Title: Understanding the use of the Common Assessment Framework: exploring the implications for frontline professionals

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by

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Abstract

Current legislation, within England, states that local authorities should provide services for all those families in need, while also setting thresholds for access to these services. However, research has identified that regardless of the introduction of strategies to identify need and enhance family support, on-going barriers to services remain.

This study took a social constructionist approach to explore professionals' experiences of the use of the Common Assessment Framework form and multi-agency working.

Data were collected in four different local authorities in the South East of England, in two phases: phase one February 2011 to February 2012, phase two July to September 2014. Phase one was intended to focus on the experiences of both professionals and families in one Local Authority (LA). However, as a result of a difficulty in accessing families the research was refocused to professionals' experiences and use of the CAF alone. Phase two was extended to three further LAs. Forty one professionals, from a variety of agencies, took part in semi-structured interviews individually or in a group. Data were analysed utilising thematic analysis (Braun & Clarke 2006).

Conclusions are from a small scale study and so cannot be generalised. However, findings suggested professional use of the CAF was dictated by local authority policy. Two issues emanated from this. Firstly, as the local authorities adopted the policy of utilising the CAF as a referral mechanism, rather than for its intended purpose, to assess needs, professionals perceived the CAF form as a referral tool, rather than an assessment tool. Secondly, the range of

professionals utilising the CAF was diverse. This diversity necessitates suitable training to accommodate the various professionals and their backgrounds. However, in this study, such training was largely lacking. Additionally professionals found multi-agency working, required by the CAF process, problematic, time consuming, and onerous. However, experienced and knowledgeable professionals were seen to utilise creative ways in which to successfully navigate the 'referral process'. A further finding of the study is that there were key differences in regard to the ways in which diverse professional groups view safeguarding for adolescents.

Recommendations for future research, policy and local authority use of the CAF form have been made.

DECLARATION

I declare that this thesis is my own unaided work. It is being submitted for the degree of Doctor of Philosophy at the University of Bedfordshire.

It has not been submitted before for any degree or examination in any other University.

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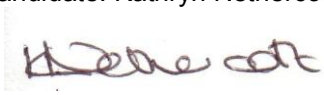
Signature: 

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List of Abbreviations

CAF	Common Assessment Framework
CRB	Criminal Records Bureau
DCSF	Department for Children, Schools and Families
DfE	Department for Education
DfES	Department for Education and Skills
DHSS	Department of Health and Social Security
DoH	Department of Health
EHA	Early Help Assessment form
EIG	Early Intervention Grant
ESRC	Economic Social Research Council
EWO	Education Welfare Officer
FW	Family Worker
IDeA	Improvement and Development Agency
LA	Local Authority
LSOA	Local Super-Output Area
MAP	Multi-Agency Panel
NEF	New Economics Foundation
NQT	Newly Qualified Teacher
NYA	National Youth Agency
PGCE	Post Graduate Certificate in Education
QTS	Qualified Teacher Status
RBSCB	Rochdale Borough Safeguarding Children Board
SCITT	School Centred Initial Teacher Training

SENCo	Special Educational Needs Coordinator
TAC	Team Around the Child
UNCRC	United Nations Convention on the Rights of the Child

Chapter One: Introduction

Over the years a number of initiatives related to the social welfare of its citizens have been introduced by central government in the UK. For example, supporting families was a key element of the Children Act (1989), which stated that Local Authorities have a duty to provide a range of services for all children considered to be in need within the local area. Regardless of the introduction of strategies to identify need and enhance family support, research has identified that on-going barriers to services remain. For example, despite changes to public policy highlighting the need for early intervention and multi-agency working, while also advocating for the full involvement of children, young people and their families, there are still many families that fail to receive services early enough, as a result of high thresholds for service access (Sheppard, 2009, Sodha, 2009).

The current study focuses on the use of an initiative, the Common Assessment Framework (discussed in chapter four), that was designed to facilitate early intervention of the kind mentioned above through multi-agency working and the active involvement of families. Early intervention does not simply imply intervention during children's early years. Early intervention initiatives with regard to pre-school have been introduced, particularly with the introduction of local children's centres which specifically provide help and advice for parents of pre-school children. Whilst this is understandable, as intervention during early childhood can have lifelong benefits on education, health and inter-generational poverty (Allard, 2003, Allen & Duncan Smith 2008, Allen, 2011, Carpenter, 2007), there are still many families that may need help at a later stage of their children's lives. For the purposes of this study, early intervention is therefore defined as:

> "Early in relation to the development of problem behaviours; or early in relation to the likelihood that available intervention might be successful" (Wolstenholme, Boylan & Roberts, 2008 p.4).

In the current study the use of the CAF is explored as this applies particularly to early intervention for adolescents. Adolescence can be difficult for parents and children, spanning a period of social, emotional and biological change for the child (Dolan, 2010). It is the time with which many parents find the hardest to cope; furthermore evidence suggests this is a time when families may struggle to access available services (O'Brien & Scott, 2007; Sodha, 2009).

This chapter begins by contextualising the current study with a discussion of the national and local contexts. Data collection for the first phase commenced in February 2011 and ceased in February 2012. Phase two saw data collected between July and September 2014 in three further LAs. Data collection, for phase one in particular, took place during a time of flux, which included the national financial crisis, related funding cuts and the election of a new Coalition Government within the UK. All of these had implications for the Local Authority and the availability of services during this initial data collection period.

The chapter continues with an overview of the research process and an explanation of the changes and revisions that took place during the course of data collection and analysis. Revisions to the project included changes to data collection methods, in phase one in particular. These amendments also led to changes in the overall scope of the study: revisions to the sampling frame to concentrate on professionals' use of the CAF and their experiences of referral processes. Although the focus was reshaped to highlight professionals' rather than families' experiences, this thesis nevertheless maintains the focus predominantly on the experiences of professionals who work with adolescents, young people aged 10-15 years The chapter concludes with the final list of aims and objective that were amended part way through phase one of the data collection, and the outline of the overall structure of the thesis.

National Context

Current social policy within England reflects the introduction of a number of initiatives such as the CAF (DfES, 2006), the role of the Lead Professional (DfE, 2012b) and the encouragement of multi-disciplinary teams working in partnership with children and families. The New Labour government between 1997 and the early part of 2010 instigated these initiatives. There is a substantial body of literature that discusses both the positives and negatives of multi-agency working (Frost, Robinson & Anning, 2005; Galvani & Forrester, 2010; Munro, 2011). A further literature base advocates for the benefits of early intervention and prevention work (Allen, 2011; Allen & Duncan Smith, 2008; New Economics Foundation, 2012).

During the run up to the general election in 2010 England was in a time of economic recession. The New Labour government was unsuccessful in retaining power and, in 2010 the Coalition government was elected. This brought with it a tranche of funding cuts within a time of austerity. Much of the funding, particularly early intervention funding that had been put in place to facilitate the initiatives mentioned above was subject to cuts by the Coalition Government. Part of this strategy of government funding cuts saw the introduction of the Early Intervention Grant (EIG). This new government grant replaced many government-funding pots, which were originally ring-fenced, such as the Early Year's Sustainability grant and Connexions funding as well as disabled children's short breaks fund amongst others.

It is widely acknowledged that early intervention is often fundamental to helping families overcome problems (Allen & Duncan Smith, 2008; Carpenter, 2007; Reinke, Splett, Robeson, & Offutt, 2009; Wolstenholme, Boylan, & Roberts, 2008). Consequently early intervention services could, potentially, offer support when it is most needed and effective. However, many early intervention strategies have been targeted at infants or young children, early in age rather than early at time of difficulty. Adopting this strategy has resulted in a gap in

service provision for families seeking help at an early stage of difficulty, especially during early adolescence (Biehal, 2008; Leigh & Miller, 2004).

Adolescence can be difficult for parents and for children, spanning a period of social, emotional and biological change for the child, as well as changes in the interaction between the parent and young person (Dolan, 2010). A child's teenage years can be a time that many parents find the hardest to cope with. However, as implied above, evidence about gaps in service provision, suggests this is a time when families may struggle to access available services (Biehal, 2008; O'Brien & Scott, 2007; Sodha, 2009).

Local Context

Fieldwork for this project took place at two different time points and four different local authority areas: New Town, Old Town, District Town and Middle Town. During phase one, data were collected in one unitary local authority situated in the East of England. For the purposes of confidentiality and anonymity the local authority will be referred to as New Town throughout the thesis.

This project comprises two phases of data collection and analysis. The research was originally envisaged as a mixed methods study, to investigate early intervention opportunities made available through the CAF to 10-15 year olds and their families experiencing difficulties, living within one small Unitary Local Authority (LA). The aim was to explore the experiences of families and professionals, as well as identify the outcomes for young people. However, and as outlined below and further in chapter five, Methodology, during the course of data collection for phase one, it became clear that it was not possible to achieve the aims of the research in the way in which the study had been designed. There were issues with a lack of access to family participants as a result of the professionals' gatekeeping practices and also other issues related to the completion of quantitative standardised measures. Although exploring the use of

the CAF and its implications had initially been intended to be reviewed through the eyes of families and young people as well as professionals, this research focus was not feasible. During the course of this first phase the whole design of this research was reconceptualised to maintain the focus on ways in which users understand the purpose of the CAF through their use of it, whilst utilising a different approach in terms of the methodology and restricting the scope of the sampling frame. The overarching aim of this study was amended to focus on understanding professionals' use and experience of the CAF, hence the intended framework of analysis was amended also to draw upon a social constructionist approach. Exploring these experiences through a social constructionist perspective allows analysis of the discourse of the participants to be examined as well as any interaction between and within the different professional groups.

Revised Research Aims and Objectives

The revised overarching aim is to explore professionals' use of the CAF process. The objective is to investigate professional practice as well as the social welfare system in regard to multi-agency working and the safeguarding of adolescents. An associated goal is to investigate if there are any unintended consequences to the current use of the CAF and how this is experienced in practice. Following amendments to the research design and associated methodology, the specific aims and objectives are as follows:

Overarching aim:

> To generate insights into the ways frontline practitioners, from a variety of professional backgrounds, understand the purpose of the Common Assessment Framework (CAF), as evidenced by their use of it.

Objectives:

a. To examine the ways frontline practitioners use the CAF to support and access services for children and their families, with a particular focus on young people between the ages of 10-15 years.
b. To explore practitioners' experiences of using the CAF.
c. To understand professional training, capabilities, and practice constraints around completion of the CAF and its place within multi-agency working.
d. To explore the unintended consequences of the use of the CAF, as directed by Local Authority policy.

The revised research design, data collection methods and analysis are discussed in more detail in the methodology chapter.

Thesis structure

As the research aims and objectives are, predominantly, focused on policy and practice, the following three literature review chapters are organised around these themes. The first of these chapters discusses public policy regarding the children's workforce within England. This covers the provision of family support, how this support is accessed, and the assessment processes. Chapter two explores what it means to be a professional within the children's workforce. In doing so, it examines what is known about professional identity, cultures and values across different professional groups, and communication between them. The third literature review chapter examines how policy is implemented through practice. In doing so it details research that is relevant to the policy that is discussed within chapter two. Separating policy and research in this way allows for the discussion to retain the clarity and focus of each chapter. Moreover, as one of the original foci of this study was adolescence, the final literature review chapter includes an emphasis on research and practice with young people, whilst, due to the nature of the information, the previous two literature review chapters discuss policy in more general terms.

Following the literature review, the methodology chapter details the epistemological and ontological stance that was taken throughout this project. Additionally, this chapter includes data collection methods, sampling, and sample characteristics of participants, the data analysis approach and ethical considerations.

Subsequently, three chapters on findings follow, each one detailing a superordinate theme, and the related subordinate themes, which were identified in the data. Chapter nine is the discussion chapter, which explores the findings, with reference to relevant literature and research. The final chapter is the concluding chapter. Chapter ten comprises a personal reflection of the PhD and research process. Additionally, this chapter includes limitations of the study, recommendations for practice and future research and a discussion of how this thesis contributes to knowledge and the existing evidence base.

Chapter Two: Public Policy, Working with Families.

This is the first of three literature review chapters. Across the period of time it has taken to complete this study, the literature informing these chapters has been searched extensively. The literature searches were modelled on systematic methodologies of literature reviewing (Jesson, Matheson & Lacey, 2012), rather than a strict systematic literature review model. An initial systematic literature search was conducted in February 2011. Using Ebscohost, Psyinfo, SocIndex with full text, CINAHL Plus with full text, and ASSIA databases were searched along with various relevant websites. This has been added to at regular intervals across the time of the project up to the point of submission. In addition to this, relevant research institute and government websites, such as the Department for Children, Schools and Families (DCSF), Department for Education (DfE), and Action for Children, have been regularly searched and the information updated.

In conjunction with the literature searches detailed above, a systematic search exploring family support was completed. This literature search consisted of trawling various bibliographic databases, search engines and specific websites between May and June 2012. The databases were searched using Ebscohost accessed via the University of Bedfordshire. The databases used included those listed above.

This chapter discusses public policy within England, in regard to working with children, young people, and families. This includes key policy initiatives, such as partnership working with families, safeguarding children and young people, prevention, and early intervention strategies. Along with this, family support is examined, as are related conceptual and definitional concerns. This chapter also discusses assessment of need and the introduction of the CAF.

Introduction

Supporting families was a key element of the Children Act (Children Act , 1989 section 17), which states, that local authorities have a duty to provide a range of

services for all children considered to be in need within the local area. Consecutive governments, within the UK, have established new initiatives and strategies in an attempt to enhance support delivered to families. This was further emphasised in the Children Act (2004), which aimed to provide continuous inter-professional services in order to support families in the most beneficial way (Corby, 2006).

The introduction of the Children Act (1989) led to a change in social care focus from child protection towards family support (Platt, 2007, Spratt, 2000, Spratt & Callan 2004, Corby, 2006). Corby (2006) claims that within the UK, over the past sixty years, social care has moved between three different phases. The first of these was 1948 to the early 1970s; this saw care and social services being preoccupied by the prevention of family breakdown. The second phase, 1974 to the mid-1990s, was a period that focused on the protection of children. The UK remains to be in the third phase that concentrates on family support. Corby (2006) comments, that this stage was first introduced in the 1990s and was further enhanced by New Labour social welfare policies and their commitment to eradicating child poverty during the time they were in power. Although this situation has changed, owing to the funding cuts that have been introduced by the Coalition Government, the UK remains to be, tentatively, in the third stage.

Spratt (2000) has noted, "In the United Kingdom there has been difficulty in implementing the family support provisions contained in the 1989 Children Act, largely because of continued emphasis on child protection activity by local authorities" (p.597). Platt (2007) reiterates this and comments that the current focus on the provision of family support is "a dilemma that remains evident in practice, despite subsequent policy developments" (p.326). Additionally, this has been recognised and commented on in the Munro Review (2011).

Following the Children Act (1989) and the death of Victoria Climbié (2000) Lord Laming was requested to complete an inquiry into the death and to make recommendations on how to prevent similar child abuse. A continued lack of

joined up working was identified within the report and as a result of the recommendations included in the Laming Report (2003) New Labour introduced the Green Paper, *Every Child Matters* (DfES 2003). This brought with it a definite shift from the very 'risk'-focused social welfare system of the 1980s to a social welfare agenda that included early intervention and prevention (Laming, 2003).

Similarly, Katz and Hetherington (2006) refer to two groups of child and family welfare systems, which they describe as 'dualistic, child protection' and 'holistic, family support' (p.431). They explain that a 'dualistic' system is very child focused, as it is governed by the prevention of abuse and the removal of children from perceived situations of harm. Katz and Hetherington state, "whilst relatively few families in any system become involved in court procedures, the possibility of court proceedings dominates the whole dualistic system (and takes up a disproportionate amount of resources)" (p.432). Although the interests and safety of the child are paramount, the case for intervention is considered and balanced with the rights of the parents. Rather than seeking support for the child and family, a dualistic system will rapidly escalate to court proceedings and removing the child from harm. This system could be seen in the 'risk focused' strategy of protection from harm adopted previously in the UK, particularly in cases such as in Cleveland in 1987, where 119 children were taken into care (Katz & Hetherington 2006).

In contrast to a dualistic system, a 'holistic' social welfare system encompasses family support and embraces early intervention and preventative services. Within this system, the safeguarding of children from abuse is still paramount; however there is an assumption that a continuum of care is present around the family. In addition to this, there is a supposition that an intervention should take place in order to prevent harm, wherever possible. This system advocates family support that is embedded within services. Safeguarding of children is seen as one aspect of child welfare. Within the UK currently, a holistic system is evident and followed within practice.

The benefit of a social welfare policy that is driven by prevention rather than protection is, however, weakened by funding cuts, which can lead to local authorities being unable to provide much needed services. It is not advantageous to either professionals or service users to try and simultaneously adopt two opposing policies; prevention (holistic system) along with the opposing view of a risk-focused (dualistic) model (Katz & Hetherington 2006). However, this appears to be the likely reality for many local authorities in a time of austerity, having to attempt to deliver prevention services, when in fact they only have the funds to concentrate on protection.

Partnership Working and Communicating with Families

With the changes in the social welfare system came the notion of working in partnership with families and parents. This was emphasised in the Children Act (1989) and was further reiterated in a tranche of documents (DCSF, 2009c, 2009b, 2009a, DfES, 2003, 2006, 2004) published by the last Labour Government. These initiatives included treating parents as partners (DCSF, 2010) and ensuring that parents, children, and young people were included and informed about any actions or decisions made in regard to their lives (DfES 2006, DCSF 2009b). However, as will be discussed later, research has found that the practice of including parents and young people in these decision-making processes is repeatedly found to be lacking in service delivery, decision-making, and assessment procedures.

Developing partnerships between professionals and parents takes time. Successful partnerships require trust, on both sides, as well as the knowledge that both parties are included in the decision making process (Reschly & Christenson, 2012). Bundy-Fazioli, Briar-Lawson and Hardiman (2009) discuss the power relationships between child welfare workers and parents. They comment on the worker having power within the relationship, whilst the parent has very little power or control over the situation. Despite a move towards an environment of family support, underpinned by partnership working, no UK

research has addressed how this is being implemented in practice. Writing from an American perspective, Bundy-Fazioli *et al.,* (2009) identify a lack of training in this area for US professionals, resulting in professionals being unsure of how to cope and negotiate their position of power within the relationship with the parent. As this research was undertaken in America the results do need to be taken with caution and the extent to which the same might apply in England is unclear. However, McGhee and Hunter (2011) mention power relationships between the service user and professional within the UK. They recommend that the use of independent advocates can "redress power imbalances" (p.3), as well as, aiding parental participation.

Family Support

Family support is a term used readily within the social care sector and is also a major policy initiative, which has been passed down through consecutive governments. It has been evident in public policy for a number of decades, having first been mentioned in the Children Act 1989 (Pinkerton, Dolan & Canavan, 2004). Despite this, seemingly there is no agreed upon, conceptual definition or framework offered by either research or the government within England. A number of government documents and guidance (Children Act 1989, DfES 2006, DfE 2012b) have stipulated that professionals should provide support to families in need of extra help. However, Munro (2011) asserts that family support services have not appeared as quickly as one would have hoped for.

The notion of 'family support' is both complex and diverse. This has been constructed and reconstructed over a number of decades and differing political agendas. Morris (2012) questions the usefulness of the term family support, due to the changing policy context and changing services. These difficulties lead to confusion as to how this concept is to be interpreted within a social care context and the related literature base. As Dolan, Canavan and Pinkerton (2006) claim, "family support continues to be remarkable for being so under-conceptualised" (p.11). Much of the social care literature (Dolan, Canavan, & Pinkerton, 2006;

Gilligan, 2000; Pinkerton, 2000) attempts to address the complexity of family support and advocates that 'family support' should be embedded within a social support model.

What is Family Support?

In 1994, the Audit Commission report broadly defined family support as:

> "Any activity or facility provided either by statutory agencies or by community groups or individuals, aimed at providing advice and support to parents to help them bring up their children" (Frost, 2003, p.4, Gardner, 2003, p.2).

It is clear, from the literature base and services that are available, that an idea about family support exists. However, the term family support can mean very different things and it has a varied evidence base. Pinkerton (2000) warned that if this situation was not addressed, the danger was that family support could become a "warm and fuzzy term" (p.207), which ultimately means very little. Further to this Penn and Gough (2002) claim, the overuse of the term has resulted in it losing clarity and meaning or "it encompasses so many meanings that it is difficult to disentangle them" (p.17). Pinkerton (2000) advocates for the use of a framework, which is based upon four core themes; needs, services, processes and outcomes.

Similarly, Chaffin *et al.,* (2001), when undertaking a quasi-experimental assessment of family preservation and family support programmes in America, identified that whilst family preservation models target families in crisis, family support models of intervention are fundamentally community based. These community based family support models were developed to ease stress and encourage parental strengths, as well as promote ease of access and draw upon alternative support mechanisms, such as informal social support networks (Chaffin, Bonner & Hill, 2001).

Penn and Gough (2002) in a review of family support services in one local authority in the UK, found very few of the services allowed for, or accommodated, problems with poverty. The authors stated, "Poverty is overwhelming for those who experience it, yet most family support measures do not address it" (p.30). However, Gardner (2003) recognised family support as key to government policy, within the UK in a number of different areas, including poverty, education, and access to services. She has described it as providing assistance to families, and helping them to identify and draw upon their own strengths, help them overcome life crises and problems. Other alternative definitions of family support include:

> "Family support practice means providing social support networks for children and their families within the range of formal and informal organisations, thus avoiding social exclusion" (Warren, 1997, p.103).

> "Family support is about mobilising support for children's normal development; for normal development in adverse circumstances" (Gilligan, 2000, p.13).

> "Family support is recognised as both a style of work and a set of activities that reinforce positive informal social networks through integrated programmes" (Dolan, Canavan & Pinkerton, 2006, p.16).

Within the previous Labour government guidance, family support was defined, in the *Social Exclusion Task Force report, Reaching Out: Think Family* (2007) document, as whole family support taking a holistic approach to help support families.

Ghate and Hazel (2002) suggest that family support ought to be based upon a model of social support that adapts itself well to a children's services department and the interventions offered. This model was established from a large study of 1700 parents, living in areas of high social deprivation. Forty of these parents gave in-depth follow up interviews. It encompasses three acknowledged levels of

social support. Formal support ('needs led' services), semi-formal (community based services often provided by voluntary organisations), and informal support (received directly from close family and friends) (Ghate & Hazel, 2002).

Social Support

Pinkerton, Dolan and Canavan (2004) advocate that in the absence of a definitive model of family support, the literature should seek to ground this concept within a model of social support, stating that "social support theory can act as a lynchpin towards an emerging 'definitional frame' for family support professional practice" (p.20).

Accessing social support has long been recognised as a coping strategy, with the potential to protect individuals from the adverse effects of stressful life events (Thoits, 1995) and is something which may be utilised both in times of stress and for on-going need purposes (Dolan, 2010). Social support directly contributes to health by acting as a buffer against adverse symptoms of stress, in addition to promoting self-esteem and self-regulation (Lakey & Cohen 2000). Importantly, in families where parents are able to effectively access and utilise adequate social support, this has been shown to act as a positive influence on family well-being and functioning, quality of parenting, and the development of child resilience (Armstrong, Birnie-Lefcovitch & Ungar, 2005).

Social support is crucial throughout life, and has been conceptualised in various ways over the years (Cohen *et al.,* 1985, Dunkel-Schetter, Folkman & Lazarus, 1987, Ghate & Hazel 2002, Thoits, 1995). Cohen and Wills (1985) discuss four different types of support: emotional support that refers to a person feeling esteemed, valued and accepted; informational support that helps one define and understand difficult situations and provide information to help resolve problems; social companionship, which encompasses spending leisure time and activities with others; instrumental support which is the provision of financial aid or material items and practical help.

Juby and Rycraft (2004) have taken these four categories and directly related them to help and support that may be provided by children's services. Emotional support, whilst normally being provided by friends and close family members, can also be provided by caseworkers. Informational support is provided through the suggestion of interventions, social groups, or by giving direct advice related to housing or debt. Social companionship is normally provided by friends and close family members but may also be enhanced by the suggestion of the individual joining community groups or becoming involved with school activities to improve the individual's social network. Instrumental support is in the form of direct help with the claiming of benefits, food parcels or other material items.

Whilst there is a connection between the three areas of Ghate and Hazel's (2002) model, the Juby and Rycraft (2004) model and Cohen and Wills' (1985) concept of social support, the boundaries of the semi-formal and formal groups of support are somewhat vague. Confusion is apparent particularly as to where tier two[1] (Hardiker, 1999) services and services provided by voluntary organisations fall (tiers of service will be discussed in more detail later in this chapter). Additionally, how the notion of social support is compatible with Hardiker's (1999) tiers of service is a complex issue, with neither Ghate and Hazel's nor Juby and Rycraft's model entirely fitting the needs of each of the tiers. It should also be noted that informal support at all four levels of the Juby and Rycraft model can be, and often are, provided by close friends and family (Juby & Rycraft, 2004).

The diversity in constructing social support and family support is salient to the study reported here. Many of the professionals included were trying to access

[1] Tier 1 services are deemed as Universal services that are accessible to all. Tier 2 services are provided for those needing targeted support. Families' can self-refer to these services or are referred through the CAF referral system. Tier 3 services are referred services for children and young people with multiple and complex needs. Tier 4 services are specialist services for children and young people with the highest levels of need.

supportive services for the families they were working with. Additionally, as will be demonstrated, during this time of austerity a number of the families failed to meet the threshold to access support and so the professionals were attempting to provide this support themselves or use alternative support systems.

UK Government Guidance and Delivery of Family Support Services

As has been mentioned, family support has a central role in supporting children, young people, and families. It is embedded in legislation such as section 17 of the Children Act (1989), the Children Act (2004) and a number of the Articles (eg. Article 5, 9, 10 and 18) listed in the United Nations Convention on the Rights of the Child (1989).

Barnes and Morris (2008) discuss a change in the focus from child protection that had been evident, in the early 1990s and before, to a focus on prevention and early intervention introduced by the New Labour government elected in 1997. The new policies and initiatives concentrated on the social exclusion of children and repositioned families as partners (Morris, 2012). However, due to lack of family engagement in family support service and the complexity of family support services, need and thresholds, these new policies appeared to be somewhat futile in many circumstances. As will be discussed in chapter four, partnership working with parents remains challenging, particularly with hard to reach families. In response to research conducted for the Department for Education and Skills, by Pricewaterhouse Coopers in 2006, the New Labour government acknowledged a further shift in family support needs. The importance of parental and family influence was further recognised and there was an increase in funding for services.

Within the *Parenting and Family Support: Guidance for local authorities in England document*, which followed the Pricewaterhouse Coopers (2006) research, the DCSF (2010) recommended eight key principles that should

underpin support services within England and Wales. These eight principles included:

1. See parents as partners
2. Be evidence based
3. Focus on improving outcomes for children and families
4. Be matched to rigorously assessed need
5. Be accessed through a variety of routes, including universal services
6. Address issues with parenting, adult-child and adult-adult relationships
7. Look at and address the needs of all the key adults in a child's life
8. Empower and enable families

(DCSF, 2010 p.7)

Within this document the government encouraged services to treat parents as partners. This can be seen in a number of other documents (DCSF 2009b, Kendall, Rodger & Palmer, 2010, McLeod, 2012). However, existing research (Gilligan & Manby 2008, Pithouse, 2006) suggests that recognising parents either as partners or as having their own needs, additional to the child's, is lacking in service delivery. This lack of partnership working with parents, potentially, results in services failing to address the family's needs holistically or address the needs of the parent/carer, as well as the children. There is a paucity of literature that report services treating parents as partners from the inception through to the everyday delivery of the service (Austerberry & Wiggins 2007, Featherstone & Manby 2006, Condon & Ingram, 2011, Hannon *et al.,* 2008, Jones, 2006). Often, research reporting partnership working discusses this with regard to the research process or consultation of parents as service users, as opposed to the delivery of the service itself. McLeod (2012) comments that

better outcomes are achieved, for families, when services work and assess families collaboratively and in partnership. She goes on to discuss that this is due to the family members feeling that they are more in control of the situation as well as the professionals entering their lives.

The benefits of adequate social support networks are well known, as is the detrimental effect that the lack of these can have on both parenting capacity and well-being (Armstrong, Birnie-Lefcovitch & Ungar, 2005, Lakey & Cohen 2000). Indeed one paper (Wodehouse & McGill 2009), a qualitative study exploring support for parents and carers of children and young people with developmental disabilities, addressed the perceived lack of recognition from professionals of the importance of informal support networks. The authors advocated for improved partnership working with parents. Additionally Wodehouse and McGill (2009) reported service user dissatisfaction with support provided by what they refer to as professionals with 'non-specialist skills'. These were professionals working in 'generic service provision' roles such as schools and General Practitioners (GPS). Further to this they also commented on parents' over reliance on informal social support networks. Similar to others, Wodehouse and McGill (2009) comment on the potential of support received by these informal support networks, especially when it is received from other parents and families in similar situations.

It is promising that the notion of social support is clearly embedded into services, despite the lack of clarity in regard to the concept of family support. Many universal services, such as Sure Start and Children's Centres, embed this in their provision (Brown & Dillenburger 2004, Urwin, 2003, Wigfall, 2006, Allnock, Akhurst & Tunstill, 2006). Informal social support networks can be more beneficial than that provided by generic or universal services (Wodehouse & McGill 2009). However, the notion of family support and social support, whether formal or informal, is both complex and varied.

Safeguarding

The United Nations Convention on the Rights of the Child (UNCRC) stipulates, across the 54 Articles, that all children and young people have "the right to survival; to develop to the fullest; to protection from harmful influences, abuse and exploitation; and to participate fully in family, cultural and social life" (UNCRC, 1989). Many researchers (Dubowitz, 2007, Munro, 2011, Rees *et al.,* 2011) are more specific and advocate that it is essential to treat safeguarding issues on age or developmental specific definitions, as opposed to a set of classifications that may not suit every age or developmental stage.

The term safeguarding refers to protecting children and young people from harm, ensuring that they are safe at home, school, within their communities, and when using any public service including health and social care services. The Department for Education (2011) defines safeguarding as:

- protecting children from maltreatment
- preventing impairment of children's health or development
- ensuring children are growing up in circumstances consistent with the provision of safe and effective care. (DfE 2011)

Furthermore, in a scrutiny guide for safeguarding children the Improvement and Development Agency (IDeA) (2009) states that it is fundamental for councils and children's services to improve outcomes for children "through excellent services, and effective frontline practice, well supported and confident capable staff, and through investment in early intervention and prevention" (IDeA, 2009). However, a number of high profile reviews and reports (Laming, 2003, Laming, 2009, Munro, 2011, Ofsted, 2008, The Rochdale Borough Safeguarding Children Board (RBSCB), 2012) have highlighted that services consistently fail in adequately safeguarding children and young people. Whilst some of the reports comment on progress that has been made, such as more joined up working,

information sharing, and to some extent utilising a child centred approach, this still has a long way to go (Munro, 2011). They also note that there are still some children and young people who are being failed by the services on which they rely.

These findings were previously confirmed in a review, conducted by Brandon *et al.,* (2009), on all of the serious case reviews completed between 2005-2007 (Brandon *et al.,* 2009) and further reinforced more recently in the Rochdale review of the sexual exploitation of children (RBSCB 2012) and the Independent Inquiry into Child Sexual Exploitation in Rotherham (Jay, 2014). Whilst it could be acknowledged that there may always be incidents of some children falling through the safeguarding net, it is also important to recognise that often children are being failed due to the same or similar issues. Despite limited improvements in some areas of practice, numerous reviews have repeatedly highlighted the systemic failures that frequently occur in these cases (Laming, 2003, Laming, 2009, Munro, 2011, RBSCB 2012). These failures include problems in communication between professionals as well as, the language and terminology that is used by the professionals, and information sharing between agencies. This is in addition to listening to the views of young people and families.

Professional multi-agency working and adequate holistic assessment are thought to be able to overcome some of the issues surrounding the recognition and reporting of neglect (Brandon, 2009; Carpenter *et al.*, 2011; Harlow & Shardlow, 2006; Munro, 2011). Munro (2011), in the UK child protection review, advocated that an effective child protection system should be child centred. Additionally, Rees and Stein *et al.,* (2011) maintain that neglect should be thought of in an ecological framework. To sustain this, both adult services and children's services would need to work closely together, in addition to communicating and listening to both children and carers. To enhance this further, the relationship between the professional and family members is crucial (Harlow & Shardlow, 2006;

Munro, 2011). Each of these issues will be discussed further in chapters three and four.

Prevention and Early Intervention Services

The Children Act (1989) led to the introduction of a plethora of new requirements. One of these new policies included the requirement for local authorities to bring together their families in crisis or child protection work with more preventative initiatives that focused on families in need (France & Utting 2005). However, in the 1990s, this resulted in a rationing of services as opposed to increasing support due to lack of adequate funding and a nebulous definition of 'need' (Tunstill, 1997). Fundamental to the policies and initiatives of the New Labour Government, from 1997, was the introduction of more preventative services, such as the Children's Fund, which sought to fund services for children and young people aged five to thirteen and considered to be 'at risk', to help support families (France & Utting 2005).

The importance of early intervention and prevention was further emphasised by the Children Act (2004) with the Ministerial Introduction to Every Child Matters: Change for Children (DfES 2004), stating "The services that reach every child and young person have a crucial role to play in shifting the focus from dealing with the consequences of difficulties in children's lives to preventing things from going wrong in the first place" (p.2). Furthermore, as discussed below, it is also widely advocated that providing preventative services is more cost effective than providing costly firefighting services that attempt to 'fix' problems once they have become entrenched (Allen & Duncan-Smith 2008, Allen, 2011, NEF 2012).

Prevention

Early intervention services are also thought to be preventative services: by intervening at an early point it is thought to be possible to prevent situations or difficulties escalating. The 'New Economics Foundation' (NEF) 2012) discusses three types of prevention:

> "Downstream - measures to try to cope with the consequences of harm and focus on specific cases, to stop things getting worse. Midstream - measures aim to mitigate the effects of harm that have already happened and focus on groups and other things considered 'at risk' or 'vulnerable', Upstream - measures aim to prevent harm before it occurs and usually focus on whole populations and systems" (NEF, 2012 p.4).

These writers claim that prevention is needed at all of the levels, but that 'Downstream interventions' should be used as a last resort. The authors use the analogy of having to pull people out of a river, who have fallen in upstream: one will have to continue to rescue people from the river until something is done to address the reason as to why they keep falling in. They also claim that the ultimate end result is, so many people will have 'fallen in' that resources will have become so depleted that there will be no more available help (NEF, 2012).

An earlier NEF report (2009) claimed that timely investment in preventative services could potentially save the country £4 trillion over the next 20 years in funding spent on the harmful effects of social problems, such as anti-social behaviours, risk taking behaviours, family breakdown, and poor mental health, as well as intergenerational cycles of all of those listed. In agreement with this Iain Duncan Smith (2012) maintained that prevention and early intervention should be at the top of the new Coalition Government's social justice agenda, commenting that currently the government spends £25 billion pounds a year on the resulting cost of social breakdown, but very little on the underlying causes of this.

There is continuing debate, concerning how prevention should be defined (France & Utting 2005). Farrington (2000) offers a 'risk focused prevention paradigm'. This acknowledges that there are a number of risk factors that can be identified within families and individuals. He goes on to suggest that when designing preventative interventions, 'risk factors' can be taken into account. However, there are a number of issues identified with this model of prevention.

These include the relevance of particular risk factors in regard to the child or young person's age or development and the ethics of labelling or stigmatising so called 'at risk' individuals and families due to perceived risk factors (Utting, 2004).

Rutter (1978) identified six variables linked to mental health disorders and anti-social behaviour. These were marital discord, low socio-economic status, large family size, paternal criminality, maternal psychiatric disorder, as well as child welfare intervention. It should be noted that having just one of these risk factors was not necessarily likely to lead to either anti-social behaviour or poor mental health, whereas having two or more risk factors resulted in individuals being four times more likely to have difficulties. Others (Werner & Smith 1992, Losel & Bender 2003) discuss protective factors that should not be seen as being the direct opposite to risk factors, but rather are features that reduce risk for children who would otherwise be considered as living in adverse circumstances (Sutton, Utting & Farrington, 2004). Protective factors can include family structure, residing with two parents as opposed to a lone parent family, the size of family and the amount of attention the child receives from parents or carers.

One of the central problems with addressing prevention within this type of model of need is that professionals need to make assumptions in regard to the family and children involved. In order to prevent the onset of anti-social behaviours or mental health issues in later life, decisions have to be made at the earliest opportunity in response to the risk factors and related protective factors. This potentially promotes stigmatisation of families and their circumstances, as well as the labelling of individuals who are perceived to be at 'risk'.

Early Intervention

Under the provisions of the Children Act (2004), the previous Labour government invested in preventative services with the on-going strategy of universal services for all. This was an attempt to tackle poor parenting at an early stage, as well as

connecting families with young children to an array of family support services within the community (Corby, 2006). These initiatives included the introduction of children's centres and Sure Start centres (Glass, 1999), universal services for all, and schemes, such as the Parenting Early Intervention Programme (PEIP) (Lindsay *et al.,* 2009). The PEIP project was funded from 2006-2009 and provided money to local authorities to provide a number of specified parenting programmes to be delivered to parents of children aged eight to thirteen years within local communities. The aim of the PEIP initiative was to provide parenting support through recognised parenting programmes. This was in addition to examining the efficacy of the programmes when rolled out on a large scale, to understand outcomes for parents and children and the cost-effectiveness of large scale delivery of the programmes. Lindsay *et al.,* (2009) found that the programmes increased parental well-being, parenting skills were improved, and the parents were able to manage the behaviours of their child more effectively. The authors commented on the variation of the cost effectiveness of the programmes. This was determined by local policy and organisational factors of the different local authorities involved in the project. The PEIP project was funded by the previous Labour Government as an early intervention initiative, to reduce long term behavioural, emotional, and social difficulties that have an impact on society.

Replacing former early intervention funding streams, provided by the previous Labour Government, the Coalition Government introduced the new early intervention grant in December 2010. Prior to this grant, local authorities had received funding for particular services, specifically ring fenced for the named service. This new funding was an early intervention grant to cover all services that replaced a number of different, centrally directed, ring-fenced grants, such as funds for Sure Start children's centres, Connexions, and teenage pregnancy services. This new funding included early intervention funding for children and young people of all ages and allowed local authorities to independently decide on where to spend the money (DfE 2012a).

Further to this, the early intervention grant funding was introduced to encourage local authorities to invest in early intervention and preventative services to potentially save money over time. The new funding also included money for the expansion of free nursery places for disadvantaged two year olds and so was, in reality, an actual cut in funding of 11 per cent rather than a 6 per cent rise (Puffett, 2012, 2013). Moreover, the funding was not proportionally distributed across the country; with some local authorities experiencing funding cuts whilst others saw a rise of nearly 10 per cent. Many areas, such as Kingston Upon Hull that ranks low (140 out of 149) in the Child Well Being Index (2009) received a 1.37 per cent cut in early intervention funding, whereas more affluent areas, such as Surrey, were awarded a 10.8 per cent rise. Further to this, seven other authorities that have a high percentage of children at risk of being in need, such as Tower Hamlets and Wolverhampton, received the lowest increases of 0.55 per cent to 1.92 per cent respectively. Whilst ten local authority areas that had low levels of children in need, such as Buckinghamshire and Kingston Upon Thames, received increases of 9.54 per cent to 10.8 per cent, respectively. Five of these more affluent authorities ranked in the top ten for child well-being in the UK (Puffett, 2012).

Research and literature discussing the known benefits of early intervention often explore this in relation to early childhood or pre-school. A result of this, is a paucity of literature and research in relation to early intervention for young people. Indeed this is evident in the Government Report, *Early Intervention: The Next Steps* (2011), the purpose of which was to discuss early intervention for families. When the details of the report are analysed it includes the mention of 'baby/ies' a total of forty three times and 'early years' a total of fifty seven times. Whereas the words or terms 'adolescent/ce', 'teenage/r', or 'young person' occurred on just twenty nine occasions, with twelve of these being directly related to teenage parents or pregnancy (Allen, 2011).

Assessment

Within the Children Act (2004) were a number of key proposals primarily designed to reduce child poverty. One of these was the need to produce guidance about how to respond to and monitor safeguarding children referrals, including the development of common assessment frameworks and of computerised systems for sharing and tracking information across relevant agencies' (Corby, 2006). Along with this, as previously discussed, the previous Labour government introduced many family orientated initiatives, including prevention and early intervention programmes, believing that more established problems are more difficult to deal with (Social Exclusion Task Force, 2007, DCFS 2009a, DfE 2004).

These initiatives included the introduction of Children's Centres, aimed at helping and supporting parents of pre-school children, and the concept of 'Team Around the Child' (TAC). The sole purpose of the latter is a multi-agency approach to meet need, which includes the child and family in decisions about services or actions needed. The new proposals also incorporated the introduction of a new assessment process, the 'Common Assessment Framework' (2006), with the addition of two other schemes, which directly related to this: ContactPoint and Lead Professionals. The Coalition Government decommissioned ContactPoint in 2010 (DfE 2010a).

In 2000 the Department of Health (DoH) launched the 'Framework for the Assessment of Children in Need and their Families' (DoH 2000, p.10). This was a framework, which was thought to provide a systematic, holistic, and ecological approach to assessing need. It was based on research and theory across a range of different disciplines as well as replicating the underlying principles of the United Nations Convention on the Rights of the Child (1989). The framework was based on three areas of a child's life; developmental needs, parenting capacity, and environmental factors. Each of these was thought to contribute to

effective holistic assessment. The principles that underpinned the new framework were that assessments should be:

- child centred;
- rooted in child development;
- ecological in their approach;
- ensure equality of opportunity;
- involve working with children and families;
- build on strengths as well as identify difficulties;
- interagency in their approach to assessment and the provision of services;
- a continuing process, not a single event;
- carried out in parallel with other action and providing services;
- grounded in evidence based knowledge (DoH 2000, p.10).

Embedded within each of the three domains of the model were a number of factors, which were thought to be 'critical dimensions' (see figure 1).

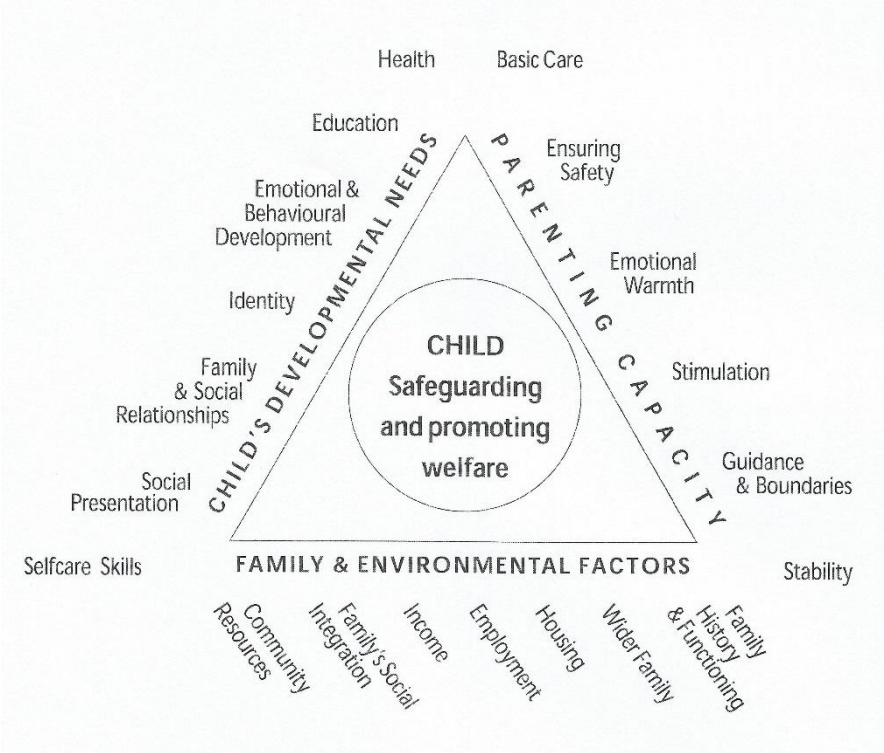


Figure 1: Framework for the Assessment of Children in Need

Source: Framework for the Assessment of Children in Need and their Families (DoH 2000, p.17)

This initiative was implemented in 2006 with the introduction of the Common Assessment Framework (CAF). This was presented to the social care sector as a "needs led", "strengths" and "evidence based" assessment process. It was heralded as a more holistic way of assessing children with additional needs, so the "child's, rather than the services', needs are at the centre" (DfES 2006). The CAF was also introduced as a way of promoting early intervention, by helping professionals assess needs at a much earlier stage of development or difficulty, and encouraging practitioners to work closely with the families involved in collaboration with other professionals and agencies (DfES 2006). It was envisaged as a universal tool to be utilised by all professionals to assess children's needs. The CAF incorporated the principles of the tiers of need, suggested by Hardiker's (1999) model of Framework for Analysing Services (figure 2), and encompassed the three domains of child development, parenting

capacity, and environment. The lowest level was 'Universal Services', which was deemed to be accessible and appropriate for all children, young people and families. Tier two services provide for those needing some low level targeted support, which families were able to self-refer to. Tier three provided targeted services for families with multiple and complex needs and were available to families through a formal referral system. Finally Tier four services were for those with the highest levels of need. Universal and Tier two services were considered to be preventative services offering early intervention.

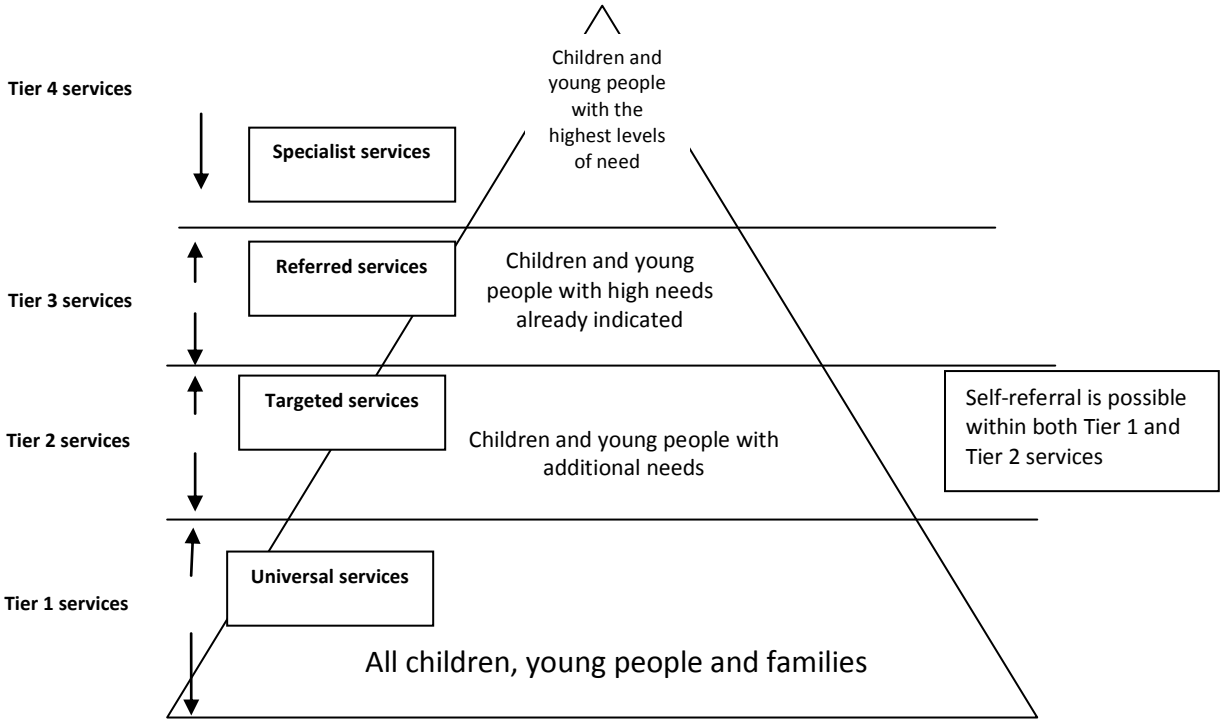


Figure 2: Framework for Analysing Services

Adapted from, Framework for the Assessment of Children in Need and their Families (DoH, 2000, p.17)

The DfES (2006) adapted this to produce a model (figure three) to assist professionals in identifying appropriate times at which to intervene.

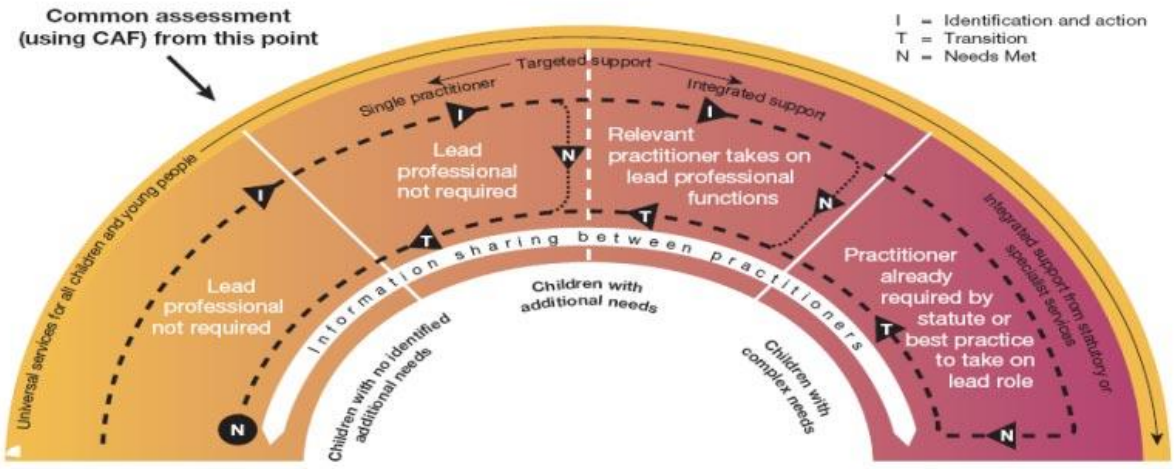


Figure 3: Processes and Tools to Support Children and Families taken from CAF Practitioner Guide (CWDC, 2009, p.31).

The diagram portrays at which point a practitioner should consider completing a CAF and which type of services should be accessed dependent on the child's needs. It also clearly shows how children and young people can move either way within and between the four tiers of need.

Common Assessment Framework

The CAF process was to be fully implemented across England by 2008 (DfES 2006). The underlying principle was to move away from a risk focused, needs led or service led culture to providing supportive services which were thought to match need, with the child being central to the assessment process. The intention was to reduce the burden of multiple assessments for families, improve communication between professionals, parents, and different agencies, as well as promote early identification of problems, along with early intervention work in order to "help them before things reach crisis point" (CWDC 2009, p.11). Additionally, it was anticipated that services and assessments would become more evidence based, and a common language between professionals and agencies would evolve, allowing for information to be shared in a more straight forward way. This information would follow the child, rather than families

having to relay their stories to numerous different professionals (CWDC 2009, p.11). Policy also stressed that there was a need for communicating effectively with children, young people, and parents and that they should all be engaged fully within the process. It was stated clearly within the guidance that parents/carers and children should be consulted throughout, including before the CAF process began, and that ultimately the CAF or the collated information could not be used without the parent's/carer's full informed consent.

To further enhance contact with professionals and parents the "Lead Professional" role was established along with the CAF. This was a professional role that was not a new or additional professional role but rather it encompassed a set of 'core functions' (DfE 2012c) in order to reduce the number of professionals that families came into contact with and enhance interagency communication. Fundamentally one professional already in contact with the family adopts the lead professional role. This professional co-ordinates all services between professionals and agencies, becoming the 'single point of contact' (DfE 2012c) who communicates with the family. It was thought that any professional involved with the family could be the "Lead Professional", but that the best person for this role would be discussed and agreed upon between all of the professionals involved, as well as the family and young person.

Although these strategies were envisaged to promote multi-agency working and communication, Brandon *et al.,* (2006) concluded that, in order for there to be some 'commonality' within the CAF processes, there was a requirement for further statutory guidance. As it stood, due to a lack of statutory guidance and too much flexibility, it allowed local authorities to integrate the CAF and related processes as they wished, in turn resulting in little or no 'commonality'. They concluded that the CAF, despite its name, was anything but common in either its functions or the way that it was used due to the diversity of its use.

Summary

This chapter has discussed key governmental policies in regard to working with children, young people and families that is relevant in contextualising the current research. Despite government policy advocating for the benefits of family support, during the past few decades family support has altered through consecutive changes of government. Support services remain to be a priority in policy and guidance. However, with a lack of clear definition and conceptual framework family support remains an intangible concept. A number of researchers (Brandon *et al.,* 2006, Gilligan & Manby 2008, Pithouse, 2006, White, Hall & Peckover, 2009) have identified that it is evident that all of the above procedures and guidance remain to be lacking in CAF processes and working with families. As will be discussed further in chapter four, many of these initiatives and guidelines are not followed within practice.

The following chapter will continue this discussion in reference to key policies in relation to multi-agency working and communication. Chapter three will extend this by exploring literature in relation to professionals and key strategies directly targeted at workers within the children's workforce.

Chapter Three: Being a Professional

Chapter three continues the exploration of literature detailing public policy. The discussion resumes with a look at multi-agency working, which was a further key policy introduced to the sector within England. This chapter explores what it means to be a professional and the factors that have been found to have the potential to support or undermine the kinds of 'working together' needed for the CAF process, such as professional identity, communication, and professional cultures and values.

Multi-Agency Working

Multi-agency working is thought to be crucial to the effective delivery of services across agencies such as children's services, youth justice, health, and education and is defined in the *Every Child Matters* (DfES 2003) paper as:

> "Multi-agency working is about different services, agencies and teams of professionals and other staff working together to provide the services that fully meet the needs of children, young people and their parents or carers. To work successfully on a multi-agency basis you need to be clear about your own role and aware of the roles of other professionals; you need to be confident about your own standards and targets and respectful of those that apply to other services, actively seeking and respecting the knowledge and input others can make to delivering best outcomes for children and young people" (p.18).

Having first been commented on in a review of the death of five year old Jasmine Beckford and the ensuing Beckford Report (1985 in Parton, 1991), multi-agency working practices have been encouraged by the government in England since the 1980s. Notably, a draft guide was produced soon after the Beckford Report, entitled 'Child Abuse-Working Together' (DHSS 1986 in Parton, 1991). Interagency and inter-professional co-operation was seen as paramount for the

safety of children. This was further enhanced after the Cleveland Enquiry (1987) reported the need for professionals to not only work together, but also to include children and families in the discussions and decisions made about them (Parton, 1991). Interagency collaboration came under further scrutiny in the Laming Report (2003), which specifically stated that recommended interagency training and effective joint working practices be featured in the national training programmes of health professionals, social workers, teachers, police officers, and officers working in housing departments. It was recommended that professionals in different agencies should work collaboratively across their traditional boundaries to provide an effective service to children, young people, and their families (Dunhill, 2009). Following this, the Children Act (2004) introduced a new statutory framework and also stated that certain statutory agencies, including local councils, strategic health authorities and the police service, should work co-operatively with newly established children's services authorities, and Local Safeguarding Children Boards in order to co-ordinate work around the needs of individual children and families.

These working practices encompass a number of related terms, including multi-agency working, inter-professional working, interagency working, inter-disciplinary working, integrated working, and multi-professional working, much of which is often used interchangeably throughout the literature in this area. This results in definitional issues and diverse understandings of multi-agency working. Collaborative working can include a range of different agencies from a range of different backgrounds, such as health, education and social care professionals, or statutory and voluntary organisations, co-operating to deliver services. Within this, there are also different models and degrees of cooperation. Atkinson *et al.,* (2002) discuss a continuum of collaboration, from arrangements where professionals from different agencies retain their distinct roles to arrangements that necessitate professionals working together closely, blurring the boundaries of both agencies and roles. Whilst D'Amour *et al.,* (2005) refer to a service that is co-located incorporating various different professionals from

diverse backgrounds, these professionals ultimately develop a shared identity. They identify this as "trans-disciplinary" (p.120), which occurs when there is a blurring of professional boundaries, with a conscious exchange of skills, knowledge, and expertise. The professionals collaborate to deliver the service. For the purposes of this literature review the term multi-agency working will be used to denote all types of integrated and inter-professional working.

What it means to be a professional

Much of the literature, in the area of children's services, uses the terms professional and 'practitioner' interchangeably although some believe that 'professional' would refer to someone who holds a professional qualification, whilst 'practitioner' would refer to someone with a vocational qualification. As Hoyle and John (1995) claim, the notion of a professional "is less a descriptive than, at best, a symbolic or, at worst, an ideological concept" (p.6). They go on to discuss functionalist and schematised views of professionals and professional status. Functionalist and schematised theories of professionals comment on professions being a social service or function and the need for knowledge, autonomy, and responsibility within professions.

Hoyle (1980), comments that professional skills are acquired through a lengthy period of higher education, which additionally socialises the aspirant into the specific required values of the profession. Skills and systematic knowledge are further enhanced through experience, once the individual has entered the professional environments of work. Hoyle (1980) goes on to state, "these values tend to centre on the pre-eminence of clients' interests, and to some degree they are made explicit in a code of ethics" (p.45). Hoyle and John (1995) acknowledge the difficulties with viewing professions and non-professions with prescriptive lists of attributes, stating that some professions meet all of the criteria, whilst others meet just a few. They instead offer a continuum with highly recognised professions (such as medical professionals) at one end and a

range of professions, which meet the requirements in various different ways, appearing at relevant points.

Whilst the concept of 'profession' has been heavily critiqued (Hoyle & John 1995), it is widely recognised and acknowledged that groups of individuals sharing similar experiences through their work will, to a certain extent, share professional identities, values, and communication skills. Corby (2006), comments on the need for greater cooperation and coordination amongst professionals working with children, young people, and families. He notes that key differences remain between professionals such as social workers, teachers, and the police, in areas such as culture and outlook. These differences continue to create barriers to efficient multi-agency working relationships. These issues of professional identity and communication between professionals will be discussed below.

Professional Identity

Various papers and research reports have discussed the issue of professional identity (Frost, Robinson & Anning, 2005, Moran *et al.,* 2007, Robinson, Anning & Frost, 2005, White & Featherstone 2005). Whilst collaborative working has been found to lead to greater understanding and knowledge of other professional roles (Whiting, Scammell & Bifulco, 2008), other authors have identified that it also often brings a sense of threat and a need to protect the individual's personal sense of professional identity (Hudson, 2002). Hudson (2002) suggests that this sense of personal threat decreases a sense of collaboration and co-operation within the newly formed team. In addition to this, Moran *et al.,* (2007) reported that social workers particularly found multi-agency working a threat to their professional identity, expressing the belief that they missed out on informal communications with colleagues, when based in multi-disciplinary teams outside of a traditional social service setting. Moreover, Robinson *et al.,* (2005) and Sloper (2004) found that in multi-agency teams, where there were no defined boundaries of responsibility, professionals struggled more with the loss of

professional identity than in teams that were able to form very distinct roles and responsibilities from the start. Equal value given to each professional role and individual member is thought to enhance the working and cohesion of the newly developed team (Robinson, Anning & Frost, 2005, White & Featherstone 2005), further promoting the importance of each individual within the team, and so, enhancing their own sense of worth and identity. In addition to this, Robinson *et al.,* (2005) found that professionals who were able to cope more effectively with the insecurity of a changing professional identity were those who were: founder members of the team, permanent members rather than temporarily seconded members of staff, and those members who were able to secure better career prospects with the changes. Although some of this evidence is now a decade old, Stuart (2012), in an action research report detailing multi-agency working within a multi professional team also discusses issues with professional identity and trust. However, it does need to be noted that this was a limited piece of work, as it only explored the relationships within one team.

Galvani and Forrester (2010) and Oliver *et al.,* (2010) comment that the literature in this area is very limited. Stuart's (2012) research confirms much of the previous literature in that, within the group, communication was often on the surface, amicable and collaborative but there were underlying tensions. These were evidenced as lack of trust, resulting in an air of indifference and avoidant behaviours, leading to little action on behalf of the group. In tandem with this, she noted that there was a clear, hierarchical structure apparent in the group, dependent upon the professional identity of members. Where this finding differed to previous research in this area, was that the structure was more dependent on perceived, professional power rather, than profession itself (eg. social worker or teacher). This led to divisive behaviours within the group. This is salient, as there was such diversity within the professional groups who participated in the study reported in this thesis.

Professional Cultures and Values

Conflicting cultures and core professional beliefs can inhibit multi-agency working. However, common aims and objectives, with strategic management commitment and drive, are thought to be key factors to the success of the team (Atkinson *et al.,* 2002). Small core groups of professionals often attempt to come together around a common set of values or beliefs, including identity, unconsciously endeavouring to preserve a professional boundary around the group. Establishing clear and realistic aims and objectives that are understood by everyone, developing a shared vision and culture, is thought to facilitate multi-agency working (Atkinson *et al.*, 2002).

The importance of common values and the development of a shared vision can be further enhanced by co-location and communication (Atkinson *et al.*, 2002). However, Collins and McCray (2012), in a small study encompassing professionally qualified and vocationally qualified practitioners, found that professionally qualified workers from education, health, and social care backgrounds often displayed resistance to including vocationally qualified practitioners from voluntary organisations. The authors concluded this was due to a "narrated general reluctance" (p.139) and mistrust of the lower educated practitioners, particularly around confidentiality. They stated that "working together is not as yet the inclusive, co-operative process envisaged in policy" (p.39), claiming that this brings with it uncertainty around the capability of professionals to be able to deliver services within a multi-agency environment.

Robinson *et al.,* (2005), in a study involving teachers and social workers, reported the fear of professional isolation from both existing professional peers and newly formed teams. The provision of profession-specific peer support and on-going training is thought to be a fundamental need for professionals within a multi-agency team, in order for them to keep up to date with role-specific changes and information (Heenan & Birrell 2006, Robinson, Anning & Frost, 2005). In addition to this, is the need for role-specific supervision in order to provide for the

professional supervisory needs of each individual (Whiting, Scammell & Bifulco, 2008). However, shared training also needs to be made accessible to allow for superior team cohesion and understanding of other professions (Heenan & Birrell 2006). Furthermore, different roles and knowledge within one team brings with it information relating to other available services within areas (Whiting, Scammell & Bifulco, 2008), and understanding of thresholds (Moran *et al.,* 2007), assisting a more holistic approach to service users and often allowing for a 'one stop shop' to access many different services.

Inter-Professional Communication

Many of the child protection reviews that have been conducted within the UK over the past few decades have produced evidence regarding a lack of communication between professionals and agencies, which contributed to either the death or serious abuse of a child (Brandon *et al.,* 2008, Brandon *et al.,* 2009, Laming, 2003, Reder & Duncan 2003, RBSCB 2012). All types of communication skills are paramount to the success of a team, including listening, negotiating, and compromising (Atkinson *et al.,* 2002), as these lead to common respect and trust. These latter two qualities are essential for successful collaboration and partnership. Communication within multi-agency teams is important on a number of levels, from how common aims, roles and responsibilities are communicated, to the strength of communication between individual professionals (Atkinson *et al.,* 2002), and the problems brought about by the use of differing terminologies (Taylor & Daniel 1999). Corby (2006) however, comments that communication difficulties go beyond communication and common language. Often, Corby suggests, difficulties with communication are more about factors surrounding the unwillingness of professionals to become embroiled in difficult situations, including those that relate to child protection.

Summary

This chapter has reviewed issues of professionals working together, along with concepts of what it means to be a professional. It has, additionally explored facilitators and barriers that affect multi-agency working and communication. Collaborative working between professionals is thought to promote knowledge and understanding of differing professions, holistic working practices, and a one stop shop for service users. However, often the reality of this brings with it issues with professional identity (Frost, Robinson & Anning, 2005, Stuart, 2012, White & Featherstone 2005), communication (Taylor & Daniel 1999, Reder & Duncan 2003), and trust (Collins & McCray 2012, Sinclair & Bullock 2002, Stuart, 2012).

This is particularly salient to this study as multi-agency working was a key aspect of the CAF in each of the four LAs. Specifically in phase one, New Town adopted a strategy, integrating different professionals into teams that were co-located and consisted of various diverse professional roles. This strategy was adopted in an attempt to enhance communication and improve outcomes for children, young people, and families. The reorganisation and newly formed multi-agency teams experienced a number of barriers, which have been discussed in the literature, such as professional identity, professional boundaries, and peer support, and have also been identified in the research detailed above (Dance *et al.,* 2010).

The final literature review chapter explores how the policies that have been discussed in chapters two and three, are implemented in practice, specifically in working with adolescents. This final literature review chapter details relevant research in these key areas.

Chapter Four: How Policy is implemented in Practice: Findings from Research

Chapter four is the final literature review chapter. It discusses literature and previous research, which has investigated the key policies detailed within the previous two chapters. Whereas the previous literature review chapters explored governmental policy and initiatives that have been introduced over the last few decades, this section of the thesis looks at how these key policies are implemented in practice. This is in addition to the implications of these initiatives for professionals working with children, young people, and families.

The literature review continues from chapter three by detailing what research tells us about the effectiveness of multi-agency working, communication both with fellow professionals and families, as well as the use of the CAF. The chapter concludes by looking at working with adolescents, including safeguarding and early intervention strategies. Adolescents were a central aspect of the original study and remain notable to the discussion presented here. All of the professionals, who participated in this project were working with young people, and so, it is crucial, to the review of the literature, to include research that explores adolescence at this point.

The Effectiveness of Multi-Agency Working

Benefits of multi-agency working are purported to include improved service delivery, enhanced knowledge and understanding of other professional roles, and improved communication both between individual professionals and agencies (Atkinson, Jones & Lamont, 2007). However, there is very little evidence to suggest positive outcomes for children and families, which are as a direct result of multi-agency working (Galvani & Forrester 2010). Whilst it is often assumed that multi-agency or partnership working is a good thing (Percy-Smith, 2006), in reality there is very little evidence to substantiate this claim.

Research in this area often relies on small sample sizes, detailing single services and the views of professionals in regard to working within multi-agency teams (Galvani & Forrester 2010, Oliver, Mooney & Statham, 2010). Despite there being an abundance of literature detailing multi professional working, there is a shortage of literature that specifically looks at the effectiveness of multi-agency working in generating improved outcomes for service users. This lack of evidence could be due to the subjective nature of what an outcome is, or alternatively the complexity of measuring an outcome. To some, a positive outcome could be the impact of a service on a user (Frost & Stein 2009), but how would this be measured and from what starting point (Canavan, Dolan & Whyte, 2009)? For others, a successful outcome of a service could perhaps be that the service has reached increasing numbers of families and has been cost-effective or even cost-cutting (Atkinson *et al.,* 2002, Gardner, 2003). In addition to this, some believe that multi-agency working decreases the number of professionals families come into contact with, which could also be deemed as a positive outcome for families (Atkinson *et al.,* 2002, Gardner, 2003).

A number of reviews (Munro, 2011, Laming, 2003, Laming, 2009) have advocated multi-agency working, recommending this type of partnership-working as being advantageous to all. These reviews have identified that a lack of multi-agency communication and working together had a detrimental effect on serious cases of child abuse in the past. Lack of professional communication and cooperation has been highlighted as being instrumental in high profile cases, such as the death of Victoria Climbié, Peter Connolly, and others. Multi-agency work and good communication between professionals is thought to be a protective factor in safeguarding children and young people. However, with a lack of evidence to corroborate this, it is an underlying assumption that multi-agency working improves outcomes for children, young people, and families (Galvani & Forrester 2010, Oliver, Mooney & Statham, 2010).

Further to this, research and practice have uncovered a number of facilitators and barriers to integrated working, including collaboration with joint aims and objectives (D'Amour *et al.,* 2005, Sloper, 2004), commonality of values, culture, and learning (Hudson, 2002), professional identity (Booker, 2005, White & Featherstone 2005), role-specific training (Moran *et al.,* 2007), strong leadership and strategic management from the top down (Allnock, Akhurst & Tunstill, 2006), as well as issues of confidentiality and information sharing (Frost, Robinson & Anning, 2005). Daniels *et al.,* (2007) identify that multi-agency working with professionals from differing backgrounds and agencies entails multiple constructions of diverse working practices, as well as amalgamations of new forms of practice.

Communication between Professionals and Agencies

Reder and Duncan (2003), state that the problems with communication between professional groups could be regarded as being psychological rather than practical. They claim that information being passed between the individuals is characterised and categorised by individual perceptions about the case. As well as this Reder and Duncan (2003) suggest that the professionals go on to discuss and share this with like-minded colleagues within the same profession and that this information is reinforced by being processed within this group and interaction. Prior to this, Sinclair and Bullock (2002) found that professionals inadequately shared vital information between agencies, due to confusion around confidentiality, consent, and the referral process. Moran *et al.,* (2007) ascertained that there is a distinction between social workers' beliefs about requiring service user consent and those of professionals providing universal and lower tier services, who felt that this was unnecessarily formal for the type of service that they offered. The partner agencies also believed that the social workers were working within a more traditional model of intervention that highlighted child protection, which contradicted the type of service that was being offered (Moran *et al.,* 2007).

May-Chahal and Broadhurst (2006) stress the importance of multi-professional communication, both formal and informal, to overcome problems of differing priorities of agencies working with children and young people. They felt that if agencies work and communicate together, this will allow for better outcomes and solutions for service users. However, literature reviews (Galvani & Forrester 2010, Oliver, Mooney & Statham, 2010), which have explored all of the published literature in this area, have detailed a lack of evidence to support the view that multi-agency working improved communication or outcomes for families.

Taylor and Daniel (1999) feared that the differing terminologies used by social care and health care departments led to children being able to fall through the gap between the two. They felt that enhanced collaboration and communication between the two would lead to better outcomes for children and that this could be further helped by a common language and mutual understanding of terms used. Salmon and Rapport (2005) also found that the lack of common understandings, of both simple and complex terminologies, hindered professional communication within multi-agency teams. They stressed that, often, agreement was not made within the meetings in regard to communication and understanding of terminology, and that professionals within multi-agency groups need to have greater appreciation of other professional roles in order to understand that meanings differed between groups and assumptions of knowledge and understanding should not be made.

Reder and Duncan (2003) discuss how communication is transferred between the informants and stress that, if there is not a common understanding of the meaning of the message content, including the terminology that has been used, understanding is unconsciously lost within the communication. They go on to stress that there must be meaning behind the communication, which goes beyond procedure or professional courtesy. The recipient of the message not only needs to understand the terminology, but also the reasoning behind the information being shared with them. Furthermore, the informant also needs to

consider the intellectual capacity of the receiver of the information, which could be disadvantaged by fatigue, boredom, conflicting demands, attention span, and personal emotional issues or beliefs (Reder & Duncan 2003). Further to this, past experiences may also desensitise or force individuals to dissociate themselves from particular incidences or occurrences, particularly within professions that regularly deal with child protection issues.

Partnership Working and Communicating with Families

Gilligan and Manby (2008) and Pithouse (2006) reported that all too often there is a lack of communication with parents and little or no collaboration with children and young people when it came to completing the CAF. Additionally practitioners saw the CAF process as adding to their workload with very little change in terms of enabling access to services. White *et al.,* (2009) in an ethnographic study found that local authority areas that utilised the CAF form as an assessment tool rather than a referral mechanism enhanced communication with parents. Additionally in the areas that used the CAF form as an assessment, parents were aware of the assessment and related referral to access services. However, being aware of a referral is very different to understanding the process. Data collection included interviews, group interviews, and analysis of documents, but parents were not interviewed within the research. Although the researchers scrutinised a number of different CAFs, interviewed professionals, and observed professional meetings, there is no way of knowing if the parents felt involved in the process, or if they had just signed in the relevant place on the form. McGhee and Hunter (2011) state, parental involvement with services are surrounded by conflicting interests. These conflicts are between child welfare, parental rights and that the "power differentials favour agencies and professionals" (p.1).

Relationship building and trust is often reliant on the quality of the communication between the professional and parent. Forrester, Kershaw, Moss, and Hughes (2008), in a qualitative study exploring social workers and client

interviews, found that social workers often do not communicate with parents effectively. Although the results should be taken with caution, as the study used 'standardised, simulated clients' (p.47), the findings are still pertinent to practice. More adept and experienced social workers were found to ask more open questions and have strong empathy skills; these social workers demonstrated the strongest relationships with 'clients'. Other social workers, within the participant sample, were found to be lacking in empathy and were poor communicators; this resulted in the interviews becoming accusatory and, on occasion, were thought to be abusive towards the client. Forrester *et al.,* (2008) suggest three different levels of communicator (p.49). Level one "failure to raise concerns with parents. (Parent-Focused)", the level at which, it is believed, individuals would be before or throughout the time of their social work degree. Level two "Threshold competence (simplistically child focused)" is the level in which the professional is able to recognise the child's needs and give these priority in the assessment process. However, within level two, the professional finds it problematic to engage the parent in communication and the situation. Level three, "Skilled practice. (Child-focused plus)", demands the highest level of skill. Within this level the professional presents high levels of competence in placing the child foremost in the situation. In conjunction with this, the social worker is able to demonstrate empathy towards the parent, building a trusting relationship. The professional is capable of identifying the strengths and weaknesses in the family. These strengths and weaknesses, as well as any child welfare concerns, are communicated to the parent within an empathic and trusting relationship. It is thought, by the authors, that a social work student, as well as a professional who does not have a social work background, but is providing family support, would be operating at level one of communication. The authors comment that an inability to mention concerns with a parent would suggest problematic professional competence within a social work environment. Newly qualified and more experienced social workers are thought to progress through the different levels. This progression culminates

in experienced workers at level 3 being considered to be able to successfully develop positive relationships with parents, whilst at the same time being able to confront and acknowledge safeguarding concerns.

The conclusions of Forrester *et al.,'s* (2008) work bring into question policy decisions in regard to the assessment of families. Social work students receive two- three years of professional training, some of which includes effective communication skills. Forrester *et al.,* do acknowledge that communication skills teaching is left to the student, practice assessor, and lecturer and so, can vary greatly. This potentially results in diversity in the delivery of communication skills training, which could in turn undermine the communication skills of frontline professionals.

Despite this variation in training, social work students do receive training in communication skills, albeit in varying degrees. In the current political climate of working in multi-agency ways and the prevalence of early intervention and identification of need, a diverse body of professionals are also required to complete assessments on children and families. This could include Family Workers, Teachers, and Education Welfare Officers. Although, it should be noted, this is often on a different level to child protection concerns. Completing assessments requires professionals to build a trusting relationship with the parents, children and young people, as well as potentially asking personal and intrusive questions. Often specific training in communication skills is lacking, or inadequate, within many of the professions working with children, young people, and families.

As mentioned Forrester *et al.,* (2008) suggest that professionals working within family support, who are not qualified social workers, are thought to be working within level one of the communication model, which is lacking in relevant communication skills and empathy. This finding is salient to studies such as the one reported here, as the majority of the professionals that completed the referral were from agencies outside of social care. The diversity of professional

groups completing assessments has also been a finding in other studies exploring the use of the CAF form (Collins and McCray 2012; Pithouse, Hall, Peckover and White 2009; Brandon 2006; Featherstone and Manby 2006). Partnership working with families should be a fundamental aspect of family support services. However, as was mentioned at the beginning of this section, there is evidence of a lack of communication between professionals and families.

Use of the Common Assessment Framework Form in Practice

Brandon *et al.,* (2006), Gilligan and Manby (Gilligan & Manby 2008), and White *et al.,* (2009) all found that the CAF was being utilised with a dual purpose: an assessment tool and a referral tool. White *et al.,* (2009), in a study exploring the impact the CAF had on working practices, found that, in areas where it was expected that all professionals would complete CAFs, take up by particular disciplines was especially low. This was evident for professionals working within private and voluntary organisations and health professionals, whilst predominant use was found in professionals from education. This was a similar finding to Brandon *et al.,* (2006), who also found that, in trailblazer authorities, the CAF was mainly utilised by professionals working within health and education.

Similarly, Featherstone and Manby (2006) commented that assessments and referrals by schools were disproportionately being made in regard to boys who were presenting behaviour difficulties. The CAF was supposed to be a tool to be utilised to refer or assess all children with additional needs, but the authors argued that schools were using them inappropriately for support, to assist them with issues with behaviour management. Featherstone and Manby advocated that the schools, which had access to suitable resources, were best placed to deal with lower levels of behaviour issues and disruption. Despite the endeavours of the government, all of these findings were in direct contrast to the ideal that they had set out to achieve when the CAF was first introduced. It was believed that it would serve as an assessment tool for all types of

professionals and would enhance communication and commonality, but in reality it had quite the opposite effect.

White *et al.,* (2009) also found that a number of professionals struggled with the frame and structure of the form itself, claiming that it did not allow for the full narrative of families' stories to be told. Professionals either chose to omit answers from the form altogether, or gave scant information that was thought to be inadequate by other professionals who came into contact with the family. A number of the professionals had adapted ways to provide the information that they felt necessary to tell the families' stories, often adding to the margins of the form, or placing the information into existing boxes where it had little or no relevance. In addition to this, professionals were also found to be reluctant to offer information that they felt was not relevant to their own remit or expertise. White *et al.,* (2009) concluded, "Professionals have their own ontologies, which CAF seeks to disrupt in the cause of creating a common, evidence-based language of need. This language of need can create, challenging, descriptive and interpretive demands for the CAF writer and reader" (p.1213).

Gilligan and Manby (2008) and Pithouse (2006) reported that all too often there is a lack of communication with parents and little or no collaboration with children and young people when it came to completing the CAF. Additionally, practitioners saw the CAF process as adding to their workload, with very little change in terms of enabling access to services. White *et al.,* (2009), in an ethnographic study, found that in areas where the CAF was used as an assessment form, rather than a referral tool, communication with parents was enhanced and the majority of the parents were aware of the referral. However, being aware of a referral is very different from understanding the process. The study took place in four trailblazer local authorities during 2005 and 2006. Researchers placed themselves within the local authorities for a considerable amount of time during the data collection period. Whilst in the local authorities, they observed meetings and day-to-day business. Data collection also included

interviews, group interviews and analysis of documents; parents were not interviewed during the research. Although the researchers scrutinised a number of different CAFs, interviewed professionals, and observed professional meetings, there is no way of knowing if the parents felt involved in the process, or if they had just signed in the relevant place on the form.

Further to this, Sheppard (2010) and Sheppard *et al.,* (2010) suggested the CAF assessment process should be further supported by the use of a standardised measure, which explores domains similar to those included in the CAF. They advocated for this, as despite the fact that the CAF was intended to standardise assessment procedures, there was a lack of reliability and validity evident in the CAF itself. The authors believed that the CAF process, completed in partnership with the relevant parents or carers, should include a self-completion standardised measure. The standardised measure that they devised (The Parent Concerns Questionnaire) reflected the domains of the existing CAF and had good reliability, validity, and test-retest scores. It was short and uncomplicated to complete and they also believed that this enhanced the assessment itself in that it promoted conversation. Additionally, it was thought to enable the professional to further explore any domain or question that was identified to be clearly causing the parent distress or concern (Sheppard *et al.,* 2010).

Fitzpatrick *et al.,* (2011) found clinical assessments, conducted by professionals working in a child and adolescent mental health outpatient department in Ireland between 2008 and 2009, failed to diagnose depressive disorders in two thirds of cases. This was evident when the clinical assessments were compared to a triangulation of a number of standardised measures, including the K-SADS interview with the young person and parent, the Strengths and Difficulties Questionnaire, the Global Impression Scale, and the Children's Global Assessment Scale, which were completed in the young person's home or clinic by the research psychiatrist or research psychologist. This finding supports Sheppard's (2010) and Sheppard *et al.,'s* (2010) argument that professional

assessment, in isolation of any other standardised assessment, is inadequate in identifying difficulties or mental health issues.

Two qualitative studies (White, Hall & Peckover, 2009, Woodcock, 2003) highlighted that, far from basing assessments on formal criteria or standardised measures, as envisaged by the implementation of the CAF, assessment was subjective with the potential for being influenced by the professionals' own specific field of knowledge, or lack of knowledge. In some cases, assessments were also prejudiced by professionals' own moral judgements and situations. Professionals relied heavily on their own experience of parenting, whether that was having been parents themselves, or their own beliefs as to what a parent should be (White, Hall & Peckover, 2009).

Powell (2013), however, found the CAF useful in assessing children and young people waiting to be discharged from an acute hospital ward. The hospital in question appointed a CAF champion, who led the implementation and training of health staff in the use of the CAF. Although the evidence is drawn from personal interpretation and anecdotal information, Powell describes positive effects of using the CAF in discharge processes. Parents reported they felt better informed and believed they had more control over the child's care and subsequent discharge. Professionals reported that the CAF assessment provided better information sharing, as well as enhanced planning, prior to the child being discharged. Whilst hospital staff commented on the difficulty of the completion of the CAF and it being an onerous task, they did recognise the benefits of having a CAF in place, which helped to speed up the discharge process. The training and CAF champion contributed in the hospital, embracing the CAF process and embedding this in practice. Powell (2013) found using the CAF in this way was both positive for parents and professionals who shared the same goal of quick and efficient discharge processes. She concluded that this undoubtedly enhanced communication and partnership working between the health professional and parent. Additionally, social care workers were able to work

within a framework that they understood as opposed to having to deal with health processes.

Early Intervention and Supporting Families with Adolescent Children

As was mentioned in the introduction of this chapter, the following sections will focus on research detailing adolescence. This is due to adolescents being an original focus of this study. With the change in focus, research design, conceptual framework and recruitment strategy, this focus has, to some degree, remained. All of the participants in phase one were interviewed with regard to a young person aged between ten and fifteen years. Participants in phase two, although not interviewed about specific cases, were all working with young people encompassed by this age bracket.

Despite the notion of family support being evident in UK policy for a number of decades, there remain some gaps in service, particularly services for adolescents. Frost and Dolan (2012), comment on the lack of services available to adolescents that involve parents and carers. Whittaker (2009) has noted the need for professionals to identify parents and carers as key individuals to support an adolescent child. Although the difficulties faced by parents are widely recognised, society has historically placed low priority on the availability of services and information for parents and adolescent children (Coleman & Hendry 1999).

There is a dearth of literature detailing early intervention at a later stage of life. This is in contrast to the abundance of literature discussing early intervention with regard to early childhood. This has resulted in research detailing early interventions for adolescents and discussing need and support at a higher level than may be considered early intervention in the context of accessing services at an early time or occurrence (Allard, 2003, Biehal, 2008). This has been further exacerbated by confusion around the definition of early intervention. Early intervention is also often discussed in reference to health (Johnson, 2002,

Worrall-Davies, Cottrell & Benson, 2004), multi-agency working (Moran *et al.,* 2007, Parton, 2010), teenage pregnancy or parenting (Allen, 2011), and specific ethnic groups (Ahmed, 2005).

Often, during the teenage years, services focus on the young person rather than the whole family (Frost & Dolan 2012, Whittaker, 2009). However, Kendall, Rodger and Palmer (2010) concluded that, when looking at family support in multiple areas, which have experimented with holistic assessment and treatment of the whole family, including children's and adult services, positive outcomes have been found. These areas formed teams around the family, as opposed to teams around the child. It was established that this approach allowed for earlier identification of problems and a reduction in child protection concerns (Kendall, Rodger, & Palmer, 2010).

Correspondingly, Biehal (2008, 2005) found, if the service supported the family holistically, adolescents and their parents responded well to intervention, with an improvement in both family functioning and the well-being of the young person and parent. The interventions that were reported by Biehal (2008) were an intensive support service and a service delivered by a mainstream social work team. No statistical difference was found between the two services but both adopted an ecological approach, supporting the families holistically with positive parenting practices, as well as concentrating on the problems that the young person was experiencing. However, it is important to note, many of the parents in the study reported that they had to reach crisis point before they were able to access support.

Leigh and Miller (2004), in a qualitative study consisting of in-depth interviews and group interviews, explored service users' views on services received. Although exact details of participants are not provided, managers and social workers were interviewed in addition to family members. The majority of family members were single mothers of teenagers requesting help and advice in regard to their child's behaviour, school attendance, and risk-taking behaviours. The

authors concluded that many of the parents, although satisfied with the service, failed to receive the help that they had initially requested. High service user satisfaction was attributed to low expectation. The authors stated that low risk families requesting help should be entitled to intervention work, but, they believed, social work, despite policy to the contrary, is in danger of becoming consumed in the high-risk child protection area of childcare work (Leigh & Miller 2004).

In contrast, Sheppard (2009), in a mixed method study exploring high thresholds and social support available to mothers, found that not being able to access early support made little difference to some families. He ascertained that in the instance of the parent having adequate informal social support networks, the family was not necessarily re-referred to supportive services at a later date, having resolved the problems. Sheppard advocates that, when it is apparent that a family does not meet the required threshold to receive intervention, the practitioner should help them assess and explore personal support avenues. He stated that the practitioner should help identify a suitable person, investigate their capacity to provide the support needed, and, finally encourage the parent to utilise the support opportunity. However, the capacity of the professional to be able to complete this additional task also needs to be taken into consideration.

Allard (2003), exploring eight National Children's Homes intensive support projects, interviewed twenty one families with an adolescent child and thirty three staff members. She found a gap in services for adolescents. Allard commented that services had not kept up with societal changes such as marital break-up and the perceived increase of risk-taking behaviours during the teenage years. In a qualitative study, exploring family support for families with adolescents, after interviewing seventy four participants, Allard (2003) found that there was little available to these families. Allard (2003) discusses that many parents wanted the opportunity to talk to other parents who had

experienced similar problems with their own children and had come through it, a potentially important source of social support in the sense of peer-to-peer support.

Allard's (2003) study was over a decade ago and so may not be relevant currently. She found that parents did not usually wait until crisis point to request help. Parents, having requested early help, were refused assistance or support due to the problems not being severe enough to warrant formal interventions. In parallel with Biehal's (2008) findings, Allard found that families often had to wait until a crisis had occurred to access help. Referrals were frequently made as a result of parents' repeatedly requesting help, with the peak referral age for young people being 13-15 years. She concluded that despite the fact that service provision was adequate and the gap in general services for all families and children had started to decrease, parents of teenagers still had difficulty in accessing suitable services at an early opportunity.

Similarly Brandon *et al.,* (2008) in a biennial analysis of 47 cases of child death and serious injury in England, concluded that the presence of thresholds, both to qualify for services and to move between services, became a risk factor to the child. This was evident in the case of families accessing child and adult services. Brandon *et al.,* found that many of the children within the study existed on the boundaries of services and levels of intervention. Professionals additionally, made judgements about families' and young people's engagement and co-operation with services, which influenced referrals and the consideration of thresholds. The analysis found clear professional hesitation on assessment and referral, with a number of cases hovering at the boundary of tier three and four services and more cases grouped within tier two, just below tier three. Furthermore, there were a number of children and young people accessing universal services (Brandon *et al.,* 2008). As will be seen, these findings in regard to service access were reflected in the current work reported here. Professionals were seen to be hesitant in making judgements about the safety of

the young people, often depending on a colleague's advice and guidance in order to make a decision (chapter seven).

Supplementary to this, Brandon *et al.,* (2008) stress that it is important to recognise that professionals working within early intervention are in fact also working within the safeguarding continuum and are not working separately and individually to those that can be easily identified as working within child protection. Unfortunately, an adolescent's attitude can hinder or obstruct any help or support that they may be offered and practitioners often struggle with this. Consequently, this can impede the professional judgement and subsequent safeguarding decisions that the practitioner ultimately makes (Brandon *et al.,* 2008). Fiona Blacke (Chief Executive of National Youth Agency (NYA) was quoted, in a Children & Young People Now interview, as stating "the public perception is that safeguarding is about small, vulnerable children, but adolescents are equally at risk" (cited in Cook, 2009 p.14).

To further exacerbate these views, there is very little literature that discusses safeguarding and neglect in relation to adolescents. Additionally, despite more recent attempts to highlight adolescent neglect, there is a paucity of literature relating to child neglect that is age-specific (Rees *et al.,* 2011). Neglect is situated within the realms of safeguarding and protecting children and young people. Whilst often being the most common form of abuse, neglect is often the hardest to recognise (Dubowitz & Poole 2012, Moran *et al.,* 2007, Rees *et al.,* 2011). This is due to neglect being multifaceted and a difficult phenomenon to define. Definitions of neglect are often "contested and controversial" (Lewin & Herron 2007, p.96), which demonstrates the diversity of the nature of neglect. Often due to the disparity and heterogeneity of defining exactly what neglect is, professionals experience difficulties in recognising or reporting neglect. This is further confused, as neglect is an absence, or omission, of behaviours of care, often experienced over a period of time, rather than a single direct act of aggression or inappropriate behaviour towards a child, such as hitting or sexual

abuse (Dubowitz, 2007). Due to these difficulties, neglect can be given a low priority and be overlooked by professionals particularly during adolescence (Bowyer, 2011, Dubowitz, 2007, McSherry, 2011, Moran, 2009, Rees *et al.,* 2011). Horwath (2011) also stated that, due to the fact that some parents do not fit the stereotype of being a neglectful parent, professionals often disregard the signs and symptoms that are evident.

Summary

This chapter has discussed literature and research that has investigated the key policies that were detailed in chapters two and three. It has explored how the policies have been implemented into practice. Multi-agency working, communication with fellow professionals, as well as, partnership working with parents has all been discussed. Where possible, particularly with regard to safeguarding and early intervention strategies, this has been with reference to work with adolescents and their families, owing to this being a focus of this thesis. Previous research has found that multi-agency working and communication (May-Chahal & Broadhurst 2006, Taylor & Daniel 1999, Reder & Duncan 2003) remain to be problematic, as do partnership working with parents (Gilligan & Manby 2008, Pithouse, 2006). Forrester *et al.,* (2008) have, additionally, commented on the communication skills of early career social workers.

Chapter four completes the literature review chapters, which have contextualised and provided evidence of the introduction of key governmental initiatives, such as the CAF, the Lead Professional role and Partnership Working with parents, thought to enhance the service user experience. It has also discussed research that has explored these strategies and identified the facilitators and barriers to working with children, young people, and families in this way. In addition to this, the chapters have also presented early intervention and the potential benefits of this, along with how this has been hindered by funding cuts imposed by the Coalition Government.

The latter part of chapter four has focused this discussion on research and literature that is relevant to adolescents. This has detailed tensions in safeguarding adolescents and service provision for this group.

Whilst there is an abundance of literature in many of the areas that the literature review chapters have focused on, there is a lack of information that details professionals' lived experiences of working with the Common Assessment Framework and engaging families in these processes. Additionally there is also a lack of evidence to draw upon that considers the implications of the diverse uses of the CAF form. This is also the case with literature that considers the suitability of the professionals that are completing and working with the CAF form, as well as working in multi-agency ways. The extensive body of literature, although advocating multi-agency working, a common language, and partnership working with families, fails to take into consideration the variety of professional backgrounds and training opportunities of the individuals working with children, young people, and families.

The following chapter will continue the thesis by examining the methodology and data collection methods that were utilised. This includes a discussion detailing the amendments that were made to the research design and conceptual framework, how the qualitative data were collected and analysed, and any ethical considerations.

Chapter Five: Methodology

Chapter Outline

This chapter describes the methodology adopted for this two phase project, as well as the epistemological and ontological stance that has been taken. Included in this chapter are explanations for revisions to the research aims and objectives as they were originally envisaged the final design that was utilised, the sampling procedure, and methods of data collection and analysis. Descriptive data, detailing sample characteristics, will be presented, as well as ethical considerations.

Development of research aim and focus

The original aim of this study was to understand families and professionals' experience of the process of accessing family support services from one local authority. This was in addition to exploring their experiences of the referral procedure, along with investigating the families' understanding of the system, as well as any outcomes that the young people or families, experienced that may have been as a result of accessing support.

A scoping study, completed in 2010 in one local authority, suggested that the number of CAFs completed for young people, in the age range of ten to fifteen years, should have led to a sufficient number of families being invited to participate in the research to make the project viable. When this project was conceptualised, a mixed methodology was adopted. This included the collection of quantitative and qualitative data. It was envisaged that these data would be collected via semi-structured interviews with professionals, parents, and young people. The intended data collection also included the completion of a series of standardised measures, measuring social support, parental competency, and behaviour of the young person.

All practitioners in the local authority who had completed a CAF for a young person aged ten to fifteen years were able to take part and were requested to facilitate access to families in the role of a professional gatekeeper. For various reasons, including restriction of access to families by the referring professional, only six family members (parents) and two young people were available to be interviewed during the first phase of data collection.

Research that includes any vulnerable groups including families, children, and young people inevitably has to make use of adult 'gatekeepers'. Their role is to facilitate a researcher's access to vulnerable participants (Masson, 2000; Munro, 2008; Munro, Holmes & Ward, 2005). A gatekeeper can include a parent, carer, or professional who has contact with a child or young person. As Masson (2000) describes the role, "gatekeepers have a positive, protective function, sheltering children and young people from potential harm and testing the motives of those who want access" (p.36). However, this is often conflicted by the 'power relationship' between the service user and the adult gatekeeper, resulting in researchers wanting to hear young people's views being denied access by the gatekeeper, without the previous consent or knowledge of the young person (Heath, Brooks, Cleaver, & Ireland, 2009).

Alderson and Morrow (2004) suggest that, at times, this has the impact of silencing and excluding children and young people from research. What is blurred is the gatekeeper's right to withhold access to prevent harm, with the right to deny young people the opportunity to form their own view and the right to express these views freely in all matters affecting their lives, as stated in the UN Convention on the Rights of the Child (2008). Often, what results is the gatekeeper either denying access, causing extensive delays to the research project, or the potential of the results being significantly distorted or biased in ways that cannot be assessed (Balen, *et al.,* 2006; Coyne, 2009; Melrose, 2011; Stalker, Carpenter, Connors, & Phillips, 2004).

Whilst it is only right that young people and vulnerable groups are protected through proper, ethical procedures and facilitated access, there has to be a balance between allowing them their rights to make an informed decision, in regard to their participation in research, and protecting them from the risk of harm. As Stalker (2004) states, "It is vital to ensure that children are given adequate protection; at the same time, over-protectiveness may lead to a denial of rights" (p.382) as does professional indifference to their right to have and express a view. These issues with gatekeeping led to the changes in the research design of the main study, as discussed below.

As a result of the restriction of access exercised by the professionals and the resulting low numbers of family participants, it was not possible to achieve the aims of the project as originally intended, without amending the sampling frame, methodology and research design. In phase one, there was insufficient data to explore the use and experience of the CAF through the eyes of families. Specifically, therefore, the aims that could not be fulfilled in phase one were those related to the data collected from parents and young people, along with those that were intended to explore outcomes for young people, with the aid of quantitative data collection methods.

Exploring the use of the CAF and the understanding of this could however, be achieved through the eyes of frontline professionals and any issues of family involvement seen in this light. As a result, the research design was adapted to focus on the experiences of professionals, from a range of agencies, who work with the CAF. A decision was taken to retain and analyse only the qualitative data from the interviews with professionals in the first phase of the research. A second phase of data collection was planned and the research design was amended to adopt a qualitative methodology to enable a better understanding of the professionals' use and experiences of the CAF, together with an investigation of the training that was available to them. This included semi-structured interviews with professionals, from a variety of agencies working with

the CAF, including education and social care. Owing to these changes, the discussion within this thesis does not include any detail, in regard to the views and experiences of participants other than professionals. Enquiry into professional training related to two groups, specifically teachers and social workers. In order to investigate the degree to which such training focused on skills that professionals would need to complete the tasks related to the CAF; collaboration, cooperation with other agencies and effective communication with families. In addition other areas that were explored in this training included courses on child development or psychology. Understanding of which is clearly needed to identify learning and behaviour needs, as outlined on the CAF document.

Revised Aims and Objectives

The revised overarching aim of this study was:

> To generate insights into the ways frontline practitioners, from a variety of professional backgrounds, understand the purpose of the Common Assessment Framework (CAF), as evidenced by their use of it.

Objectives:

a. To examine the ways frontline practitioners use the CAF to support and access services for children and their families, with a particular focus on young people between the ages of 10-15 years.
b. To explore practitioners' experiences of using the CAF.
c. To understand professional training, capabilities, and practice constraints around completion of the CAF and its place within multi-agency working.
d. To explore the unintended consequences of the use of the CAF, as directed by Local Authority policy.

Research Settings

Data were collected in two separate time periods. The first phase of data collection took place within one Unitary Local Authority (LA), between February 2011 and February 2012, following a scoping study that took place in 2010. In New Town, according to the Income Deprivation Affecting Children Index (IDAC 2007), a quarter (25 per cent) of children, aged under sixteen, lived in some of the largest, concentrated, deprived areas within the Eastern Region (Communities and Local Government, 2008). This level of deprivation had not seen an improvement in the three years from 2007-2010 (IDAC, 2010).

During the initial phase of data collection, professionals working in New Town experienced two different periods of extensive restructure. The first of these restructures was intended to enhance the multi-agency and inter-professional working of a variety of staff. The model of integration chosen by New Town, at the time, saw professionals relocated into interdisciplinary neighbourhood teams. The management structure that was implemented saw a number of professionals, within these teams, being managed by line managers who were from different disciplines to their own (Dance *et al.,* 2010). This created unease and concern, particularly for professionals who saw themselves as working at the child protection end of social care, such as social workers (Dance *et al.,* 2010). Following this restructure, the Director of Children's Services took up an alternative post in a different LA. In the spring of 2010, the new Director of Children's Services (DCS) introduced an additional restructure in New Town. During this time of austerity and further reorganisation under the new DCS, there were additional redundancies made within the LA, which, according to comments during the interviews, led to more anxiety and unrest amongst LA staff.

In order to access services, New Town used a very specific referral route. A completed CAF form was a requirement of the referral process. The completed CAF was submitted to, and reviewed by, a Multi-Agency Panel (MAP), the

expressed objective of which was to help attain better outcomes for children and their families. At the time of data collection, there were separate panels within the Local Authority, each covering a specific geographic, neighbourhood area. Each panel consisted of professionals from different agencies and areas within the Local Authority, such as health, social care, and the voluntary sector. It is important to note that the MAP targeted children who had additional needs (as defined in LA guidance issued in relation to the Children Act, 2004), where additional support for the family and 'children in need' (as defined by section 17 of the Children Act, 1989) might be required. This panel did not replace the LA intake and assessment team, which remained to work independently of the multi-agency panels. The panels were set up in 2007 to "provide professionals working with families, better access to expertise and targeted family support resources." The remit was to prevent children and families "ricocheting" between services, as well as providing a tool to identify unmet need and service provision gaps, which would, in turn, feed into the planning and commissioning process (LA guidance: Information for staff working with children and young people 2006). Referrals were generally received from a diverse group of professionals within universal, tier 1 and 2 services.

The second phase of the study saw data collected from professionals working within three local authorities that were in the same area of England as New Town. This data collection occurred between July and September 2014. Although these local authorities included pockets of poverty, none of these met the levels of deprivation within the original local authority. In these local authority areas, one contained, four Local Super Output Areas (LSOA) in the top ten most deprived areas within England. One had three areas in the top ten and the other had no areas within the top ten per cent, but three were in the top ten to twenty per cent (IDAC, 2010).

This second round of data collection included professionals who were working in education settings within local authorities that were in the same area of the East

of England as New Town. District Town and Old Town had similar referral mechanisms to the one adopted in New Town. Each LA utilised the CAF form as a tool to access supportive services that were commissioned by the LA. A central team within the respective children's services departments collated the completed CAF forms. At the time of data collection, Middle Town had moved away from the use of the CAF form and had implemented an Early Help Assessment (EHA) form during 2014. This replaced the use of the CAF form as a referral tool. The EHA form incorporated a number of the questions of the CAF form, but was a much shorter version of this. This initiative was implemented through consultation and feedback with professionals who had completed CAF forms in the past and had claimed that they were too long. These EHA forms were collated and stored by a central CAF team in Middle Town.

As is discussed below, qualitative data were collected through semi-structured interviews. All interviews, in phase one, were conducted face-to-face. In order to enhance accessibility to the participants, a limited number of interviews, in phase two, were conducted as telephone interviews. The telephone interviews used the same interview schedule as the face-to-face interviews in phase two. Additionally, in phase two, one group interview was also conducted**.**

Theoretical Framework

In order to generate insights into the understandings of the frontline professionals and the way that they use the CAF, it was important to utilise a research approach that would enable a study of the way in which the participants' constructed their reality, through the discourses and language that were used around the CAF. An appropriate framework for this purpose, therefore, is social constructionism. This is owing to its social nature and the interactive process of constructing reality through discourse and language, as opposed to focusing on individual, cognitive processes.

Social Constructionism

Social constructionism challenges the traditional view of knowledge being objective and unbiased. In contrast to this view, a social constructionist would propose unlimited and diverse descriptions and explanations of the world and individuals (Gergen, 1999, Schultheiss & Wallace 2012). On occasion, the terms social constructionism and social constructivism are used interchangeably (Andrews, 2012). Constructionism adopts a social focus to experience, whilst constructivism explores experiences through an individual lens. McNamee (2004) claims the principle difference between the two is the focus on either internal cognitive processes or discourse that is experienced in joint social practices. Whereas social constructivism is thought to be concerned with mental processes, cognition and how individuals experience phenomena in isolation, constructionists focus on social interaction, focusing specifically on how the individual experiences phenomena through discourse and within social contexts (McNamee, 2004, Weinberg, 2012). This approach allows for analysis of the discourse of the participants to be examined, as well as any interaction between and within the different professional groups.

Social Constructionism has often been criticised for representing "an anti-realist ontology of the social world" (Elder-Vass, 2012 p 9). Critics of social constructionism have claimed that it does not account for causal explanations of social structures and experiences and that it is pre-occupied with the group dialogue, rather than the cognitive processes that go together with the knowledge and discourse (Andrews, 2012, Nightingale & Cromby 2002). Berger and Luckman (1991) believed knowledge is constructed within interaction and language. This is central to constructionism and becomes a cyclical process in that, through communication, social norms and practices emerge. These emerging behaviours become embedded within society and are constructed as part of societal customs and habits (Schwandt, 2003). The ways in which the world is understood and how we define and conceptualise phenomena are

embedded in history and the culture in which we exist. A social constructionist theoretical view is that shared understandings are constructed within societies and cultures. This is done via common experiences and the meanings that are attributed to these. These collective meanings are built through social interaction and discourse during everyday life.

Crotty (2005) describes social constructionism as

> "the view that all knowledge, and therefore all meaningful reality as such, is contingent upon human practices, being constructed in and out of interaction between human beings and their world, and developed and transmitted within an essentially social context" (p.42).

Burr (1999) explains that social constructionists believe that an ideal of 'truth', or a present understanding of the world, is not an objective observation, but a product of social processes and interactions. These beliefs vary from culture to culture and change according to contemporary ideals and social norms. She goes on to discuss that language and discourse have a particularly salient part to play in the constructions of ideals and norms within different societies. A word or phrase that means one thing for a particular culture can mean something completely different to another (Sahin, 2006).

Parton (2003) and Sahin (2006) both acknowledge that social constructionism is a particularly suitable ontology to utilise within studies exploring perceptions, and repeated experiences within professions such as social care and teaching. It is thought that the unpredictable nature of these professions lend themselves to reflection, communication, and subsequent changes to practice. Although elements of this type of work are suitable for quantitative studies, the changeable environment, as well as the nature of their work, are not obviously conducive to an objective, quantifiable, scientific measurement, but are more open to a subjective, qualitative study (Parton, 2003, Schon, 1983, 1987, Payne, 1997, Houston, 2001).

Further to this, Sahin (2006) suggests that social constructionism and social work are closely related in their value systems and mission. This is due to both attempting to understand the effect of history and culture on human development and functioning, as well as social workers questioning, "beliefs surrounding commonly accepted knowledge" (p.61). Meanwhile, Parton (2003) comments on the usefulness of social constructionism to ascertain service user views in order to attempt to measure the quality and value of the service user and practitioner experience.

Approach to Data Collection

Owing to the nature of a social constructionist approach and the appropriateness of this in investigating individual experiences and perceptions, a qualitative method of data collection was adopted for this study. Qualitative research explores the way in which individuals understand and interpret their social world and experiences (Bryman, 1988). Strauss and Corbin (1998) describe qualitative research as, "research that produces findings not arrived at by statistical procedures or other means of quantification" (p.11). Although definitions of qualitative research can differ, Snape and Spencer (2012) list a number of 'key elements' that are generally agreed upon. These common attributes include research that seeks to explore individuals' understandings of phenomena, as well as shared realties and experiences.

Qualitative research is diverse, encompassing a wide range of approaches and methods, allowing for diversity in data collection methods. Denzin and Lincoln (2011) claim that regardless of the nature and diversity of qualitative research, it can be described as

> "Qualitative research is a situated activity that locates the observer in the world. Qualitative research consists of a set of interpretive, material practices that make the world visible. These practices transform the world… At this level, qualitative researchers study things in their natural

> settings, attempting to make sense of or interpret phenomena in terms of the meanings people bring to them." (p.3)

This approach encompasses an array of data collection approaches, which include observations, interviews, and group interviews. This is as well as documentation evidence and analysis, artefacts, and visual and verbal documentation of individual experiences and lives (Denzin & Lincoln 2011). Research, adopting all of these approaches to data collection, is that which seek to understand, or interpret, routine and problematic incidences in everyday life.

A qualitative approach to data collection was utilised in this particular study, as it allowed compilation of analysis of participants' own opinions and views. This resulted in data that were both rich and detailed and which conveyed individual experiences. The study adopted the use of one-to-one semi-structured interviews and a group interview, both of which are recognised techniques for collecting qualitative data (these will be discussed in further detail later in this chapter). In addition, documentary analysis of professional training was carried out to investigate the nature of the training available to trainee teachers and social workers. This was in order to evaluate the extent to which they would be in an informed position to complete sections on the CAF related to learning and behaviour, as well as working in multi-agency ways.

Qualitative research stems from an interpretivist epistemology, the nature of which is to explore participants' experiences and the meanings that are attributed to these. Due to this, a qualitative researcher is only able to offer explanations of behaviour, perceptions, or activity, rather than, as would be expected of a positivist or quantitative approach, the cause of these phenomena (Ritchie & Lewis 2012). This has resulted in interpretive approaches being criticised by positivist approaches, particularly in relation to reliability and validity of the data. In an attempt to overcome these criticisms and in the knowledge that each data collection method potentially provides a different perspective, qualitative researchers often commit to using more than one

method of data collection. The question of reliability and validity in qualitative research will be addressed in more detail in the following section.

The research questions outlined above focus on the way in which practitioners understand and use the CAF, as well as their experiences in working within a multi-agency environment. Social constructionism and the use of qualitative data are appropriate and salient to the study reported here. This allowed the participants to provide detailed information in regard to their experiences of working with children, young people, and families, along with the CAF. This approach, additionally, allowed the participants to relay this information using their own discourse and narrative, as opposed to any terminology and discourse that may have been enforced on them through other methods of data collection, such as questionnaires. Using their own narrative has also allowed for the data analysis to explore the ways in which diverse professional groups socially construct adolescents and professional roles. This is in addition to how professional identity informs decisions that are made and again how this impacts on their social constructions of particular phenomena.

Reliability and Validity of Qualitative Data

Concepts of reliability and validity are grounded in the tradition of positivist approaches, using quantitative data. Since the introduction of interpretivist approaches, these concepts of reliability and validity have been questioned. Cresswell and Clark (2011) suggest that there is "limited meaning" (p.212) to the notion of reliability in qualitative research. Golafshani (2003) describes the purpose of qualitative data as "generating understanding" (p.601). There is discussion, within qualitative research in regard to the terms that should be used; validity, reliability, rigour, trustworthiness, credibility, transferability, and relevance, along with others, have all been suggested (Freeman *et al.,* 2007, Stenbacka, 2001). Stenbacka (2001) mentions that valid data, in qualitative research is the use of 'good data'. 'Good data' is collected through, and is dependent upon, the interaction between the researcher and participant. This is

due to the fact that meanings and responses can be clarified between the researcher and participant within the interview. She goes on to say that as the function of qualitative data is to gain an understanding of a participant's reality of a specific situation, the rich data is valid in itself. This is due to the fact that the informant is immersed in the situation, and if given the chance to retell their story in their own words, the data is valid. It is theirs to communicate. Freeman *et al.,* (2007) state

> "Data are produced from social interactions and are therefore constructions or interpretations. There are no "pure," "raw" data, uncontaminated by human thought and action, and the significance of data depends on how material fits into the architecture of corroborating data" (p.27)

Golafshani (2003) suggests that a constructionist approach appreciates that there are multiple realities within each situation. Therefore, triangulating different informants' perspectives and realities would enhance the trustworthiness of the interpretation of the data.

In order to enhance trustworthiness, many researchers rely on multiple researchers and inter-coder agreement (Cresswell & Clark, 2011). This is to jointly analyse and code the data, in order to strengthen validity and reliability and minimise bias. Data is analysed and coded individually, with researchers coming together to determine how much agreement there was in the coding of the data. This is thought to add to the robustness and trustworthiness of the data, by reducing researcher bias.

It is clearly difficult to take an inter-coder approach when conducting a lone researcher project, such as a thesis. Being a lone researcher could be seen as a limitation to the study. Working in isolation can cloud judgement and potentially bias the results. Morse (2008) comments that, traditionally, qualitative research projects have been conducted by lone researchers. She goes on to discuss that

the very nature of qualitative data and the importance of the interpretation of the data dictates that it should be ideally analysed by a single person or, at the very most, a few close researchers. She advocates that the researcher should immerse themselves in the data, from the interview stage through to the interpretation and analysis of the data, including coding the data and leading the theoretical development.

This technique was adopted here. Additionally, to further enhance the trustworthiness of the study, data were triangulated at the data analysis stage. Data triangulation involves, gathering data through several sampling strategies, so that data is gathered at different times and social situations as well as from a variety of people (Denzin, 2009). This was achieved by collecting data from a diverse group of professionals in two different phases. Between subjects' data were used to look for commonalities within the narratives, such as similar experiences of the referral and assessment process, from the different perspectives.

Semi-Structured Interviews

Semi structured interviews are often used as a method of collecting qualitative data. They were utilised in this project as the method of data collection with professionals, as they provide rich contextual information. The interviews were used to gain an understanding of the professionals' experiences and perceptions of the assessment and referral process, something that would not have been possible with questionnaires (Bryman, 2008). Open-ended questions were used to generate rich, in-depth data that may not have been possible with a structured interview. Additionally, this strategy allowed for probing of answers when necessary, as well as deviation from the interview schedule. This approach allowed for the interview to be kept focused and time-limited, which was of benefit to the working professional. Professionals were all interviewed in their place of work, and so, it was necessary to keep interviews to a minimum amount of time, so as not to disrupt their day for too long.

Additionally, in phase two, one group interview was conducted. A group interview was chosen as a method of data collection as, in contrast to individual interviews, it often provides a different dynamic to the data. Denzin and Lincoln (2011) claim, "the synergy and dynamism generated within homogenous collectives often reveal unarticulated norms and normative assumptions" (p.339). This type of data collection provides access to group dynamics and social interactions, which can provide rich, in-depth data that individual interviews cannot. It also enables the triggering of individual memories, particular practices, and beliefs of individuals within the group. Additionally, a group interview allows for participants to voice differing opinions, perspectives, and meanings. It is then possible to have these discussed within the group. This often provides diversity to the data. The group interview also added an extra dimension to the data, allowing for the multiple perspectives of the diverse group of participants.

In contrast to this, there are disadvantages to using a group interview approach. Frey and Fontana (1991) and Newby (2010) discuss the researcher being aware of the group dynamics, particularly with regard to participants being swayed by other members of the group, changing their mind. This is in addition to the professional relationships of the participants, outside of the research setting, affecting individual responses. They also mention that there is a strong possibility of group conformity within the context of a group interview. In this particular context, time available to the participants, as well as, easy access to a central location meant that the group interview would be more appropriate than individual interviews, as it was more convenient for the participants and enabled them to take part in the research. The researcher took close accounts of the potential disadvantages of this approach. She took notice of the group dynamics, ensuring that the group was facilitated in order to allow each participant the opportunity to speak and respected within the group situation. Additionally, the members of the group were informed of their obligations towards each other and were perceived to be very open and honest.

Owing to the nature of a semi-structured interview, the sequence of questions, in all of the interviews were not followed rigidly. This was to allow probing for further depth and detail to the narratives of the professionals. In most instances all of the questions within the interview schedule were covered. The professionals did, on occasion, divert away from the schedule or additional, alternative, questions were inspired by the professionals' answers. In such instances, when the participants diverted away from the interview schedule, the interviews were always brought back to the focus of the research.

Interview Process, Phase One

The original aims were to explore the differing experiences of the professional, parent, and young person, and to determine outcomes for the families. Professionals taking part in phase one were therefore interviewed on three separate occasions. Conducting the interviews at three different time points allowed for the analysis of the data to look beyond the narrow point of time that is the referral point. Therefore, the data also encompassed, from the perspective of the professional, what happened to the family and young person post referral, as well as how much contact the referring professional had with the family after the referral process had completed. Although this was a relatively short period of time in which to conduct a longitudinal study, very few studies explore the time period that would be considered to be post referral.

The initial interview (T1), was preceded by the professionals completing a short demographic questionnaire. Following this, the interview opened with the professional being asked about their professional role. Three distinct sections, each of which will be detailed below, followed this.

Interview Schedule

Section one

This section explored the knowledge the professional had of the family and their current situation, as well as a set of demographic questions with regard to the family. This was followed by a series of questions relating to the referred family. Information that was collected about the family, at this point, would have been covered in the completion of the CAF. These questions included:

- Would you tell me a little about this family?

Followed by a series of questions which explored the demographics of the family and young person.

- From your understanding what has been this parent's/family's experience in the course of getting to the point of referral to the panel?
- What led you to refer this particular case to the [Multi-agency] panel?

Section two

This section explored the professionals' own use and experience of the CAF. This included open-ended and a limited number of closed questions such as:

- What was involved in completing the CAF for you?
- How straightforward do you find it to complete the CAF form?
- What makes it straightforward OR what makes it hard/difficult/complicated?
- Were the family involved in the CAF process?

Section three

This section comprised of questions that explored the professionals' experiences of the multi-agency panel meeting. This section also included questions regarding professionals' perceptions of local service provision. Open-ended and closed questions, on a five point likert scale, were included, such as:

- How many times have you referred a family to a [multi agency] panel?
- What are your thoughts about the services that this Young Person/family can access?

The second set of interviews in phase one took the form of a short telephone interview (T2), which took place the day after the multi-agency panel meeting convened to discuss the CAF that the professionals had submitted. This telephone interview explored the professionals' experiences of the multi-agency panel meeting that had been attended. The interview schedule included questions such as:

- Did the panel hearing go ahead as planned?
- Did you attend panel? If yes, what was that like for you?
- What was the outcome of the panel?

The third, and final set of interviews, were face-to-face (T3) and took place up to three months after the multi-agency panel meeting. This interview explored the professionals' current relationship and knowledge of the family and their situation, in addition to any outcomes that the family may have experienced since the multi-agency panel meeting. This interview was shorter than the first, face-to-face interview and included questions such as:

- What can you tell me about the family now?
- If you think back to the [multi agency] panel meeting what were your thoughts of the process and outcome?

- In your opinion do you feel that the family/individual received the help that they needed?

All interview schedules, used in phase one, are included in appendix one

Face-to-face interviews with professionals, in New Town, lasted between fifteen minutes and forty minutes at both T1 and T3. The telephone interview (T2), lasted five to ten minutes.

Interview Process, Phase Two

Data collection for phase two included two forms of interviews: semi-structured interviews with individual professionals in education from four different local authorities and one group interview was additionally conducted in New Town with a diverse group of professionals who worked within one special education setting in the town, which catered for young people in Key Stage three and four.

The interview questions, used in phase two, were informed by the lessons learnt from the initial data analysis of phase one and the reshaping of the research aims and sampling frame. As has previously been mentioned, phase two concentrated on the revised aims and objectives and so did not include any questions that were case based. The interview schedule for phase two, did not specifically cover any questions about attending the multi-agency panel. It did, however, include questions related to working in multi-agency ways. Additionally, as a result of the introduction of the Early Help Assessment (EHA) form in Middle Town during spring 2014, phase two questions included the acknowledgement of this. The use of the EHA form will be discussed later in this chapter. Owing to the timing of the implementation of this new form a number of the participants would have experienced the CAF and EHA form. In addition the EHA form had been based on the original CAF questions, therefore phase two interview questions requested that participants discuss their experiences, in the previous twelve months, of the CAF or EHA forms.

Interview Schedule

The interview schedule for phase two began with a set of demographic questions. This was followed by a set of questions that explored the professionals' use of the CAF and their experiences of this. The questions included an additional question which was added as an identified omission from phase one. These were:

- What is your highest level of professional or academic qualification? (please state)

This was in addition to questions which explored the professionals' use of the CAF and their experiences of this. This included questions such as:

- In what circumstances would you complete a Common Assessment Framework or Early Help Assessment?
- Please describe your experiences of using the Common Assessment Framework or Early Help Assessment
- What are your experiences of engaging children, young people and families with the CAF process? (please give examples)

The additional data analysis of phase one identified diverse opinions between the different professional groups about the safeguarding needs of adolescents. The implication here is that this area should be probed further in the second phase of data collection. Therefore a further question was added to phase two, as identified by the data analysis of the phase one data:

- Do you think the CAF process is able to capture any professional concern you may have in regard to a child or young person?

The group interview questions, in phase two, followed the same format as the phase two, one-to-one interview questions. All interview questions for phase two can be found in appendix two.

In phase two, one-to-one interviews took between twenty and thirty minutes. The group interview lasted for approximately sixty minutes. This was timed to coincide with the work schedules of the professionals involved.

Process of Document Analysis

A further change to the data collection process for phase two was the inclusion of a document analysis. During the analysis of phase one data, it became apparent that professionals working within education were completing the majority of referrals. This was in addition to professionals less qualified than teachers. Due to this finding, a document analysis was included within the data collection period of phase two. In an attempt to explore further, qualifications and previous training in the areas of multi-agency working, and assessment, a document analysis was completed on all university courses available within the UK, covering teacher education and social work.

The document analysis included information, which Scott (1990) and Jupp (2006) refer to as open-published information. This signifies information that is published and readily available within the public domain. Denzin (2009) recommends that documentary analysis is triangulated with other forms of data, such as interviews. Further to this Jupp (2006) additionally suggests the consideration of four key questions when assessing documentary data. These questions include the authenticity and credibility of the information, as well as the meaning and the representativeness of the information.

The document analysis utilised evidence, made available on the internet in reference to university courses. As this was freely available and the purpose of it was to provide information to prospective students, it would be unlikely that this would not be credible and authentic information, or that it would be unrepresentative of the courses advertised. However, the shortfalls of this method do need to be noted. This was a very basic trawl of the evidence, there is no way of knowing how in-depth, detailed, or accurate this information is. The

information, between the different universities, was varied, with some providing detailed information in regard to the units of study, whilst others provided very limited information. Additionally, the document analysis did not include any of the teacher training courses that have been made available by the Coalition government, such as Schools Direct and School Centred Initial Teacher Training. All of these limitations of the document analysis should be highlighted and noted as a weakness of this aspect of the data.

The document analysis focused on information, available to prospective students, on the individual university websites. University courses were identified with the use of the HEAP guide to university courses, which details each university course within the UK (Heap, 2014). Once the university course was identified, the relevant information was then trawled via the university website.

All available unit information was explored in an attempt to ascertain the extent of teaching in the specific subjects of child development/psychology, multi-agency working, communication with professionals and communication with parents. Due to time constraints, this was a limited content analysis that solely looked at public information. Individual universities were not contacted. Additionally, the name of the unit was used to identify the subject area in which the teaching took place. This could have led to inaccurate assumptions in regard to specific units. This needs to be taken into consideration when reflecting on the findings. It also has to be noted, since the Children Act 2004, safeguarding has been taught in all undergraduate and postgraduate university teacher training programmes.

In total 125 Social Work courses and 108 Teacher Education courses were analysed. Of the undergraduate courses in Social Work fifty four of these were Bachelor of Arts courses one was a Bachelor in Social Work Degree and twenty were Bachelor of Science degrees. Additionally, thirty one Master of Arts degrees in Social Work courses, two MA/Diploma in Social Work, three

MSW/Diploma in Social Work and fourteen Master of Science in Social Work courses were analysed. The Social Work courses were taught in a total of sixty nine different universities.

It is not possible to train to be a secondary school teacher without a first degree, thus secondary teacher training is completed as a postgraduate award. Thirty seven of the courses analysed were Primary Education with Qualified Teacher Status (QTS) courses, thirty Bachelor of Arts with Honours degree, seven Bachelor of Education with honours degrees and one Primary Education with QTS. Thirty-three were Postgraduate Certificates in Education and four were Postgraduate Diplomas in Education courses. These, teacher education, courses were taught in a total of forty four different universities. (For a full list of universities included in the analysis see appendix five).

Sample

In both phases of this study, a purposive sampling method was utilised to recruit professionals who worked within multi-agency environments and had completed a CAF form for a family or young person. Purposive sampling is the method of recruiting participants who represent a specific group, or share a common feature. This type of sampling is commonly used within qualitative studies. A purposive sampling method is utilised to critically consider the parameters of the desired population. It is a process in which the researcher can identify a specific group, setting, or individuals that are appropriate for the research and have common experiences (Denzin, 2009, Bryman, 2008, Silverman, 2011).

Phase One

The recruitment strategy, adopted for phase one, targeted professionals who had referred young people for support services. Discussions, in this data collection phase, focused on the young person and family that had been referred by the professional as well as the professional's experiences of working with the family and the related processes. Therefore the resulting interviews were case

based and targeted. This utilised methods of data collection, which included one-to-one interviews.

Eligibility Criteria

For phase one of the data collection process, all referring professionals working within New Town, who had completed a CAF form for a child aged ten to fifteen years were eligible for inclusion in the study.

Recruitment Strategy

For the initial stage of data collection, in New Town, access to the referring professional was gained via the local authority CAF co-ordinator, who acted as a facilitator to their recruitment. An information sheet, detailing the study, was distributed at the point of referral. The co-ordinator, on receipt of the referral documentation, emailed a copy of an information sheet (see appendix three) to the referring professional and passed on the contact details of the professional to the researcher. This enabled direct contact with the referring professional to explain the study further and to ascertain their verbal consent to participate.

Participation Rates

Of the forty eight professionals who were contacted and eligible to take part in phase one twenty nine (60 per cent) took part.

Professionals chose not to take part in the study for a variety of reasons. These included that they had not been the referring practitioner, although their name was on the CAF form, the referred case had since become a child protection concern, therefore the professional felt it inappropriate to be interviewed, the referred family had now moved out of the local area and so the referral would go no further, or contact could not be made with the referring professional (two).

Rates of attrition were low. Follow-up interviews with professionals were conducted with twenty one (72 per cent) of the professionals. Reasons for not

taking part in the follow-up interviews included: the professional no longer had contact with the family, because the family had moved out of the area or the young person had moved schools or the professional could no longer be contacted at the point of follow-up (two).

Sample Characteristics

A sample of twenty nine referring professionals, twenty eight women and one man (see table 2 for specific demographic details) were interviewed in regard to thirty six families who they had referred to the MA panel within New Town.

Pre, post and follow-up interviews were conducted with up to twenty nine professionals (see table 1).

Table 1: Schedule of interview contact phase one of data collection

	T1: Prior to MA panel meeting N=	**T2:** Directly post MA panel meeting N=	**T3:** Up to 6 months post MA panel meeting N=
Professionals	Face to face interview (29)	Short telephone interview (21)	Face to face interview (21)

The referring professionals worked within education, housing tenancy, community safety, and health. Tables 2 to 4 detail the demographic details of all participants that took part in phase one.

Table 2: Characteristics of Participants in Phase One

Characteristic		N=	%
Ethnicity	White British	20	67%
	Any other White Background	2	7%
	Black Caribbean	3	10%
	British Indian	1	3%
	Black British	3	10%
	Total	**29**	**100%**
Length of time in current position	0-5 years	20	67%
	5-10 years	7	24%
	10-15 years	0	0%
	15+ years	2	7%
	Total	**29**	**100%**
Consider themselves as Lead Professional	Yes	20	69%
	No	9	31%
	Total	**29**	**100%**

Table 2 details the sample characteristics of the participants in phase one. As can be seen in this table the majority (N=27, 75 per cent) of the respondents considered themselves to be the lead professional for the family that they had referred.

Table 3: Professional Role of Participants in Phase One

Role	N=	%
Family Support Worker	6	21%
Education welfare Officer	6	21%
Social Worker	1	3%
Senior Tenancy Officer	2	7%
Housing Tenancy Officer	1	3%
Community Safety Officer	1	3%
Assistant Head of House (Qualified Teacher)	1	3%
Head of hearing impaired provision (Qualified Teacher)	1	3%
Inclusion Officer (Qualified Teacher)	2	7%
Pastoral leader (Qualified Teacher)	1	3%
Senior Tutor-Head of Year (Qualified Teacher)	1	3%
Special Educational Needs Co-ordinator (Qualified Teacher)	2	7%
Teacher (Qualified Teacher)	3	10%
Manager Learning support unit (Qualified Teacher)	1	3%
Total	**29**	**100%**

Table 3 provides the details of the roles held by the participants in phase one. As can be seen from this table, there was great diversity within the professional roles, but workers within education settings completed the highest number of CAF forms.

The agency, to which the professional aligned their role, seemed to be dependent upon their geographical location of work or role. For instance, a role, such as a Family Worker or Education Welfare Officer, would be funded by the Local Children's Services Department, but the professionals who held these roles identified themselves as a worker within the education sector. It is assumed that this is due to the role being located within a school setting or locality. Table 5 represents the differences between these two perceptions.

Table 4: Agency, which the professionals affiliated themselves to.

Role responsible to agency	Employing Agency N=	Perceived agency allegiance N=
Children's services incl. EWO and FW	14	1
Community safety	1	1
Education	10	23
Housing	4	4
Total	**29**	**29**

As can be seen from table 4, the agency with which the professional identified their role with as compared to the agency by which they were employed, has a dramatic effect on the demographic data, particularly education and children's services. Previous research has provided demographic detail in regard to professionals' completion of the CAF form. The results here could suggest problems with the previous data that has been reported. Although the assumption could be made that they are based within an education setting, if professionals in the previous studies held similar perceptions in reference to

their role, it would no longer be clear by which organisations these participants were employed, children's services or education.

Phase Two

Phase two of the data collection process also utilised a purposive sampling strategy, as detailed above. This included one-to-one interviews and one group interview. This aspect of data collection differed to phase one in that it was not case-focused. Nevertheless, professionals often discussed individual cases.

Eligibility Criteria

The eligibility requirement for phase two focused on professionals working in education settings who had completed a Common Assessment form, or equivalent[2], for a family, during the twelve months previous to the request being distributed. Professionals, who had completed either form within the previous twelve months, were eligible to take part.

In phase two, a refined sampling strategy was used. It was evident from previous research detailed in the literature review and the recruitment of participants in phase one of this study that those professionals associated with education were the professionals most experienced in completing the CAF. These were identified as being teachers, family workers and education welfare officers.

It was decided that those who potentially had the most experience of this would be Special Educational Needs Coordinators (SENCos), therefore all of the experienced and qualified SENCos known to the university where the research was located, were approached to take part.

[2] One of the new local authorities, Middle Town, had recently changed their referral system to include an Early Help Assessment (EHA) form. The EHA form had been implemented through feedback from professionals within the local authority. This replaced the Common Assessment Framework Form and removed many of the questions that were thought to be repetitive, resulting in a shorter version of the CAF.

In addition to this, a group of experienced professionals working within one special educational setting were approached. This group were also very experienced in the use of the CAF. This addition, added a similar diversity to the professional backgrounds of the participants taking part in phase two as there had been in phase one.

Recruitment Strategy

Within phase two, the SENCos from New Town and all three neighbouring local authorities who were known to the university were invited to participate. These professionals had all recently completed a professional qualification in the coordination of special educational needs and were contacted via the member of staff teaching on this course. The tutor emailed all registered students to gauge their interest in taking part. Individuals requesting further information were required to reply to the tutor, providing permission for their contact details to be passed on to the researcher. At this point, they were contacted directly and an information sheet, (see appendix four) detailing the research, was emailed to them. All further correspondence was conducted directly between the researcher and the participant.

The professionals taking part in the second part of the study were interviewed on one occasion, see table 5.

Table 5: Schedule of interview and group interview contact phase two of data collection

	One to one interview N=	**Group Interview N=**
Professionals	6	6

Phase Two Sample Characteristics

All of the participants in phase two were female. A sample of six professionals took part in the one-to-one interviews. Three of these were face-to-face

interviews and three were telephone interviews. All of these participants were qualified teachers, working as Special Educational Needs coordinators, and were educated to Masters Level. Two of these worked part-time whilst the remaining four worked full-time. Three had received formal CAF training, whilst the other three had not received any formal training. One of these three had received training that had been disseminated to her by the previous Special Educational Needs Coordinator. Two of the three had received a half day's training, whilst the other had received a full day's training.

Table 6: Length of time participants in phase two had been in their current position and worked with children, young people and families.

Length of time in current position	**N=**	**%**
0-5 years	8	66%
5-10 years	4	34%
10-15 years	0	0%
15+ years	0	0%
Total	**12**	**100%**
Length of time working with children, young people and families	**N=**	**%**
0-5 years	1	8%
5-10 years	1	8%
10-15 years	4	34%
15+ years	6	50%
Total	**12**	**100%**

Table 6 details the length of time participants in phase two had been working with children, young people, and families and had worked in their current position. As can be seen, although a majority (N=8, 66 per cent) of these had been in their current role for up to five years, most of these (N=10, 84 per cent) had worked with children, young people, and families for much longer than this. Six of these professionals took part in the group interviews. These participants had a variety of qualifications and roles. All of these professionals worked full-time. The variety of roles can be seen in table 7.

Table 7: The current role of the participants in the group interviews

Role	N=	%
Family Worker	1	16%
Deputy Head teacher	1	16%
Team Leader	1	16%
Education Welfare Officer	1	16%
Lead Tutor/Key Worker	1	16%
Missing	1	16%
Total	**6**	**100%**

The remaining participant did not provide this information. Three of the professionals were qualified up to undergraduate level, two held a Masters qualification and the final participant had a Foundation Degree qualification. All six participants identified themselves as working in education. However, two (the family worker and education welfare officer) identified themselves as working within education and social care.

Five members of the group stated that they had received CAF training, details of which can be seen in Table 8.

Table 8: CAF training details of participants in the group interview

Training course	N=	%
Half Day	2	33%
Full Day	1	16%
Other	2	33%
Missing	1	16%
Total	**6**	**100%**

Of the two professionals that had received alternative training, one had attended a two day training course and the other had received training from colleagues who had attended the one day training course. This training had been disseminated in a professional meeting.

Five of the professionals had considered themselves to be a family's Lead Professional five or more times and one had taken on this role four times in the last twelve months.

Data Analysis

There are a number of different ways to analyse qualitative data, including discourse analysis, narrative analysis, and content analysis (Silverman, 2011). These differ from quantitative analysis, which seeks to accept or reject an hypothesis. Qualitative data generates hypotheses inductively from the data during the analysis period (Langridge, 2004, Silverman, 2011, Spencer, Ritchie & O'Connor, 2012). Further to this, qualitative analysis also differs in that there are no fixed rules or processes to follow. Methods of data analysis can vary, dependent upon the epistemological assumptions of the research and the researcher's beliefs and standpoint (Spencer, *et al.,* 2012). Despite this, there are some common assumptions and procedures within qualitative data analysis. Analysis includes a systematic approach to the identification of common themes, categories, and concepts within the data. Spencer *et al.,* (2012) claim that although this is common to many methods of data analysis, there are still underlying differences within this. They refer to concepts that denote the fundamental meaning of the data or to the make-up of the account in terms of the discourse or interaction between the respondents. They also comment that the concepts can differ in the level of abstraction of the data, with some concepts being developed by the researcher adopting a deductive approach, with the data analysis being influenced by literature, or an inductive approach, with the analysis focusing on the data itself.

Braun and Clarke (2012), Langridge (2004) and Silverman (2011) recommend that analysis begins with a relatively small chunk of the data. This in-depth analysis is used as grounding for the following analysis of the remaining data. Silverman (2011) refers to this as 'intensive and extensive analysis' (p.62). It is advantageous in that it allows the researcher to immerse themselves in a smaller amount of data without being overwhelmed by the volume of data.

Qualitative data analysis in this study was consistent with a thematic analysis approach (Braun & Clarke 2006, Spencer, Ritchie & O'Connor, 2012). Thematic

analysis is a method of recognising commonalities, within the way a topic or phenomena are discussed or written about. It is used to make sense of these commonalities (Braun & Clarke 2012). Due to this specific characteristic of thematic analysis, it was thought to be a suitable method of data analysis for this study. This allowed for the data to be trawled, searching for commonality and diversity in the way different professionals discuss and relay their experiences of multi-agency working and their use of the CAF. Additionally, a thematic approach allowed the data analysis to explore how frontline professionals, within varied work settings, construct these phenomena. Audio recordings, for phase one interviews, were transcribed in full by the researcher and analysed using the qualitative software package NVivo ver.10. As mentioned above, interviews and group interviews for phase two data collection were transcribed by an external source.

Braun and Clarke (2006) claim, "thematic analysis is a poorly demarcated and rarely acknowledged, yet widely used qualitative analytic method" (p.4). They advocate thematic analysis to be recognised in its own right as a reliable method of analysis. This is due to the flexibility of thematic analysis. Braun and Clarke (2012) discuss the flexibility of the approach, noting that it is not constrained or determined by theoretical underpinnings or frameworks. Braun and Clarke (2012) comment that although it is not possible to be entirely inductive or deductive, thematic analysis can adopt either an inductive or deductive approach. However, in reality, coding and analysis, using a thematic method, commonly use a mixture of both inductive and deductive approaches (Braun & Clarke 2012). This study adopted this approach of utilising an inductive and deductive approach to the data analysis. As Braun and Clarke (2012) state, the deductive approach dominated. The data analysis of phase one was informed by literature and research included in the literature review. The second phase of data analysis was informed by the findings of phase one data. Therefore an inductive approach was, to some degree, utilised in phase two.

Braun and Clarke (2006, 2012) advocate six different phases to the successful completion of thematic analysis. These range from "Phase 1: Familiarising Yourself with the Data" (2012 p.60) to "Phase 6: Producing the Report." The data analysis in this study followed the recommendations of Braun and Clarke (2006, 2012). The analysis commenced with a small chunk of data at the start of the phase one data collection period. This was on-going throughout phase one, with earlier interviews informing changes to the interview schedule of later interviews. Following this, phase one data analysis additionally informed the interview schedule of phase two. Subsequently, the data analysis followed the further steps of analysis, resulting in saturation of the data from which themes occurred. Themes were established and re-worked throughout with occurrence of new data and viewpoints.

Table 9 represents how the data were analysed in line with Braun and Clarke's (2006) recommendation of six phases of analysis.

Table 9: Process of Data Analysis

Braun and Clarke's (2006) six phases of thematic analysis		Process undertaken within the data analysis
Phase 1	Familiarisation with data	Transcribed interviews of phase one were read and reread. Data from phase one was used to inform questions for phase two interviews.
Phase 2	Generation of initial codes	Phase one and phase two data were combined. Data were scrutinised for commonalities and similarity. Initial codes were generated.
Phase 3	Searching for themes	Initial theoretical codes were sorted into potential themes. Super-ordinate themes were identified along with the related subordinate themes.
Phase 4	Reviewing themes	Through further analysis, themes were refined. Similar themes were combined and scrutinised in how they fit together.
Phase 5	Defining and naming themes	The essence of each theme, were considered and supporting extracts were identified from the transcriptions.
Phase 6	Producing the report	The analysis of the findings, were presented within the identified super ordinate and subordinate themes.

Phase two data were merged and triangulated with phase one data at the point of analysis. This technique of analysis allowed for commonalities within the data to be identified, as well as, contrasting views to be presented within different groups of professionals (Cresswell & Clark 2011).

Ethical Considerations

The Institute of Applied Social Studies Ethics Committee at the University of Bedfordshire and the Local Authority Research Governance Panel granted ethical approval for both phases of this project. This process followed, and was in line with, the Economic Social Research Council (ESRC) (2010) Research Ethics Framework. The project met each of the six key principles expected by the ESRC framework

1. Research should be designed, reviewed and undertaken to ensure integrity, quality and transparency.
2. Research staff and participants must normally be informed fully about the purpose, methods and intended possible uses of the research, what their participation in the research entails and what risks, if any, are involved.
3. The confidentiality of information supplied by research participants and the anonymity of respondents must be respected.
4. Research participants must take part voluntarily, free from any coercion.
5. Harm to research participants and researchers must be avoided in all instances.
6. The independence of research must be clear, and any conflicts of interest or partiality must be explicit. (p.1).

Participation was voluntary and without coercion for all participants. Particular attention was also paid to the potential risks for all participants, especially to families. Information sheets were distributed to all potential participants, prior to them agreeing to take part in the research process. This enabled them to be fully informed about the purposes of the research and their involvement, without them having to make a commitment to take part.

The ethical considerations covered a number of different aspects of the research, including the anonymity of the local authorities where the data collection took

place and the anonymity and confidentiality of participating professionals, parents, and young people.

The initial ethics approval covered the original research design, which included interviews with professionals, parents, and young people. Considerations were made in regard to recruiting families that may be in crisis, gaining informed consent from the parent/carer of the young person to participate and informed assent from the young person themselves. The researcher had previously undergone an enhanced Criminal Records Bureau (CRB) check for the purposes of this project. Confidentiality and anonymity were assured to each participant, except in the instances of harm to themselves or others and any child protection issue. Patton (2002) recommends that ethical interviewers require a framework to deal with the disclosing of criminal activity or child protection issues within interviews. A disclosure statement (as detailed below) was included on all literature detailing the study and was also repeated at the point of each interview with all participants.

> "Anything that you tell me will remain strictly confidential and will not be shared with anybody including staff within the Local Authority. This is with the exception of any information you may disclose concerning the risk of harm to yourself or another person. It may then be necessary for me to discuss this information with a third person but this will only take place after a discussion with you."

All participants received written information and had the opportunity to ask questions. Consent was an on-going process and withdrawal from the study was available to participants up to the data analysis stage. Written consent was sought from all participating practitioners and confidentiality and anonymity was respected at all times. Consent was also collected in reference to the interview being voice recorded. All participants were asked verbally if they consented to being recorded as well as being requested to tick the relevant box before signing the consent form. One participant refused to be voice-recorded, therefore hand

written notes were taken throughout the interview. The same written consent form was used in phase one and phase two; this can be found in appendix six.

Additionally, thought was given to the fact that the research was being carried out by a lone researcher. To minimise the risks to the researcher, a third party was informed of all interviews that were conducted in private homes. Details were provided that included the time and address of the interview and the researcher called the third party when leaving the interview. The third party was informed of an approximate time that the interview should end. All participants were also informed that the research was being conducted by a research student as part of an academic qualification, that there was no conflict of interest, and that it would not interfere or effect either employment or access to services (ESRC 2005).

The ESRC (2005) guidelines stipulate that all stored data should remain confidential. Collected data were held securely, with only the researcher having access to this. Consent forms and any hard copy interview schedules were separated and stored individually. All electronic data were password protected and, again, identifying data such as names/places of work were stored separately to interview transcriptions and demographic details. The researcher typed interview transcriptions from phase one and a participant number was assigned to each in order to be able to triangulate these with other data sources.

A further ethical approval form was submitted to the university ethics committee in order to collect data for phase two. This also followed the ethical guidelines as set out by ESRC (2010). This included the transcription of data by an external body. A recognised transcription company transcribed all interviews and group interviews conducted in phase two. A transcription service recognised and regularly used by the university was employed. A confidentiality agreement was put in place with the transcription service. Both ethical approval forms can be found in appendix seven.

For the purposes of anonymity, throughout the findings chapters, participants are referred to by their professional role and the data collection phase in which they took part.

Summary

The study was refocused to explore the use of the CAF from the perspective of the professional. Issues experienced during phase one of data collection informed the revised research aims and objectives, as well as the recruitment strategy, sampling and data collection methods in phase two. This chapter has discussed the use of qualitative data and the data collection methods used in this study. Data collection included one-to-one and group interviews with a sample of diverse professionals. This was as well as a document analysis which explored the training opportunities provided to social work students and teacher training students in university.

This chapter has additionally provided the sample characteristics of the participants taking part in phase one and phase two of the study. Subsequent chapters discuss and detail the findings from both phases. The data were triangulated at the point of analysis, thus data from both phases of collection are discussed as one. The next three chapters explore the qualitative findings of the study. These have been organised into three superordinate themes and related subordinate themes. For the purposes of clarity, each superordinate theme will be incorporated into a chapter. These chapters will go on to inform the discussion chapter in which the findings from this study are considered along with relevant literature and research in this area.

Chapter Six: Findings- The Intricacies of Working within Referral Processes and the CAF

The following three chapters detail the findings from the document analysis, all of the interviews, and the group interview. An initial analysis of phase one data was carried out to inform the sampling frame and data collection for phase two. Data from both phases were subsequently triangulated and merged at the point of data analysis. Each of the findings chapters discusses one of the themes, and the related subordinate themes, which were identified during the data analysis stage. Where, in these chapters, mention has been made of the views and experience of participants from the various different professional groups, including where direct quotations have been used, there is an indication of the participant and the phase of data collection. In order to enhance anonymity of the participants, all professionals who were qualified teachers are referred to as this, rather than the individual title role they provided.

The first of these chapters explores the findings in regard to the intricacies of working both within and with the referral process and CAF. The discussion in this chapter seeks to partly address each of the research questions. Contained within this theme, there were a number of different subordinate themes. These included the purpose of the referral itself and whether the CAF was being used as an assessment or referral tool, the implications for professionals of the Lead Professional Role, the perceived challenges of multi-agency working, partnership working, and each professional's experience of working with the referral systems. Each of these subthemes will be discussed in turn.

During the data collection period, a range of professionals, from a variety of agencies and backgrounds, were interviewed. Table 10 summarises the professionals, by agency and role, who took part in face-to-face interviews in phase one.

Table 10: Professional Role of Participants in Phase One

Agency and Professional Role	N=
Education	
Qualified Teacher	12
Education welfare Officer	6
Family Support Worker	6
Total	**24**
Enforcement agencies	
Senior Tenancy Officer	2
Housing Tenancy Officer	1
Community Safety Officer	1
Total	**4**
Children's Services	
Social Worker	1
Total	**1**

Owing to the sampling methods, there was less variation in the professionals interviewed in phase two. Table 11 summarises all of the professionals, by role, who took part in one-to-one interviews and the group interview in phase two.

Table 11: The current role of the participants in taking part in the interviews in phase two

Agency and Professional Role	N=
Education	
Qualified teacher	8
Family Worker	1
Education Welfare Officer	1
Lead Tutor/Key Worker	1
Missing	1
Total	**12**

Professional use of the Common Assessment Framework

This subtheme explores the reasons for the referral and how local policies, in reference to accessing commissioned services, informed the professional's use and perceptions of the CAF system and form. Respondents, in both phases, were referring young people for a variety of reasons; these included behavioural issues, within school and within local community areas, truanting from school,

access to parenting support, particularly with problems related to teenagers, and problems that professionals, working in education, were anticipating with times of school transition. Referrals were also conducted, in both phase one and phase two, when professionals had safeguarding concerns. However, these will be discussed in chapter seven, which explores the diversity of professional views. Some of the referrals had been completed, at the parents' request in order to help them with difficulties they were experiencing with the young person.

Whilst there was diversity in the reason for the referral, all respondents, across both phases, were consistent in their use of the CAF. When introduced, the CAF was thought to be a holistic way of assessing families in need; however, in this study the CAF was often viewed as a "means to an end", a comment which was made by both a Senior Tenancy Enforcement Officer in phase one and a Special Educational Needs Coordinator in phase two. This perception of the CAF resulted from the way in which each Local Authority required professionals to access services for the children and young people with whom they were working. It was a requirement of all four of the local authorities that the CAF was used in order to access support services, which were commissioned from external agencies. This requirement resulted in all of the professionals, within this study, viewing the completion of the CAF form as the first step of a referral process. All of the respondents within the study, regardless of the local authority in which they were working or their professional background, indicated that the completed CAF was for a referral and not used as a form of assessment. However, this was particularly evident within the groups of professionals, especially those in phase one, who did not regularly work with children, young people, and their families, such as Tenancy Enforcement Officers and Community Safety Officers. These professionals stated, without fail, that they had completed the CAF in order to access a particular service.

> "Because that is our procedure any young person involved in anti-Social behaviour has a CAF form filled in so that we can refer to [service name]." (Housing Tenancy Officer, Phase one)

> "We use the CAF system because we have to. To get help you need to use the CAF system." (Qualified Teacher, Phase two)

The groups of professionals in phase one, who had limited experience with working with the CAF, additionally had difficulties both with completing the form as an assessment and adding all of the relevant information that was required. Professionals working within 'enforcement agencies' did not always comprehend the information that was needed, or which section of the form to which the information was directly related. On these occasions, the respondents attempted to add evidence where they believed it was appropriate or, alternatively, if they felt the information was required but could not see where it fitted, they added detail to the margins and other areas of the form.

> "I usually find that if someone tells me something I find a box to put it in or if there isn't then I scribble it down somewhere. Like the one I filled in yesterday there were arrows everywhere. I find somewhere to put it on the form to make it relevant." (Housing Tenancy Officer, Phase one)

It has to be noted that these practices of completing the form were directly related to the respondents in phase one working in enforcement roles, such as Tenancy Enforcement officers and Community Safety Officers. Owing to the nature of the data, other professionals' experience of completing the form will be discussed, in different contexts, in chapters seven and eight.

Use of the CAF form as a referral tool, additionally, created very specific difficulties for these same professionals working within roles that had a focus of enforcement: Community Safety Officers, Housing Tenancy Officers, and Education Welfare Officers. Professionals within these roles were particularly concerned about the conflicting and ambiguous information they were

portraying to families. On the one hand they were informing families that they were enforcement agencies with very particular remits; in the most extreme cases they had the authority to remove the family's tenancy agreement or start court proceedings. Meanwhile, on the other hand, they were required to work with the family in a supportive way to access services. This presented the professionals with very specific problems in trying to engage families within the referral process. These respondents, in phase one, often remarked that they were not in the position to complete CAF forms and that it was highly inappropriate for them to be doing so.

> "Well when we had the CAF training one of the things I brought up was that they didn't go through the form they were just talking about the CAF the [multi-agency panel] and said it was just a matter of filling it out and I tried to say well when it's someone like me I am not a Social Worker I am an Enforcement Officer and my job is to stop that behaviour. I am not necessarily liked by the people I visit. They don't want me in their house, so when I am asking personal questions about their family and children they don't want to talk to me and I don't blame them. So you know we are saying, we can basically take your house away as we are the landlords so it's you know." (Senior Tenancy Enforcement Officer, phase one)

Each respondent, in this predicament, expressed the concern that she was not the appropriate professional to be completing this form. They were expected to ask particularly intrusive questions and to work with families with whom relationships were often strained, but with whom they were required to cooperate, in a meaningful way. This dichotomy, between enforcement and support, was confusing and contradictory for the professional. This group of professionals, in phase one, also commented on the confusion this created for the families with whom they were working. This resulted in neither the parent nor the professional knowing how to perceive the exchange, which led to a relationship that professionals perceived, on both sides, as lacking in trust.

Whilst the parent did not want to divulge personal information to the professional, the professional doubted the honesty of the information being shared. This had the detrimental effect of professionals, particularly in phase one, often speaking, in negative terms, of the families involved. This, in turn, created difficulties for these professionals who perceived the CAF process as not being part of either their working remit or responsibility.

> "Even if she gets fined again, ultimately, will that turn [young person] around I don't know, can't answer that, don't know. They get to year 10 and year 11 of school and they are just so strong, the families where there are entrenched poor parenting issues you have just lost them. You can't tell with them, if I turn one of them around I'm really fortunate. It is so entrenched all the issues and everything." (Education Welfare Officer, phase one)

Professionals, particularly those in 'enforcement roles' in phase one, took part in the process reluctantly and saw it as a 'tick box' exercise, to be engaged with when necessity dictated that they had to be. This use of the CAF form, as a referral tool, led to confusion and uncertainty for all of the professionals involved. Whilst the CAF form is supposed to enhance partnership working with families and parents, the reality was that, using it in this way, had the opposite effect. Professionals, across both phases of the study, perceived that it created mistrust and doubt on their part and on the part of the parent, resulting in a lack of communication and cooperation. Partnership working will be discussed in more detail later in this chapter. Throughout both phases of data collection, professionals, using the CAF form, also faced difficulties with the lead professional role. This is the focus of the next subordinate theme.

Implications of the Lead Professional Role

The Lead Professional role is fundamental to working with families, forming trusting relationships, and in reducing the number of professionals with whom

families come into contact. This role ought to be adopted by the professional who is best placed to work with and communicate with the family involved. However, the Lead Professional role, within this study, often fell to the professional who had completed the form. There was little debate about this; it was often considered to be a foregone conclusion. Where the referral had been completed within an education setting the assumption of other agencies was that the school would take on the Lead Professional role. This, ultimately, rested on the shoulders of the referring professional.

> "It's generally the school that's named, so whoever's signed the form." (Qualified Teacher, phase two)

Within phase one of the study, respondents were requested to discuss specific young people that had been referred to the multi-agency panel. Twenty six (70 per cent) of these professionals stated that they were the Lead Professional for these young people. Owing to the nature of the sampling strategy and data collection of phase two, professionals in this part of the study were requested to talk more generally about their experiences of the referral processes. However, all of these professionals had taken on the role of Lead Professional for young people that they had worked with. Ten (83 per cent) of these had experienced this role numerous times.

Just one professional, who was a teacher in phase two, commented in a positive way about the lead professional role.

> "It can be quite empowering if you like, because you've got the overview. More often than not you're seeing the child more than any of the other services that are involved." (Qualified Teacher, phase two)

The assumption that the role was taken by the referring professional created a number of challenges for both the professional and the setting. Some of these challenges, such as time, will be discussed in chapter seven. As an additional set of responsibilities, the lead professional role became onerous and difficult to

manage. This was particularly noticeable for the professionals, in both phases of data collection, who were working within education and had teaching responsibilities, as well as those professionals who held part-time positions.

> "I am getting overwhelmed by CAF and TAC meetings." (Qualified Teacher, phase two)

On numerous occasions, throughout the data collection periods, professionals referred to this role as "frustrating." This assumption also left some professionals, particularly Family Workers, confused in regard to their own role, who else was involved with the family, and, subsequently, what their role in the process was.

> "Well I think it was left up to us really but we don't know what to do." (Family Worker, phase one)

Professionals, throughout both phases, also found themselves as the lead professional, either by default, as they had started to communicate with others and organise meetings, or because they chose to take control of the situation. Professionals, taking part in the group interview in phase two, commented that they often chose to take control when they wanted or expected specific outcomes, or they desired specific agencies and professionals to take on particular roles within the process. These professionals wanted to direct the process and take charge. This situation was much more evident with the professionals, in phase two, who had greater experience and knowledge of the CAF form and referral processes. Respondents, in phase two, often commented on a lack of trust in professionals from other agencies or settings and doubted they would be able to guide the family in the way the referring professional desired.

> "Proactivity. I have to be honest, I think everyone in my team is like control freaks and they become lead professionals so that they can retain

> that control and make sure that those outcomes are more positive." (Qualified Teacher, phase two)

This comment of "control freaks" in the group interview was counteracted with the notion of "strength of character", which was commonly agreed upon throughout the group. The inference was that the members of the team all had the same wish to take charge of the situation, and related tasks as no one else would be able to achieve the required outcomes.

Whilst these professionals, taking part in the group interview in phase two, were somewhat passionate about the role and desired the best results for the referred families, others did not wish to be the lead professional and failed to ensure that someone was appointed through the process. In New Town, a function of the multi-agency panel was to appoint a lead professional during the meeting. However, this was rarely the case and, as such, resulted in the referring professional adopting the role. This situation, although tedious to most, did work, except in the cases where the young person had been referred via the Tenancy Enforcement Team or Community Safety Team and, on occasion, Education Welfare Officers and Family Workers. These 'enforcement agency' professionals viewed their role in the process to be: the completion of the CAF form, the referral, and their attendance at the related multi-agency panel meeting. Their understanding was that once the panel meeting had gone ahead and the family had been referred to another agency, a worker from this agency would assume the role of the lead professional. The effect of this was families being unsupported, and receiving little, or no, follow-up communication after the panel had met, because these participants assumed that the 'other' agency, would contact the families and continue the work that had been started. At the follow-up meetings held with these professionals during phase one, it was evident they had very little knowledge about either the family or the work that was supposedly taking place. These respondents, in phase one, had rarely contacted the families to inform them of the outcome of the meeting.

> "No I don't have the need to do another visit or get involved again." (Housing Tenancy Officer, phase one)

> "Once the referral to [service provider] went through and I spoke to mum about [service provider] being involved then my remit with them is over" (Family Worker, phase one)

> "I'm not getting the complaints any more. But we believe that this young person is involved in some serious offences, hoax calls to the police and I'm waiting to find out if that's been proved yet. Although I have seen some evidence that does point at him, I don't know where we are up to with that case." (Housing Tenancy Officer, phase one)

In addition to this situation, some of the professionals, for example Education Welfare Officers and Family Workers in phase one, who were working within education settings and acknowledged themselves as the lead professional, also lacked information about the young person and family at the follow-up interview. As the young person's lead professional, this professional should have been coordinating the services and agencies working with the young person, holding review meetings, and reviewing the situation. However, the participants, on occasion, had little knowledge of who was working with the family. This included whether this work had been successful or the situation was improving. The lack of awareness of the lead professionals also extended to work that was taking place with the young person within the professionals' own work setting. This lack of knowledge could have been related to work load and lack of time, but had the result of undermining the lead professional role.

> "That I can't answer because [colleague] is not based here and now she is off sick so I don't know how many times she has seen [young person] so she is aware that she has to work with [young person] and she said oh I will make an appointment to meet with her but I don't know if she ever

did or not. So we are in that situation and I can't really answer." (Educational Welfare Officer, phase one)

The lead professional role and related work-load became an additional burden for all of the professionals; this was particularly noticeable in phase two. It had become so problematic for some, for example those working as Special Educational Needs Coordinators who, additionally, had teaching responsibilities, that the school settings in which they worked were considering employing further members of staff to complete the CAF forms and liaise with parents. This was felt to potentially lighten the load and provide some much needed support for the professional. One school setting, in phase two, had identified colleagues with whom they worked and were intending to actively target those who were considered to be disillusioned with their current role. Such a strategy had the benefit of not needing to train a new member of staff, as they were already aware of the role and related tasks.

> "We are looking to employ our own sort of family link liaison worker so that she can take some of the workload of the CAF meetings from me. So hopefully she will meet parents and fill out the CAF form, and then she'll take some of the TAC meetings… We attend children centre meetings just to give a presence, and one of children's centre's had its funding cut by 50 per cent but they have had an 800 per cent increase in CAFs, so their family workers are on their knees. The problem is the best people who put in the most work, they're the ones that tend to leave because they're disillusioned with the system and they think they're not doing a good job. So we think we could probably recruit." (Qualified Teacher, Phase two)

For some of the respondents, particularly staff working in education settings in phase one, helping the family to access support services went beyond the lead professional role and they came to view the process as a moral responsibility. If they believed that the family had failed to access much needed support, the professionals took on the responsibility of helping the family until they thought

the family received support or, alternatively until the professionals felt that they had helped as much as they could. This occurred even when the professionals believed that it was not part of their role in the process.

> "I am still plugging away at that one and I don't even work at this school." (Educational Welfare Officer, phase one)

Specifically for all of the respondents taking part in phase one, the outcome of the panel and failure to access support also impacted on the apparent role and responsibility of the professional. If the professional perceived that the family had not been able to access the support that they needed, this had the knock-on effect of altering the actions that the professional may take against the family. For one Education Welfare Officer (quoted above, Educational Welfare Officer, phase one), a conflict between starting the process of prosecuting the parent for the young person's continued absence from school or providing the family with the support that she had promised, became apparent. She clearly saw it as her duty to prosecute, but felt that she could not start these procedures, having let the family down.

> "I mean I just wanted to hang onto it because I have done the CAF but really the actions haven't materialised and that's why I didn't want to prosecute I thought how can I prosecute her when I promised her this support and she hasn't had it, you know." (Educational Welfare Officer, phase one)

However, this moral responsibility was generally short lived. Professionals who adopted these practices often reverted back to what they saw as their role and responsibility, once they believed they had supported the family to the best of their ability. For instance, the professional quoted above (Educational Welfare Officer, phase one) was aware of the multiple and complex needs that the family had. There had been a history of domestic abuse in the household and the mother, having separated from the father, was, subsequently suffering with

severe depression. Owing to the depression, there were also communication difficulties, between the professional and the mother, and cultural issues surrounding the domestic violence and consequent separation. Nevertheless, towards the end of the follow-up interview, the professional commented that despite these on-going problems, if the young person's attendance did not improve, then she would have no option and would have to start court proceedings and prosecute the mother.

> "First it was a nice chat and the second chat was more, get yourself into school to the young person and the mum and now I am sort of threatening court action. I have held off with the court action because I felt I can't bring mum to court when she is that depressed, you know, I want to get them support. If they don't work with me, if you see what I mean, that's different but I thought I have to give them a chance. But now that mum is feeling a bit better." (Educational Welfare Officer, phase one)

This Education Welfare Officer seemed to have gone out of her way to help the family and had clearly felt a moral obligation towards them during the referral process. She had tried a number of different strategies, over a period of time, which included utilising a colleague as a translator and also referring the family as a child protection case. However, once the professional believed that she had exhausted all of the options that were open to her and the young person's attendance had still not reached an acceptable level, she reverted to her own role and responsibility, which was one of enforcement.

Similar to the challenges faced by the respondents who took on the lead professional role, multi-agency working and communicating with other agencies and professionals also created difficulties. These further complications will be discussed in the following section.

The Challenges of Multi-Agency Working

Whilst all of the respondents in the study, regardless of their professional role, recognised the theoretical benefits of multi-agency working and communication, these working practices created a number of challenges. Those who were the lead professional for the family found it particularly difficult to engage fellow professionals and agencies. A further problem was the communication and terminology used by others, particularly professionals working within health; this was particularly evident in the narratives of the Special Educational Needs Coordinators in phase two.

> "It can be full of medical terminology and we've had a case where we have a report that's come in, and I've actually requested an educational psychologist to come in on an advisory basis to read the report with me because I didn't understand it." (Qualified Teacher, phase two)

Respondents, especially those in phase two, commented on the lack of joined-up working and the barriers they faced when trying to communicate with others.

> "I think if you can get different agencies involved then that's really, really beneficial. If the family are onboard and you can get different agencies involved and working together, then it's really helpful. It just becomes frustrating when you can't, and often it is just the school that is there doing it on their own." (Qualified Teacher, phase two)

The agency that was observed by most in phase two as being the hardest to engage, within the process, was health. This created a number of problems for the participants in this study. Teachers found it particularly frustrating and, on occasion, embarrassing that the only agencies to be present at Team Around the Child meetings were themselves, colleagues in their own setting, and parents.

> "It's very difficult to get anybody else to attend a meeting. You've got no chance of getting a doctor or an ed-pysch or anybody to attend, unless

> they happen to be in on the day of that meeting ... I do sometimes sneakily try to arrange a TAC meeting the day the ed-psych is coming, depending on the need of the child or whatever. But usually it's me and the parent." (Qualified Teacher Phase two)

> "Well you meet with whoever's there which could sometimes be education and the parent, well not the parent. The parent's not the professional, so it could be just education. I've actually had meetings where it's myself and it's a head of house and yet we've invited lots of people around and it's just us." (Qualified Teacher, phase two)

Being the lead professional made this situation more complex for the teacher. Parents looked to them for answers and, often, they did not have the answers due to the lack of communication with relevant professionals from other agencies.

> "We do take that relationship building very seriously and for that reason parents tend to, and the student, the young person, tend to look to us, you know, "What's happening?" "Help!" "What next?" We try to provide the answers but sometimes we do need other professionals to do their bit also to make the jigsaw fit and that's what (colleague) is trying to describe. We can do our bit and that is sometimes difficult, isn't it"? (Qualified Teacher, phase two)

Further to this, families looked to the professional for advice and support. Teachers and Family Workers perceived that they were viewed by families as being the person who had the answers, were able to access services, or were able to direct the family to sources of support.

> "Families that need you on a level, you can't be up there they don't understand it they just want someone to come and talk to, can you help me, can you sort it out, if you can do it, if you can't is there someone who

can? If you have all this blockage that you can't then we're not going to get anywhere." (Family Worker, phase one)

When professionals from other agencies did engage, there was a lack of consistency. This also frustrated all of the respondents, particularly those working in education, as they were required to keep retelling the situation of the family, referral, and needs of the young person.

> "Well we put it in, we didn't hear back for absolutely ages. Then I think it was during a two week holiday or something... I thought, "Actually I haven't heard anything," got family workers on the case... The person that we had been assigned for the original first meeting, turned up for the first meeting then for the second meeting? No didn't turn up. The third meeting they sent somebody else who knew nothing about the background or the case, so you felt like you were repeating everything, and it just sort of totally took away the whole thing that this is joined up thinking." (Qualified Teacher, phase two)

Lack of knowledge and awareness of other agencies working with families, additionally, stunted the notion of joined-up working. Referring professionals, in both phases of data collection, who had completed assessments on families, were not familiar with outside agencies working with the young person. Professionals, in both phases, working within schools commented that they had not been communicated with or informed of support provided to families from outside agencies. This created frustration for the respondents as they felt the school could provide a more holistic and rounded picture about the family and young person for the agency completing the work.

> "But there are still incidents where, numerous I can think, where outside agencies have actually been involved with the family but the school hasn't been made aware. If we'd known they were we could say, "Ah, but you also need to know this, this and this. That's great, but did you

> know this?" We can share and exchange and get a better level of care for the child or the family… They still don't, as much as you think they would do, they still do not always communicate with the school." (Qualified Teacher, phase two)

Problems with communication also extended to the terminology used by external agencies. Professionals working within education experienced difficulties in understanding the diagnostic language that was used by health professionals. This was especially acute for the SENCos who took part in the study. They had teaching backgrounds and were all qualified teachers, but were expected to understand intricate medical language used by specialists and doctors.

> "It's a complex medical issue and we need to understand it, because it will have a knock-on effect on the child's education." (Qualified Teacher, phase two)

Adding to the issue of understanding terminology, these professionals working in schools also commented on having to complete multiple, similar, reports and assessments for different agencies. In order to access services commissioned by the local authority, professionals were required to complete a CAF form. However, in order to access health services, Special Educational Needs Coordinators in particular, commented they were obliged to complete alternative assessments. This was viewed as replication of the work the professionals were doing, adding to their, already heavy, workload. It would seem that particular professionals and agencies that were considered to be health-based did not engage with the CAF process in any way. One Special Educational Needs Coordinator told of a young person who presented her with an incomplete CAF form which, she had been given by her General Practitioner (GP). The GP had informed the family that the school would complete the CAF with them, in order to access the services he felt she needed.

[P] “Doctors don’t engage with it, the local GPs don’t send the CAF. We had a child that came with a CAF in their bag with a note on from the doctor saying you have to fill this in. We didn’t know anything about it, we don’t know why he wanted it filled in or anything.

[IV] Did you fill it out?

[P] No. Sent it back. I do enough without doing his job, and he gets paid more than me.” (Qualified Teacher Phase two)

Despite this lack of joined-up working and the challenges the work presented to professionals, there was evidence of limited extended multi-agency working. As discussed in the introduction, in 2009, New Town had reorganised their structures in an attempt to enhance multi-agency working. The professionals in New Town worked within a model of multi-agency working and discussed this in a positive light, but this was often limited to professionals with whom they had direct contact and were co-located with. This created new working groups, that were multi-agency in nature, but failed to go beyond their own geographical area of work.

“I suppose again it’s down to integrated working, it’s quite helpful now, even before we moved to the new build I had my own office and the Connexions staff that were there were in a different area of the school, the youth club was in a different area of the school. Whereas now we can have this conversation, sort of do you know this child, does he come to youth club could you mentor him because he hasn’t got a male role model. There are those informal conversations that you can have. Earlier in the week when the Connexions Advisor, she works predominantly with year 11, but I was able to say presumably now she is starting to build case work with year 10 so I was able to sit with her and discuss what I knew from year 10’s here and she would say thanks that’s really helpful.

Because normally she wouldn't have that information till July but now she's got it in May." (Educational Welfare Officer, phase one)

As has been demonstrated, many of the respondents acknowledged the benefits of joined-up working practices. However, this was often constrained and, having to work in this way caused frustration and difficulties for all of the respondents. In relation to this, the notion of joined up working practices will now be extended to partnership working with parents and young people.

Partnership Working with Families

The majority (N=24) of the professionals, working in education settings and children's services in phase one, claimed that they had completed the CAF with the involvement of the parent, often, this appeared to often be little more than a gesture of compliance with current guidelines. Rather than spend time meeting and discussing the form with parents, these professionals, in phase one, often stated that they had completed the form in the absence of the parents. Involvement was often understood as the parent signing a form that was presented to them as a complete piece of work. Alternatively, parents were requested to add missing information to the form and then sign it. Frequently, the professional assumed that, the form had been signed, the parent was happy with it. There was very little communication as to what the CAF form was or meant.

"Yes just mum, not to a large extent we sent the CAF to her to have a read through to see if it was ok which she changed a little bit. She signed it, she was happy." (Qualified Teacher, phase one)

"I hadn't been able to get the CAF signed by mum because I couldn't contact her …A pre-CAF had been signed so it was agreed by all the members around the table that we would be able to continue " (Education Welfare Officer, phase one)

Some professionals working in education settings, throughout both phases, did communicate well with parents, but, owing to the length of the form they did not have the time to spend with families to complete all of this. On these occasions, these professionals completed as much as possible and then informed parents that they could remove or change information if they wished.

> "I got mum in and we went through it section by section. I made it very clear to mum that if there was anything in there that she felt I had written that she didn't want to go through, or she felt was untrue or was exaggerated she could delete and at any time she could add what she wanted to. So it was a joint process but obviously because it is quite an in depth and long form it is very hard to sit with the family and complete the whole thing together so I tend to put the basic structure in first of all and then work with the family." (Qualified Teacher, phase one)

Alternatively, teachers and Education Welfare Officers did not always take the time to discuss the needs of the family with the family. Respondents in phase one commented that they phoned parents, wrote to them, or, at best, invited them to the setting for a short meeting. They also used the requirement of signing the form as a method of coercion. Professionals, working in education, repeatedly stated that for the family to be able to access support, they had to sign the form. Although participants, in phase two, were not required to discuss specific cases, they did comment on including parents within the referral process. The practices mentioned above were replicated in phase two data.

> "Yes just mum not to a large extent we sent the CAF to her to have a read through to see if it was ok which she changed a little bit. That was at her request and she signed it and wrote a little comment in it as well. We also had a meeting with her where she raised a comment and we changed it and signed it, she was happy." (Qualified Teacher, phase one)

One participant in the study, a family worker who took part in the group interview in phase two of the data collection, explained how she used the Parenting Concerns questionnaire when completing the CAF. She explained that using this enhanced the CAF process by promoting discussion with the parent. The family worker also used the parents' answers as a basis for completing the questions on the CAF. She was able to identify which areas of the assessment required deeper and more detailed discussions. This also enabled her to start conversations with the parent in a more relaxed manner, which enhanced the discussion.

> "I also use the Parent Concern Questionnaire when I'm doing the CAF, so the parent's views are very much involved in the CAF process because obviously there's some reluctance sometimes around the CAF process." (Family Worker, phase two)

Barriers were additionally faced in engaging the young person with the CAF form. These often stemmed from teachers' and Education Welfare Officers' preconceived ideas about the young person being involved in the referral process and completion of the CAF. Respondents, in both phases, took the view that the young person either would not want to be involved or that they would become disruptive and not engage in the process. In these instances, the professional, in the education setting, took the decision not to involve the young person. Professionals, in schools, made this decision without asking either the parent or young person whether or not they wanted to be involved with the assessment.

> "Usually yes I would say, apart from this one, I would say yes, but unfortunately she [young person] is not extremely co-operative. So she would probably just say I'm not doing it I don't need it der der der and she would just walk off. So we wouldn't have got anywhere by doing that, so usually yes" (Qualified Teacher, phase one)

This particular professional, similar to others who took part, was very keen to convey the message, that on most occasions, the young person would be involved. The professional seemed to want to affirm the fact that she did follow the guidelines on most occasions, almost as though she felt that she had been caught out in some way and needed to corroborate what the normal procedure would be. Yet, she had made assumptions about the young person, and whether or not they would have engaged, without giving them the opportunity to do so.

Where young people were concerned, these strategies were evident throughout the data. In addition, professionals, such as teachers, Education Welfare Officers and Family Workers, often did not request the input of the young person. Within phase one, twenty-two (78 per cent) of the professionals stated that the young person had not been involved in the completion of the CAF. The professionals viewed the absence of the young person from the discussions as a positive aspect of the process. Young people were often seen to be disruptive and uncooperative, which made the whole experience difficult for all involved. Further professional experiences of the referral process will be discussed in the final section of this theme.

> "She [young person] didn't want to there is a section that says what do you want to do? blah blah blah but she didn't want to [be involved]. On the whole mum has been [involved], [young person] was uncooperative for the majority of the time" (Educational Welfare Officer, phase one)

Supplementary to this, the professional's role of supporting the family became blurred for professionals who had an enforcement role. This differs to the point made earlier, as this was more apparent for Educational Welfare Officers and was directly related to this role. These professionals started their contact with the family in a very supportive role, in order to coax the young person back to school and to facilitate the parent in this. Two of the Education Welfare Officers in phase one commented that they had collected the young person in the mornings to ensure that they got to school. In spite of this, if the attendance did

not improve, the Education Welfare Officers stepped back from the situation and withdrew any supportive activities. This became a conflict for the Education Welfare Officer working with the family, as they were trying to be supportive to the parents to engage them in the referral process, whilst they were also being encouraged by their line managers to start the prosecution process at the earliest opportunity. Once this process had been completed the Education Welfare Officers could then proceed with more supportive practices.

> "The day I issue what's called a caution letter that's very clear to them that although we're a supportive agency the likely outcome, if nothing improves, is that it will go to court. Now the managers prefer us, in some respects, to get the court process out of the way because then we've done our statutory duties and then you can look at more supportive measures that have been done up to that point. But if we do, it sometimes does get difficult because you go so far down the line we're doing referrals to this, that and the other and it's not making any difference. That makes it difficult to stand up in a court because then they've [the parents] got all the evidence that they've got all this stuff going on with their families and with the school and with everything else, that they come out with. If you don't get the court process done it will get involved into a whole thing and it can go on for months, and months, and months with no progress and I think you have to, you know, what I intend to do is be quite clear with families I'm here to support you. I'm here to support your child; I'll do everything I can to help to make things better, to get them attending school regularly to make things better. However, ultimately it will end up in court so don't make the mistake of thinking I'll be a friend because you have to sort of make that distinction don't you?" (Educational Welfare Officer, phase one)

Rather than take preventative action with the family to reduce costs, this approach adopted an enforcement tactic to progress court action. The

Education Welfare Officer quoted above went on to comment that it was unfortunate that the families did not see the work as being supportive. These conflicting roles and working practices resulted in the respondents finding it difficult to engage parents in a partnership, in order for them to support them and their needs.

Professionals' Experiences of Working with the System

The final aspect of this superordinate theme is how the professional viewed the process itself. As has been demonstrated, there was evidence of a number of frustrations and barriers, with which all of the professionals were faced with, to varying degrees. All of the professionals, in phase one and phase two of the data collection process, discussed annoyances with the process itself, as well as fellow workers with whom they were required to engage. However, despite these barriers and hindrances, respondents in phase one viewed the success of the referral experience on the outcome for the family. Respondents, in both phases, commenced the referral process and completed the assessment, often with a particular service in mind. They were aware of their perceptions of the underlying problems, as well as the needs of the family and entered the process with an ideal solution. Whether the professional viewed the experience of the process positively or negatively was dependent upon this scenario. If they had managed to secure the required outcome, or engaged the required external agency to work with the young person, this was deemed to be a positive experience. If the young person had failed to meet the required threshold to access the service, or the professional had not secured what they perceived to be the desired outcome for the family, this was seen to be a negative experience.

> "With this case I was completely satisfied with the outcome but other times I have not been satisfied at all. Sometimes I am very happy sometimes not. Well there was one case that I referred and I was incredibly worried about her but because she had an allocated social

worker they said that we don't need to have a [multi-agency panel meeting]." (Educational Welfare Officer, phase one)

"That particular one was good. I got everything that I wanted." (Housing Tenancy Officer, phase one)

If the outcome was seen to be inadequate, all of the respondents, in phase one regardless of their professional background, were disappointed with the process. Additionally they were dissatisfied if, as a result of the panel, they either had additional tasks to complete, in order for the family to access support, or they felt the advice from the panel was ill informed or inadequate.

"They [the multi-agency panel] suggested that I find a parenting course so they were not very forthcoming with the information. They said about mum doing some voluntary work in the community so that her and her daughter can do some bonding together. But I'm sure they can find some other ways of bonding together rather than going to help out in the community." (Qualified Teacher, phase one)

This subordinate theme has established how the professional viewed a positive or negative outcome of the referral process. This perception often encompassed the original purpose and outcome of the referral. A positive professional experience was directly related to the outcome for the family.

Summary

This chapter has discussed the referral process and the professionals' experience of this. It has explored specific aspects of this process, including multi-agency working, partnership working with families and the lead professional role. As has been demonstrated, there were a number of barriers and difficulties with each of these characteristics of the process. Regardless of professional background, these frustrations were often replicated throughout both phase one and phase

two of the data collection period. However, some of the findings were specific to groups of professionals or the data collection phase.

The professionals, in phase one, who worked in 'enforcement agencies', such as Housing Tenancy Enforcement Officers and Community Safety Officers, all believed that they should not have to engage with the CAF form. Additionally, these professionals found the CAF form difficult to work with and were unsure about the completion. Similarly, Family Workers and some of the Educational Welfare Officers, in phase one, did not fully appreciate their involvement in the process, believing that once the multi-agency panel had met, their involvement ended and the family were no longer a part of their remit. These professionals also saw this as a positive outcome in the process. Positives outcomes, for all of the professionals in phase one, were generally seen as the young person being able to access the service which the professional had hoped for when completing the CAF.

Three years had passed between the data collection in phase one and phase two. During this time period, there had also, seemingly, been an increase in the completion of the CAF for some of the settings involved. Teachers who were working, in what they referred to as, areas of high deprivation commented that they were struggling to manage the workload, resulting in some having to employ new members of staff to alleviate some of this workload. This situation was only seen in phase two data and was not evident in phase one. In contrast to this, difficulties with multi-agency working and joined-up working practices were evident across both phases of data collection. This was in addition to problems with engaging families in the completion of the CAF.

The discussion of these frustrations and complications will be further expanded in the following chapters. Barriers and constraints, which professionals faced and were unable to overcome, will be discussed in the following findings chapter.

Chapter Seven: Findings- Constraint within the Process and Barriers to Access Services

Chapter seven explores the constraints and barriers, which the respondents faced within the 'referral process'. The constraints detailed here are in relation to the financial and political climate apparent during the time of data collection. These difficulties were, on the whole, insurmountable as reported by the referring professionals. Therefore, this chapter will focus on specific constraints with the process, which professionals encountered throughout the referral and CAF process. These restricted all of the professionals, in phase one and phase two, in a number of different ways. They include the relevance of time, which hampered all of the respondents in a variety of ways, and the increased need of families and young people, which were impacted upon by the increasing of thresholds of services. In addition to this, the limitations all of the professionals experienced, due to their own lack of knowledge in regard to local service availability, will also be covered. This aspect was exacerbated by the constant reduction of services, brought about by the funding cuts that were apparent within the time of the data collection period.

Time

Time was a constraint, in a number of different ways, on all of the professionals, working within the 'referral process', throughout both phases of data collection. These include the length of time it took for the case to progress through the system, as well as the amount of time it took for the respondent to arrange and organise meetings with colleagues and professionals from external agencies, and how long it took for the young person and family to access services.

The time in which professionals took to complete the CAF form, in phase one, varied greatly, ranging from twenty minutes to five months, with the most common amount of time spent being one hour. One professional indicated that

the CAF had remained unsigned by the parent for two years thus further delaying the 'referral process'. This particular CAF was revisited and updated before the meeting, once the parent had agreed to sign it.

> "We completed the CAF two years ago but mum refused to sign it as she had a bad experience with [service provider] previously. We filed the CAF and have revisited it now, so we have updated the information and she has agreed to sign the form so that we can send it to the [multi-agency] panel." (Qualified teacher, phase one)

An additional CAF was completed, by a different teacher in phase one, in March of 2011, but had not been presented at a panel meeting until July 2011. There was no explanation as to why this had been delayed within the process.

Whilst some professionals, in both phases of data collection, found the task onerous and time-consuming, others found this time spent with families useful.

> "In terms of the actual CAF I actually find the CAF very useful in terms of the actual information, it is very time consuming but the CAF is worth doing." (Family Worker, phase one)

Similar to this, in Middle Town where the CAF had been replaced by the Early Help Assessment form, whilst some welcomed this change, one professional commented that although the new form was shorter and was less time-consuming she missed the use of the CAF form. She stated that she found the questions, contained in the CAF, useful in focusing the discussion, while also promoting conversation with the parents. This professional had reintroduced some of the questions that had been removed from the CAF form.

> "Well I've always had very positives and I started using the Common Assessment form when it was an extremely lengthy document. I think it took up to two hours to do the first one that I ever did… I bring some of the questions back. I know that some professionals and certainly within

> the medical professional they haven't got as much time, but I mean if you do it after school you can actually choose to use as much time as you want and if it's worth adding those questions I think it's worth putting them in." (Qualified Teacher, phase two)

Due to the length of the CAF form, respondents, in both phases, commented that using this as a referral mechanism lengthened the process for families and delayed their access to services. This led to difficulties and problem behaviours escalating, causing further anxiety to parents.

> "Early intervention is always key to any of these problems and if the referral system takes so long to do. You know the CAF is seventeen pages long, by the time you have gone to [multi-agency panel] and by the time people have started working with them you could be months down the line and they could maybe have been arrested in that time and they could have done anything else and it's making sure that the agencies carry through on their actions so even if they are agreed at [multi-agency panel] some people are very slow to do anything with them." (Community Safety Officer, phase one)

The time-consuming nature of completing the CAF deterred all of the professionals from using it to access services. Respondents, in both phases, commented that rather than take the time to meet with parents, talk to colleagues, and gather the relevant information to complete the form, they would look for alternative options to access support. These alternative strategies of accessing support and services will be discussed, in further detail, in chapter eight.

> "Firstly, I find it really difficult because the number of pages that you have to fill in to start off the CAF form just takes so much time, that the first instinct when anybody mentions the CAF is that you don't really want to

have to do it. It's very repetitive, and the version that we have to do for [District Town] repeats things constantly." (Qualified Teacher, phase two)

However, in contrast to this, the members of the group interview, held in phase two, remarked that they preferred to take time over the completion of the form. They liked to meet with the parent in their home, rather than the setting. They believed that this created a better relationship with the family, enhancing trust and honesty between the two. The professionals, taking part in the group interview in phase two, perceived that this situation engaged parents in a more positive way.

> "I prefer to do CAFs over a couple of stages and especially, for me, I find it better to do it in the family home because the parent, the family, they're just all more…it's their space, they are absolutely in control. When I've tried to do CAFs in an office I just feel that maybe they feel that they're not in control, it's my environment." (Family Worker, phase two)

A supplementary concern for a small number of Family Workers, in phase one, was the amount of time that they perceived they were able to devote to the family. Building a trusting partnership takes time and some professionals, in both phases of the data collection period, acknowledged this. They wanted to spend time to build this relationship, in order to complete the form in a comprehensive manner, but felt that they were unable to do this due to other work and role constraints. This included their responsibilities to other families, as well as work colleagues. These respondents, working in schools, felt that it was not only important to themselves, but also to the young person and family, that this would enable the parents to understand that they were a priority to the professional, with professionals devoting an appropriate amount of time to them. It was believed that if they were not able to spend this time at the first appointment, the professional had to start again from the beginning to build the trust at each subsequent meeting. This was both arduous and detrimental to the building of a trusting relationship.

> "I was a bit annoyed that I couldn't complete it in the way I wanted to complete it because this woman was at the end of her tether, I needed some time to be with her. I didn't have the time to be with her, that I wanted; she was "oh they want you again, they don't care about me, they know you're doing this and yet they are ringing you." You know I felt bad because I had to go. I would have liked to just have, when you're doing a CAF it doesn't matter how long it takes just to have that time because sometimes that's the only time you'll have for them to really let it all out. Sometimes going back a second time they've closed up they can't be bothered or even to make the appointment again. It's a hard to get them to get the time to do it so if I can do it in the one sitting I would do it in the one sitting. It would be better but that's been impossible I can't do it in one sitting because I'm not left alone to do it." (Family Worker, phase one)

Further to the time constraints involved in completing the CAF form and engaging parents in this process, all of the professionals, who considered themselves to be the Lead Professional for families, commented on the time constraints of this role. This created great difficulties for the referring professional. The respondents, in both phases, who assumed the role of lead professional, found this role extremely time-consuming and onerous. This additional role took up valuable time in arranging meetings with other professionals and agencies, communicating with parents, and organising services. As has been noted in chapter six, some settings required additional staff in order to support the professionals who were the lead professional for multiple families.

> "Just a paperwork role really. You're basically running round after other professionals trying to get reports, or trying to get them to come in to do the work you want them to do. I now have a TA that helps me with the paperwork because it's getting ridiculous. Me as SENCO sat there filling

> in paperwork and trying to chase people to say are you coming, can I have a report"? (Qualified Teacher, Phase two)

This same respondent recognised that time was a luxury that other professionals, working in alternative agencies, also did not have, which was why they often did not engage in the process. She understood, as did other respondents in both phases, that other agencies and professionals also working with the family did not have the time to dedicate. However, the lack of joined-up working was disruptive and made her job difficult.

> "That was a job, sending out invitations, and then people can't come so you're trying to send out reports. I don't blame them for not coming because to be in a certain place for half an hour on a day when you're all over the place. We only get a finite amount of ed-psych time, and last year the infants for some reason didn't get any, so for them to come in and attend a TAC is unrealistic really." (Qualified Teacher, Phase two)

Time was also a particular concern for professionals, particularly those in phase one, who worked part time. These professionals not only had to take the time to complete the lengthy form, but like their full time counterparts, they also had to dedicate time to attend the multi-agency panel meetings. In New Town, the multi-agency panel meeting was held on the same day every week. This was a particular concern for those who did not work on the scheduled day of the meeting. These professionals were unable to attend the arranged meetings and, therefore, had to organise for a colleague to take time out of their working day to attend the meeting on behalf of the referring professional. This, additionally, resulted in the referring professional not being aware of the outcome of the meeting. For some, it also meant that they had no knowledge of the panel discussion or outcome. One Education Welfare Officer commented that she did not want to attend a particular panel meeting, but felt that she had to as her colleague had resigned from her position and "there was no one else to do it." She was reluctant to disclose her reasons for this, commenting "I think I've said

enough and shouldn't say anymore", but had felt uncomfortable with the position in which she had been put, referring to the experience as "horrible" (Education Welfare Officer, phase one).

As has been demonstrated, time was central, in a number of diverse ways, to the professionals' work. This impacted on the professionals' experience and the way in which they interacted with fellow professionals and families. Parental involvement and engagement was also seen to be restrictive to accessing services and working with the professionals. This has been touched upon in chapter six, but will also be discussed, in more detail, in the next subordinate theme.

Parental involvement

Working in partnership with parents is fundamental to completing the CAF and providing family support. However, not all parents are open to this kind of trusting relationship. This constrained all of the professionals, regardless of the phase of data collection or their professional role, in various ways. Respondents, in both phases, commented that this lack of trust and openness impacted on the extent and detail of the information the professionals were able to include, as well as the completion of the form itself. A tenuous relationship between the parents and professionals repeatedly resulted in young people not being able to access much needed support services. This was especially true if the parent refused to sign the completed form. Although the creative ways in which some of the more experienced professionals managed to circumvent this situation will be discussed in chapter eight, other professionals, especially those who were less experienced in phase one, were not able to facilitate the 'referral process' in this way. These less creative professionals had little choice but to abandon the CAF itself, or file it, until the parents reached a point at which they were willing to engage.

> "Sometimes it can be difficult, because we do have parents that we'd quite like to do CAFs on and then they don't engage, which is another thing, and obviously without the parents there's no point doing a CAF form." (Qualified Teacher, phase two)

Further to the difficulties with engaging parents, all of the professionals were also constrained by the questions on the CAF form itself. Participants, particularly Tenancy Enforcement Officers, Family Workers, Community Safety Officers, and Education Welfare Officers in this study stated that, on occasion, they did not know how to approach some of the questions on the form. This was due to the questions having a very personal nature and having to delve into the private lives of the family. Respondents across the study, including the more experienced participants, struggled with the intrusive nature of the questions. The members of the group interview collectively commented on the questions and the difficulties faced with posing these to parents.

> "I think it depends on the relationship that you have with the family and the child. (Family Worker, phase two)
>
> Well it does. Some of those questions. (Qualified Teacher, phase two)
>
> Really delving, aren't they? (Qualified Teacher, phase two)
>
> Cor, dear me. Psychological illness. If they don't tell you, they don't tell you, but they are asking questions that, like you said, if you don't know them very well or they don't feel comfortable with you then you've no chance of getting that in any way that would be productive to whoever else was going to read it at the other end. (Qualified Teacher, phase two)
>
> Also not only for filling it in but for tapping that information out of somebody. It's quite a daunting experience when you first start and you ask those private questions if you're not experienced in doing that. (Family Worker, phase two)

> But yeah, it is though, just making that parent, trying to make that parent feel as comfortable as possible, so it's just like run of the mill questions really. Some of them, they are really personal questions but it's just about how we can engage them in that and make them feel comfortable." (Interaction between various professionals, phase two)

One teacher commented on how useful the questions could be, to promote discussion. This included facilitating the conversation and empathy between the parent and young person.

> "It made the parent realise some of the issues that the child was going through and in fact the initial start of mending, a kind of breakdown in the relationship started in that, you could see it working. You could see the mum going, "I didn't realise you felt like that." So from that point I think it has huge benefits." (Qualified Teacher, phase two)

Added to the difficulty of the invasive nature of the questions, all of the professionals also struggled with the parents' comprehension and understanding of the questions. This restricted the information that the professional was able to include on the form.

> "Always when I complete the CAF I do involve the parents. We come from a very deprived area and some of our parents just don't know the answers to some of the questions, they can't remember things, don't really know." (Qualified Teacher, phase two)

Professionals, throughout the two phases of data collection, also had to negotiate the completion of the form with what they knew to be limited information. Many of the professionals, regardless of their professional background, were often in possession of more detailed anecdotal information about the family than the parents were willing to share. This knowledge could have come from either their own observations of the family or information which had been shared by colleagues. Although all of the respondents were aware of

the relevance of this additional information, they were not able to include it in the assessment without the parent's consent. This resulted in the form lacking in pertinent, detailed information. There were also occasions in which the professional suspected there may be further information to be shared, but the parents were not forthcoming with this.

> "But other people, even though I know there are things going on because of Police information that we have. They choose not to share that with me which is obviously their choice." (Housing Tenancy Officer, phase one)

> "On the front page of the CAF you are asked to list all of the agencies that are involved with the family but this list can only be complete if the family are co-operative and tell you all of the information that you need and also based on your own, sometimes limited, knowledge. For instance, if the family are involved with YOT or if there is a family member currently in prison there is no way of checking if the family have told you everything… Mum's mental health for example she must have been assessed in the past, that I don't know about and there is also no birth father listed so we don't know anything about him." (Education Welfare Officer, phase one)

This lack of both information and parental involvement was obstructive to the professionals and, on occasion, resulted in young people not being able to access services. These types of non-engaging behaviours, which were displayed by parents, additionally impacted on the information that was included within the assessment. This was regardless of the professionals being aware of additional information that was relevant to the case. Furthermore, all of the professionals were constrained by the lack of available resources.

Resources

Lack of resources was evident in the narrative of all of the respondents in a number of ways. During the time of the data collection in New Town, the UK was in a time of recession and related funding cuts. These funding cuts resulted in a dearth of available services for the professionals to access. A paucity of services was further exacerbated by the participants' poor knowledge with regard to service provision, and availability within the local areas. This was also apparent when professionals were trying to deal with complex cases and unaware of appropriate support services. Further to this referrals and suggestions were made at the multi-agency panel meetings but were subsequently rejected by the service itself, due to lack of capacity or resources. Just as financial constraint was particularly prevalent in phase one, these restrictions continued to be evident during the time of data collection in phase two.

> "There are times, now that funding is being pulled, that we are having less and less to call on. Even over the last year there were a number of agencies that are now no longer in existence, so it's gone from being very well provided to obviously with the economic situation and difficulties that have arisen to, unfortunately, many services are being pulled and I think there's going to be a serious knock on effect of those services not being there any more." (Family Worker, phase one)

The political climate and austerity measures created a lack of knowledge of available services throughout the local authorities. Services were being reduced and frequently disappearing. During phase one the multi-agency panel in New Town were also, on occasion, unaware of limitations to services and reduced accessibility.

> "They suggested somebody from Connexions to pick up. But unfortunately Connexions are quite a reduced service now and they are

> probably looking at supporting young people going through the transitions from High School to further education and employment, rather than further down the years" (Qualified Teacher, phase one)

The financial constraint on services concerned all of the respondents in both phases. They were anxious about the lack of options and commented on services that had been available in the past, as well as services that were reducing their numbers or tightening their remit. Professionals in both phases of data collection, regardless of their professional background, had very few options as to where they could refer the young person.

> "I think, well there was plenty [services] and I am very concerned now with budgetary constraints, how that has been reduced and the knock on effect to those children. But in general I think if you ask any EWO we are concerned about the level of cuts to services. I found [service name] for instance really good at engaging young people but that's gone." (Educational Welfare Officer, phase one)

The lack of available resources also impacted on the way the professionals working in education settings, in phase one and phase two, used the CAF form. They commented that this informed their decisions as to whether they should take the time to complete the assessment or to 'monitor the situation'.

> "It is actually what happens then, that is the problem and increasingly as there is fewer services on offer that's when you would question if it is worth pursuing further. I might do the CAF without referring it on. (Family Worker, phase one)

Similarly, professionals in phase one commented that the agencies, to which they were referring, were also seen to change their practices. Reduced services caused changes to delivery and engagement. For those families that did engage in a timely manner, with the service, they received a reduced level of support. Professionals from the agencies, while still providing support, were seen to

reduce their contact with the family. This was thought to be as a consequence of diminished staff numbers and increased caseloads.

> "But I mean the thing I find is once they are engaged, for a lot of the services they'll just see the family every so often, and it could be every eight weeks, it could be every six months, and then you get a report, and more often than not that's it." (Qualified Teacher, phase two)

The modifications to practice were more severe for the young people or parents, in phase one, who did not engage within a short period of time. Services were seen to halt all contact with referred families if they were not engaged following a limited number of attempts. Respondents, particularly those in phase one, felt that due to the lack of funds, this put availability of services at a premium. If after the service had contacted them once or twice, families were perceived as not engaging, then they were deemed to be non-engagers, and thus were not contacted again. The families lost the opportunity and their slot within the service; this was reallocated, very quickly, to another family in need.

> "It is hard and people, especially in these times with added pressures, are very close to that's my boundary that's all I can do you know they didn't engage that's it. I'm not bothered with them now." (Community Safety Officer, phase one)

This respondent went on to express her frustration with agencies' views on their own service remits.

> "It's making sure that the agencies carry through on their actions so even if they are agreed at [multi-agency panel]. Some people are very slow to do anything with them [family or young person] or think that it's not within their remit or they do one visit and think it's not up to them to deal with, whereas other agencies may think that social services or the mental health team are best placed to deal with it as it's not within their remit. It is hard and people, especially in these times with added

pressures are very close to that's my boundary that's all I can do." (Community Safety Officer, phase one)

Respondents, in both phases, who worked within education settings had to work with very complex cases with high levels of need. These professionals felt very limited in their own capabilities and resources. If they were lacking in experience or training in particular areas, they felt ill-equipped to support the family in the areas that were required.

> "It was to do with domestic violence and the father hadn't really been engaging, and they have transferred to Team Around the Child. But that's become really difficult because I can't offer things to do with domestic violence, it's not something that as a school we have much training on or know where to signpost people to, particularly." (Qualified Teacher Phase two)

Respondents, in both phases were additionally constricted by their own, limited, knowledge of support services. Declining service availability further reduced this knowledge.

> "My remit is dealing with Anti-Social Behaviour but I'm sometimes the first person that young people and parents see, as they've not been involved with youth services before. So I'm filling in forms and there are probably loads of services that I could refer them to but because I don't know all of them it's just like well I'm not going to know which one to refer them to." (Housing Tenancy Officer, phase one)

Further to this lack of knowledge, the financial constraints of the austerity measures additionally affected the professional development of all of the respondents in the study. This impacted on their ability to support families and parents. If they had been given the opportunity for further training before the time of the funding cuts, it is possible that this could have alleviated some of the difficulties with which they were ultimately faced.

> "I think that was an expectation, at one time, that we would all be trained to deliver parenting classes. But obviously now our core work has had to change to meet the needs of the services and to meet the needs of the schools, so actually is it part of our core work to deliver parenting classes. That would be questioned at the moment in this climate." (Educational Welfare Officer, phase one)

Lack of services or organisations, which were closing due to cessation of funding, created particular problems for respondents working in New Town. During this time one key service was forced to disband, as they were not commissioned to deliver further work at the end of their contract. This situation occurred very quickly for both the referring professionals and families with which the service was working. Indeed, the multi-agency panel was seen to continue referring young people to the service less than a month before it was disbanded. For many of the families concerned, there was limited handover of the cases; some of the respondents in New Town were not aware that the service was no longer available. Despite them not being aware, being the lead professional meant the onus was on the respondent to find alternative service provision. The result of this situation was that many young people were left with little or no support and had to rely on help that the school could provide.

In phase one, this reduced availability of resources impacted directly on schools. If the young person failed to meet the threshold for services, schools were expected to fund further support. These respondents, working in schools in phase one, commented that they had to persuade their senior managers to fund services or alternative education provision for the young person. These extra costs had financial implications for the schools, but, sometimes, existing school resources, such as sports clubs and social clubs, were utilised in order to provide low levels of support. However, this type of support was often insufficient and inappropriate for the needs of the young person. Where it was deemed that the young person may need a higher level of support, sometimes the school would

agree to fund an external education provision. Schools viewed this funding as a 'privilege'. In a similar way to externally provided services, the funding was made available for a set period of time. If a change in the pupil's behaviour or engagement was not observed, later funding was severely restricted. Professionals additionally noted that the reality of funding, provided by schools, was only available for pupils who were experiencing specific difficulties. If the presenting problem was an issue with attendance, the school would not fund support, but if the pupil was experiencing bullying, or social and emotional issues, then they were more likely to receive funding, from the school, to access outside support.

> "Just because of the young person's behaviour… leading to a very high risk of exclusion. Now the school is paying a considerable amount of money to have the young person educated off site." (Qualified Teacher, phase one)

> "There are different categories really, there are the children that are funded, from the school. There are probably three or four from here, who due to their behaviour they are being funded to attend provisions. Now the idea of those is that they will go for a half term or a term, they would have some behaviour modifications and work catch ups to enable them to come back and probably three out of four will probably come back. Touch wood, they will have either not enjoyed being out on provision, so will want to make a go of school or they'll play it the other way, they've enjoyed being out on provision so they'll start playing up again. Thinking they'll get out on a further provision so that's one category, or you'll get the ones who maybe have been totally excluded. The academies are under a lot of pressure not to permanently exclude, so the permanently excluded pupils they come in under the Behaviour and Tuition Services and they will then try to find them alternative provision." (Education Welfare Officer, phase one)

The lack of resources, evident in the time of the data collection periods, was restrictive to the professionals and their work. Services were reduced through lack of funding and staffing. This impacted on service availability, as well as the opportunities families were given to engage. Further to this, the need for support was seen to increase, which, additionally, impacted on service availability. This will be discussed in the following subordinate theme.

The Consequences of Increased Thresholds and Need

As has been demonstrated, all of the professionals wanted to address difficulties early, but were being prevented from doing this by a lack of resources. Services were reducing which left professionals with very few referral options. Tier 2 and Universal Services that were available were seen to be redefining and refocusing their remit. This resulted in increased thresholds and decreased availability. Professionals, within phase one and phase two, recognised that available services were working to capacity, which created long waiting lists, and demanded time which families often did not have. Due to a lack of a variety of services and resource availability, there was an increase in need. With a reduction in services, all of the professionals were obliged to refer to a limited number of agencies. This resulted in an escalation in waiting times to access the service. Waiting lists were seen to increase, resulting in families having to wait for extended periods of time to access much needed support.

> "The problem is that as volume increases thresholds are also increased which creates more gaps in provision." (Education Welfare Officer, phase one)

Whilst all of the professionals understood that the constraints were due to the financial climate, they had to cope with complex cases, whilst waiting for the appropriate service to have the capacity to deal with the family.

> "You might have a waiting list but that's only because there's financial constraints for them, you know, they only have so many bodies. I think

within Middle Town, well I'm sure in every county, the demand is greater than the facility." (Qualified Teacher, phase two)

The reduction in service availability increased waiting times and also the restrictions surrounding access to service users had an impact on the referrals. Professionals, particularly those in phase one, were not able to access services that the young person and family needed. The respondents, in both phase one and phase two, found it especially difficult to access health and Child and Adolescent Mental Health services, as the thresholds became so high. What aggravated this situation further was the lack of early intervention services that were available, also due to funding cuts. Further to this, if the young person had accessed certain social care services, this denied them access to other needed services.

> "You have to hit a certain criteria… the moment a family is involved with Social Services then that means that for example [service] won't get involved, if they are on the child protection register side because of the issues. There's one part of me that can understand why that is and there's another part of me that thinks that the child is still in the situation and still needs support." (Family Worker, phase one)

These high thresholds also created extra work for the referring professionals, as there was no other service on to which to pass the young person. Many of the professionals, in phase one, commented that despite them referring the young person to the panel, they remained the only professional who was supporting the young person. Those in phase one believed that they left the multi-agency panel with more work to complete and were expected to contact services themselves for the young person to access.

> "I do all the CAF you know and obviously certain services have to go through CAF to be referred. But the bottom line is I would say on about 95 per cent of the CAFs I have done, have come back to me to do the

actions, do the referrals, do the back log so it does create a lot of work at the end of the day." (Educational Welfare Officer, phase one)

Increased thresholds and lack of lower level services had a huge impact on the availability of services, as well as the referring professional. This led to an increased workload for the professional as well as young people and families not being able to access much needed services. Young people, who were perceived to have mental health issues, were not being assessed and not able to access services, due to the high thresholds that had been imposed on services as a result of the political climate of austerity.

Summary

This chapter has explored the constraints that professionals faced when attempting to access services. All of the professionals in the study were unable to overcome many of the barriers discussed here. This was evident for all of the professionals across the two phases of data collection. Time was a constraint for all, albeit in diverse ways, as were the difficulties with parental non-engagement. Parents who refused to sign the form created barriers to services, throughout the data collection periods, and for all professionals, regardless of their background.

Similarly, a lack or shortage of resources was also a common problem throughout the two phases of data collection. However, this was more prevalent in phase one. This could be owing to the severity of the initial funding cuts that were enforced during phase one. This could also be owing to a key service provider losing their funding in New Town and ceasing to provide a crucial service for this age group. This closure of service had a serious impact on service provision in New Town at this time.

The following chapter will detail the working practices, which were adopted by the professionals so that they might be able to overcome some of the problems they faced. In order to circumvent particular barriers within the process,

professionals required a certain amount of practice experience and knowledge, both of which will be explored in the next chapter.

Chapter Eight: Findings- The Relevance of Professional Knowledge

All of the professionals, across both phase one and phase two, who took part in this study demonstrated concern for the families and young people with whom they were working. This was apparent, throughout the data, as were empathy, professional commitment and frustration with the process. However, for the professionals, in phase one, who did not traditionally work in caring roles, such as Tenancy Enforcement Officers and Community Safety Officers, having to work with processes in which they had very little training and knowledge, was both challenging and frustrating. It was evident from the individual narratives that these professionals, as well as other respondents, did recognise the strategic significance of the use of the CAF, particularly in terms of outcomes. However, they did not know how to work within the system to gain the required outcomes for the families with whom they worked.

This chapter seeks to address each of the four research objectives. It will commence with the results of the document analysis. The theme, explored in this chapter, will then go on to consider professional knowledge and discusses how professionals navigated the system to access the services they desired, engage families, and endeavoured to keep the young people with whom they were working, safe. Several sub-themes will be considered:

- Training, which explores the importance of professional training, in the context of basic, role-specific, professional training, as well as, the practice training opportunities to which professionals had access, with regard to the CAF.

- Practice Experience considers participants' own practice experience and how this was utilised within the referral process; this theme, additionally,

explores the implications of lack of experience for those professionals whose remit was not working with children, young people, and families.

- Negotiating Different Professional Perspectives explores practice experience and knowledge further, to discover how diverse professional knowledge and remits impacted on the system and the experiences of the respondents throughout the study. This subtheme also includes diverse professional opinions on the safeguarding of young people. The subtheme specifically deals with the question which was identified as an omission in phase one: Do you think the CAF process is able to capture any professional concern you may have in regard to a child or young person?

- There follows an examination of the creative ways in which professionals used the system, colleagues, and their practice experience and knowledge to circumnavigate the referral process, in order to gain the outcomes they required for the families they were referring.

Each of these subordinate themes will be discussed in turn.

Document Analysis

The results of the document analysis demonstrated the diversity between the basic training of a teacher and a social worker. Within the results of the document analysis, eleven teacher education courses provided a unit of study specifically covering child development or psychology, in three of these universities; the teaching was embedded in an Education Studies unit of study. This unit generally includes Sociology of Education, Child Development/Psychology, and Philosophy of Education. The remaining eight units of study specifically explored Personal and Social Development (N=1), Early Years Child Development (N=1), Psycho-Social Development (N=1), Health and Well-Being (N=1), Special Educational Needs (N=1), Theories of Learning (N=1), and Child Development (N=2), one of which was an optional second and third

year unit of study. The five PGCE and PGDE units covered Child Development (N=1), Education Studies (N=3), Child Welfare Issues, and Child Protection (N=1).

For all degrees, communication skills were embedded within the course. The analysis also looked for specific units or modules on communication with parents.

Table 12: Named units covering Communication with parents, Multi-agency working and Child Development on university courses.

Unit/Module	Course	N=
Communicating with parents	Social Work Undergraduate courses	70
	Social Work Post graduate courses	46
	Undergraduate Primary Teacher Education Courses	1
	PGCE/PGDE Secondary courses	0
Multi-Agency Working	Social Work Undergraduate courses	72
	Social Work Post graduate courses	45
	Undergraduate Primary Teacher Education Courses	2
	PGCE/PGDE Secondary courses	2
Child Development/ Psychology	Social Work Undergraduate courses	64
	Social Work Post graduate courses	29
	Undergraduate Primary Teacher Education Courses	11
	PGCE/PGDE Secondary courses	5

As can be seen in table 12, in regard to these areas, there were differences between the teaching in the social work and teacher training degrees. All of the units of study, listed on the Social Work courses, were specifically named as Child Development or Psychology, Multi-Agency Working, and Communicating with Parents units. These were delivered across the three or four years of study. Sixteen of the universities appeared to deliver initial, foundational teaching in year one, which was built upon in the following years of study.

Professional Knowledge and Training

The roles of a social worker and teacher would be viewed as being highly qualified and professions that work closely with children, young people, and families. However, the two clearly have different training opportunities, as well as educational backgrounds. Within a culture of early intervention, both teachers and social workers are now expected to take on similar roles in terms of

using referral mechanisms to access services, as well as the early assessment and identification of problems. Further to this, when there is a local authority requirement for a CAF form to be completed in order to access services, this potentially adds additional professionals, from diverse roles, who are expected to complete assessments with children, young people and families. For example within this study, Educational Welfare Officers, Family Workers, and Tenancy Enforcement Officers completed CAF forms so that the families they were working with were able to access support services. Many of the roles, listed above require very little formal training and certainly do not require the level of training that is required of qualified teachers and social workers. This situation created vast differences in the knowledge and experience of the professionals completing CAF forms. As will be discussed, training was found to be fundamental for all of the professionals who participated in the study and who had unmet training needs, but was more prevalent for those, in phase one, who lacked the core skills needed to complete the assessments. Completing a CAF form requires particular skills, such as empathy, understanding and identification of key problems. This is supplementary to knowing what the task entails and the information that the form requires. Lack of relevant knowledge was a particular problem for many of the professionals, particularly those (Tenancy Enforcement Officers and Community Safety Officers) who did not have, what they referred to as, a 'social care background'.

Although training courses, regarding the use of the CAF form, were available to all professionals, it was clear from the data that this training was often given low priority by all of the professionals within the study, regardless of their professional background and their line managers. Just fourteen of the professionals in phase one had been to a formal training session. The remaining fifteen, who were mostly teachers, had not attended for various reasons, including time constraints and they had been booked on a training session, but had been unable to attend and had not rebooked, nor had they been encouraged or provided with the time to attend training by their line managers. Four

professionals had received help and guidance from a colleague and so did not feel the need to attend formal training and a further one felt that "form filling" was a transferable skill, so she did not need to attend. Additionally, the training itself often did not meet the requirements or needs of the professionals who did attend. Two of the Tenancy Enforcement Officers, who had attended the formal training, commented on its quality and focus, expressing the opinion that it was very social care biased. They both stated the view that if you were within a role that did not have a social care or health background, then it was challenging to know exactly what information was needed to complete the CAF.

> "I went to a training session but it didn't tell you, it basically told you about the CAF process and why the CAF is there. Not necessarily how to fill it out or what answers they are looking for or what the actual questions mean... I think I would have preferred training on what the actual questions mean you know what the outcomes should be of the questions." (Tenancy Enforcement Officer, phase one)

Similarly, of the participants in phase two, eight of the twelve professionals indicated that they had received training to complete the CAF and four had not. Two of the eight, teachers who had high level positions within their schools, stated that they had experienced training and that they had received information that had been disseminated to them via a colleague. For one, this was in a Senior Leadership Team meeting and the other had received training from the colleague who she was succeeding in the role.

The professionals, during both phases of the data collection period, who had not had the opportunity to take part in any formal CAF training, expressed a wish to do so. Their line manager, however, had not encouraged this. Despite professionals, often teachers, voicing their desire to extend their skill base and continue their own professional development, managers actively discouraged attendance at training sessions.

> "I've been asking for CAF training for a long time. My previous head teacher felt that I was bright enough to manage it by myself, and then when it came to a point where I'd filled in enough of these forms, she felt that the training was no longer necessary." (Qualified Teacher, phase two)

Additional training also occurred informally for those who had received the formal CAF training. Professionals, in education settings, utilised their own informal networks to support their completion of the form, discussing the information needed with colleagues who they deemed to be more experienced than them. This was particularly useful to those who were new to the assessment process.

> "I have a good support network around me so what I don't know myself I know who to go and ask and they will point me in the right direction." (Education Welfare Officer, phase one)

This Education Welfare Officer viewed this as an opportunity to develop herself and her own knowledge.

> "Our senior member of staff was absent from school for the first term… it enabled me to become involved with more things for example child protection issues and going along to these CAF and [panel] meetings etc. So it is a case of being thrown in at the deep end." (Education Welfare Officer, phase one)

A lack of informal support networks became a barrier to those who were working in settings, which were lacking in these knowledgeable environments, such as tenancy enforcement and community safety. Unlike those working within social care, or potentially, education, these professionals did not have daily contact with colleagues who were skilled in completing such forms.

> "Horrible. I'm not really sure what answers they are looking for even. When I ask people and read out the answers, a lot of the time they look at me as if I'm mad and I don't really know what to say." (Senior Tenancy Enforcement Officer, phase one)

> "Things crop up that you wouldn't necessarily have covered in that half a day or two days or whatever and then unless you've got someone who's used to doing CAFs, who do you speak to about that? Where's your network?" (Tenancy Enforcement Officer, phase one)

As a result of having learnt the importance of informal networks from their own experience and lacking colleagues to approach for advice and support, teachers, in particular, who had not been able to access supportive networks to assist them informally, recognised the need for this to assist others in similar situations.

> "It's the experience of delivering that, so when you do your first CAF I was just kind of thrown into it after the training, that's not ideal. I think if I was to ask one of my staff to do a CAF I would sit with them, guide them, point them out, because it's that experience that's invaluable and that [peer support] relationship that's so important." (Group interview, Qualified Teacher, phase two)

Many of the teachers, Education Welfare Officers, and Family Workers who had completed a number of assessments, saw this experience as invaluable and adding to their knowledge base. They believed that with each assessment, their own skills were enhanced and improved alongside their confidence.

> "I think the more I am doing the easier it gets. The very first one I actually sat with someone and we did it together because I think I wasn't sure what kind of information I could put and it's about blatant honesty isn't it, tell it how it is. So I think once I got my head around that they are not as bad as I first thought." (Educational Welfare Officer, phase one)

> "As everything, with experience the more you do something the more you get to know." (Qualified Teacher, phase one)

In contrast to this, some professionals, again those in education settings, would have welcomed further follow-up training. They wanted this as confirmation that they were continuing to complete the task to the best of their abilities and in the correct format.

> "Just for my own peace of mind really, that I'm doing it correctly, because at the end of the day, it's some of the most vulnerable children and families you're working with, and sometimes it ends up with quite serious safeguarding concerns. I've have a couple of cases that have been taken over by social services and there haven't been any issues, but had there been, and you know, I think there's a responsibility to make sure that you are doing things properly. You can still make mistakes with the training I'm sure, but it's just, my opinion is we need that peace of mind." (Qualified Teacher, phase two)

The teacher, quoted above, highlights the responsibility she felt in "doing things properly." This fear of accountability is discussed, in more detail, later in this chapter.

This subordinate theme of training also encompassed the ways in which professionals would like to enhance the training opportunities. For some, Tenancy Enforcement Officers and Community Safety Officers, this would be to change the basic training to cover the intricacies of the CAF form itself. These respondents, who did not have knowledge of children and young people or social care, expressed the desire to have training on the meanings behind the questions and the answers that were required. Whilst others, such as teachers and Family Workers, would have liked follow-up training, which took place after they had completed at least one assessment. These professionals felt that this

would provide them with the opportunity to ask questions that they may not think about before they had completed a form.

> "At the time CAFs were relatively new for me. You need the training to start obviously, but now you know stuff it would be best to go back and perhaps ask a few more questions." (Qualified Teacher, phase two)

> "So you need your basic training and then once you've had a bit of experience you're upskilling training from there because once you've had your CAF training that's it, you never revisit anything, but almost then to go back and look at ways of making that stronger through experience would be really useful." (Qualified Teacher, phase two)

Professionals, throughout the study, but especially those in phase two, also expressed the wish for enhanced refresher training, which encompassed service provision, outcomes, and the ability to network with other professionals. This was particularly important for those who were new to roles or who had moved to new geographical areas of work. Professionals commented on the need for follow-up training in order to be competent in new roles, update their own knowledge, as well as understand local expectations and requirements of work.

> "It was a long time ago and it was in [name of local authority], it wasn't in [District Town]. I have asked for updated training from [District Town] and been offered a couple of refresher trainings to be fair, but it's always clashed with other things that we've been doing. I would like some refresher training. I feel that it would be better if it linked to other agencies that you could signpost to and gave you information in that way about other people that you can involve in the CAF." (Qualified Teacher, phase two)

Respondents, throughout the study, also wanted to understand the finer details of the process. One teacher, in phase two, stated she would like further training so that she would be able to understand the outcomes that were available for

young people and families who had experienced the system. In her opinion, this information was lacking in the training that was available.

> "Well from my point of view I feel a little bit limited because I don't really know enough about like I said previously, about outcomes. For me I'm very outcome focused, you know it's not about tasks and things like that, it's about people. I want to know what it is going to achieve for a person. And that's what frustrates me a little bit. What is it going to do, what are the options? Yes I've got the experience of one case and a couple of others that I hear, that's about it. So I want a little bit more knowledge about outcomes" (Qualified Teacher, phase two)

The participants in the group interview, in phase two, took the notion of training a step further and discussed basic training that is received in universities. They expressed the view that conducting assessments should be a part of any degree course that prepares individuals to work with children or young people and families. They suggested that an integral part of this basic training should be the shadowing of working professionals, completing assessments. However, it does need to be noted that both Social Work and Teacher Education courses require practice placements during the course (200 and 120 days respectively). These practice placements do entail shadowing qualified professionals, but it is difficult to know exactly what is included in the learning opportunities within the placement days. As has been demonstrated, in the results of the document analysis, there is considerable diversity between the training of social work students and student teachers. It, therefore, could be assumed that there are similar anomalies between the practice placements for the two professions. In addition to this, units detailing assessment were evident in the social work courses, but not the teacher education courses.

> "Experience. Build that into when they do their work placements. Allow them the opportunity to tag on experienced professionals when they're doing that and develop those skills and understanding and build that in so

> it's not just paper based. You're not just going to do your CAF training from a paper based thing and ticking all the boxes, you actually get the real life understanding of how to do that and the practical experience behind it." (Qualified Teacher, phase two)

Other members of the group interview confirmed this need of enhanced basic training and extended the idea of post-training support to include professionals who had completed CAF training. The concern here was the amount of time between the training and the completion of an assessment. This was also a worry that was shared by the professionals taking part in the one-to-one interviews in phase two.

> "Yeah, most definitely, 100 per cent. Yeah, because it's all good and, well, I mean even the CAF training, some people who do the CAF training, how long after do they actually complete a CAF? So is that CAF training even relevant when they're actually doing the process anyway? So I do think that would be a great idea doing something practical along with that so they actually go out and complete a CAF or have some kind of relationship guidance. (Family Worker, phase two)

> And almost see it when it's worked well and when it hasn't worked well so you get to understand why. (Qualified Teacher, phase two)

> Actually seeing CAF's that have worked and got through, that's very, very important." (Educational Welfare Officer, phase two) (Interaction between various professionals, phase two)

The final element of training was the value of colleagues' knowledge and expertise. Teachers commented on the use of a team approach. This method utilised the knowledge and experience of the whole team in completing the assessment. Rather than all of the professionals in the school being trained in the same skills, different members were trained and their skills were utilised where needed.

> "My HSA went on it so that we didn't have to but we have been trained. We do them together so if the training is within the office different people do different bits, maybe that person does this, this and this and then maybe that person will add a bit more. Then I'll add a bit more and we have a quick read over it and say, "Yeah, is there anything we've forgotten?" Then that's when it goes off." (Qualified Teacher, phase two)

Additionally, the members of the group interview also discussed how they adapted the training, which they delivered to other professionals. These individuals undertook this in an effort to overcome attitudes and the lack of knowledge and training which they believed were missing in professions such as teaching. The team's efforts included attempts to personalise the scenarios they used, in order to promote empathy and understanding. On the whole, the members of the group interview were very experienced. When facilitating training sessions, they seemed surprised that these skills were deficient in the professional groups with which they were dealing with.

> "But it's more than that, isn't it? Because some people have that, "Okay, yes, there's a child protection issue, that's not my problem. My problem is to report it and then it's your problem to deal with," … That's our process to go through, but it's about how you can support them in that holistic way to remove those barriers? That's the bit that you kind of want those NQTs [Newly Qualified Teachers] to understand and develop as a practice." (Qualified Teacher, phase two)

In reply to this statement, another member of the group interview commented,

> "I deliver safeguarding training and some people can't, they just think, "Oh badly behaved kid, troublesome child." They don't have the capacity to think, "Actually, we're not going to excuse this child's behaviour but actually I think he got beaten up last night or something significant

> happened last night" and it could account for this behaviour. You've still got to reprimand him, etc, but there's just no empathy there sometimes, not all the time. When I deliver safeguarding training and they see one of the particular videos where this child is being abused, I always say to them, "Think of one child in your class that's misbehaved. I'm not saying this is happening to that child but have a thought, a one second thought about why could he or why could she be doing that? Think, just reflect a little bit because then you might be able to breakthrough to that child." (Education Welfare Officer, phase two)

As has been demonstrated, training was essential to the experiences of the professionals, regardless of their professional background. This, additionally, impacted on their perceptions of working within these processes and whether they viewed this as a positive or negative experience. A further aspect of their work, which impacted on these perceptions, was their own practice experience. This will be discussed within the next subordinate theme.

Practice Experience

Practice experience went hand in hand with training and the two were viewed as equally important by the all of the respondents. This subordinate theme focused on length of service and capability of individuals within their own roles. Practice experience had an important impact on the experiences of the referral process for professionals. Although, on the whole, the more experienced professionals, especially teachers, did demonstrate more confidence, some of these professionals commented on their own lack of confidence and looked to other professionals for support and advice. Length of service and experience alone did not reduce the anxieties all of the professionals had about the cases with which they were working. Within phase one, eight (26 per cent) professionals had worked with families and young people for up to five years, six (18 per cent) had worked with them for five to ten years, seven (26 per cent) had worked with young people and families for ten to fifteen years and more than fifteen years.

One respondent ticked the 'other' option, but did not expand upon this. In phase two, one (8 per cent) participant had worked with families and young people for up to five years, one (8 per cent) had worked with them for five to ten years, four (33 per cent) respondents had worked with young people and families for ten to fifteen years and six (50 per cent) had worked with them for more than fifteen years. Therefore, a higher proportion of the phase two participants had been working with children, young people, and their families for ten to fifteen and more than fifteen years. This is possibly because eight (66 per cent) of these professionals were qualified teachers and SENCos.

Teachers and Family Workers, who had longer service records, discussed the processes with more confidence and, on occasion, more cynicism. It was evident in the discussions with these professionals, who had extensive years of practice experience, that they were able to manage the referral process more proficiently than those who did not have the same amount of experience. However, what was also evident was that this adaptability was additionally reliant on the supportive nature of the team in which the professional was working, or indeed the role that they possessed. For instance, all of the members of the group interview coped very well with the demanding situations in which they often found themselves, as did those that held high-level positions within schools, such as Deputy Head Teachers and Head Teachers. These respondents, particularly teachers in phase two, discussed the process and related roles in a self-assured way. They knew how to manipulate the system, when required, and also were aware of strategies they could use to engage families and fellow workers. One Deputy Head Teacher, when asked about training, commented

> "It's quite interesting that some people welcome training whereas others, I just thought it was a very common sense form. I mean I checked that form with the SENCo who'd been on the training but it was fine, but yes I do realise that in some cases some guidance, it gives some people confidence if they're not really sure. I mean I'd actually been a head of

> year for 20 years by the time I was filling in my first one and I felt that, yeah, it was fine." (Qualified Teacher, phase two)

In contrast to this confidence, the SENCos, in phase two, who did not hold these high level positions, or participants, in phase one, who were not situated within teams which could provide high levels of knowledge and support, commented that they found themselves dealing with cases or situations with which they felt ill equipped to cope. This was especially true for the professionals in phase one, who were in roles that were not traditionally linked to working with young people, such as Tenancy Enforcement Officers. These professionals, in particular, lacked in personal experience or support networks upon which that they could draw. These respondents, in phase one, also commented on the lack of support when they requested it. One participant, who had approached the multi-agency panel for further advice and guidance, stated,

> "I said can I bring it back to [panel] and they said well I don't really see there's any point, but because I don't really know where to turn… this is quite a challenging individual but just a little bit more support sometimes or more agencies. Yes more support for challenging cases and whether that's just advice or more practitioners sitting around the table." (Housing Tenancy Enforcement Officer, phase one)

This Housing Tenancy Enforcement Officer commented on her own confusion with the process. She lacked understanding and, due to this, did not appreciate why professionals were expected to complete specific tasks. This seemed to be due to a lack of information as to how the process worked or what the outcomes may be.

> "Well there was one case that I referred and I was incredibly worried about her but because she had an allocated social worker they said that we don't need to have a [panel meeting] well why did I fill in the CAF if we're not going to have a [panel meeting] so I still get very confused with

> the process because it seems to be different for every person." (Housing Tenancy Officer, phase one)

In contrast, some of the teachers, in both phases of data collection, who had been working with children and young people for a number of years were able to draw upon personal, extensive experience in order to inform their practice. This also gave them the confidence to be able to cope with difficult situations and complex cases.

> "[Laughs] You learn. You get a lot harder. You learn on the job really. I've had SENCO training and everything, but nothing prepares you for sitting opposite a parent to tell them their child has got difficulties and they're going to need extra help." (Qualified Teacher, Phase two)

However, the number of years in professional roles, in isolation, did not alleviate lack of confidence in working within the referral systems and completing assessments. It was evident in the phase two data that it did help some of the respondents. Confidence was apparent in the discussions of who was able to access supportive working environments, held more senior positions, and had a number of years of experience in working with children, young people, and families. As will be discussed, later in this chapter, combined experience and knowledge enabled the professionals, in the study to be creative in order to successfully navigate the system.

Negotiating Different Professional Perspectives

Professionals, especially those in education, often acknowledged that they used colleagues and informal networks, in various diverse ways, to enhance the referral process. However, conflicting professional views also created tension and frustration for all of the participants. The differences in the knowledge base and experience of the referring professionals often impacted on the way they communicated and perceived safeguarding of the young people. All of the respondents in the study were, to some degree, dealing with young people aged

between ten and fifteen years. They were acutely aware of their safeguarding responsibilities for the families with which they were working. It was noticeable that concern for the safety and well-being of young people was often mentioned by the respondents in the interviews and group interview. This was, on occasion, coupled with concern for parents. In phase one, twenty (69 per cent) of the professionals commented on how they had tried to access support for these young people, but often this was to no avail. The following quote from one professional working in Community Safety, exemplifies the thoughts and concerns of many of the professionals working with complex cases throughout the study. Professionals were often confused and frustrated by the decisions that were made in regard to the cases with which they were working. Often decisions were not explained to them and they were left to try to cope with families they considered to have multiple and complex needs.

> "I don't know why it is to be fair, I don't. Personally, through some of these scenarios that have come to light I can't see how they say it doesn't meet their threshold or their criteria. It is clear from my point of view; there is clearly a safeguarding issue. From the adults' perspective and the child's perspective and they are a statutory service and we are not and I would have thought that they would have taken it as a priority really but they are not. So I don't know if its people's professional judgements which are not correct or they are understating the issues or what I don't really know. I don't know whether it's just criteria or whether they just feel in their capacity or position that this family is not posing a threat or whatever I don't know I just don't understand it." (Community Safety Officer, phase one)

From all of the respondents' accounts there was evidence of a stark contrast between the views of the referring professionals and those of professionals working within departments that were dealing with high levels of need and the safeguarding of children and young people. Interpretations of safeguarding

created tensions and frustration for the professionals in a number of different ways. Respondents commented on the mental health of young people, the mental health of parents impacting on the young person, parenting capacity, and the safety of siblings. These concerns were apparent across both phases. Within phase one, referring professionals had referred seven young people (18 per cent) to the local child protection team. According to the participants, none of these cases, at this time, met the required thresholds for support in regard to safeguarding. Often these professionals believed that these young people did not meet the threshold to access the child protection team due to their age. They felt that social care professionals would not work with adolescents, as they perceived it was too late for them to be helped or to change their negative behaviours.

> "At year eleven, Social Care is not keen when it's reached that stage and is saying "how can we make any changes"? I find it very, very difficult for them to act with an older pupil, than it is to work with a younger one and when they are in year ten or eleven it is always difficult years for social care to be proactive. I mean we get messages like I've got twenty one babies who need protection. It's about prioritising their case load and who is the most important person and like this young person who has chosen not to come to school or not to come home. Then I would rather go and look after a baby who is about to be beaten to death… I mean all these Social Workers will say it's a bit late for intervention because the young person couldn't make those changes needed to take it further. A younger person is easier to accept those suggestions or changes in their life but at this stage as the young person is that much older, is mixing with the wrong crowd, and is influenced by outsiders." (Education Welfare Officer, phase one)

Additionally, lack of support was also attributed to risk-taking behaviours that were deemed to be characteristic of adolescent behaviour. Professionals,

throughout the study, referred young people when they had concerns regarding young people's behaviour, to be informed by child protection professionals that these behaviours were normal for the age of the young person. These attitudes resulted in the young person and family not being able to access much needed support services. However, the negative behaviours that the young people were displaying could be regarded as risk-taking and unsafe. Often, the behaviours were related to criminality, or the fear of future criminality, violence, drug taking and alcohol abuse. Although the referring professionals acknowledged the cases with which they were dealing were possibly not as severe as some high priority safeguarding cases, they were dissatisfied with these common views of adolescents and remained gravely concerned. They were left having to deal with the situations in the best way they could.

> "I know we can become entrenched in our views it's very easy to become like that. I understand that maybe this case is fairly low level compared to things they have to look at there's possibly lots of things, horrific things, they have to deal with. That makes that seem, actually it's not so bad. But it's hard to understand that when you don't get that feedback it's like hitting a brick wall. So in cases like that it can be really frustrating." (Family Worker, phase one)

If the respondent was successful in engaging the child protection team and the family were assessed, respondents, in both phases of data collection, were also left incredulous in regard to how the assessments may have been completed. They expected social workers, or child protection teams to visit families and discuss the issues they had highlighted, to check the family home, and complete a full assessment of the situation and home. However, assessments were often carried out over the phone. The participants in this study felt this approach was inadequate and insufficient to assess any type of safeguarding problem.

> "Which was slightly bizarre because they [the family] live right opposite Social Services. They could literally walk five minutes down the road and

> see them. You feel like saying if you walk out your door and turn left, you can see the broken down door where somebody has put their foot through it, and you know, you can see the five dogs growling at you through the window. But, no I don't think they visited, there was just a phone consultation done." (Educational Welfare Officer, phase one)

Further to this, professionals in both phases of this study, particularly those working in education settings, were also concerned about the impact of poor parental mental health on the young person, as well as parenting capacity. Of the families, who were referred by the participants in phase one, twenty (50 per cent) were either single parent families or had experienced a recent family breakdown. In the interviews regarding these cases, respondents working in schools in phase one, highlighted parents who they felt were suffering from depression, were in conflict or had a history of domestic violence. A further concern here was the presence of older siblings and family members who had a history of drug addiction. These professionals, in phase one, commented on the constraints that they experienced within these cases, especially when there was a lack of parental cooperation. In cases of depression or family conflict, this lack of cooperation was attributed to being a symptom of these situations. This became a cycle in which it was difficult to provide support to break.

> "Mum had quite severe mental health issues, she loved her children dearly. But she had, you know, issues herself that were impacting on the children's mental health. But because I took it to Panel it was felt, because nobody could force her to take medication and things and the children weren't greatly at risk, then there was no intervention offered." (Family Worker, phase one)

Barriers to support were also evident in the absence of a disclosure of harm from the young person. This could have been little more than a feeling or suspicion on the part of the education worker. However, despite a sense of foreboding on behalf of the professional, in these cases they could do little more than wait for

the young person to come forward with the required disclosure. Family Workers and Education Welfare Officers, working in education settings in phase one, did not feel they could seek support or discuss this with colleagues until the evidence was in place.

> "They have been on referrals but nothing has ever been actioned. There's never been any real evidence of child abuse in terms of physical or sexual abuse, although potentially emotional but the children never complained." (Family Worker, phase one)

> "I have a huge concern here that tells me that in the next year or two the young person is going to disclose something huge. Just because of the way they [parents] particularly interact with the young person and not with the other children and that feeling is simply a gut feeling. Because the young person is not saying anything, I am not saying anything to my staff but I think this person will at some point. I think I needed it to go to the Panel because I know it doesn't mean a child in need or child protection or it's not going to meet any of those thresholds but I felt like I needed to try and anticipate there maybe something further down the line." (Educational Welfare Officer, phase one)

Whilst some of the respondents in the study voiced concern for the young person, others were worried about younger siblings. This was related to the young person's behaviour and often involved violence in the home. In these situations, in an attempt to protect the younger siblings from harm, education professionals utilised the system in diverse ways to safeguard the siblings of referred young people. Two of the referring professionals, working in education, used the CAF and referral system to access services that they thought would provide a form of respite care. This was essentially to provide respite for the family, as well as, provide safety for a younger sibling who they felt was in physical danger. They believed that taking this approach would alleviate some of the violence and aggression in the home, which was being displayed by the

young person.

> "It wasn't solving the problem because the problem wasn't around this child it was around the sibling. The young person was just involved apart from this. The other child's problem if you see what I mean. In terms of keeping the young person safe no, it wasn't successful but it did access some provision, some support." (Qualified Teacher, phase one)

In all of the examples detailed above, a barrier to accessing much needed services was the diversity of opinion of the different professional groups. All of these respondents discussed trying to access child protection services for the young people with whom they were working. However, on each occasion they were advised that the case did not meet the threshold for services, resulting in none of these cases being supported by the services, which the referring professionals believed the families needed. Additionally, all of the professionals believed that these working practices left the young people concerned in vulnerable situations, which they were obligated to monitor. One SENCo discussed a young eleven-year-old boy who had stolen cannabis from his father, which the young person shared with two friends at school. The SENCo explained that she had reported the incident to the local children's services department and the police. However, none of the families met the threshold to be supported by children's services and the police did not take the case further. The primary school had no option other than to 'monitor' the situation, but the children were due to transfer from the school into a local secondary school. The teacher had no knowledge of how the children would be supported once they had transitioned, but assumed that the cases would be closed by the secondary school.

> "Yeah. Whatever they do, I don't know. I mean I've sent the CAFs on to the secondary school. I just emailed [colleague in secondary school] and said there is one CAF going up, but there are three others that are through the transition, and she said "oh." She's obviously dealt with it

> before because she wasn't that bothered, so as soon as they transition I assume they're going to close them off. (Qualified Teacher, Phase two)

This teacher had also contacted the child protection team about a young person who had been previously under the remit of children's services. She, like other professionals who had discussed similar situations, believed if there were further difficulties, the cases would be reopened by children's services. However, this was not the case as the child protection team refused to provide support for the family.

> "So I phoned up and they said "is it an emergency?", and I said "what's an emergency?", and they said "has anybody been harmed?", "no, but I think they're in danger of being harmed", and they said "well it's your call then." I said "my conscience is telling me it's an emergency, there's a weekend coming up, there's two days we don't have sight of that child", and they were very un-keen to take my call anyway. I phoned them up and what they did was, they phoned the grandparents and said was there still violence in the household with the older boy, and they said no, so they closed the case. They [grandparents] came in to tell me this because they said we haven't got any help." (Qualified Teacher, Phase two)

The teacher felt that the only option that she had to support the family and protect the young person was to rely on her informal networks to access support for the family. She contacted a social worker that she knew in a local team and persuaded him to take the time to visit the family. With this approach, she was able to secure some support for the family on a short-term basis.

> "I know the social worker on locality and I phoned him up and said I'm really concerned, and he went round to visit, and he started doing that before I bothered with the CAF. In hindsight I had to write the CAF out to get help for them, but the way it worked, my relationship with him, I phoned him up and said I'm really concerned. And then we had an

emergency line meeting on the Tuesday and it was officially put to him." (Qualified Teacher, Phase two)

Respondents, throughout the two phases, who lacked confidence in their own abilities to work within the referral systems, strived to support the young people and families with whom they worked. Often these respondents, as well as those who were more experienced, failed to access supportive services. The theme of The Relevance of Professional Knowledge has demonstrated the importance of professional training, knowledge, and professional experience. It has also discussed the barriers that were evident when there was a difference in professional opinion in regards to the cases that were being referred. Within the data there was also evidence of a lack of understanding and parity between the concerns of the referring professionals and those working in departments that dealt with high levels of concern and safeguarding. The professionals within the study saw this as a constraint. Further constraints to the 'referral process' will be discussed under the next theme. The strategies, which the more experienced and knowledgeable professionals, throughout the study, were able to adopt to overcome these barriers, will be discussed in the next subordinate theme.

Professional Conflicts, Consensus, and Coercion: Creative Use of Professional Knowledge

Creativity was evident, within the data in a number of different guises. It was particularly noticeable during the group interview, but was also present across both phases of data collection and in the different local authorities. All of the respondents recognised the need to use the system creatively, in order to achieve the outcomes they desired. Participants, particularly those who were more experienced in phase two, were seen to adopt creative working practices in engaging parents, completing the CAF form, accessing services, and communicating with fellow professionals. Each of these will be discussed in turn.

In order to circumnavigate the difficulties to engage some parents, professionals were seen to alter the way in which messages were delivered. This flexibility was used in an attempt to initially gain trust and engage families. These practices progressed further, in order to retain the engagement of the parent, if the professional suspected families may become disillusioned and disengage with the process.

> "I think the parents very much, kind of, "What do I get from this?" So selling it to them, hopefully we're able to access services, we're able to delve into the issues, see what's suitable so they're not kind of signposted here then there, then there. So I like the way that we can get the direct support. The professionals can get together and really see where we're heading with it without them trying different things that don't work and then disengaging through a lack of trust or whatever." (Family Worker, phase one)

Creativity, in order to ensure parents signed CAF forms, was additionally utilised by the referring professionals. They were seen to take a reductionist approach to complete the form. Professionals in both phases, regardless of their working background, feared that parents would not engage or sign off the completed CAF if they failed to agree with the intricate details and information that was included on the form. This resulted in these professionals providing limited details about the family and their personal circumstances on the form itself, knowing that they had the opportunity to embellish this information at multi-agency meetings or informally with colleagues. This personal, more detailed information was shared without the knowledge or consent of the parent. This enabled the professional, in their opinion, to provide all of the relevant details of the case, whilst avoiding the issue of potential noncompliance of the parent.

> "That is one good thing about attending a [multi-agency panel meeting] because then you can go on to explain this is why. Because the CAF form is signed by the parent you can't always put what you are feeling or have

> observed because it's not easy to write that down in front of the family because they just don't sign it off so attending the [multi-agency panel meeting] gives you a bit more of a leeway." (Community Safety Officer, phase one)

> "When I go to [LA] for the [multi-agency] meetings, yeah I say "off the record this is why we've done it." I think we could circumvent all that CAF business" (Qualified Teacher, Phase two)

In similar ways to this, professionals, who felt that parents would not engage with them, utilised colleagues to complete the paperwork for them. The referring professional carefully chose colleagues who they felt had a positive relationship with the family in order to enhance cooperation. On the same note, an education based professional used colleagues who were not based in the setting, to work with the family. This was if they perceived the parents to have a negative view of the setting or education itself. This strategy was also used by professionals who went to great lengths in order to preserve the tentative relationship that the setting may have with the family. Professionals, working in schools, attempted to overcome stigmas or distance themselves from them by utilising colleagues to complete the assessments for them.

> "They [parents] feel like they've got somebody that's on their side and listening to them, and they keep their relationship with the school separate. That does work quite well." (Qualified Teacher, phase two)

A further approach that was taken to engage families, but reduce the stigma of the form, was to follow the CAF processes, without the formality. These practices were evident when families had refused to engage in the CAF process. Professionals, in phase two, in an attempt to engage these hard to reach families, often followed the prescriptive procedures of the referral. Indeed they utilised the same questions and criteria of the CAF form itself, but they did not inform the family that they were following CAF processes. This had the benefits

of engaging the family and accessing services, without having to request the parents or young person to formally sign the document itself. This had the advantage of enabling the professional to navigate the process with the family, without having to gain formal written consent of the parent. For professionals, this alternative approach was successful in engaging difficult to reach families within a formal process.

> "I've got a young person at the minute; the family don't want to complete a CAF, very reluctant for any involvement. CAF to them is social care, so I've been advised by social care to do a support plan with us. That basically just resembles a CAF, so the family, if they engage with us they're still going through the process, they're still agreeing to a plan, agreeing to the assessment and it's still the same headings as the CAF. So it is kind of a stigma really because the piece of work is exactly the same but the family will engage on that but not the CAF. It's basically a support plan, to support the family to support the young person. So instead of the family needs support, it's to enable the family to support this young person.
>
> So it will be pretty much the same format, we will be referring out. She has bereavement so we'll be looking at a chance to do some work and then also sharing ideas with mum. Mum's also suffering the bereavement so signposting her to support and giving her strategies of how to manage emotions in the home at this time. So it's what we wanted from the CAF team and what we wanted from the CAF process, but because the family were reluctant we've sought the advice and instead of pushing them down that road and then breaking that kind of trust we have with them and them feeling we're pushing them, we just thought well we'll do the same process but internal." (Family Worker, phase two)

Further to this, professionals working in education settings in both phases, who failed to secure the required parental signature, ensured they completed the CAF form in order to provide an evidence trail. This approach was utilised in order for them to store the evidence to enable them to return to it, if or when, the time came. This could be in the instance of the parent changing their mind or if the case was escalated and the professional required a paper trail of evidence.

More experienced and knowledgeable education professionals, in phase two were also seen to be creative in their completion of the form, particularly when the form was rejected or the young person failed to meet the threshold to access the service that was required. In this instance, participants commented that they often reworded the form. They stated they were very careful in the terminology that they used, ensuring that they used emotive language or terms associated with social care. This approach was only evident in the phase two data collection period and these professionals felt that being strategic in this way often produced results that were lacking if they had not originally been so careful, precise, and exact with the terminology that had been used.

> "You know what I mean? It does come with experience and sometimes you just…It's quite simple, if they turn it down it's likely that you're putting things like 'likely', 'may' and 'could'. (Qualified Teacher, phase two)
>
> Yes, absolutely, yeah. (Family Worker, phase two)
>
> So you put in 'are', 'has', 'will' and if the parents are tearing their hair out that's exactly what you write. They're crying out for support and you use emotive language so that they know what level of stress this is causing and why they're needed. You have to be very clear in the language that you use." (Education Welfare Officer, phase two) (Interaction between various professionals, phase two)

In response to this a further member of the group interview commented,

> "I try to refer it back to the five outcomes. How is this child not meeting, or what is happening for this child not to meet their outcomes because that's what it's all about. So like you're saying, it's just about how you write." (Qualified Teacher, phase two)

One family worker commented on the fact that her social work background, training, and qualification enhanced her ability to access services via the 'referral process'. She attributed this to her social care knowledge and understanding of the vocabulary that was needed.

> "I think it just makes it easier. Again, the terminology I suppose, it definitely helps with the terminology. I know what the social care kind of want to hear so some people who might fill out the CAF and then realise, "Oh I said 'likely instead of will." So yeah, so I do think that does help." (Family Worker, phase two)

It was evident in the discussions that the professionals in phase two viewed these strategies as providing better results and access to services than they would have received if they had not been so creative with the completion of the form.

Professionals, working in education settings, additionally utilised contacts in creative ways. They used colleagues in diverse ways. On occasion, groups of professionals would come together to complete the form. This was with the understanding that if more professionals were linked to the CAF, this would add weight to the referral. The hope was that this would result in the family being able to access services if they were in danger of not meeting the threshold. Similar to this, if participants felt particular cases would not meet thresholds for services, they would try and use colleagues to informally assess the young person. This had dual benefits in saving time and resources. Rather than taking the time to engage parents and complete the form, if the teachers were unsure, they tried to determine whether the young person would qualify for services

first. There were multiple ways of doing this. Participants relayed stories of contacting relevant teams and discussing cases informally, contacting CAF teams to establish their views on the situation, and asking experts to informally assess particular cases before paperwork was completed.

> "If I say is it worth re-referring so-and-so, she'll have a little listen. She shouldn't do. Don't listen! [To the recorder laugh] I'll say "can you wander through the classroom and have a chat with Sally?" [Professional used pseudonym], and she'll come back and say "no, they won't meet the threshold." So it saves me the time of going through the CAF system and trying to get an appointment for her. Then at the beginning of term, what she will do for us is have a drop-in, and then she'll take the children that we think have got a problem, we'll ask parents to attend the drop-in, and then the parent can just refer the child and then we don't do a CAF" (Qualified Teacher, Phase two)

Similar to the quotation above, other professionals, particularly those in phase two working in education, were seen to take different routes to gain access to services, if they felt the CAF referral route would not provide services. These professionals stated that they advised parents to complete self-referrals. They, additionally, advised parents to access health services through their GP, as they felt this route would provide access to services faster.

> [P] "Well, we'll then be put on a waiting list for that service. If we need to actually go through somebody like CAMH and we need it to be done quickly we'll actually advise the parent to actually go via the doctor because that is a quicker route. A child will get seen within three weeks if they go via the doctor within Middle Town.
>
> ` [IV] How long is it if they go through the school?
>
> [P] Probably a 12 week waiting list, so it is quicker." (Qualified Teacher, phase two)

Participants, in phase two, additionally considered whether the CAF route was the most efficient route of access before embarking on the process.

> "Yeah I think so. I mean now I've got probably at least two or three cases where I'm thinking, "oh do I go CAF or not?" But actually is there an easier way for me to access services and agency support without having to do that"? (Qualified Teacher, phase two)

When these strategies also failed to be successful in accessing services, participants told of becoming even more creative. In these instances, professionals resorted to some very imaginative measures, in order for families to receive the help that they needed. One Education Welfare Officer, in the group interview, discussed a school that had chosen to make anonymous phone calls to children's services in order to generate a reaction.

> "In one case a school, off their own back, told me that they'd made the decision to make a couple of anonymous phone calls to social services in an effort to get them to listen. So rather than risk paperwork being ignored they made a couple of anonymous phone calls with allegations in the hope that that would pick it up and do it that way. So we've never, sort of, given up on the child but it's a case of well how can we get the support that child needs"? (Education Welfare Officer, phase two)

This type of extreme creativity was replicated throughout the data and had been present in New Town in phase one of the data collection period. A Family Worker had been discussing a particular case with which she was very frustrated. She was struggling to access services, as the young person did not meet the threshold criteria, and this had resulted in anonymously phoning for a second opinion.

> "CAMH's, they are very strict and rigid regarding who they will take on. You can't really question them regarding the session and I thought that was a bit harsh you know we tried to see if we could get someone else to

> examine him. They have already made their report that's it, you know and there could be something else you know. Because when I did a little sneaking and I rang up as a random person regarding a random child. I asked what do you think I should do and the response that I got was "take that child to hospital, see the hospital psychologist, don't leave him in the house, he's a danger to himself." I just could not believe what I heard he's the same child but he's attention seeking, but as soon as you say self-harming it's "phone the police because if you 'phone the police they will send an ambulance and they will come straightaway and they will straightaway see the health side of the hospital" and that's the same child they have been seeing for a couple of years. So that really threw us as it was the same child we were talking about." (Family Worker, phase one)

In addition to the resourcefulness of the experienced and knowledgeable participants, the less experienced professionals, such as those working in 'enforcement agencies' in phase one, tried to utilise the multi-agency panel in creative ways. If the professionals viewed the case as being a matter of child protection, but they had made a referral and the case had not met the required threshold for services, the respondents, in phase one, attempted to use the panel to supplement the safeguarding referral. The referring professionals believed that the members of the panel would agree with their appraisal of the situation and enhance the case presented to the child protection team. The referring professionals, as a last resort, took the case to the panel in an effort to force the relevant child protection team to accept the case under their remit. One Community Safety Officer, in phase one, recognised that colleagues viewed cases in different ways, but still believed that the panel would be in agreement with her and refer the case back to the child protection team.

> "What you may see as an issue other people may not see it as an issue so it is convincing people that that is the right path… [Panel] is expected to

be quite a high level meeting we need the pressure from a board to say actually these are the concerns we think you need to be doing something about it. Rather than me just emailing or contacting the [child protection team] doesn't always pay off to do that sometimes you have to take it a bit higher which I will be doing on this one hopefully. Head against a wall sometimes." (Community Safety Officer, phase one)

When this tactic did not work, the professional above, along with others, became very frustrated and disillusioned with the system itself. The Community Safety Officer, who referred the case detailed above, commented at the follow up meeting

"I was expecting them to basically take responsibility and refer. The family are well known to members of that panel and I was expecting them to make a decision on what needs to be done with the family. But they just threw it back into our court, basically saying refer it back to children's services. We had already said this doesn't meet the criteria for referral to children's services. So it was a complete and utter waste of time because I put a referral into children's social services in November and it had just been refused so for them to tell me at [panel] that I need to put a referral back into children's services when they have already told me that it doesn't meet the criteria for children's services I don't see the point of re-referring to children's social services when they have already said it doesn't meet their criteria it was a complete and utter waste of time." (Community Safety Officer, phase one)

These frustrations were evident throughout the data. Professionals acknowledged their responsibilities towards the safety of the children and young people with whom they were working. However, they felt unsupported in these concerns.

Summary

This chapter was the final findings chapter. As demonstrated by the document analysis, the training opportunities for all of the professionals were diverse. This ranged from the differences between the basic training of teachers and social workers, to the specific CAF training opportunities that were offered to all of the professionals. Training was fundamental for all of the respondents, but was a particular problem for Tenancy Enforcement Officers, Community Safety Officers, Education Welfare Officers, and Family Workers. All of these professions require no formal training and yet these individuals were expected to complete sensitive and complex assessments on families. All of the professionals within these roles also commented on the unsuitability of the CAF training; this often did not meet their professional needs.

The barriers to services, which were faced by the respondents, have also been discussed in this chapter. As has been seen, all of the professionals throughout the study regardless of their professional background faced these barriers in a number of different ways. Strategies to overcome the 'referral processes' were often dependent upon the participants' knowledge, practice experience, and the supportive nature of their colleagues. The professionals, who were both knowledgeable and experienced, demonstrated, in the interviews, higher levels of confidence; this was particularly evident in the interviews with teachers and more experienced Family Workers. These professionals were also more noticeable in phase two of the data collection period or were higher qualified professionals, such as Head Teachers. This confidence, therefore, could be owing to more experience of using the CAF, or as a result of their elevated professional position.

Higher levels of confidence enabled these respondents to adopt working practices that they felt would enhance their applications for support services. The professionals, who were unable to implement creativity in their work and referrals, demonstrated higher levels of frustration with the 'referral processes'

and were often professionals who had been interviewed in phase one of the data collection period, or were in roles that required lower levels of qualifications. In contrast to this creative working practices were more evident in phase two; these included being very creative in their use of both the CAF and the terminology on the form. This could be due to their professional background, or as a result of learning how to manipulate the system. Three years had passed between the data collection in phases one and two. During this time, professionals, who were using the CAF on a regular basis, could have used this as a learning process, which enhanced their future practice.

Importantly, this chapter has covered professionals' concerns with regard to safeguarding. Safeguarding concerns were a common thread, which were evidenced throughout the data collection periods, for all participants. This was regardless of professional role, experience, or level of qualification. All of these respondents sought advice from professionals who worked within roles that dealt with high levels of child protection, but felt that their concerns were not acknowledged.

These three findings chapters have discussed each of the themes and subordinate themes that have emerged from the data. The data from phase one and two was triangulated and merged at the point of analysis and so the data has, predominantly, been discussed as one. However, there were a few exceptions to this, particularly in the instances when the discussion warranted the exploration of information that was relevant to one theme. The key findings, within these chapters, have been the barriers that professionals faced in regard to working with families and the 'referral processes', as well as the ways in which some of the respondents were able to overcome these barriers. This is supplementary to the difficulties, which the 'referral process' created for the professionals, particularly the role of the lead professional and joint working practices. Effective multi-agency working was often lacking in the working relationships, which created frustration and confusion for many of the

participants. This was particularly noticeable in regard to the safeguarding of the young people with whom the respondents were working. In addition to this, the data has demonstrated the importance of professional knowledge, experience, and training. Each of these enabled the professional to circumnavigate the process. However, if the professional had a number of years' experience, good basic knowledge and training this was seen to boost their confidence and facilitated them in being creative in their working practices.

The following chapter will discuss these findings in relation to previous research and literature in this area.

Chapter Nine: Discussion

The findings chapters have demonstrated the key themes that have emerged from the data. These were the importance of training, the complexities of working within the 'referral process', and the constraints with which professionals were faced when trying to access support services, for the adolescents they were working with. This chapter will progress the discussion further and consider these findings in relation to relevant literature and research.

This discussion chapter will initially focus on the research aims and objectives. It will identify how the overarching aim and each research objectives have been addressed by the previous findings chapters. This is pertinent at this point, as each of the three findings chapters addressed aspects of the research aim and objectives. Following this will be the discussion of the findings with relation to literature and research that has been highlighted in the literature review. This is along with any new literature or research that has been included at this point as a consequence of the findings.

Research Aims and Objectives

The principal aim of this study was to generate insights into the ways frontline practitioners, from a variety of professional backgrounds, understand the purpose of the CAF. The study involved an exploration of the ways in which professionals used the CAF and their experiences of this and multi-agency working. Four key objectives were identified.

Objectives:

a. To examine the ways frontline practitioners use the CAF to support and access services for children and their families, with a particular focus on young people between the ages of 10-15 years.
b. To explore practitioners' experiences of using the CAF.
c. To understand professional training, capabilities, and practice constraints around completion of the CAF and its place within multi-agency working.
d. To explore the unintended consequences of the use of the CAF, as directed by Local Authority policy.

The key findings related to the objectives are as follows:

- Professional use of the CAF is dictated by the underlying policies of the local authority
- Professionals were seen to utilise creative ways in which to successfully navigate the 'referral process'.
- Professionals find multi-agency working problematic, time consuming and onerous
- Findings have illustrated the frustrations and barriers that the professionals faced in working with the CAF, including engaging families and professionals working within other agencies.
- There are key differences in regard to the ways in which diverse professional groups view safeguarding for adolescents.
- There is a lack of suitable training for professionals working within the 'referral processes'. This is in regard to training directly related to the CAF and basic training provided to professionals working with children, young people, and families.
- Local authorities use of the CAF as a referral mechanism has two clear implications:
- Professionals perceive this to be a referral tool, rather than an assessment tool

- The types of professionals utilising the CAF becomes varied and diverse

This project has drawn upon a social constructionist perspective. Qualitative data were collected via one-to-one semi structured interviews. Data were analysed using a thematic approach (Braun and Clark 2006) and, within the analysis of the data, it has been possible to identify the diverse constructions the professionals used in their discussions of the referral system, training, and the safeguarding of young people. These discourses have assisted in exploring the overarching aim of generating the differing viewpoints of the frontline professionals participating in this study. The following section of this discussion will focus on three central issues that run as threads throughout the data analysis. These threads are training, multi-agency working, and working with families. The rationale for taking this approach stems from the inter-relation of the three in the different themes.

At times, within this discussion, the focus will centre on education and teachers. The rationale for taking this approach is that a number of professionals (N=21, 51 per cent) in this study were qualified teachers. Education was additionally the agency that completed the highest proportion (N=23, 79 per cent) of referrals within phase one of the data collection period. This disproportion of CAF referrals and assessments being completed by professionals within education has been found in previous research (Collins & McCray, 2009, Brandon *et al.,* 2006, Featherstone & Manby, 2006) and so is salient to the discussion.

Training

Across both phases in this study, a diverse group of professionals were interviewed. The variations between the referring professionals' roles was a surprising finding and was a direct result of utilising the CAF form as a referral mechanism in order to access supportive services for families. Due to this finding, the following discussion will refer to a 'referral process'. The findings

suggest that the professionals perceive the completion of the CAF form as the first step of this process. The participants, in this study, each had specific roles and responsibilities within their own particular professional remits. Additionally, they held a variety of backgrounds, training, and qualifications. The diversity of the professionals having to work with the CAF processes resulted in a difference in the training and capabilities of these professionals. A number of the respondents, included within the study, particularly those in phase one, were not required to obtain professional qualifications in order for them to obtain their professional position. These professionals, interviewed in phase one, struggled with the completion of the form, as well as understanding the requirement of them having to take part in the process. In addition to this, some of the professionals who were professionally qualified, such as teachers, were also constrained by their lack of training and experience in the social care processes of the CAF and referral systems.

Within society, we construct professional roles in specific ways. These positions hold particular functions and responsibilities throughout society. Shulman (2005a, 2005b) discusses 'signature pedagogy' as characteristic forms of teaching and learning used in a particular profession. He further suggests that these forms of teaching serve the purpose of preparing students in the profession's fundamental ways of thinking, performing, and acting with integrity. The consideration is that professional education involves socialising students into the ways, practices, and habits of a discipline. Additionally, professional bodies, as well as agencies, have expectations of their workers. These include adhering to professional codes of practice, holding relevant qualifications, and behaving in ways that are expected of the profession. These behaviours are often imparted through the culture of the profession, as well as the norms and values that are communicated between the members of the profession, professional bodies, and training of fledgling members. This induction into a new career also informs the professional identity of the inexperienced professional.

An example of these constructions of professional roles would be the role of education welfare officers. This role, traditionally, primarily focused on school attendance and resolving problems with this. However, over the past few decades, this role has changed and now encompasses school attendance, child protection, anti-social behaviour, parenting orders, and the responsibility for traveller children as well as children seeking asylum (Reid, 2006). Despite these changes, this role is often viewed as one, which enforces school attendance (Reid, 2006). A family worker will support families experiencing difficulties. This is a supportive role with the aim of helping families within the home and keeping children safe within the home. Whilst both roles are funded by children's services departments and may be based within a school setting they have different remits and are viewed in diverse ways. A number (N=14, 34 per cent) of the participants, in both phases of this study, were either education welfare officers or family workers; each of these was unsure in regard to their professional identity. These participants, although funded by social care, identified themselves as working within education or working across the two agencies. This lack of clarity is confusing for the professional and potentially so for the families, which they are trying to engage. Additionally, the role of a family support worker is unmistakably one of support, whilst the role of an education welfare officer is not. An education welfare officer has the remit of both support and enforcement. In extreme cases, this role has the power to take a parent to court and start criminal proceedings against the parent involved. This dichotomy within the role is confusing for the parents and professionals involved. On the one hand they are offering support, whilst on the other they are potentially preparing to prosecute parents and ultimately the parent can be imprisoned. This additionally creates a tension for the professional in regards to where their loyalties lie; their professional responsibilities to the school, children's services, or supporting the family (Byrne & Taylor 2007).

Similarly, newly qualified teachers and social workers have differing professional backgrounds. They have both undergone extensive professional training. It is

expected that individuals entering these professions have undertaken a level of university education. In teaching, this takes three years of undergraduate study and one year of post graduate study, while social work students spend three years in undergraduate training and two years as post graduate. In addition to this, to be qualified, a prospective teacher has to complete a further year of training, in employment, in order to gain Newly Qualified Teacher (NQT) status. Although these two professions are similar in their requirements for a university qualification, this is where the similarity ends. As the document analysis has demonstrated, there was diversity within the training opportunities of the two professions. When compared to newly qualified social workers, graduate teachers progress into their new employment with a modicum of knowledge in regard to child development, multi-agency working, and communicating with parents. Indeed, McKee and Dillenburger (2009), in a study exploring the knowledge of 216 student teachers in Northern Ireland, concluded that the students had "considerable gaps" in their knowledge, with regard to the safeguarding of children and young people.

McGarry and Buckley (2013) have identified problems with the delivery of safeguarding training to Newly Qualified Teachers (NQT) in primary schools in Ireland. They found a disparity of professional knowledge with regard to the safeguarding of children, and safeguarding policy and procedures within settings. The authors recommended for standardised child protection training, which covered both pre-service and in-service training. This was in conjunction with NQTs being fully and comprehensibly inducted in child protection policy and regular updates and staff training, in order to retain staff knowledge.

The roles of a teacher and social worker are socially constructed in different ways. Throughout westernised societies, each position adopts specific roles and responsibilities. A teacher is viewed as being an educator; they prepare children and young people to be successful in later life. Bergen (2003) comments on how the role of a teacher has changed and now encompasses not only education, but

also the recognition of the importance of lifelong learning, the preparation and need for vocational skills for life, as well as societal expectations of imparting social values and norms. However, all of these skills and expectations include education in one form or another, whether this is teaching life skills, basic numeracy and literacy, or society's values and expected socially accepted behaviours. The focus on literacy, numeracy, assessment, and classroom behaviour is understandable, as seven of the eight Teachers' Standards (DfE 2011) emphasise each of these. Qualifying and experienced teachers are required to set high expectations, promote good progress, demonstrate curriculum knowledge, plan and teach well-structured lessons, adapt to the strengths and needs of pupils, conduct accurate assessments, and manage classroom behaviour effectively. Just one of the standards, standard eight, concentrates on professional responsibilities. However, this continues to focus on responsibilities to the setting, continuous professional development, and high standards of teaching. None of the standards make reference to identifying need, accessing supportive services, or multi-agency working. Training is also further restrained by the requirements of the national curriculum and the need for teachers to be competent in these core areas. These standards help to determine the professional identities of teachers, as well as their basic training and educational background and are in contrast to those of a social worker.

A social worker is seen to be a professional who supports those in need, and maintains a professional working relationship with a diverse group of professionals and service users; it is their responsibility to take a principal role in the safeguarding of children and vulnerable adults. Social workers are expected to be able to effectively communicate with all members of society (The College of Social Work, 2014). Similarly, in order to be competent within the professions of social work, the standards of proficiency for social workers (Health and Care Professions Council, 2012) affirm these criteria. As can be seen, these measures of capability between teaching and social work are dissimilar. Additionally these high levels of professional proficiency are not evident, to the same extent, in the

other professions and roles, which were apparent during the study reported in this thesis.

The diversity in training expectations and capability becomes greater when other professionals working with children, young people and families are considered. For many of the professionals in this study, such as Family Workers, Education Welfare Officers, and Tenancy Enforcement Officers, there is no qualifying period or expectation in regard to previous educational attainment or qualification, other than a level two qualification in English and Mathematics. The lack of professional qualifications and access to relevant continuous professional development opportunities for education welfare officers has been highlighted in previous research (Reid, 2006, Byrne & Taylor 2007). Within the study reported here, this diverse group of professionals had all completed the CAF form and worked with the 'referral processes'. These working practices are possibly a result of the notion of early intervention and the early identification of need.

As was discussed in the literature review, in a political climate that embraces early intervention and identification of need, there is an expectation that professionals are able to identify needs at the earliest opportunity, whether this is early in age or problem. The benefits of early intervention are well known and have been extensively discussed (Allen, 2011, Munro, 2011, Allen & Duncan Smith 2008). These include cost benefits to society, which are thought to include long term economic gains (NEF 2012, 2009). However, the notion of early intervention needs to be considered beyond the long term benefits to society. Whilst it has been recognised that investing in early intervention services will create long term savings, research has not identified the training needs of professionals currently working with children and young people.

The study reported here has demonstrated not only the diversity of the professionals required to work with the CAF but also the deficiency in their training and qualifications in reference to completing these complex tasks. An

unintended consequence of the use of the CAF form, as a referral tool, is a variety of professionals from different agencies being obliged to complete assessments for the families with whom they work. A number of the respondents, especially those in phase one, commented on their lack of training and understanding in regards to the form itself. The practice of using the form as a referral mechanism to support services additionally results in the CAF being perceived as a referral tool, rather than the intended holistic assessment tool.

In practice, training was identified in the findings as lacking in the process. Professionals commented on the lack of support that was available to them. This was principally noticeable for those, in phase one, who worked in agencies such as housing and community enforcement. These respondents had the least amount of experience or qualification and very little support upon which they could draw. Often they completed the CAF training but this did not meet their specific training needs. Additionally, when they were working with families to complete the CAF assessment, after the training was completed they had very little information and background knowledge upon which to draw. In these instances the training was of very little use to the professional. Similarly, respondents in phase two stated that, in practice training would be useful for them, to draw upon others experience especially when they were dealing with the families face-to-face.

Strategies, such as early intervention and the use of the CAF to access services, result in the blurring of professional boundaries. It is reasonable to expect a high proportion of referrers to originate from agencies such as education. Indeed, much of the research states this to be the case (White, Hall & Peckover, 2009, Brandon *et al.,* 2006, Featherstone & Manby 2006). Teachers and staff working in education are primarily the first professionals to either identify problems or difficulties. Additionally they are the professionals who come into regular contact with parents; this makes them approachable and so parents will contact them in times of need and for support. However, these professionals are not

trained and do not always have the skills to complete such tasks. An assessment can be an intrusive process. Many of the respondents, in both phases of this study, commented on the personal nature of the questions in the CAF and their unsuitability to be completing the form.

Supplementary to this, despite the teachers' standards (DfE, 2011) stating "Teachers make the education of their pupils their first concern" (p.1), the role of a teacher has changed dramatically. Rouf (2014) acknowledges that teachers' roles have expanded in response to the reduction in services. Teachers and schools are now expected to 'bridge the gap' (p.77), whilst children and young people join extensive waiting lists for services. Additionally, these professionals are now expected to identify need, assess, safeguard, communicate with parents in matters beyond their child's education, and communicate with professionals in a multi-agency way, along with their duties of a teacher. However, with the exception of safeguarding, there is little mention of any of these additional tasks included within the government set standards (DfE, 2011). It is, therefore, not surprising that the training of teachers omits many of these and differs so greatly to social work training. Nevertheless, teachers and other, potentially, less qualified professionals are expected to complete tasks, such as identifying and assessing need, as well as joined-up working practice with very little support. Potentially, this lack of additional training for education is set to continue or become further exacerbated, with the government strategy of reducing university teacher training opportunities and replacing these with training within education settings (DfE, 2010b). Indeed, it was a recommendation in the DfE (2010b) report that teacher training should increase the amount of time spent in the classroom, "focusing on core teaching skills, especially in teaching reading and mathematics and in managing behaviour" (p. 9).

The Coalition Government, in an attempt to increase the number of qualified teachers, has introduced a number of teacher training opportunities. These include Schools Direct, an initiative which allows schools to recruit and train their

own teachers. This is a one-year course, which consists of school based training. Successful recruits are able to gain Qualified Teacher Status (QTS) at the end of the years training. School Centred Initial Teacher Training (SCITT) is also an in-school training course, similar to Schools Direct. These training courses are also one-year school-based courses, but a SCITT can also incorporate a Post Graduate Certificate in Education (PGCE), as well as QTS. A further strategy to recruit professionals into education is the Troops to Teachers. This is open to individuals leaving the armed forces and is a two-year school based training course. Successful applicants experience four days in schools, working as educators, and one day a week within an academic environment. This route offers a degree qualification with QTS (DfE, 2014b). The final initiative is Teach First. Students, enrolled in this scheme, are required to commit to two years of teaching within state schools based in low socio-economic areas, or the most deprived areas of the country. This course is open to graduates and includes a six-week intensive training course, at the end of which the student is placed within a school, in order to teach and train simultaneously. Once applicants have completed the course, they are able to gain a PGCE and QTS qualification (Teach First, 2014). The possible results of these new training opportunities may well further intensify the lack of knowledge teachers have in regard to social care related tasks. Focusing this training, within educational settings will result in the training becoming more classroom focused.

Further to these teacher training initiatives, the Coalition Government introduced the notion of Free Schools (DfE, 2010b). Free schools are government funded but are not administered by the local council. They are run on a not-for-profit basis and can be set up by almost anybody within the local community, including parents, charities, and community and faith groups. Unlike State Schools, Free Schools are able to set their own pay and conditions for staff and similar to Private Schools, there is no requirement for Free Schools to follow the National Curriculum. One of the most controversial aspects of a Free School is their ability to recruit non-qualified individuals to teach. This stems from a

belief that individuals moving from industry have a great deal to offer to young people and are hindered by the requirement of a teaching qualification. In 2013/2014 thirty-two per cent of Free Schools reported that they had hired teaching staff that did not possess a relevant teaching qualification (DfE, 2014a). This is in direct contrast to the government's desire to raise the quality of new entrants to the teaching profession (DfE. 2010b).

The government has also highlighted the management of poor pupil behaviour, lacking in teacher training. However, the recommendations in the White Paper, *"The Importance of Teaching"* (DfE, 2010b), discuss the management of poor behaviour, through the introduction of increased teacher authority to discipline and easier exclusion policies. This has created a tension between supporting need and exclusion. Within the White Paper, there is no mention of understanding the reasons for poor behaviour, or recognising that poor behaviour may be the externalising symptom of more serious, underlying issues. The White Paper (DfE, 2010b) has focused on managing behaviour and exclusion, but not on support for children and young people. The focus is directed entirely on retention of staff and staff rights, rather than putting training and strategies in place to help staff support children and young people in need. However, Sheppard (2011) states that, often, young people present with disruptive behaviours, particularly in school, but are actually suffering from emotional disorders or disruption at home.

A problem with retention and recruitment of staff is one area in which social work and teaching are similar (Carpenter *et al.,* 2012, DfE, 2010b). Whilst there is a shortage of support for professionals working within education, in addition to their training, social workers also have access to regular supervision. Supervision is thought to be a vital element of social work education and training. It provides the supervisee with opportunities to take advantage of emotional support, received from a line manager or colleague. It is a time for reflection on practice and to consider further continuous professional

development (Carpenter *et al.,* 2012). Supervision was referred to as the 'cornerstone' of effective social work practice in the Laming Report (2009) and this was further reiterated within the Munro Review (2011). Supervision is provided to social workers and other social care workers dealing with families with multiple and complex needs. However, professionals across agencies are now seen to be dealing with families with multiple and complex needs and are not provided with supervision. Many of the professionals in the study reported here, especially professionals within education, commented on the complex needs of the families with whom they were working. These included dealing with families experiencing domestic abuse, addictions, depression and acrimonious family breakdown.

The word 'supervision' has very different connotations for a teacher and a social worker. Within teaching, supervision is less of a supportive role and more of a supervisory role. In these instances supervision is observing a class. It is used as a tool to support learning, understanding, and development. The supervisor is observing the effectiveness of the supervisees teaching (Sullivan & Glanz 2013, Stephens & Waters 2009, Rahmany, Hasani & Parhoodeh, 2014). Whilst the supervisors are evaluative, this model of supervision is thought to produce defensiveness in supervisees (Rahmany, Hasani & Parhoodeh, 2014). This is in contrast to the principles and supportive nature of social care supervision. Effective social care supervision is believed to enhance worker effectiveness, increase job satisfaction, reduce staff turnover and improve staff retention (Carpenter *et al.,* 2012). Additionally, Carpenter *et al.* (2012) found that effective supervision was significantly linked to an individual's perceptions of the support they received from their employers. The findings, from the study reported here, have identified that when working within a model of early intervention, there is a strong argument for the social care model of supervision to be extended to other agencies working with children, young people, and families. This would be especially beneficial for those professionals working in frontline services, such as

education and having to work with children, young people, and families who have multiple and complex needs.

Multi-agency Working

Multi-agency working was a continuous thread that wove throughout the data regardless of the phase or professional group. It has been mentioned in each of the findings chapters and was a central feature within all of the professionals' narratives. Multi-agency working has been an integral part of supportive services for a number of decades. However, as was discussed in the literature review, lack of joined-up working remains to be problematic and continues to be raised in high profile reviews (Laming, 2009, Laming, 2003, Munro, 2011). Working in this way is thought to improve communication, outcomes for service users, and safeguarding practices (Atkinson, Jones & Lamont, 2007). However, as highlighted in the literature review, due to a lack of evidence, many of these benefits have been questioned in the literature (Galvani & Forrester 2010, Oliver, Mooney & Statham, 2010, Taylor & Daniel 1999). Additionally, a number of authors (Pithouse *et al.,* 2009, White & Featherstone 2005, Peckover, Hall & White, 2009, White, Hall & Peckover, 2009) have commented on the lack of multi-agency working, communication and the impacts this has on professional identity.

Professionals, within the study reported here, were additionally hindered by communication with fellow professionals and the terminology that was used. This was a particular problem for the SENCos, interviewed in phase two, who were trying to communicate with health workers about complex medical problems. Salmon and Rapport (2005) commented on the lack of common language and terminology, which obstructed multi-agency working. Within New Town (phase one of this study), communication was enhanced within the integrated teams. However, the professionals working in these teams had created new silos of working, which were multi-agency in nature, but also constrained by the lack of multi-agency working beyond the immediate

geographical area of the team. For some professionals in phase one and for the majority of those who took part in phase two, communication became a barrier to working with other agencies, predominantly health and social care. There was a lack of understanding of the terminology used, as well as the purpose of the CAF form. This impacted upon their ability to work in a multi-agency way, but could be related to a lack of training and support.

Within the local authorities in which the research focused, there was a requirement of the CAF form to be used as a referral mechanism to access support services. This resulted in the CAF being perceived as a referral tool, rather than the holistic assessment tool (DfES 2006) it was envisaged to be. Collins and McCray (2012) concluded that there was a difference, in the use of the CAF form, dependent on whether the professional was vocationally or professionally qualified. The findings from the study, reported in this thesis would contest these assumptions, to some degree. Whilst there were clear differences in the completion of the CAF, there was uniform agreement, across the two phases of data collection, in the use of the CAF form. Indeed, both vocationally and professionally qualified professionals were seen to refer to the CAF as a 'means to an end': the CAF form had to be completed in order to access the required service.

Similar to previous research, detailed in the literature review, the study reported here found a number of difficulties and barriers faced by professionals who were trying to work in multi-agency settings. The most noticeable comments from respondents related to the frustrations multi-agency working created for the professionals and the onerous nature of the process and related roles. For instance, time constraints were apparent in a number of different ways, such as the amount of time professionals were able to dedicate to families, the time the lead professional role required, and the time that respondents were dedicating to engage other professionals working with the family.

These limitations had a number of implications for the professional and family. Participants repeatedly commented on the difficulties they faced in engaging agencies, particularly individuals working within health. The vision behind the lead professional role was that it should be allocated to the professional who was best placed to work with the family. This was ideally the individual that knew the family well, had a relationship with them, and was in a position to communicate with the family and other professionals (DfE2012c). The reality for professionals adopting the role contradicts this ideal. For many of the respondents in this study, the role of the lead professional was appointed to them by default. None of the participants, throughout both phases of data collection, claimed to have been chosen as the lead professional through a process of communication and discussion with other agencies and professionals working with the family. The lead professional role fell to the person who had completed the form. If the school had submitted the CAF form, the assumption was that the lead professional was allotted to the member of staff who had signed the form. The only exception to this was in the instance of the signer being a senior member of the management team and able to delegate the task to a less senior member of staff.

The role of the lead professional was additionally purported to be one conducted in tandem with the professional's official role (DfE 2012c). As mentioned in the literature review, this was not meant to be an additional role in settings but a set of 'core functions' to be carried out by the chosen professional. However, particularly for those interviewed in phase two, this has proven to be an onerous and time-consuming task. Respondents, in phase two of this study, who were working in areas with high levels of need, found the task to be so burdensome that settings were seeking additional members of staff to fulfil some of the menial tasks involved. Participants commented on the extensive amount of time it was taking to contact colleagues, in other agencies, to arrange team around the child meetings. This impacted upon both the support the family were able to receive from the lead professional and the role the professional was employed

to carry out. It was common for the SENCo, interviewed in phase two, to have teaching responsibilities in addition to the duties related to the role of SENCo; the added tasks of the role of lead professional became burdensome and arduous. In the situation of the young person not meeting thresholds and so not being able to access the required service, the lead professional role became especially time consuming for the professional. In these circumstances the lead professional resorted to contacting alternative services or providing additional support for the family in order to monitor the situation.

In contrast to the excessive nature of the lead professional role, professionals who were not aware of the expectations of the role did not realise that a lead professional should be appointed for the family. This situation was more prevalent in phase one data and resulted in families being uninformed of the progress of the referral. These professionals, having identified themselves as the lead professional, were often unaware of the family situation at the follow-up interview. Often they did not know if the family had been offered support or if they were engaging with the service. As far as they were concerned, their involvement with the family ended at the point of the multi-agency meeting. However, in the absence of an alternative professional being appointed as the lead professional, there was a lack of communication and support for the family.

The need for enhanced communication between professionals and agencies has been raised a number of times. Additionally there have been calls for a 'Common Language' to be utilised throughout professionals working with children, young people, and families (Axford *et al.,* 2006, Munro, 2011, Laming, 2003). It was evident that communication created a number of difficulties for the respondents in the study reported here. Professionals faced barriers with terminology and language that was used by professionals working within other agencies. This was most noticeable in phase two in the instances of trying to communicate in regard to medical conditions and the terminology used to discuss these.

Taylor and Daniel (1999) commented on the possibility of families falling through the gaps between social care and health, due to the differing terminologies used. This is further emphasised within the findings of this study and the diversity of language utilised by the assorted agencies using the CAF. Additionally, it was evident that the different groups of professionals viewed the families, young people, and the problems they were experiencing in a variety of ways. As detailed in the literature review, May-Chahal and Broadhurst (2006) also commented on the use of common language to overcome opposing priorities of agencies. However, Reder and Duncan (2003) acknowledged that use of professional specific vocabulary is reinforced within professions and the communication utilised amongst like-minded individuals. Professions socially construct the terminology used, which is strengthened through training and acceptance within the profession itself and professional bodies. Each agency has its own language and often the terms within this may be similar across agencies, but are utilised with different meanings. For instance, the word 'assessment' has a variety of meanings and connotations. Within health and social care assessment, it is used to evaluate need, whether this is for health intervention or for support, whereas the same term in education would be in reference to testing a child's knowledge or understanding.

Although, as discussed in the literature review, much of the literature considers difficulties with a common language (Reder & Duncan 2003, Sinclair & Bullock 2002, May-Chahal & Broadhurst 2006, Laming, 2009, Munro, 2011, Moran *et al.,* 2007), as well as advocating for the need for effective professional communication, this ideal does need to be questioned. Language and terminology are embedded throughout society and are also inextricably linked to context. Professional groups utilise their own vocabulary and the meanings that are attributed to particular terms. They occupy their own spaces, which determine the context in which occurrences happen. Indeed, some of the terminology that is used within health would not be utilised anywhere else, within professional groups or society. The diversity of experiences with training

has been discussed above, but this additionally permeates into the communication practices of professionals within similar roles and remits. Training and professional roles add context and meanings to the situation and work with families. However, it is clear that effective communication would enhance work with families and this has to be at the centre of child protection. Calls for a common language across agencies are understandable. It also has to be questioned whether a common language across such diverse professional groups is possible. What is needed is an appreciation of the ability of other professionals and their understanding of the communication and terminology used. A number of the respondents, interviewed here, were well-educated individuals, but they commented on their lack of ability to understand communications that were received from other professional groups. Rather than a common language for all, which is potentially not feasible, a set of understandable common terms with recognised meanings could enhance cross-agency communication, as would an appreciation of the context in which individuals are working and understanding situations.

Working with Families

The diversity of professional views and understanding, additionally, impacted upon their work with families and young people. Further constraints were related to the engagement of families and parents. Professionals, in both phases, reported that they were not able to access services if the parent would not sign the CAF form. Alternatively, they were left to monitor difficult and complex cases if they were unable to engage supportive services or alternative agencies. This was particularly complex for the respondents when dealing with cases they viewed to be a matter of safeguarding.

As has been identified in the literature review, professionals are obligated to work in partnership with parents and CAF forms cannot be processed if there is an absence of a parental signature of consent (DfES 2006). However, this potentially results in very difficult situations for professionals. Respondents

within the study told of young people who were not able to access services due to the non-engagement and consent of the parent. In these circumstances professionals had little option than to 'monitor' the case and if externalising behaviours continued to escalate, they revisited the option of the CAF to access services. In the most extreme case, this situation continued for two years. Difficulties in engaging parents within the CAF process have been reported in previous studies (Gilligan & Manby, 2008, Pithouse, 2006) and White *et al.* (2009) concluded that in areas utilising the CAF as an assessment form rather than a referral tool, professionals were more adept at communicating with parents in effective ways.

Professionals using the CAF, in the study reported here, communicated that this sometimes had a detrimental effect on the relationship they had with families. Alternatively, they also feared that a difficult relationship with families negatively impacted on the family's perception of the need for the CAF and, thus, became a barrier to young people accessing supportive services. In these situations the respondents became creative in their use of colleagues and the completion of the form. This was especially evident in the narratives of professionals interviewed in phase two. Previous research, detailed in the literature review, has discussed completion of the form and the lack of engagement of parents and young people (Gilligan & Manby, 2008, Pithouse, 2006), but has not acknowledged the difficulties this presented for the professionals or the imaginative ways that the completers of the form are able to use to circumnavigate the system. This is possibly due to a better understanding of the processes that has been enhanced over a period of time. Almost a third (N=13, 31 per cent) of the respondents, in the study here, had a number of years of experience; three quarters of these (N=10, 76 per cent) were interviewed in phase two. This had enabled them to learn how to manipulate the system in order for it to work with families who were difficult to engage. This proved to be a crucial aspect of working with families and communicating effectively with parents especially for those in phase two. Nevertheless, lack of parental consent

and poor communication can be problematic for both the service user and professional. Previous studies have mentioned these difficulties (Gilligan & Manby, 2008, Pithouse, 2006). It is possible that, within the intervening period, professionals have learnt from their experiences and been able to use new knowledge and ways of working to enhance their practice.

In addition to parental engagement presenting barriers to services, working within a time of financial austerity also posed potential problems for working with families. Respondents, in phase one, commented on disappearing services, which had been previously available to adolescents, due to financial cuts, as well as the tightening of remits and thresholds. This impacted on the professionals' work with families in a variety of ways. Not being able to access services hindered the trust professionals had built with families. Participants, in phase two, spoke of painstakingly building relationships with families in an attempt to 'sell' the CAF and related services to them. When the young person was not able to access the promised support, parents and professionals became disillusioned with the process. Further to this was the financial impact the reduction of services had on schools. Often, the school setting was the only contact families had with formal services. If they were unable to meet the threshold to be able to receive support, the schools were obliged to provide the funds to access alternative provision or attempt to provide the support needed. Funding cuts and related lack of resources has been highlighted in a recent Action for Children (Burgess *et al.,* 2014) report exploring neglect. The authors have stated it will become increasingly more difficult to intervene and provide supportive services.

Safeguarding, of adolescents, was an additional concern for the professionals within both phases of this study. Various respondents communicated that they had grave concerns in regard to the behaviours that some of the young people were displaying. They commented on lack of parenting capacity, issues with parental mental health, and also lack of parental boundaries, all of which, according to the Framework for Assessment of Need (DoH, 2000, p.10), could be

deemed as leading to neglectful parental behaviours. However, when the respondents sought professional advice for confirmation of their concerns and worries, they were informed that there was not a child protection issue. Additionally a number of the professionals commented on the difficulties that they experienced in engaging child protection teams in cases concerning adolescents. Respondents reported that the professionals within the child protection teams viewed adolescents as individuals with whom it is difficult to work and change. Whilst this may be understandable on many levels, recent child protection cases (RBSCB 2012) have reported that, often, young people request help and support in times of abuse and neglect. Additionally, in direct contrast to the reported views of members of the child protection teams, Biehal (2008) noted that adolescents and their parents were often open to working with services.

Further to the safeguarding concerns, of the professionals interviewed in the study reported here, respondents additionally voiced concern in regard to the mental health of parents. Ofsted (2013) estimated that thirty per cent of adults with mental health issues are parents. This can affect parenting capacity in the form of physical care, safety, emotional warmth, and responsiveness, as well as guidance and the setting of boundaries, stability and consistency (Cleaver, Unell & Aldgate, 2011). Supplementary to this, Burgess *et al.,* (2014) found that children and young people living in families experiencing family breakdown, domestic abuse, addictions, and mental health issues were more likely to require support. The children and young people in these families were more likely to suffer from neglect. Within the study reported in this thesis, in phase one, fifty one per cent (N=20) of the families had just experienced family breakdown or were living in single parent families. However, the professionals trying to support these vulnerable families found it difficult to access the support services they required.

The reported problems the professionals faced in engaging colleagues working in areas of child protection demonstrate the diversity in the views of safeguarding and constructing adolescence. It has been recommended that frontline professionals should "remain curious, willing to challenge decisions and opinions, beware of being over-optimistic about cases…" (Rouf, 2014, p.74). In spite of this, each of the respondents, who commented on their safeguarding concerns and had contacted child protection teams, were informed their fears were unfounded or minor. Further to this, a report produced for the *House of Commons Home Affairs Committee* (2013) has stated that all professionals working with teenagers, including police services, social service departments, and the Crown Prosecution Service, should take responsibility for the failings that have occurred in the child exploitation cases reported in both Rochdale and Oxford (RBSCB 2012). Societal constructs of adolescence and views of teenagers further exacerbate professionals' views of young people. Adolescence is a relatively new construct and, due to this and the conflicting views that society has towards teenagers, society as a whole struggles to acknowledge the needs they have and how to provide these services. Views towards particular family set-ups and certain types of parents also exacerbate these beliefs that teenagers cannot be helped or supported (Coleman, 2011, Rees *et al.,* 2011). It has been reported, in a survey of 600 social workers for Community Care, that some local authorities are preventing 14-16 year olds from having child protection plans, a strategy that has been directly linked to funding and budget cuts (Pemberton, 2013).

Summary

This chapter has discussed the findings in reference to relevant research and literature. For clarity, the discussion has been presented in relation to the three principal threads that were interwoven throughout the findings. The implications of training, multi-agency working and the diverse ways in which professionals

socially construct their own roles, safeguarding, and communication have been examined.

The key points to consider in this chapter have been the consequences of the variety of professional backgrounds and training, particularly those that were evident in phase one of the data collection. The lack of communication between different professional groups and whether a common language is achievable, considering the variety of groups and agencies involved in working with children, young people, and families. Additionally, the difficulties faced by professionals attempting to work in multi-agency ways has been discussed as well as the repercussions of the onerous nature of this, especially for those who are seen to be the lead professional for multiple families. This was especially noticeable in the interviews conducted in phase two. This is, potentially, as a result of the lack of services due to the funding cuts, as well as a symptom of an increasing number of families struggling to cope in a time of financial austerity. This chapter has also discussed the diverse ways in which different professionals construct the safeguarding of adolescents. This has particular implications for the safety of young people and how professionals working within a variety of roles and agencies perceive this.

The following chapter will conclude this thesis. This will explore these key points and will make recommendations for policy and practice. Additionally, the conclusion chapter will discuss limitations of the study and will include a reflective piece on the experience of the PhD and research process, as well as the contribution that has been made to existing knowledge and the evidence base.

Chapter Ten: Conclusion

The previous chapter discussed what the findings mean within the context of practice and policy in the area of family support, particularly for adolescents. This discussion highlighted a number of issues. First, there were the frustrations of the respondents, which ranged from difficulties in engaging families to problems in engaging fellow professionals to support the family. Second, there were the lengths more experienced professionals were able to go to in order to circumnavigate the referral system. This included how to complete the form in order for it to be accepted by social care colleagues, the terminology that was used and how to "sell" the concept in order to engage families who were seen by the professionals as 'difficult to reach'. The issue of access to appropriate training has also been discussed in relation to both basic training in order to enter teaching or social work, and specific training in relation to the CAF processes.

Chapter ten is the final chapter within this thesis. It moves on from discussion of the findings in context, to take a broader focus. Within this chapter, therefore, there is a discussion of the implications of the findings for practice and policy. In addition to this, the limitations of the research will be detailed, as will the recommendations, which will include recommendations for practice and further research. Incorporated in this final chapter is, also, a personal reflection of the research experience.

Contribution to Knowledge

The current study focuses on an area that, for several decades, has been a concern to successive governments, in relation to the protection of children, young people and the welfare of families. Since the Children Act (1989), there has been a focus on interagency working, which it, has been anticipated should enable enhanced communication and working practices between different

agencies, allowing issues to be addressed. The use of the CAF, and the multi-agency working that is required for this, is another attempt to improve professional communication and inter-agency practice, in order to ensure that children are protected and safeguarded. It is clear, however, that the expectation of professional collaboration and cooperation is problematic given the number of times that serious case reviews have indicated difficulties in such working practices, for example Laming (2003, 2009), Munro (2011), and RBSCB (2012). One of the ways to investigate why it is that problems have continued to arise in inter-agency working is to enquire into the understandings of those professionals who have experienced the process from the inside. The current study does exactly that.

Current provision is led by children's services and it is in children's services departments that the funding to support families is available. However, the professionals most closely associated with children are those working in school, because they see the children and young people on a daily basis. Multi-agency working across education and children's services, for this reason, is crucial to children and young people's welfare and safeguarding.

Taking a social constructionist approach has enabled an in-depth exploration of professionals' day-to-day experiences and drawn attention to a number of issues, some of which may not have been so apparent in previous research studies and reports, for example:

- the different levels of personal commitment, of professionals with various levels working to diverse norms within their own agencies, to supporting families ;

- the diverse discourses around the concept of 'adolescence' used by different individuals and agencies, with a resulting variation in expectations associated with the time at which a young person no longer requires safeguarding;

- creative ways in which professionals were able to manipulate the system in order to secure support for families and their adolescent children;

- difficulties experienced by particular professional groups in completing assessment tasks required by the CAF;

- different levels of expertise in child development among professional groups and differential access to relevant, and important, prior training in relation to both the CAF process and a wider understanding of children and adolescents;

- the lived experiences of Lead Professionals and what is involved in this role, including the challenges;

- challenges associated with the assumption that professionals should be able to use common discourses and terminology associated with the welfare and safety of young people, adolescents in particular in this study. Whilst commonly understood and utilised discourse is essential, this practice may need deeper consideration about how to bring it about;

- unintended consequences of using the CAF, for example the fact that at times untrained professionals are expected to communicate with families about issues that are very sensitive and require a delicate approach.

Taking each of the above points in turn, a social constructionist approach albeit from a relatively small scale piece of research, has indicated that the commitment of professionals from different agencies tended to have limits at different levels in their work with young people and their families. That is, they were prepared to go to different lengths in relation to their roles and personal sense of values and commitment. For example, as reported in chapter six, some of the Education Welfare Officers and teachers reported that they felt a personal and moral responsibility to the young people and families and were prepared to go beyond their remit in their professional role, in order to support and assist the

families. The Housing Tenancy Enforcement Officers however, whilst they may have shown sympathy for the plight of the families, nevertheless were obliged to withdraw their support at the point of, or soon after, the meeting of the multi-agency panel. Subsequent to this, they were obliged, as a result of their role, to revert to the remit of tenancy enforcement rather than personal support. It is specifically through a study that is approached through the lens of social constructionism that value systems, professional identity, and the influence of norms of particular professions and occupations can be explored.

A social constructionist approach can, particularly, highlight the different discourses around adolescence, a focus in this study. Findings in this study have indicated the varied ways in which the different professional groups can construct adolescents and their needs, working to varying norms, with diverse conceptualisations of what adolescence means and what adolescents need to ensure their safety. When, as quoted in chapter eight, one Educational Welfare Officer said

> "At year eleven, Social Care is not keen when it's reached that stage and is saying "how can we make any changes"? I find it very, very difficult for them to act with an older pupil, than it is to work with a younger one and when they are in year ten or eleven it is always difficult years for social care to be proactive." (Educational Welfare Officer, phase one)

It seems clear that there is no expectation here of early intervention to address needs, even though a young person, who is only fifteen, should have legal entitlement to safeguarding. Although this quotation may have reflected the view of one Education Welfare Officer, it is noteworthy that none of the professionals, who had referred adolescents and their families for support, had been successful in their referral. This issue is of such serious concern that the whole question of safeguarding for adolescents, as highlighted in this study, is worthy, as a matter of urgency, of further investigation. This recommendation about the seriousness of the issue and further research is reflected in a recent

report (Pemberton, 2013), as mentioned in chapter nine. Without a study that enabled open and frank exploration of personal experiences and views, it is difficult to see how an issue of such significance and sensitivity would be identified and highlighted.

Much of the literature, which was detailed in chapter four, (Pithouse, 2006, Pithouse *et al.,* 2009, Peckover, Hall & White, 2009, Gilligan & Manby 2008, White, Hall & Peckover, 2009, Brandon *et al.,* 2006) explored the use of the CAF around the time of its introduction or soon after, which was more than five years ago. The study, reported here is able to explore beyond this initial introductory period and report how experienced professionals have recognised how they are able to manipulate the system in order to access services for families. The creative ways in which these knowledgeable professionals were able to use their experience was discussed in chapter eight. However, in contrast to this, less experienced professionals in phase one were seen to replicate many of the practices and strategies used to access supportive services, which were reported in the literature review. This would suggest that professional use and understanding of the CAF is dependent upon the individuals experience, knowledge, and professional background.

In addition to this, there is a paucity of literature that discusses professionals' lived experiences of the Lead Professional Role. This study adds to this limited body of literature. As reported in chapter six, by discussing the role of the lead professional, this study has revealed the difficulties this role presents for professionals and settings. This has also been discussed in the light of the austerity measures introduced by the Coalition government. As mentioned in chapter six, the additional responsibilities of the Lead Professional Role created a number of difficulties for the individual. This role, subsequently, constrained their abilities to fulfil their everyday professional responsibilities. The implications of this role, for settings dealing with a high number of families with multiple and complex needs, has also not been addressed in literature discussing

the lead professional role. It was clear that the role placed extra burdens on the teacher, in particular, and financial burdens to the education setting. Indeed one school considered employing extra members of staff in order to support the completion of CAFs and assessing the needs of the families with whom professionals were working.

What was also evident is the clear disparity in professionals' views of the Lead Professional Role. Whilst it has repercussions for some, such as those working in schools, other less experienced professionals fail to recognise their professional obligations within the process. It has been acknowledged, that this is a result of the use of the CAF as a referral mechanism. As has been demonstrated, in this study, the use of the CAF as a referral tool resulted in a variety of professionals completing the form. Due to their professional backgrounds and remits, they did not fully understand the implications of the role of the Lead Professional. As discussed in chapter six, this, in turn had direct consequences for the family and young person involved. Difficulties such as these have not been discussed in previous literature and research.

Currently, in England, the ideal is to provide early intervention services. This policy is thought to have a number of benefits, such as financial savings and cost efficiency, preventing the deterioration of negative behaviours and to enhancing the protection of children and young people (NEF 2009, 2012, Allen & Duncan Smith 2008, Allen, 2011). However, a direct result of this approach is the particular difficulties experienced by certain professional groups in completing assessment tasks. The findings, reported here, have demonstrated the diversity of the professional groups working with the CAF, particularly in phase one. Additionally, the document analysis, reported in chapter eight, has detailed the shortfalls in the basic training provided to frontline professionals, such as teachers. In a climate of early intervention, it is natural for teachers and professionals working within education to be identifying need at an early stage. Indeed, a number of the articles (White, Hall & Peckover, 2009, Brandon *et al.,*

2006, Featherstone & Manby 2006), discussed in chapter four, mention that the primary users of the CAF are professionals in education. However, this study has identified that teachers and other professionals feel ill-equipped to be dealing with such complex need and working with families in this way. These practices also impact on professional roles, identity, and values of the individuals. Whilst previous literature (White, Hall & Peckover, 2009, Brandon *et al.,* 2006, Featherstone & Manby 2006) has discussed the use of the CAF by education professionals, these authors have not reported the professionals' own experiences of this. Whereas this study, by utilising a social constructionist approach, has been able to convey these experiences through the professionals' own discourse and language.

A further aspect of the study, which adds to the body of literature in this area, is the discussion in regard to how diverse professionals view and construct adolescence and their safeguarding needs. This has been demonstrated through the narrative of the respondents in regard to their concerns for the young people with whom they work and discussed in chapter eight. This was made possible by using a social constructionist approach and is an important finding in regard to professionals working with adolescents. The study has also found that, during a time of financial crisis and austerity, adolescents and their families find it increasingly difficult to access services and almost impossible to access appropriate early intervention services. Support is provided by universal services, with which the family are in contact, namely the school that the young person attends. This has additional financial implications for the school setting.

As discussed in chapter three, the use of a common language has been advocated in previous literature (Laming, 2009, Laming, 2003, Munro, 2011, Axford *et al.,* 2006, Salmon & Rapport, 2005). However, as identified by the professionals' narratives, in regard to their difficulties with communicating with professionals from other agencies, findings in this study, discussed in chapter nine, have questioned the use of a common language for all professionals

working with children, young people, and their families. Whilst it is acknowledged that this would enhance communication and multi-agency working, the number of variations of the same phrases and words hinder this concept. Very complex profession-specific terminology, such as that found in health, also hinders this process. It is debateable as to whether this ideal is feasible with the diverse body of professionals who have to engage with processes such as the CAF.

The study has also provided important information regarding the unintended consequences and implications of utilising the CAF form in order to access services. Although this was a small study, it has demonstrated the resulting diversity of professionals that are required to utilise the CAF form to access services and their lack of experience or qualification to complete assessment tasks. As discussed in chapter four, Forrester *et al.,* (2008) recognise the shortfalls in early career social workers abilities to communicate with parents. An unintended consequence of using the CAF in this way is that professionals, with no former training in communication, are expected to communicate with parents and families and discuss personal information in a, sometimes, intrusive manner. A further consequence of this approach is that a professional's view of the CAF form is altered. This strategy results in the CAF form being viewed as a referral mechanism or tool, rather than a holistic assessment of the family and their needs. This has not been identified in previous literature.

Evaluation of the Study

Reflexivity is a fundamental aspect of a qualitative research design and interpretive methodology (Cresswell, 2009, Ritchie & Lewis 2012). Therefore, it is salient to the thesis to include a critical reflection of the position of the researcher. This reflection is drawn from field notes, which were kept in the form of written memos and note taking throughout the research process.

Reflection is an important part of the research process, as is the ability to overcome problems with access and availability. Research very rarely proceeds as expected or as it is set out. Although this is a natural part of the research process, it is very difficult to comprehend this aspect when starting out as an early researcher. This research project has undergone a number of revisions and changes, most of which have been, briefly, discussed within the introduction of this thesis. It became apparent during the third year of study that participant numbers were a concern. Further to this, the new Coalition Government came into power early in the process. With this change of government, came a tranche of changes to policy. A number of previous policies that were central to this project were discarded, some, but not all, of which have been replaced. These government changes were implemented in tandem with considerable national and local funding cuts and alterations to existing ring-fenced funds. All of these modifications to policy and funding have impacted upon the data collection and related findings. Indeed, it was due to the severe funding cuts and associated professional anxieties that the project changed considerably during the data collection process. However, these changes in policy and funding have also added to the amended project, as it is able to report on the impacts of these. Additionally, due to the political climate and austerity measures, important implications of these for professionals and settings have been explored. The resulting project is vastly different from how it was conceptualised. As has been demonstrated, throughout the thesis, this research has drawn upon qualitative data collected from a variety of professionals working within the 'referral process'. It has explored, from their perspective, a number of diverse perceptions and beliefs, along with their frustrations and experiences of working together and with key government documents and policies. This however, has potentially enhanced the findings and resulting thesis.

It is also salient at this point to explain that, at the start of this process the researcher was a mother of two boys, who were between the ages of ten and

fifteen years of age. Part of the rationale behind this project was the understanding that, as a parent, the researcher was not aware of any supportive services that may be available, or, indeed, how to access these if they were required. The researcher did not live within the local authority area that was the focus of phase one, but it does need to be recognised that she had a certain amount of empathy and sympathy towards the parents that were interviewed at this stage. At all times she endeavoured to remain objective to the information that was being relayed. However, on reflection, there were times that the researcher certainly had to remain disciplined and remind herself that she was the researcher in the process and, as such, was not qualified to provide guidance in anyway. What was interesting was the researcher seemed to be viewed as an equal to both original sets of participants (professionals and parents), as well as the professionals who participated in phase two. Professionals appeared to treat her as their equal and confidante in regard to the family and process, whilst at the same time parents viewed her as a fellow parent of teenagers, someone to whom they were able to disclose their experiences and concerns.

The narratives of the professionals taking part in the research process touched the researcher. Many of the respondents were desperate to help and support families, but were thwarted in this by a number of barriers and difficulties, the most profound being financial constraint and others' constructions in regard to adolescence and safeguarding. She was, on more than one occasion, dismayed by the stories, which were relayed by the professionals. These included the complex situations with which they were working, as well as the family situations that the professionals were relaying in their own narrative. Respondents, particularly teachers, were coping with large workloads and, in addition to this, were trying to cope with emotionally draining situations. Within this, they were also taking on the added responsibility of roles such as the lead professional, which was found to be an additional burden, both emotionally and through additional time constraints. Consideration also needs to be given to the professionals who were in roles that would not be expected to complete tasks,

such as the CAF form. These respondents were often confused and frustrated with the processes that they had to accommodate. They had no understanding of the difficulties faced by some of the families, which they were trying to refer, but did appreciate that support was needed, which was beyond their remit. Many of these professionals were placed in very difficult positions by the process, which is less than ideal.

In addition to this, to some, it could be seen as a disadvantage that the researcher did not have a professional background related to any of the groups within the research participant groups. However, this could also be viewed as an advantage to the research process. There are clear benefits to being a researcher, who is exploring their own professional group. This provides a common understanding and appreciation of experiences, acceptance into the group, and a certain amount of credibility as a fellow professional. Conversely, not being a member of a specific professional group could be seen as an advantage, particularly when researching a diverse professional group, such as the one reported here. The majority of the literature, which discusses the CAF, is generated by academics working within areas of social care. It has been reported, in much of this literature and confirmed within the study reported here that the principal users and completers of the CAF form are professionals and practitioners working within education settings. Having a professional background within either education or social care could have potentially biased the results. However, not having this vested interest in either group has helped to provide an impartial opinion in regards to the research and findings. That is not to say that the previous research has not presented an objective point of view, but being immersed in one profession and having a comprehensive understanding of this could alter the perspective. Additionally, having a prior professional background in one of these areas possibly would have altered the way in which professionals discussed their use of the CAF and views of the 'referral process'. Conducting interviews with participants being aware of a previous background as a teacher or social worker potentially would have

resulted in some of the participants being defensive or guarded in some of their responses. In contrast to this, respondents were very open and honest in their reflections of the processes in which they were working.

Limitations to the Study

There are a number of limitations to this study, which need to be acknowledged. Some of these are related to the changes in the methodology and difficulties with recruitment, which were addressed by developing a second phase of data collection, but they remain limitations.

As noted in chapter one, the original intention of this study was to research the views of families and adolescents, as well as professionals. A scoping study carried out in 2010 suggested that there would be a sufficient number of families that professionals had referred through a CAF for consideration of support from the local authority to make this project viable. However, restriction of access to families by the professionals made this impossible at the stage of invitation to participate. It seems, therefore, that the scoping study should have gone beyond a consideration of eligibility to participate to that of access to families and, further, to willingness of eligible families to be included. It would then have been clear that a different aim, research design, recruitment strategy, and sampling frame, from what were used in phase one of data collection, would be required for a viable research project.

The social constructionist conceptual framework for the current study implies collection and analysis of in-depth data from a small number of participants and the project is, therefore, necessarily small scale. The implications of this are that the results and conclusions drawn relating to this small sample, cannot be generalised. This small scale study included the views of a number of professionals working across four local authorities. The study was conducted within the same geographical area of England and the local authorities adopted similar administrative systems. The respondents, within the four local

authorities, reported similar experiences, frustrations, difficulties, and barriers. This would suggest, although tentatively, that the findings may be replicable across other local authorities. However, a much broader study, and further exploration of this within other local authorities in different areas of England, would be needed to be confident in drawing less tentative conclusions.

There is a further issue with an approach of the kind utilised here. The researcher has attempted to achieve trustworthiness in the research as a whole and in her findings and analysis by being transparent in the methods of her data collection and analysis of data, and the rigour with which she carried out her enquiry. However, it must be acknowledged that her interpretation of findings and the themes she has identified in her analysis of interview transcripts may have been different if another researcher from a different background and with different experiences and views, using a different conceptual framework, had conducted that analysis.

The limitations of the document analysis also need to be highlighted and noted. The current study employed a basic trawl of the evidence and included public information, which was freely available on the internet. There is no way of knowing how in-depth, detailed, or accurate this information is. There was certainly diversity within the information that was made available by the different universities. This aspect of the data, additionally, did not include any of the teacher training courses that have been made available by the Coalition government, such as Schools Direct and School Centred Initial Teacher Training. This aspect of the study certainly requires further investigation. Additionally, it would have been useful to explore the CAF training provided to professionals. This could have determined by whom the training is provided, the focus of the training and the usefulness of the information to the recipients.

Further to this, social desirability could have impacted on the project, due to the newly formed relationship with the participants. Although it is possible that the professionals may have reported what they felt they should, the researcher

believes, it is doubtful that they were not honest in their answers. Additionally, the sample groups in both phases of data collection, also appeared to treat me as an equal. Just one professional seemed to be hesitant with her answers and refused to be voice recorded in fear of "what may be picked up." A number of the professionals in phase one made multiple referrals and so they were interviewed on a number of different occasions which allowed a relationship to build.

Recommendations

In the course of data analysis, a number of themes were identified from the narrative of the professionals. Within these, various limitations of current policy and practice have emerged. These are inextricably linked to a number of the recommendations. As has been discussed, in this thesis and previous publications, staff within education were the primary completers of the CAF form. However, they are not trained to be completing assessments, identifying need and working in multi-agency ways. Therefore the first recommendation has to be to enhance teacher training to include multi-agency working, communication skills, and assessment/identification of need.

Linked to this, there is the need for improved CAF training, which acknowledges the needs of the diverse professional body which has to engage with the assessment form. Training needs to address the requirements of the professionals, some of whom require training, which explains the intricacies of the form and the information that is required, whilst others need training that enhances communication with parents and other professionals and includes assessment skills. The researcher's experience from previous employment, albeit anecdotal and in one local authority only, would suggest that it is very important that training to develop skills to understand what is required in practice for effective collaboration and multi-agency working should also be developed across the agencies concerned, not simply by the agency that controls the funding.

There is also a requirement for additional training opportunities for professionals who are working within the process. This could consist of follow up training in order to capture the needs identified by the professionals who have started to complete assessments, but are still inexperienced.

This study also suggests a mentor or 'buddy' programme would be useful to inexperienced professionals. This would provide much needed peer support, particularly for the professionals who do not have colleagues upon whose experience they can draw. A mentor system, provided by professionals experienced in the CAF processes and working in social care, could, additionally, enhance inter-disciplinary communication. Potentially, this could also scaffold multi-agency working and enhance this process. A mentor programme would also provide in practice training, which would support professionals in the first assessments they complete with families.

A further recommendation would consider the potential of introducing similar supervision strategies, as used in social work, in agencies such as education to help support professionals, working with children, young people, and families in dealing with multiple and complex cases.

It is suggested that local authorities should consider the unintended consequences of their use of the CAF form and adapt their guidance in line with this. They should, additionally review their use of the CAF form as a referral mechanism.

Further research to explore the diversity in basic training, particularly within teacher education and social work, is also required. This would provide a better understanding of what is lacking and required in order for professional groups to work effectively in a political climate, which promotes early intervention work and identification of need. In addition to this, an exploration of the CAF training, which is provided by different local authorities, would be beneficial to understand the strengths and weaknesses of this. It is suggested that the agency

that delivers the training be explored, if this accommodates the diverse body of professionals who are accessing the training. An evaluation of the training should, additionally investigate if there is an acknowledgment of the backgrounds and prior knowledge of the learners and the language that is used within the training itself.

The final recommendation for future research would be to expand this project to cover other local authorities and geographical areas and to consider the use of questionnaires, developed to include questions about the most important findings in the current research, in addition to further in-depth interviews across a range of professional groups. This would determine if the findings here are generalisable nationally, providing a more substantial representation of the strengths and weaknesses of the CAF processes. Families might also be involved in further research, but, given the sensitivities related to access issues experienced in the current project, this would have to be treated very carefully. For example, a further scoping study might be carried out in which families might be approached by one or more professionals who are already known to them to discuss whether this kind of project is feasible, given the sensitivities involved and, if so, what might be appropriate and ethically sound ways to approach other family members.

Final Summary and Conclusion

Research suggests that, despite the best efforts of central government to ensure access to relevant support services for families and young people in need, many families, especially those with adolescent children who need support from local authorities, still experience difficulties in accessing such services for family support. The current project, whilst small scale and amended from its previous research aim, has nevertheless succeeded in exploring this important area. Its findings indicate ways in which the current CAF process, and the multi-agency working that is required, can be improved for the benefit of families and their children. In the thesis, presented here, are recommendations for future research

that might take suggested ways to improve services, particularly the CAF, as well as multi-agency collaboration and co-operation to a further level of effectiveness.

Appendix One: Interview Schedule Phase One

Support, Assessment and Early Intervention Services for Young People (aged 10-15) and their Families:

Practitioner interview Phase 1

First I would like to thank you for agreeing to meet with me.

My name is Kathryn and I am a PhD student at the University of Bedfordshire. I am carrying out a piece of research looking at parents' and young people's views and experiences of the help and support offered to families in [redacted]. I am also very interested in your thoughts and would like to ask you some questions about your experience of working with the family in question and working with the Multi-Agency Panel.

Before we start I would like to check that you have read the consent form that you have just been given and that you understand that you do not have to answer any of the questions and can stop the interview at any time. All data will be stored securely and will be fully anonymised before being included in any subsequent reports.

Do you have any questions?

Date _____

Ethnicity

White British		Indian		Chinese	
White Irish		Pakistani		Any Other Ethnic Group	
Any Other White Background		Bangladeshi		Not Stated	
Mixed White and Black Caribbean		Any Other Asian Background			
Mixed White and Black African		Black Caribbean			
Mixed White and Asian		Black African			
Any Other Mixed Background		Any Other Black Background			

Are you male or female?

Male	Female

Which of the following best suits your age group?

Under 25	
25-34	
35-45	
Over 45	

Which of the following best describes the area in which you work?

Health	
Education	
Children's Services	
Voluntary Sector	
Other (please specify)	

What is your current role?

Do you work full time or part time?

FT	PT

How long have you worked with young people?

0-5 years	
5-10 years	
10-15 years	
15+ years	
Other (please specify)	

How long have you worked in your current position?

0-5 years	
5-10 years	
10-15 years	
15+ years	
Other (please specify)	

1. **Can you briefly tell me about your role?**

2. **How are you involved with this family?**

3. **Are you this family's Lead Professional?**

    I. Yes

    II. No

Section A: About the family

4. **Would you tell me a little about this family?**

- **What is their family type**

Lone Parent	
Married/Civil Partnership	
Divorced	
Separated	
Living with Partner	
Step Family	

- **Is the main parent/carer**
  i. Male
  ii. Female

- **How old is the main parent/carer**
  i. Less than 20 years
  ii. 20-30 years
  iii. 31-40 years
  iv. 41-50 years
  v. 51-60 years
  vi. 60+ years

- **Do you know the ethnicity of the parent/carer**

White British		Indian		Chinese	
White Irish		Pakistani		Any Other Ethnic Group	
Any Other White Background		Bangladeshi		Not Stated	
Mixed White and Black Caribbean		Any Other Asian Background			
Mixed White and Black African		Black Caribbean			

Mixed White and Asian		Black African	
Any Other Mixed Background		Any Other Black Background	

- **Does the main carer have any kind of disability?**
  I. Yes
  II. No

  If yes can you tell me what sort of disability they have?

- **Is English the first language of the main carer?**
  I. Yes
  II. No

  If no can you tell what their first language is?

- **Do you know how many children are currently living in the household?**

Male/Female	Age

- **Do any of these children have disabilities?**

  I. Yes
  II. No

If yes do you know what the disabilities are?

- **Do you know if the children receive free school meals?**
  I. Yes
  II. No

- **Does the child that is being referred to the [redacted] panel have a Statement of Special Educational Need?**

- **In this instance have you helped the family/individual with accessing help in the areas of (it might be worth coding this as 'currently doing so' 'have done in the past/they have accessed in the past'**

I.	Benefits	
II.	Housing	
III.	Debt management	
IV.	school attendance	
V.	Behaviour in school	
VI.	Behaviour out of school	
VII.	Parenting	
VIII.	Help the child socialise with others his/her age	

- **From your understanding what has been this parent's/family's experience in the course of getting to the point of referral to the panel?**

- **Do you know how long the family have been known to the Children's Services department?**

- **How long have you been working with this family? (if less than a year months)**

- **Do you know which other agencies are currently involved with the family?**

- **How did you start working with this family?**

- **Have you been involved with this family/individual in the past?**
  I. Yes
  II. No

- **How have you been involved with them previously?**

- **What led you to refer this particular case to the [redacted] panel?**

- **In this instance what are your expectations of the services the family or individual will receive through the panel?**

Section B: About the CAF process

- **Are you the person who completed the CAF on this family?**
  I. Yes
  II. No

- **When did work start on the CAF? (number of days or weeks)**

- **What was involved in completing the CAF for you?**

- **In your opinion were the family involved in the CAF process?**
  I. Yes
  II. No

- **What makes you think that is the case?**

- **In your view did the CAF process capture all of the relevant information about the family?**
  I. Yes
  II. No

- **What makes you think that is the case?**

- **How straightforward do you find it to complete the CAF form?**

- **What makes it straightforward OR what makes it hard/difficult/complicated?**

- **Do you feel that you have received enough training completing CAF forms?**

I. Yes
II. No

If no can you tell me why?

Section C: About the [redacted] Panel

Thank you, I'd like to ask you a little about your experience of the [redacted] process and the [redacted] panel now, in general, not specific to this case.

- **How many times have you referred a family to a [redacted] panel?**

Never	
1	
2	
3	
4	
5 or more	

- **How many times have you attended a [redacted] panel?**

Never	
1	
2	
3	
4	
5 or more	

In the past on the whole how satisfied have you been with the outcomes of the panel?	**1 Not at all satisfied**	**2**	**3 Neither unhappy or happy**	**4**	**5 Satisfied with the amount of time it has taken**

- **In regard to the [redacted] panel referral process if you were in charge of there anything you would change and what would that be?**

Local Service Provision

- **What are your thoughts about the services that this Young Person/family can access?**

In your opinion do you think there is enough support or services for young people in this age group within the local area?	1 No	2 Very poor in all situations	3 Moderately in some situations	4 Yes well provided for in all or most situations

If no why

- **What do you think about the services that are available locally for the families that you deal with everyday? (including gaps in service provision)**

- **Thinking about the work that this case has required, are there any particular areas in which you have felt ill equipped to respond effectively? If so what are they?**

- **Thinking more generically, are there areas that you feel you would benefit from training in?**
  I. Yes
  II. No
  If yes what are these?

- **If you were able to, is there anything about service provision locally that you would change?**

That's been really helpful, thank you for spending the time talking with me.
Can I contact you again after the [redacted] panel to ask you about your thoughts on the panel meeting? This will probably be a 10 minute phone call.

Post [redacted] Panel

- **Did the panel hearing go ahead as planned?**
  I. Yes
  II. No

- **Did you attend panel? If yes, what was that like for you?**

- **What was the outcome of the panel?**

What do you think this meant to the family?

- **Were you happy with this outcome?**
    I. Yes
    II. No

- **Who told the family about the outcome?**

- **What was it like – relaying that information?**

- **What do you think the family will make of it?**

- **Was your experience of the [redacted] panel what you expected?**
    I. Yes
    II. No

    Why?

Thank you again for agreeing to meet with me and talking to me about your experiences. Would it be ok for me to get in touch with you again in about 3 months?

Identifier Number: Date:

Semi Structured Interview Questions (Post Intervention)

Thank you again for meeting with me. (Ethics reminder)

1. What can you tell me about the family now?

2. If you think back to the [redacted] panel meeting what were your thoughts of the process and outcome? (Did it live up to expectation)

3. What type of help were the family offered via the [redacted] panel? (formal intervention or anecdotal information)

4. In your opinion do you feel that the family/individual received the help that they needed?
    a. Yes
    b. No

If no why not?

5. What do you think are the implications for the family/individual by not being referred to a formal service?

6. How has this affected your involvement with the family?

7. What do you know about the intervention that the family/individual was referred to? (including holistic approach or individual approach)

8. Did the family/individual complete the recommended number of sessions to complete the intervention?
    a. Yes
    b. No

If no do you know why not?

9. Do you know if it included any kind of parenting support or strategies to help with parenting in general?

Identifier Number: Date:

10. What difference do you think the intervention has made to the family? (including resolve the difficulties or issues)

11. If you were in charge is there anything that you would change about the CAF and referral process?

Thank you again for agreeing to meet with me and talking to me about your experiences.

Appendix Two: Interview Questions Phase Two

Please note, you are able to stop and save the questionnaire at any time. You can go back and complete or amend your answers for up to one week after quitting the questionnaire.

The following questions are related to yourself and your current role

Are you
- ❍ Male
- ❍ Female

Which of the following best suits your age group?
- ❍ Under 25
- ❍ 25-34
- ❍ 35-45
- ❍ Over 45

What is your highest level of professional or academic qualification? (please state)

In which Local Authority do you currently work?

Which of the following best describes the area in which you work?
- ❍ Education
- ❍ Social Care
- ❍ Health
- ❍ Community Safety
- ❍ Voluntary sector
- ❍ Other (Please specify)

If you replied 'other' to the question above please specify here.

What is your current role?

Do you work
- ❍ Full time
- ❍ Part time

How long have you worked with children and/or young people?
- ❍ 0-4 years
- ❍ 5-10 years
- ❍ 11-15 years
- ❍ 16+ years

What is the age group of the children and young people that you mainly work with (please tick more than one if needed)
- ❑ 0-5 years
- ❑ 6-10 years
- ❑ 11-16 years
- ❑ 16+ years

How long have you worked in your current position?
- ❍ 0-4 years
- ❍ 5-10 years
- ❍ 11-15 years
- ❍ 16+ years

Have you received training in regards to the Common Assessment Framework?
- ❍ Yes
- ❍ No

Was this training
- ❍ Half day
- ❍ Full day
- ❍ Other (please state below)

If you replied 'other' to the question above please specify here

In the last 12 months how many CAF forms do you think you have completed?

- ❍ Never
- ❍ 1
- ❍ 2
- ❍ 3
- ❍ 4
- ❍ 5 or more

In the last 12 months how many times do you think you have taken on the role of Lead Professional for a family that you were working with?

- ❍ Never
- ❍ 1
- ❍ 2
- ❍ 3
- ❍ 4
- ❍ 5 or more

The following questions are about your experiences of using the Common Assessment Framework (CAF).

1. In what circumstances would you complete a Common Assessment Framework or Early Help Assessment?

2. Please describe your experiences of using the Common Assessment Framework or Early Help Assessment

3. What are your experiences of engaging children, young people and families with the CAF process? (please give examples)

4. Looking back now, how well do you think the CAF training prepared you to complete the CAF form?

5. What are your experiences of being the Lead Professional and working in a multi-agency way to engage other agencies or services?

6. To what extent do you think the CAF process enhances early intervention work?

7. Do you think the CAF process is able to capture any professional concern you may have in regard to a child or young person?

8. What do you think are the strengths of the CAF and multi-agency working (if any)? (either for yourself and fellow professionals or for families)

9. What do you think are the weaknesses (if any) of the CAF and multi-agency working? (either for yourself and fellow professionals or for families)

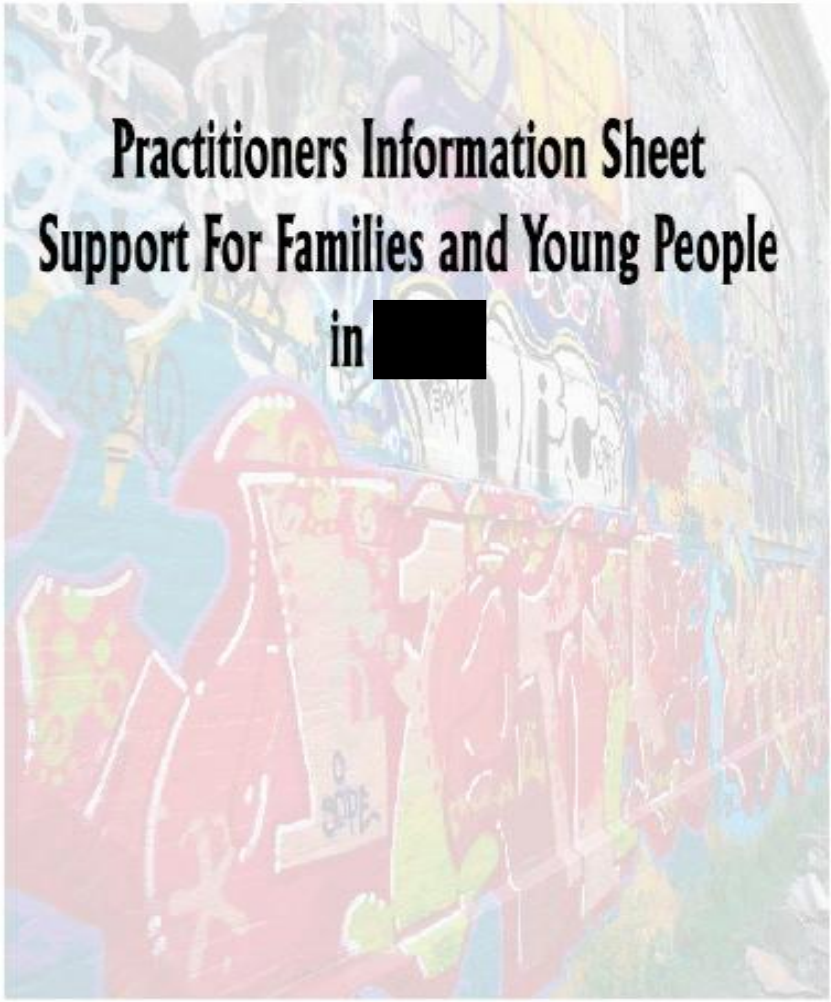
Do you have any other comments you would like to make?

Appendix Three: Information Sheet Phase One

University of Bedfordshire

If you have any questions or would like to get in touch then please contact me on the following:
Kathryn Nethercott
University of Bedfordshire
Tel: 01582 489361
Email: Katryn.nethercott@beds.ac.uk

If you would like to speak to anyone else about the research please contact:



INFORMATION SHEET

My name is Kathryn and I am a PhD student at the University of Bedfordshire.
I am carrying out a piece of research exploring parents and young people's views and experiences of the help and support services offered to families in [redacted].

I am particularly looking at services available to families with children aged 10-15 who are currently experiencing difficulties. Eligible families will be those that are currently being referred to the [redacted]. I would appreciate it if you would be willing to pass leaflets to those families that you are dealing with that fit the eligibility criteria above. In addition to this I would also like you to consider being part of the research process. If you agreed to participate in your own right I would ask you to complete a behaviour questionnaire in regard to the child in the family that is receiving an intervention

and also answer some questions on your perceptions of the services currently offered to families within [redacted].
This process will help us to build a better picture of early intervention and support available, how they help families and how they may be improved in the future.
Families agreeing to be involved will be asked to complete questionnaires on 2 separate occasions, as close to the [redacted] panel as possible and approximately 3 months after this date. A sub-group of families will also be asked to take part in 2 separate interviews at the same time points as above. Families that agree to participate but do not receive services remain eligible for the study as I am also interested in families that fail to meet the thresholds to qualify for services.
Families will have the right to withdraw from the study at any time with no adverse consequences for them.
If you would like further information or have any questions concerning the research please contact me on the details on the back of this leaflet. If you would like to speak to someone else about this piece of research then please use the alternative contact details on the back of the leaflet.
Thank you for taking the time to read this.

Kathryn

Appendix Four: Information Sheet Phase Two

Information Sheet

Professional's Experiences of Common Assessment Framework Processes, Including the Lead Professional Role.

My name is Kathryn and I am a PhD student and lecturer at the University of Bedfordshire.

I am carrying out a piece of research, which is exploring professionals' use, and experiences of using the Common Assessment Framework Form and processes including the Lead Professional Role.

I would particularly like to speak to any professional or practitioner who has completed a Common Assessment Framework form for a family. This could have been completed at any time in the last 12 months. You could have completed one assessment or multiple. I am interested in hearing your thoughts regardless of your experiences or the number of assessments that you have completed.

I am holding a number of group interviews in local areas in order to discuss your experiences within a group setting. The group interviews will be no longer than one hour long and will seek to understand professionals and practitioners experiences of (amongst others)

- Completing the form
- Being the Lead Professional
- Engaging families to complete the form in partnership with them
- Safeguarding concerns

This process will help us to build a better picture of the use and completion of the Common Assessment Form and how these processes may be improved in the future, as well as family support services that are available.

The group interviews will provide you with a chance to discuss your experiences of using the CAF and providing family support in a small group of peers and colleagues. These will be conducted in privacy and all information will remain strictly confidential, it will allow you to discuss your thoughts openly and honestly with no fear of repercussions. In addition to this please note:

> "Anything that you discuss in the focus group will remain strictly confidential and will not be shared with anybody including staff within the Local Authority. This is with the exception of any information you may disclose concerning the risk of harm to yourself or another person. It may then be necessary for me to

discuss this information with a third person. This will take place after a discussion with you about, with whom, how and why this information has to be shared. In addition to this it is also the responsibility of each participant to respect the right to confidentiality of each member of the group. Information or details that have been discussed within the confines of the focus group must not be shared with any individual outside of the group."

If you would like to take part or have any further questions please contact

Kathryn Nethercott

Email: kathryn.nethercott@nethercott.biz

Telephone: 01234 793286

Mobile [redacted]

If you have any concerns please contact:

[redacted]

Appendix Five: List of Universities used in Document Analysis

Social Work Courses	Teacher Training Courses
University	**University**
Anglia Ruskin University	Aberdeeen University
Bath University	Bangor University
Birmingham City University	Birmingham City University
Birmingham University	Bishop Grosseteste University
Bournemouth University	Brighton University
Brighton University	Canterbury Christ Church University
Brunel University	Cardiff Metropolitan University
Buckinghamshire New University	Chichester University
Canterbury Christ Church University	Durham University
Cardiff Metropolitan University	Edge Hill University
Central Lancashire University	Glasgow University
Chichester University	Hull University
Coventry University	Liverpool Hope University
De Montfort University	Liverpool John Moores University
East London University	London Metropolitan University
Edge Hill University	Loughborough University
Edinburgh University	Manchester Metropolitan University
Glasgow Caledonian University	Middlesex University
Glyndwr University	Newman University Birmingham
Huddersfield University	Nottingham Trent University
Keele University	Oxford Brookes University
Kingston University London	Plymouth University
Lancaster University	Roehampton University
Leeds Beckett/Metropolitan University	Sheffield Hallam University
Leeds University	St Mary's University Twickenham
Liverpool Hope University	Stranmillis University College Belfast
Liverpool John Moores University	Strathclyde University
London Goldsmiths University	Sunderland University
London Metropolitan University	University of West Scotland
London South Bank University	University of Bedfordshire
Manchester Metropolitan University	University of Chester
Middlesex University	University of Cumbria
Northumbria University	University of Derby
Nottingham Trent University	University of Gloucestershire
Nottingham University	University of Hertfordshire

Oxford Brookes University	University of South Wales
Plymouth University	University of St Mark and St John
Portsmouth University	University of West England Bristol
Queens Belfast University	University of Wolverhampton
Robert Gordon University	Winchester University
Salford University	Worcester University
Sheffield Hallam University	York St John University
Southampton Solent University	
Staffordshire University	
Stirling University	
Strathclyde University	
Suffolk University	
Sussex University	
Swansea University	
Teeside University	
Ulster University	
University of Bradford	
University of Chester	
University of Cumbria	
University of Dundee	
University of Northampton	
University of South Wales	
University of Sunderland	
University of West London	
University of West Scotland	
University of Wolverhampton	
University East Anglia	
University of Bedfordshire	
University of Derby	
University of Gloucestershire	
University of Greenwich	
University of Hertfordshire	
University of Hull	
University of Kent	
University of Lincoln	
University of West England Bristol	
Winchester University	
York University	

Appendix Six: Informed Consent Form

Professional's Experiences of Common Assessment Framework Processes, Including the Lead Professional Role.

Practitioner Consent Form

Please read the following statements:

1. This research is exploring the use of the Common Assessment Framework form and processes that are related to this.
2. The research is being carried out independently of the Local Authority and anyone that works there.
3. My identity will be protected at all times and I will not be able to be identified from any information included in future reports or articles that may be written.
4. I am aware of the limits of confidentiality and that any focus groups that I take part in or interviews or discussions that I have as part of the research process will be private and confidential.
5. The interviews or discussions I have may be recorded with my permission. All data will be held securely and later destroyed when it is no longer needed.
6. I can refuse to answer any question that I am not happy with and can leave the focus group at any time.
7. Participation in this research process is entirely voluntary and I have the right to withdraw at any time without having to explain my reasons for this.
8. I understand that anything that is said, mentioned or commented on, by myself or other participants within the group interview remains strictly confidential and should not be shared with anyone else outside of the group.

I confirm that I have been informed of the research, I have read the information and understand each of the statements, as well as the purpose of today's focus group.

Name: Signature:

Date:

Thank you for giving up the time to come today and agreeing to take part in this focus group.

Independent contact details:
Kathryn Nethercott
University of Bedfordshire
Tel: 01582 489361
Email: Kathryn.nethercott@beds.ac.uk

Appendix Seven: Ethical Approval Forms and Amendments for Phase One and Phase Two

University of Bedfordshire

Institute of Applied Social Research

Research Proposal Ethical Approval Form (RS1_RA1_IASR)

Complete this form and submit it to the Institute of Applied Social Research Ethics Committee.

- **Under graduate and post graduate students should attach a copy of their full proposal.**
- **Staff should attach (or include below) an abstract of their research proposal.**
- **All applicants should include any consent forms or information sheets you intend to use with your participants.**
- **If the intention is to work with specific agencies or establishments the applicant should attach copies of any letters of agreement with those agencies/establishments.**

Provide as much information as you are able to on this form and answer the questions as fully as you can. INSTRUCTIONS FOR SUBMISSION ARE TO BE FOUND BELOW THE SIGNATURE PANEL TOWARDS THE END OF THIS FORM

ALL staff and students MUST obtain ethical approval BEFORE beginning any fieldwork

All proposals:

Name:	Kathryn Nethercott
Contact email/phone:	kathryn.nethercott@beds.ac.uk
Date:	29/04/10
Title of Proposal:	Support, Assessment and Early Intervention Services for Young People (aged 10-15) and their Families: The Role of an

	Integrated Children's Services Team.	
Anticipated Start Date:	of Project:	Of fieldwork:
Anticipated Duration of project:		Yrs:Months
Is the project to be externally funded?	YES☒ NO ☐	

Student proposals:

Supervisor Name:	[redacted]
Award studied for:	PhD

Staff Proposals:

Department:	
Role/Job Title:	
Principal Investigator:	

N.B. Before completing this form you should read the ***Social Research Association Ethical Guidance*** available from www.sra.org [Applications from other disciplines such as psychology should read the ethical guidance relevant to their discipline]

Undergraduate and Postgraduate students should complete this form in consultation with their supervisors

What are the key aims or objectives of your research? (provide a brief summary in bullet points)

- This research is being conducted as part of an award for PhD and has been made possible by the Local Authority within XXX and the University of Bedfordshire under match funded bursary arrangements. At this stage ethical approval is being sought in principle. It is expected that refinement of the main study in reference to design, data collection methods and participant numbers will be made possible with completion of the pilot study. Final paperwork with full details will be re-submitted at this time for further ethical clearance.
- The overarching aim of this study is to examine the outcomes and perceived social support of families with children experiencing early adolescence, who have been identified as in need of early intervention services.
- Pilot Study
- Review, anonymously, a consecutive number of cases dealt with by the LA in order to ascertain individual situations and interventions offered. This procedure will enable a better understanding of thresholds, interventions and the processes that families' experience. Data will be

extracted and mapped out via a trawl of cases. The type of data and information that will be collated and studied is:

- Reason for referral.
- Intervention recommended.
- Completion of intervention.
- Time taken to move through the system.
- Main Study
- 1. To explore parents/carers and young people's perceptions of support needs when requiring early intervention services:
- a. Establish where these families look to and receive social support from.
- b. Identify which type of support family members perceive they require, formal, semi formal or informal support.
- c. Gain an understanding of the family's individual perceptions concerning the support they have received from the LA.
- 2. To investigate the thresholds and practicality of services available to this group of families:
- a. Consider the current thresholds that families have to meet to qualify for formal or semi formal services.
- b. Explore the assessment process for families, from the perspectives of all participants and whether this process identifies and allows for signposting of services to those that don't meet the required threshold.
- 3. To ascertain any observable improvements indicated on standardised measures of well being and difficulties for individual family members that have experienced formal and semi formal intervention services and families that have failed to meet thresholds to qualify for services.
- 4. To explore practitioners' perceptions of the suitability of services offered.
- 5. To evaluate the extent to which the needs of families are catered for by formal/semi formal services available in the borough:
- a. Does integrated working allow for access to a range of appropriate services to families within this group?
- b. Does integrated working allow for early identification of problems?
- c. How does an integrated team impact on speed of response or ease of access to local services?

What is the key question your research will address?

The qualitative research question will explore families perceptions of formal early intervention services and support received from an integrated Local Authority (LA). In conjunction with these, practitioners' views of support and formal interventions will also be investigated.

The hypotheses are expected to be:
Outcomes of individual family members receiving formal interventions will differ significantly to individual family members that have not received formal interventions.

Standardised measure scores will improve post intervention for parents/carers and young people receiving formal interventions.

Assessment processes allow for formal interventions to be experienced that are relevant to the difficulties experienced by the family.

It is expected that further hypotheses will be introduced following the findings from the pilot study.

Who is your target group or sample?

It is the intention to recruit families, with a child aged 10-15 years, who have been referred to the Multi-Agency Family Panel and the Lead Professional working with them.

What data collection methods will you use?

All participants will complete a study specific demographic and perceptions of service questionnaire and the following standardised measures will be used to collect data on three different occassions, before the intervention takes place (T1), directly post intervention (T2) and up to six months post intervention (T3). Families that have been denied services or who have chosen to refuse services offered will be asked to complete standardised measures on two occassions T1 and up to six months post denial/refusal of services (T3).

- Parent Participants
  - Strengths and Difficulties Questionnaire (SDQ). (P4-16 - SDQ and impact supplement for the parents of 4-16 year olds) at T1
  - Well Being Questionnaire-12 (W-BQ12) (Bradley 1994b).
  - Social Provision Scale (Russell and Cutrona 1984).
  - Parental Sense of Competence Scale (PSOC).
  - SDQ (P4-16 FOLLOW-UP - SDQ, follow-up questions and impact supplement for the parents of 4-16 year olds) at T2 and T3.
- Child Participants
  - SDQ (S11-16 - SDQ and impact supplement for self-completion by 11-16 year olds) at T1.
  - General Well Being (GWB) Scale (Huebeck and Neill 2000).
  - Child and Adolescent Social Support Scale (CASSS) (Malecki and Demaray 2002).
  - SDQ (S11-16 FOLLOW-UP - SDQ, follow-up questions and impact supplement for self-completion by 11-16 year olds) at T2 and T3.
- Practitioners
  - Requested to partake in either face to face or telephone interviews.
  - SDQ (T4-16 - SDQ and impact supplement for the teachers of 4-16 year olds) slightly revised for use with a practitioner at T1.
  - SDQ (T4-16 FOLLOW-UP - SDQ, follow-up questions and impact supplement for the teachers of 4-16 year olds) slightly revised for use with a practitioner at T2 and T3.

A sub-group of families will also be asked to take part in qualitative semi-structured interview techniques at T1, T2 and T3.

Answer the following questions by checking 'yes' or 'no' and supplying any additional information as required

1) Does the study involve children (anyone under 18 years), vulnerable participants or those who are unable to give informed consent? *[Please consult the notes on researching with children and young people and the list of those who may be considered 'vulnerable' at the end of this form before completing]*

   YES ☒ **NO** ☐

   - If YES: Explain what steps will be taken to ensure that participants understand what participation will mean
     Participants will be approached by the Lead Professional dealing with their case, in a gatekeeping capacity, ideally contemporaneous with referral to the XXX Panel.

     All participants will be supplied with a written explanation of the study detailing the purpose of the study along with what is expected of them and that they are entitled to withdraw at any time, the researcher will verbally go through this at the start of the interview process. Participants will also be informed at this time that they will be able to receive a written summary of the outcomes of the study on request, contact details will be provided. Child participants will be advised at the start of the process to read (or have read to them) the information sheet and written consent form, all questions or enquiries that they may have will be dealt with at this time by the researcher before the consent form is signed.

     Individual consent will be required from both the parent (or carer) of the child involved with the study and the child. A declaration statement about the duty to breach confidentiality if risk of significant harm is disclosed will be included in the consent form and all sub-group participants will be reminded of this at the start of each interview. Written consent forms and information sheets will also be enclosed with any questionnaires sent out to participants not involved in the sub-group. Contact details of an identified professional, within XXX Children's Services Department, will also be included on the information and consent forms at a later date, prior to being distributed to potential participants.

   - If YES: Have/will researchers been CRB checked? *(obligatory)*

     YES ☒ **NO** ☐

- If you are researching with children/young people, what is your target age group?
  10-15 years

2) From whom will consent be sought and how is consent to be given? *(it is anticipated that written consent will be sought in most circumstances)*
   Parental or guardian written consent will be sought before any of the research process takes place along with the written consent of the child involved particularly where the child is considered to be Fraser competent.
   Acting as a gatekeeper the Lead Professional will have the ability to advise as to whether they feel the child and the family are able to participate. Separate parental consent will be sought to allow the researcher access to the families case file.
   Written consent will be collected from all professionals involved in reference to their personal participation in the study.

3) Is participation voluntary?
   YES ☒ **NO** ☐

4) Will it be necessary for participants to be involved without consent? (eg covert observation in public places)
   YES ☐ **NO** ☒

5) Will the study make use of gatekeeper(s) to access participants?
   YES ☒ **NO** ☐

6) Will the study include participants or involve accessing information or case files pertaining to those who are part of your client group, case load or with whom you are working?
   YES ☐ **NO** ☒

   - If YES: How will you obtain their consent to use information about them, access their files or otherwise participate?

7) Will the study be exploring 'sensitive' topics? *[Please consult the list of what may constitute a 'sensitive' topic given at the end of this form]*

YES ☒ **NO** ☐

8) Will the research investigate involvement in any illegal activity?

YES ☒ **NO** ☒

9) Will any incentives or rewards be offered for participation?

YES ☐ **NO** ☒

- If YES: Explain the nature of the incentives or rewards

10) Is the research likely to cause any distress to participants?

YES ☐ **NO** ☐ **NOT SURE** ☒

11) Will arrangements be made to support participants after their involvement in fieldwork if necessary?

YES ☒ **NO** ☐

- If YES: Please explain the nature of the arrangements

  In regard to counselling or other relevant services, signposting to reputable sources of information and/or external services will be supplied. If it is thought to be necessary guidance may be sought from an academic supervisor after consultation and agreement from the family or individual. If it is thought at any time the study is detrimental to the well being of a particular family member, after consultation and in agreement with them, they will be withdrawn and under no further obligation to take part. All participants will also be made aware that they are able to choose to withdraw at any stage without any adverse consequences.

12) Will the research involve intrusive interventions? (eg provision of drugs to participants, hypnosis, physical exercise, blood or tissue sampling)

YES ☐ **NO** ☒

13) Will the research involve any participants from the NHS (patients or staff)

YES ☐ **NO** ☒

- **If you have answered YES to this question you <u>MUST</u> additionally submit your proposal to the National Health Service Local Research Ethics Committee through NHS procedures**

14) Will the study involve clients or workers of a Local Authority?

YES ☒ **NO** ☐

- **If you have answered YES to this question you should additionally seek the permission of the relevant Local Authority Research Governance Committee**

15) Will ethical approval for the project be sought from any other source?

YES ☒ NO ☐

If you have answered YES to this question please give details and forward the letter of approval to the Chair of Ethics Committee of IASR Ethical approval will be sought from XXX Borough Council Children's Services.

If in doubt about completing any aspect of this form, consult your supervisor or, where appropriate, a member of the IASR Ethics Committee

16) Summarise below any ethical issues involved in your proposed research and state how you intend to address them, paying particular attention to any of the questions above to which you have answered '**yes**'..

If your research involves fieldwork with human subjects provide details of:

- how you will gain informed consent,
- how you will ensure confidentiality and deal with disclosures of harm or illegal activity,
- how you will inform participants about the purpose of the research and dissemination of findings, who will have access to the data,
- what steps will be taken to ensure the safety of researchers and participants,
- what mechanisms you will employ to enable participants to withdraw from the research if they should wish to do so,
- how you will store the data you collect and what you will do with it on completion of the project.

[NB. *If it is envisaged that data will be processed outside of the research team (e.g. external transcribers) a confidentiality agreement may be required*.]

There are a number of ethical considerations. Firstly children are being involved throughout the process. However social policy now dictates that children have the right to be included and to have their input into processes that affect them. To allow for their participation all researchers that come into contact with children will have been previously CRB checked. Parental or guardian written consent will be sought before any of the research process takes place along with the written consent of the child involved particularly where the child is considered to be Fraser competent. If it is considered at any time that the research process is putting an additional strain on the family or in the situation that there is not agreement from all parties to participate, the family, after prior consultation and in agreement with them, will be removed from the sample and will not be requested to continue.

It is recognised that families needing intervention from the Local Authority may be under some stress at the point of referral. Therefore the Lead Professional dealing with the family will be consulted in a gatekeeping capacity prior to the family being approached. The view of the Lead Professional for suitability for the study will be respected and contact with

the family will initially be made via them if it is agreed that the family should be approached at this time.

The Lead Professional will be involved in, their own right, and so ethical considerations will also be given to their personal input. They may feel that they do not want to take part for professional reasons and that of confidentiality. Written consent will be collected from all professionals involved in the study.

All data will be anonymised in order that no person may be identified and stored securely either within secure locked cabinets whilst in hard copy form or in the instances of electronic data on a securely password protected harddrive and a password protected computer. Research data will be identified by code only and stored separately to personal information. Data will be destroyed 12 months after any journal articles have been completed or 12 months post PhD award (whichever is the latter). Confidentiality will at all times be respected with the exception of issues concerning safeguarding. Written consent will be sought from all participants who will also be advised that they may withdraw at any time with their data not being used.

All participants will be supplied with a written explanation of the study detailing the purpose of the study along with what is expected of them. Participants will also be informed at this time that they will be able to receive a written summary of the outcomes of the study on request, contact details will be provided. A declaration statement about the duty to breach confidentiality if risk of significant harm is disclosed will be included in the consent form and all sub-group participants will be reminded of this at the start of each interview.

Whilst it is not intended for this study to investigate illegal activity directly, information of this type may be revealed in the course of the research process. It is anticipated that in the majority of these cases participants will be referring to past events that are already known by others, in the event that this happens to be new information then the researcher will consult with an academic supervisor in the first instance. Any illegal activity that involves safeguarding issues will be handled as set out earlier in this proposal.

In reference to the safety of the researcher all face to face interviews will be conducted in an suitable public building such as the University or a relevant Local Authority building. Advice will also be sought from the Lead Professional in reference to the appropriateness of interviewing families in their own homes. Meeting times, dates and venues will be supplied to a third party so that someone else is aware of the meeting being held and the venue. In the event of an interview being held at night, due to the work commitments of the participant, again a third party will be informed of the time and venue but the interviewer concerned will be expected to phone this person on arrival at the interview and again on the departure of the

interviewer. The third party will be informed before hand of the expected length of time of the interview.

Applicant declaration
I understand that I cannot begin any fieldwork until the application referred to in this form has been approved by all relevant parties. I agree to carry out the research in the manner specified. If I make any changes to the approved method I will seek further ethical approval for any changes

Signed (Applicant): …… Date: ……

Signature of Supervisor/ Director of Studies (N.B. This is **NOT** required for staff applications)

…..…… Date: ……

Note to supervisors: Signing this form certifies that in your opinion, the project described here is ethical under Departmental and SRA guidelines. Do **NOT** sign if you are unsure or if the student has not attached complete details of the research design and methodology

SUBMISSION OF APPLICATION

Please save this form as a word document using the following convention:

Applicantsurname_IASRECapp_MMMYY.doc (eg Smith_IASRECapp_NOV08)

Attach copies of information sheets and/or consent forms (draft versions acceptable)

FORWARD ONE SIGNED HARD COPY TO Cara Senouni, Administrator IASR, Dept of Applied Social Studies, Park Sq (C411) Tel: 01582 743085.
AND
AN ELECTRONIC VERSION OF THIS FORM TO: iasrec@beds.ac.uk

Decision of the Ethics Committee

This proposal has been considered by:

Division of Psychology Ethics Committee ☐

The Sub-committee of IASR at Bedford Campus ☐

KCC Foundation Ethics committee ☐

IASR Ethics Committee ☐

Approved ……. ☐

Deferred …….. ☐

Returned for Amendments.. ☐

Rejected ……. ☐

Referred to IASREC ☐ _____ Date Referred

Referred to UREC ☐ _____ Date Referred

If returned for amendments or rejected, give details:

If referred to IASR or UREC, outline reasons

Please Note: This Ethical Approval may be subject to further scrutiny by the University Research Ethics Committee and any other relevant internal and/or external committees as may be required. It is the responsibility of the student/PI to ensure that such approvals are obtained and can be evidenced if and when necessary

Signature of Ethics Committee: *(specify which committee)*

_____

Chair:

Print Name……..……Signature:

…….

Vice-Chair/Counter-signatory:

Print Name: ……Signature:

……

Date…….....

IASREC Application
Project Title: Professional's Experiences of Common Assessment Framework Processes, Including the Lead Professional Role.
Kathryn Nethercott Research Student IASR

I would appreciate it if you could consider a further minor amendment to the recruitment strategy.

I would like to collect data from Social Work students within the faculty of Health and Social Care and Post Graduate students within the faculty of Education and Sport. This would increase diversity of the sample group, which will enhance the data by providing an alternative view. Data collection will be via focus groups, one to one interviews or online questionnaire.

The gatekeeper in this instance will be the course coordinator for the relevant undergraduate or postgraduate qualification. All students will be contacted via this professional who will additionally distribute the information sheet. Consent, confidentiality and anonymity as well as ethical considerations will remain the same.

Institute of Applied Social Research

Application for Ethical Approval for a Research Project involving Primary Research

- **PLEASE ATTACH A ONE PAGE SUMMARY OF YOUR PROPOSAL OR PROVIDE AS MUCH DETAIL AS YOU CAN ABOUT YOUR PROPOSED RESEARCH AT QUESTION 16**
- **PLEASE INCLUDE ANY OTHER RELEVANT SUPPORTING DOCUMENTATION SUCH AS CONSENT FORMS AND INFORMATION SHEETS (Draft versions ARE acceptable)**
- **IF YOUR INTENTION IS TO WORK WITH SPECIFIC AGENCIES OR ESTABLISHMENTS YOU SHOULD ATTACH ANY LETTERS OF AGREEMENT YOU HAVE WITH THOSE AGENCIES/ESTABLISHMENTS**
- **PROVIDE AS MUCH INFORMATION AS YOU ARE ABLE TO ON THIS FORM AND ANSWER EACH QUESTION AS FULLY AS POSSIBLE**
- **INSTRUCTIONS FOR SUBMISSION ARE TO BE FOUND BELOW THE SIGNATURE PANEL AT THE BACK OF THE FORM**
- **GUIDANCE NOTES ON COMPLETING THIS FORM CAN BE FOUND ON PAGE 7 OF THIS DOCUMENT. PLEASE CONSIDER THESE CAREFULLY AND CONSULT ANY OTHER RELEVANT GUIDANCE DOCUMENTS ON THE IASR ETHICS COMMITTEE WEB PAGE PRIOR TO COMPLETION. GO TO: www.beds.ac.uk/research/iasr/ethics and follow links to relevant documents**
- **BEFORE COMPLETING THIS FORM YOU SHOULD CONSULT THE ETHICAL GUIDANCE OF THE SOCIAL RESEARCH ASSOCIATION AT: WWW.THE-SRA.ORG.UK OR ETHICAL GUIDANCE RELEVANT TO YOUR DISCIPLINE**
- **UNERGRADUATE AND POSTGRADUATE STUDENTS SHOULD COMPLETE THIS FORM IN CONSULTATION WITH THEIR SUPERVISORS**
- **IF YOUR INTENDED RESEARCH INVOLVES CLIENTS OR STAFF OF LOCAL AUTHORITIES OR THE NATIONAL HEALTH SERVICE YOU WILL NEED TO SEEK ADDITIONAL ETHICAL APPROVAL FROM THE RELEVANT LOCAL**

AUTHORITY RESEARCH GOVERNANCE COMMITTEE OR THE RELEVANT NHS LOCAL RESEARCH ETHICS COMMITTEE THROUGH NHS PROCEDURES

- ***ALL STAFF AND STUDENTS <u>MUST</u> OBTAIN ALL NECESSARY ETHICAL APPROVAL <u>BEFORE</u> BEGINNING ANY FIELDWORK***

ALL PROPOSALS:

Name:	Kathryn Nethercott	
Contact email/phone:	Kathryn.nethercott@beds.ac.uk ext. 4286	
Date:		
Title of Proposal:	Professional's Experiences of Common Assessment Framework Processes, Including the Lead Professional Role.	
Anticipated Start Date:	of Project: April 2014	Of fieldwork: June 2014
Anticipated Duration of project:	8 Months	
Is the project to be externally funded? YES☐ NO ☒		

UNDERGRADUATE AND POSTGRADUATE STUDENT PROPOSALS:

Supervisor Name:	[redacted]
Award studied for:	PhD

STAFF PROPOSALS:

Department:	
Role/Job Title:	
Principal Investigator:	

What are the key aims or objectives of your research? (provide a brief summary in bullet points)

- Phase one saw data collected within a Unitary Local Authority situated in the South East of England. Data collection took place, in the form of semi-structured interviews, between September 2009 and June 2013. (See ethical approval form, dated January 2010)

- Phase two will see a second tranche of data collection, in a neighbouring Local Authorities, in order to explore initial findings further in an attempt to establish if the initial findings are reliable, robust and replicable in alternative Local Authorities. This second data collection phase will concentrate on professional and practitioners experiences of using the Common Assessment Framework form as well as the Lead Professional Role and Multi-Agency working.

What is the key question your research will address?

1. What, if any, are the implications in using the Common Assessment Framework form with a dual purpose (assessment and referral)
2. How do referring professionals perceive their role in the referral and assessment process?
3. What are professionals' experiences of the use of the Common Assessment Framework form and process?

Who is your target group or sample?

Professionals who have completed a Common Assessment Framework form to assess a child or referred families with the use of a CAF to access services. Focus Groups will primarily be conducted with mixed groups of professionals, however, if it is advantageous to participants in either time or location focus groups may be conducted with individuals from specific agencies or locations. As well as key individuals within the Local Authority or who deal with the Local Authority and have an understanding of the issues that Children's Services Departments are currently facing, for example LSCB Chairs, Assistant Directors of Children's Services, Workforce Development Officers.

What data collection methods will you use?

Focus groups and face-to-face interviews may also be conducted in order to explore findings in more depth and detail this is dependent upon the outcomes from the focus groups.

Face to face interviews will be conducted with key professionals from the LA.

Answer the following questions by checking 'yes' or 'no' and supplying any additional information as required

16) Does the study involve children (anyone under 18 years), vulnerable participants or those who are unable to give informed consent? *[Please consult the notes on researching with children and young people and the*

list of those who may be considered 'vulnerable' at the end of this form before completing]

YES ☐ **NO** ☒

- If YES: Explain what steps will be taken to ensure that participants understand what participation will mean

- If YES: Have/will researchers been DRB checked? *(obligatory)*

  YES ☐ **NO** ☐

- If you are researching with children/young people, what is your target age group?

17) From whom will consent be sought and how is consent to be given? *(it is anticipated that written consent will be sought in most circumstances)*

Written consent will be gained from all participants at the time of the interview or focus group. All participants will be provided with information detailing the study, this will also contain contact information in order to allow withdrawal at a later date.

18) Is participation voluntary?

YES ☒ **NO** ☐

19) Will it be necessary for participants to be involved without consent? (eg covert observation in public places)

YES ☐ **NO** ☒

20) Will the study make use of gatekeeper(s) to access participants?

YES ☒ **NO** ☐

21) Will the study include participants or involve accessing information or case files pertaining to those who are part of your client group, case load or with whom you are working?

YES ☐ **NO** ☒

- If YES: How will you obtain their consent to use information about them, access their files or otherwise participate?

22) Will the study be exploring 'sensitive' topics? *[Please consult the list of what may constitute a 'sensitive' topic given at the end of this form]*

YES ☐ **NO** ☒

23) Will the research investigate involvement in any illegal activity?

YES ☐ **NO** ☒

24) Will any incentives or rewards be offered for participation?

YES ☐ **NO** ☒

- If YES: Explain the nature of the incentives or rewards

25) Is the research likely to cause any distress to participants?

YES ☐ **NO** ☒ **NOT SURE** ☐

26) Will arrangements be made to support participants after their involvement in fieldwork if necessary?

YES ☐ **NO** ☒

- If YES: Please explain the nature of the arrangements

27) Will the research involve intrusive interventions? (eg provision of drugs to participants, hypnosis, physical exercise, blood or tissue sampling)

YES ☐ **NO** ☒

28) Will the research involve any participants from the NHS (patients or staff)

YES ☐ **NO** ☒

N.B. If you have answered YES to this question you MUST additionally submit your proposal to the National Health Service Local Research Ethics Committee through NHS procedures

29) Will the study involve clients or workers of a Local Authority?

YES ☒ **NO** ☐

N.B. If you have answered YES to this question you should additionally seek the permission of the relevant Local Authority Research Governance Committee

30) Will ethical approval for the project be sought from any other source?

YES ☐ NO ☒

If you have answered YES to this question please give details and forward the letter of approval to: CARA SENOUNI, ROOM C411, PARK SQUARE, LUTON, LU1 3JU, BEDS

16) Summarise below any ethical issues involved in your proposed research and state how you intend to address them, paying particular attention to any of the questions to which you have answered '**yes**' above. Provide as much detail as you can about your project here.

If your research involves fieldwork with human subjects provide details of:

- how you will gain informed consent,
- how you will ensure confidentiality and deal with disclosures of harm or illegal activity,
- how you will inform participants about the purpose of the research and dissemination of findings, who will have access to the data,
- what steps will be taken to ensure the safety of researchers and participants,
- what mechanisms you will employ to enable participants to withdraw from the research if they should wish to do so. It may in some circumstances be appropriate to impose time limitations on the right to withdraw, but in that event, you should indicate what considerations you have taken into account when determining those limits.
- how you will store the data and what you will do with it on completion of the project. Data may be retained after the completion of the project, but where it is proposed to do so, you should indicate the purpose of retention – for instance, subsequent re-analysis, as a baseline for future comparative or complementary research, or to allow other researchers in the field access to the raw data in anonymised form. In the event that you intend to retain data for such purpose. Data should only be held beyond the life of the current research project with participant consent and where such retention is intended, participants should be made aware of that possibility through information sheets and consent forms.

[NB. *If it is envisaged that data will be processed outside of the research team (e.g. external transcribers) a confidentiality agreement may be required*.]

Ethical consideration will be given to the input of professional staff. All professionals will be contacted via the use of a gatekeeper, contact details for professionals that have completed a CAF form will be collected from the local authority CAF coordinator. Once contact details have been provided professionals will in the first instance contacted via email. All participants will be supplied with a written explanation of the study detailing the purpose of the study along with what is expected of them and that they are entitled to withdraw at any time, the researcher will, additionally, verbally go through this at the start of the focus group. The email will be followed by a telephone call to the professional to determine if they are willing to take part. Written consent will be sought from all participants agreeing to take part, this will be via, opt in which will be signed at the beginning of each focus group. Participants at this time will also be advised that they may withdraw their participation at any time, with their data not being used. All participants will also be advised that they should not share any information that has been discussed within the confines of the focus group with peers and colleagues outside of this setting. Participants will additionally be informed at this time, that they will be able to receive a written summary of the outcomes of the study on request, contact details will be provided.

Focus groups will be recorded and in addition to this notes will also be taken during the process. Recordings will in the first instance be transcribed by the researcher for data analysis, however, a transcribing service mat also be used. The transcribing service will be one that is well known to the University and has been cleared by the ethics committee. A confidentiality agreement will be required. All data will be anonymised in order that no person may be identified and stored securely either within secure locked cabinets whilst in hard copy form or in the instances of electronic data securely password protected harddrive and a password protected computer. Personal data kept for the purpose of providing feedback will be kept separately from research data. Data will be destroyed 12 months after the final report is complete and confidentiality will at all times be respected with the exception of issues concerning safeguarding. The information sheet will be clear about the limits to confidentiality and there will be a discussion about confidentiality and mutual respect for this prior to the start of each focus group.

In reference to the safety of the researcher all focus groups will be conducted in an appropriate public building such as the University or a relevant Local Authority building. Meeting times, dates and venues will be supplied to a third party so that someone else is aware of the meeting being held and the venue. In the event of a focus group being held at night, due to the work commitments of participants, again a third party will be informed of the time and venue but the interviewer concerned will be expected to phone this person on arrival at the focus group and again on the departure of the interviewer. The third party will be informed before hand of the expected length of time of the focus group.

Applicant declaration
I understand that I cannot begin any fieldwork until the application referred to in this form has been approved by all relevant parties. I agree to carry out the research in the manner specified. If I make any changes to the approved method I will seek further ethical approval for any changes

Signed (Applicant): …K Nethercott …… Date: 6th June 2014

…

Signature of Supervisor/ Director of Studies (N.B. This is **NOT** required for staff applications)

…..…… Date:

……

Note to Supervisors: Signing this form certifies that in your opinion, the project described here is ethical under Departmental and SRA guidelines. Do **NOT** sign if you are unsure or if the student has not attached complete details of the research design and methodology

SUBMISSION OF APPLICATIONS

Please save this form as word document using the following convention: Applicantsurname_IASRECapp_MMMYY.doc (eg Smith_IASRECapp_NOV14)

Forward one electronic copy of this form to: cara.senouni@beds.ac.uk making sure the subject of your email clearly states 'Ethical Approval Application' & includes your surname. As well as your electronic submission, send one signed, hard copy of the form to Cara Senouni, Research Administrator, IASR, Room C411, Department of Applied Social Studies, Park Square, Luton LU1 3JU. Again, please make sure your hard copy is clearly marked 'Ethics Application' if you are sending it through the post.

TURN TO PAGE 7 FOR GUIDANCE ON COMPLETING THIS FORM

Decision of the Ethics Committee

This proposal has been considered by:

The Sub-committee of IASR at Bedford Campus ☐

IASR Ethics Committee ☐

Approved ……. ☐

Returned for Amendments.. ☐

Rejected ……. ☐

Referred to IASREC ☐ _____ Date Referred

Referred to UREC ☐ _____ Date Referred

Please Note: This Ethical Approval may be subject to further scrutiny by the University Research Ethics Committee and any other relevant internal and/or external committees as may be required. It is the responsibility of the student/PI to ensure that such approvals are obtained and can be evidenced if and when necessary

Signature of Ethics Committee Member: *(specify which committee)*..... _____

Chair:

Print Name……..……Signature:

…….

Vice-Chair/Counter-signatory:

Print Name: ……Signature:

……

Date…….....

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