup>1</sup> selected for interview from the case study sample, one from each of the following categories:

- Level 2 – Dual agency
- Level 3 – Multi-agency support
- Step down from Statutory services
- Former Children with Disabilities Team case
- Youth Inclusion and Support Panel case (Rewind)

### 1.4.2 The CAF

All the families were happy to engage with the CAF as they were keen to receive support and services. A couple of interviewees thought that the form was very long, however they were

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<sup>1</sup> See section 6.1 for a full explanation of the methodology

happy to provide the information even if some of it was quite personal, in the anticipation that it would lead to the correct support and help.

#### 1.4.3 Family and Multi-Agency Support Meetings (FMASM)

In general the families were positive about their experiences of the FMASM. They said that the meetings were held at convenient times and places for them – *'they fit around me and are very cooperative..'* Everybody interviewed also said they feel comfortable in the meetings and are able to give their views.

#### 1.4.4 YISP Panel

One family had experienced both FMASM and the YISP panel. The parent said that they were aware of the YISP panel and the purpose had been explained to her. She was happy for her case to be put to the panel and did not feel that having both YISP and the FMASM processes was problematic.

#### 1.4.5 Lead Professional

None of those interviewed were aware of the term 'LP' but they all knew that they have a key person (or in one case two people) that they can contact. They did not have a term for these people, they just said *'I know I can contact x at any time'*.

All the parents interviewed were full of praise for their LP, typical comments were:

- *Non-judgemental and very caring*
- *Accessible and very supportive*
- *Very useful to have one person to link with*
- *Would rather deal with just one or two people and I couldn't cope with having to speak to lots of professionals*
- *I feel she is on top of the things that I should be on top of*
- *She got me to open up about personal issues I didn't feel comfortable talking about*
- *I couldn't ask for a better person, I can't fault her and wouldn't change anything*
- *I feel that she is a friend*

#### 1.4.6 Services

Typical services provided included

- Breakfast club, holiday clubs and after school activities
- Matching with 'buddy' mentor
- Family Support Workers (moral support and practical support such as looking into local groups and parent advice / reward charts, taking children out to the park etc). Described as offering 'fantastic support'.
- SENCO / school staff attending specialist appointments with the family
- Counselling for parents
- Special residential school placements
- Support with representations to housing

In the main parents were very happy with the services provided. Negative comments were mainly regarding waiting times, in particular for counselling and Big Buddy.

#### 1.4.7 Outcomes

All those interviewed reported improvements in their personal situation even if not all the issues had been resolved. All described feeling supported and that this alone made their various difficulties easier to cope with. All the parents interviewed would recommend CAF / LP to other families and indeed some have already recommended it. A young person commented that the services had 'helped a bit' but that he would not recommend it to other young people, despite being pleased with the outcome.

#### 1.4.8 Retention of Data

As part of the research brief, the researcher was asked to obtain the views of parents on the length of time they felt their information should be retained on the ASKK database. There were differing views on this issue but generally parents were trusting of the professionals and happy for the information to be retained for a minimum of five years if not longer.

## 1.5 Case studies

Case studies were randomly<sup>2</sup> selected from the CAF's completed between April 2008 and October 2008, to include examples of the following:

- Level 2 cases – Dual agency
- Level 3 cases – Multi-agency
- Step up and step down cases to and from Statutory services
- Youth Inclusion and Support Panel (YISP)
- Out of Borough
- Children with disabilities

For each case study the process and case paperwork was examined in terms of presenting needs, actions and services provided and the outcomes achieved.

#### 1.5.1 Level 2 Cases

The needs for these cases were in line with what would be expected for level 2 according to Kingston guidelines and the reviews were completed within the recommended timescales (6 monthly). The actions and services were appropriate although in one or two cases it is not clear from the review forms that all the identified needs had been met.

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<sup>2</sup> See section 7.1 for a full explanation of the methodology

The purpose of the Level 2 review form is predominantly to check if the practitioner is still in contact with the family. As such, the information contained on the review form is quite limited from a research perspective. It was not always clear what outcomes had been achieved as there was a tendency to list actions rather than outcomes in the section headed 'what positive outcomes have been achieved' and practitioners did not refer back to the outcomes identified in the CAF for this section. It can be assumed however that the services provided have impacted positively on the children and their families, for example several socially isolated children were linked in with holidays schemes, nursery places and after school clubs. In one case there were identified improvements in behaviour and in another a child was provided with a school place with a package of support to meet their special needs.

In two cases it was not possible to assess outcomes as there was no follow up review (transition case) or the young person had moved out of the area. In another case a young person had become pregnant but was described as happier. It is a matter of debate as to whether this might be described as a positive outcome, however the young person is engaging well with support services.

In general it would appear that at least some of the aims had been met for all the families for whom reviews were available. Outstanding needs in this small sample were parenting related (parenting course not taken up), mental health (mother still feeling low) and funding for nursery lunch club.

#### 1.5.2 Level 3 Cases

The needs for these cases were in line with what would be expected for level 3 according to Kingston guidelines and the meetings were held within the recommended timescales.

A huge variety of appropriate services were identified and it was evident that many professionals put a lot of effort into ensuring that the family issues were tackled, for example tenacity in dealing with various people in the housing department to find out about a particular situation and persistence in inviting housing officers to family meetings. There were also instances of professionals attending medical appointments and advice centres with families to support them. In most, but not all, cases the standard of recording of the family meetings was very good with actions carefully detailed and then followed up at the next meeting.

Compared with the Level 2 cases, the detailed recording of the FMASMs meant that it was easier for the researcher to assess what had happened to the family and the likely outcomes, although similar to the level 2 cases, there tended to be a focus on actions rather than outcomes. It is apparent however that the support provided has made a big impact on these families lives. The outstanding issue in all the cases tended to be housing and in some cases it took some time for referrals to Big Buddy, FACT and FASS to filter through the system.

#### 1.5.3 Step up / step down cases

These cases are generally quite complex and have a history of safeguarding involvement with the family. The main issue that is apparent from the small sample of cases examined is the likelihood that these more complex cases may move between prevention and safeguarding services several times. The researcher only had access to the information contained on prevention services databases and therefore there were gaps in the case information for the periods they were open to safeguarding. The closing summaries were good and quite detailed

but there is a danger that information could be lost or inadequately communicated when cases move between safeguarding and other services. There must be good processes in place to ensure that information is communicated adequately and that there is clarity about what happens to the services and professional support networks that might have been in place prior to referral to safeguarding. It was suggested during the interviews with professionals that a review of the processes for cases moving between prevention and safeguarding services is needed to ensure smooth transition, particularly for those cases moving from safeguarding to prevention.

Concerns were also expressed by professionals that those cases that are stepped down (from Safeguarding) can be more difficult to work with as the family may be less likely to engage with services and the issues are often intractable (alcohol, drugs, confrontational adults). Some interviewees also questioned whether cases should be stepped down from level 4 to level 2 and that level 3 should be the norm for those families leaving level 4 support.

It is possible that there may be a role for professional social work input or service at level 3. It was also suggested that safeguarding should attend FMASMs where there are safeguarding concerns. One professional described a case where there were concerns and it had been difficult to engage safeguarding, however after attending one meeting they considered taking on the case. These issues are raised in the recommendations section for further consideration.

Other issues that were raised in interviews in relation to the interface with level 4 were:

- Clarity around the Supporting Families Service role and remit, especially in relation to their work at level 4.
- A suggestion that families at level 4 (who are not subject to a child protection plan) might benefit from a CAF but they are not eligible. This is linked to the perception that families get a better and / or more comprehensive service with a CAF / LP than they would from safeguarding services. Anecdotally social workers have been reported to say there is no point in referring to safeguarding as the family will get a better service at level 3.
- Thresholds are clear but some worry that thresholds for level 4 are too high. It was hoped that forthcoming guidance would clarify this.
- The possibility of using CAF as an exit from YOT.
- Intervening earlier with young people in YOT by engaging them with TAs while it can be a statutory requirement, for example if they are on supervision orders. Young people might be less likely to engage with TAs at a later date when the statutory requirement is not in place.

#### 1.5.4 Former Disabled Children's Team Cases

These cases have been included in the study following a change in criteria for the Disabled Children's Team (DCT) to the effect that they would no longer support children with lower level needs that could be managed via ASKK and level 2 / 3 services. The remit for the study was to determine how well the needs of these children can be met via ASKK arrangements. Five cases were selected comprising four males and one female.

There is no evidence to suggest that the needs of this group of children cannot be met within mainstream level 2 / 3 services. The main concern would appear to be respite care and activities for children with ASD and other special needs, particularly for those with higher level

needs that require one to one support. This is perhaps a service gap that might require further consideration.

Issues raised during the interviews regarding the interface between CAF / LP and children with disabilities included:

- Clarity required about whether these children should be subject to a CAF and if so, which children.
- Concern about children at level 4 who are only accessing a play scheme or therapy and who would benefit from a CAF but are not entitled to one.
- Children with challenging needs (such as Aspergers or ASD) that are not at level 4 but whose needs cannot easily be met by early intervention services.
- Should siblings of children with disabilities should be considered for a CAF?

#### 1.5.5 Youth Inclusion and Support Panel Cases

YISP cases were included in the case study sample due to concerns about how well the YISP process fits with the ASKK process. In particular the need to have both YISP panel meetings and FMASMs for the same case and the need to complete both ONSET and CAF assessments. This is not a problem in all YISP cases, only those where a young person is known to YISP and in addition, the rest of the family are subject to a CAF.

In one of the two cases reviewed there would appear to be some confusion about the process as the first review was FMASM and there should have been another in February but instead there was a YISP review dated May.

The main confusion would appear to be around the need for both YISP panel meetings and FMASMs and there may be scope for streamlining the processes, for example by dealing with both through the FMASM process. This would reduce confusion and duplication of work. There is a danger that with two processes running concurrently families may receive a bit of one and / or the other process (e.g see case study above) rather than a coherent and holistic service within regular timeframes. It should be noted however that for some young people the idea of a 'family' meeting could be problematic and may not always be appropriate.

The YISP paperwork differs from the CAF paperwork in that the YISP review form does not contain a clear action plan nor set a review date. Compared with the CAF, the ONSET assessment has more focus on the young person's point of view throughout the form. In the CAF this can only be captured in one section '*parent / young person's views*'. These differences will need to be considered in any decision to streamline the processes and it may be necessary to continue to use both forms or use those parts of both forms that are useful and not duplicated.

The problems with concurrent YISP / CAF process only apply to a small number of families but it is worth considering better alignment of the processes to reduce potential confusion and duplication of work.

### 1.5.6 Out of Borough Cases

The cases examined for the study illustrate two examples of cross borough working. In the first case the family were known to services in Kingston but relocated out of borough and the children would not be attending school in Kingston. In this case a handover was required between Kingston and the receiving borough to ensure that the new borough were aware of the family's needs and that they had the information they required to meet those needs. In this case the role of the CAF Co-ordinator is vital as they can link with their counterpart to ensure a smooth transition.

In the second case the children were attending school in Kingston but residing in a neighbouring borough. This type of case is potentially more challenging, as the school may need to liaise with two boroughs regarding support, and if one party is reluctant to provide support or the neighbouring borough does not provide the same level of support that might be available to a Kingston resident it may be frustrating for the school and the family and can lead to inequities between the children attending the school. In this case the role of the CAF Co-ordinator was vital in ensuring that the needs of the children were met and they did not 'fall between the net' of services provided by the two boroughs. Eventually the persistence of the Kingston professionals was successful in securing the support of social care in the neighbouring borough.

There are Pan-London procedures in place that all London boroughs have signed up to. These procedures cover cross borough working and generally state that any practitioners seeking to identify if a CAF is underway should contact their borough CAF Co-ordinator who will then liaise with their counterpart in the other authority. They also state that when planning and delivering services it is important to consider the involvement of appropriate out of borough services. In the case identified above these procedures were followed and they worked relatively well, notwithstanding the reluctance of the other borough to engage initially.

Professionals interviewed for this research said that the CAF Co-ordinator role was invaluable in relation to contact with other boroughs. They were able to go to the CAF Co-ordinator for processes and protocols relating to cross borough working, which resulted in a quicker, smoother process. – *'I would have muddled through but this was a better approach and the CAF Co-ordinator role was reassuring'*.

## **1.6 Signposting to Services Forms**

A sample of 'Signposting to Services' (SPTSF) forms were evaluated to determine if they are being used appropriately and to consider whether the form is a useful or necessary part of the ASKK process. A total of 23 randomly selected forms were analysed.

In common with the CAF sample, the largest number of SPTSFs had been completed by primary schools. The main needs identified were for Targeted Advisors (TA), out of school activities, Supporting Families Service(SFS) and Family Advice and Support Services (FASS). These accounted for 17 of the 23 SPTSFs.

Further analysis of the forms showed that the needs were apparently clear and straightforward in 15 of the 23 cases and therefore the use of the SPTSF was appropriate. In approximately one third of the sample (8 forms) the needs were not clear, the issues were complex or the referrer was requesting two or more services. These cases would have benefited from a CAF.

It would appear that the best use of the SPTSF is as a referral form for a defined set of services in cases where the referrer is clear what is required. The services in question would be those that don't have their own referral forms or the referral route needs to go via ASKK. These services should be defined clearly and the form promoted for use only in these circumstances.

If after a period of time the requested service does not appear to be having the desired impact the referrer should be encouraged to seek advice from ASKK as to whether a CAF might be appropriate.

Where the referrer is not clear what service is required and/ or it is apparent that a co-ordinated response of more than one agency is needed then a CAF should be considered as per the Kingston CAF business process.

The future of the SPTSF has been highlighted for further consideration in the recommendations section of the report.

## **1.7 Achievement of strategic objectives**

At the outset of this evaluation the Information Sharing Steering Group set some draft strategic objectives for ASKK /CAF and LP working. These objectives are reviewed on an ongoing basis and some are still under discussion for inclusion in team plans and the new Children and Young People's Plan. A full description of the original objectives can be found in Appendix A.

The current research demonstrates progress against most of the original objectives. A brief commentary for each of them is provided in Section 9.

## **1.8 Issues for further consideration**

This section contains a summary of issues highlighted by this research that will require further consideration by managers. These issues need to be viewed within the overall context of this report and the good progress that has been made in implementing CAF and LP in Kingston.

The issues are simply presented in bullet list form here and are discussed in more detail in the main report in Section 10.

### 1.8.1 Strategic Context for Implementation of CAF and LP

- Clarify reporting links between the Information Sharing Steering Group and the Children's Trust Board and the Information Governance Board.
- Agencies interviewed for this research all said that they are prioritising the CAF / LP and integrated working agenda internally. Does this require further action?

### 1.8.2 Inter-agency and intra-agency engagement, communication and joint working

- Meaningful engagement of the voluntary sector.
- Engagement of GPs
- Cross boundary issues with statutory services, including:
- Communication with safeguarding
- Level and quality of support at Statutory level 4 compared with Early Intervention and Preventative Multi-agency support level 3
- Consideration of a role for professional social work input or service at level 3
- Review and clarify the step and step down procedures to ensure smooth transition and continuity of support.
- Clarify the thresholds for Statutory Services.
- Clarity required on the role and remit of the Supporting Families Service
- Explore the possibility of using the CAF for young people subject to, or leaving a YOT intervention.
- Consider aligning the YISP and FMASM processes more closely.
- Possible service gap identified for children with challenging needs such as Aspergers and ASD at level 3.
- Consider the interface between disabled children's team and the CAF.
- Agencies should prioritise their attendance at FMASMs

### 1.8.3 Training

- Consider how to further engage groups such as GPs and social workers.
- Encourage greater management attendance at training.
- Some minor changes to the structure and content of the training programmes were suggested.
- Reflect on additional training needs around practitioners professional development i.e. chairing meetings, dealing with conflict and sensitive issues. (see also CAF and LP sections).

### 1.8.4 SPTSF

- It would appear that the best use of the SPTSF is as a referral form for a defined set of services in cases where the referrer is clear what is required.

### 1.8.5 Common Assessment Form

- Consider developing guidance for staff on tried and tested strategies for engaging families with CAF.
- Reconsider the use of the CAF as a referral form as this might be causing confusion as to its purpose. This is linked to decisions about the future of the SPTSF.
- Several issues regarding the design of the form were identified through the research.
- Develop quality assurance processes with regards to quality of completed CAFs.

- Reflect on the use of CAF processes when working with teenagers.

#### 1.8.6 Role of ASKK

- Ensure services using ASKK are clear that responsibility for action remains with the practitioner.
- Ensure voluntary and community services using ASKK are clear what action to take when advice provided by ASKK conflicts with local agency process and/or ethos.
- There is a possible role for ASKK in relation to recording 'intentions to complete CAFs'. These could be followed up if the CAF does not materialise.
- Several interviewees raised questions regarding the future role of ASKK, for example:
  - An early intervention and assessment team?
  - Should ASKK be part of wider multi-agency early intervention team?
  - Could ASKK have a role in the independent chairing of FMASMs?
- Decide on the length of time data will be retained on ISA, ASKK database, taking into account the views of families in this research.

#### 1.8.7 Information Sharing and Consent

- The lack of secure email link for health staff needs addressing.

#### 1.8.8 Engagement of Families

- From the research data it would appear that a significant proportion of CAFs may not be completed with the involvement of the family. This issue should be addressed through the training programme and through a reminder to staff about the purpose of the CAF and the importance of engaging families in the process.

#### 1.8.9 CAF / FMASM follow up and review

- The level 2 review forms would benefit from amendments to ensure that outcomes are captured
- ASKK to quality assure all level 3 FMASM reviews to ensure improvements in outcomes are being tracked and recorded.

#### 1.8.10 Lead professional role

- The distribution of the LP role amongst different professionals will need to be kept under review.
- The chairing of FMASM requires specific skills and experience. This may be addressed through training but the option for an independent chair may be necessary in some circumstances.
- Chairing the meeting and taking the minutes is problematic for many.

- Many interviewees mentioned the emotionally demanding nature of CAF and LP work. The level of support and supervision for some groups of staff may require review.
- Some LPs thought that better access to service information, including information about availability and waiting times, would make the role easier to undertake.

#### 1.8.11 Needs and Services

- The emerging needs identified through CAF and the capacity of early intervention services will need to be kept under review.
- It is likely that some families will require long term involvement, particularly where the cases are complex and borderline level 4, where parenting is compromised and / or the family do not engage fully with services.
- The TA service has expressed concern that the referrals they are receiving through CAFs are poorly targeted and that young people have not been specifically briefed about the TA service.
- The families interviewed for this research highlighted waiting times for the Big Buddy service and counselling services as an issue.

#### 1.8.12 Outcomes

- Interviewees generally expressed a feeling that CAF / ASKK and LP has formalised the good practice that was already in place in Kingston, with the major advantage being that the family is now fully involved and engaged in a way that they might not have been in the past. All those interviewed felt that this is a positive development and a better way of working with vulnerable families.
- A few people commented that there are cases where it is difficult to make an impact, either due to the nature of the problems within the family, because the family will not engage with services or because the necessary services do not exist. In particular it was felt that those families with complex needs that are borderline level 4 are likely to need long-term involvement.
- These findings were supported by the interviews with families. Parents were overwhelmingly positive about the support they had received and the difference it had made to their lives, even when substantive problems remained. It was the practical support such as childcare and out of school activities, in addition to the emotional support from the LP and others that appeared to have made an impact.
- Managers may wish to consider how to monitor outcomes in the longer term. One approach would be to review a sample of cases perhaps annually. Another approach would be to collect and collate outcomes for all case data via the ASKK system.

Full report available at [www.kingston.gov.uk/caf](http://www.kingston.gov.uk/caf)