

Report on the evaluation of Lead Professional Trailblazer in the Osmaston/Allenton Children's Centre area

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Introduction

This evaluation of the role of the Lead Professional was commissioned by the Information Sharing and Assessment/Common Assessment Framework (ISA/CAF) Steering Group. The group is made up of representatives from Connexions, Home Start (voluntary organisation), Health manager, Health commissioning manager, Head of Youth Offending Service, Head of Early Years, Housing, Children's Fund Manager, Police Inspector, Principal Education Welfare Officer, Head of Reception and Hospital services - Children and Young People's Dept, Head of Information - Children and Young People's Dept, Head of Youth Services, Children's Centre Co-ordinator, Common Assessment Project Manager, Children's Strategic Partnership Manager and the Children's Planning and Commissioning Manager (Chair).

The Lead Professional Trailblazer

The key functions of the Lead Professional are to act as a single point of contact that children, young people and families can trust and who is able to support them in making choices and in navigating their way through the system; to ensure that children and families get appropriate interventions when needed, which are well planned, regularly reviewed and effectively delivered and to reduce overlap and inconsistency from other practitioners. This role is being trailed in an area of Derby City. The trail started in September 2005, however families were allocated a Lead Professional throughout the period of the evaluation.

The ISA/CAF Steering Group that is overseeing the Lead Professional trail blazer in the Osmaston/Allenton area of Derby, is keen to develop the Lead Professional role within a locality of the city that has already demonstrated good inter-agency working relationships and processes. The area was chosen because of the established multi-agency networks and working that had been developed by the Osmaston/Allenton Sure Start Children's Centre. By trail blazing the Lead Professional role in this area the aim is to work in conjunction with local primary schools and nurseries, health and Sure Start staff. The trail blazer will work with children aged 0-11 years old and their families.

The aims of the trailblazer:

- To raise awareness of the role of the Lead Professional
- To evaluate the effectiveness of training
- To identify management and supervision requirements

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- To identify and evaluate children, young people and their parents and carers experience of the Lead Professional role
- To identify resources required to fully implement the role
- To contribute to the integrated front line service delivery model

The Lead Professional role is being trailed to enable some learning to be shared before it is rolled out more widely, to ensure interventions are appropriate and well planned and fit for agreed purpose.

What we wanted to learn

The purpose of the evaluation was to find out what parents and professionals think of the Lead Professional role. We wanted to evaluate parents' experience of the changes brought about through the Lead Professional role, and to hear parents' views and opinions about this and the effect it has had on the support parents and their families receive.

We also wanted to find out the views and opinions of those who have taken on the role of Lead Professional and other professionals that work with the families.

How the findings will be used

The final report will be presented to the ISA/CAF Steering Group where it will be discussed and will be used to inform decision making and the further development and un-rolling of Lead Professionals within the city. The group are committed to listening to the findings of the evaluation and using the feedback to inform the further development of the Lead Professional.

It is also intended to hold a workshop for the Lead Professionals who took part in the evaluation to consider any implications of the findings for their work. It is possible a similar workshop will be held for parents who have participated to ensure the findings are fed back to all who took part.

What we did

Role of the Community Researchers

The research was undertaken by a group of local people who had previously undertaken a community based research project in the area. Initially there were 5 women, but in fact the research was mainly undertaken by 3 women. For the previous research all the women had undertaken training in research methods which included amongst other topics sessions on asking questions, listening skills, confidentiality, ethical issues and recording. Two had completed the Sure Start confidentiality training, but all were well aware of the issues around confidentiality in such a project, particularly as local people.

As preparation for this research the Community Researchers had a session with the Children's Strategic Partnership Manager to find out more about the role of the Lead Professional and the Common Assessment Framework; the Children's Strategic Partnership Manager was able to answer the many questions the community researchers had.

In other sessions facilitated by the research advisor, they discussed issues for example: how to prompt and probe to get more detail without leading people, or putting them on the spot, what to do if they knew families, what information to share about themselves, what support they themselves might need, informed consent, childcare for the interviewees. In these sessions the Community Researchers also discussed the draft questionnaires and made suggestions for their improvement and practised asking each other questions. The Research Co-ordinator also attended all the sessions so the arrangements for payment of the Community Researchers, the setting up of the interviews and other logistics could be sorted out. During the period of the research the Research Co-ordinator worked very closely with the Community Researchers to make all the arrangements for interviews and childcare and to ensure things were running smoothly.

The Community Researchers took part in the interpretation of the findings. They took part in a meeting after the interviewing was completed with the research adviser, who compiled the report, to feedback their understandings of the information they had collected. They reported on common messages about the service – what people see as good or not so good aspects, where there were exceptions to that – where there were people with different points of view, and why?

They also gave their suggestions for recommendations. A draft report was written and circulated to the Community Researchers, the research co-ordinator, the Children's Strategic Partnership Manager and the Acting Sure Start Programme manager, then a final meeting was held to discuss the report and people's suggestions, alterations and additions were incorporated into the final draft.

Recruitment of participants

The participating families were all identified by the Sure Start referral process; they were families who had had a CAF completed and had a Lead Professional for some weeks at least (3 weeks was the minimum). Their Lead Professionals and the other professionals involved were also part of the evaluation. The families were contacted initially by their Lead Professional who explained the project to them, gave them an information leaflet about the evaluation (see Appendix A), and asked them to sign a consent form if they were willing to take part. They were then contacted by one of the Community Researchers or the research co-ordinator and a time for the interview arranged. Childcare was available for both the participants and the Community Researchers at the Children's Centre; however none of the families took it up.

Christmas fell near the beginning of the research period and this made getting the signed consent forms back difficult, indeed after Christmas the information and consent forms had to be re-sent out and Lead Professional asked again to seek consent from families to take part

Methods

Interview questions were initially drafted by the Acting Sure Start manager and the Children's Strategic Partnership Manager. The research adviser then offered some suggestions and alterations and this second draft of the questions was discussed with the Community Researchers, who suggested a number of ways to make them clearer and more comprehensible. These were agreed finally with the Acting Sure Start manager and the Children's Strategic Partnership Manager (see Appendix B, C and D).

All participants in the evaluation were interviewed by the Community Researchers. Most were interviewed face to face at the Children's Centre, though one parent was interviewed in their own home, and one by telephone. Where it was not possible to arrange a face to face interview with the professionals, due to their work pressures; the

interviews were undertaken on the telephone. The interviews took around 20 minutes.

The Community Researchers recorded people's answers in writing. After the interview they took some time to ensure they had recorded all that people had said, and that the recording was legible.

Early Lessons

To be able to make the best use of the findings of the evaluation the ISA/CAF Steering Group wanted feedback in January 2006 after some 4 parents, 8 Lead Professionals and 7 other professionals had been interviewed. These early lessons were fed back verbally to the Children's Strategic Partnership Manager, who took them to the ISA/CAF Steering Group meeting that day.

Findings

Who took part

There were 12 possible families to take part in the evaluation. Seven agreed to take part; of the five families who did not take part this was either because the Lead Professional did not feel it was appropriate to ask them, given the various things that were happening in their lives, or they themselves declined. All the parents who were interviewed were mothers, and all were white.

Eleven Lead Professionals were interviewed and in total they were the Lead Professional for 15 different families. They were from a variety of professions:

Family support worker	- 3
Social worker	- 2
Student social worker	- 1
Health Visitor	- 1
Head teacher	- 1
Acting Sure Start programme manager	- 1
Learning Mentor	- 1
Teacher (SENCO)	- 1

Twelve other professionals (those involved in the support to a family, but not the Lead Professional) were also interviewed. They were from the following professional groups:

Family support worker	- 3
Social worker	- 3
School nurse	- 2
Health Visitor	- 2
Learning Mentor	- 1
Head teacher	- 1

Some Lead Professionals were also other professionals for different families and so some people were interviewed twice, once from each perspective. A CAMHS Community Mental Health Worker was approached to take part and agreed to attend an interview but was unable to take part as they felt they had not enough knowledge of the CAF process and Lead Professional role. This means that most of the professional groups who are likely to be involved in family support with a Lead Professional were involved, other than workers from mental

health services and no Education Welfare Officers were involved with the families at this time.

Parents' views and opinions

All the parents knew what a Common Assessment was, all knew they had had a CAF completed and could name who had completed it with them. They all also knew who their Lead Professional was, and could name them.

The Community Researchers felt that there were different levels of understanding of the Lead Professional role amongst parents. However, all parents had some understanding of what the role of the Lead Professional was. They that knew they were the person who helped them and gave advice and support in helping them deal with problems. Some understood the Lead Professional had a co-ordinating role, commenting,

"The person I can ring for family support."

"The Lead Professional goes to other agencies to sort out all the problems."

However, one was slightly less clear,

"I don't really know, I thought they would be the person who saw me most."

All the parents knew what support for themselves and their children had been identified through completing the CAF and the allocation of a Lead Professional. This support was specific to their needs but included referral to other agencies and services, home visits, courses and input with their children. However, only 4 of the 7 parents interviewed felt they had received this support, 3 said they had not yet received this. For one parent they recognised it was because the CAF had only been completed a couple of weeks previously, but the other two felt something should have happened by now.

"I have only seen the social worker twice since November; they have not followed through on the hard work of family support worker."

Six of the families felt the Lead Professional had done what they had thought they would do – they were acting on what had been identified in the CAF, appointments had been made, services accessed, a course

started and on-going help was available. As one parent said, *'They have pulled all the problems into one'*.

One parent did not feel that the Lead Professional had done what they said they would as they had been off sick for some time and so they *'have no one to turn to'*.

All but one parent said they understood the role of the other professionals that work with their family. They were not asked to give more information about this.

All seven parents said that they thought having a Lead Professional had improved the support they and their family receive. Most of their comments related specifically to the role of Lead Professional, not just the tasks they undertook. People valued the fact they knew who was responsible for what, that they had one person they could go to and that this was someone with whom they had a good relationship.

"She knows and understands more about me and can recognise when to help."

"Lead Professional is here now – I know what is happening and when."

"I now know who does what."

"Instead of being passed around we have got one central person."

However, only three parents said they thought things had changed so far for them and their family as a result of having a Lead Professional. Some felt they had been helped achieve things, others felt that support was on hand.

"I have stopped drinking."

"If I need her she is always there, always rings back and explains everything, she makes it understandable and is always honest".

"More support is given."

Of those who felt there had not been a change –some said this was because the CAF had only recently been completed and so support had not started yet; another pointed out she had the same family support worker as before, and so had not noticed much change. For one parent it was because she had not received the support she had expected, once again mentioning the lack of visits from the social worker.

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Finally, parents were asked if there was anything else they wanted to say about having a Lead Professional. Four took the opportunity to do this. One felt the Lead Professional had broken her confidence, another again drew attention to the lack of visits from the social worker and the severe implications this had had for her and her family. The other two comments were very positive.

"I am really happy with Lead Professional, she always consults me first, she always stands by me and makes me feel comfortable."

"I am happy with everything."

Lead Professionals' views and opinions

All the Lead Professionals understood there had been a process involved in their selection for this role – a number specifically mentioned the decision was made by the team of workers following the completion of the CAF. Most of the Lead Professionals considered they had been chosen to take on this role with the family as they already knew the family.

"I knew Mum, the school referred her, but I knew her most."

As mentioned above these 11 professionals were in fact Lead Professional for 15 families; on nine occasions they had completed the CAF themselves whilst on the remaining 6 someone else had completed it.

Since becoming Lead Professional they had undertaken a variety of tasks:

- called meetings to discuss services,
- kept in touch with other professionals involved,
- had regular contact with the family,
- worked with the family regarding the issues that are of concern,
- liaised with other services to identify extra support for future.

"For one family agreement for mental health services support, with another arranged for stair gates, fire guards to be fitted and other safety issues, had a review for both."

"Both families are now going to social services, one has Young Carers involved."

"Child psychologist, family therapy and a group for the boys – they are angry kids with behaviour problems."

"Liaised with a number of professionals e.g. health visitor, school nurse, education psychologist, school teacher, head teacher etc."

"Attend meetings, have one to one meetings with person concerned on a regular basis, keep person fully informed of what is happening and request the support they need."

Seven of the 11 Lead Professionals said they thought they had undertaken tasks that they would not have done before, four felt they had not. For those who said they had undertaken new tasks these included:

- calling review meetings,
- arranging rooms,
- taking minutes,
- typing,
- gathering information from other agencies
- more contact with other workers.

"Yes, more involved with other agencies – integrating services."

"Taking minutes and leading a meeting."

"Everything to do with the review meeting – inviting all the professionals and parents to discuss the outcome of the assessment, to see if on-going support was needed."

For some however, it was not entirely new,

"I have done some of this sort of thing before – for example - organised meeting; but this is coming from a different angle."

Six of the Lead Professionals spoken to felt they had the necessary level of skills, knowledge and expertise to undertake the tasks associated with the Lead Professional role. This was mainly because they had done some of these things before – or they felt they were well supported and had good supervision so it was alright.

"I have done these sorts of things for some time, and I am able to ask for help, the process is completed with supervision."

"Yes, I think so, provided there is support, I would not like to have been left to get on with it without support from others."

Workers did take the opportunity to point out whilst they may have the skills, knowledge and expertise to undertake the tasks, they were still time consuming. Another felt they had developed as a professional as a result of being the Lead Professional with a family.

Five people said they would like training to support them in their role. A number suggested training in chairing or leading meetings and minute taking, another pointed out that on going training and continual updating of training was necessary.

"I would like more training in supervision for family support – as social services use."

"I would benefit from more training, I know training has been on offer, but I had never done a CAF, or held a review meeting."

"There was training, but it was all full."

All but one person felt the support plan for the family was more effective because of their role in co-ordinating activities. In the main this was because there was one person who was organising and the others were working as more of a team than might have been the case. They felt it was good having some one to make sure things are happening and the action plan is being worked towards, and the Lead Professional role formalises all these things.

"Has been more effective as other services come together more."

"Doing the CAF focused the problems and made them easier to address."

"We work as a team, everyone knows what every one else's role is. Communication is good."

Others felt the fact they knew the family well and were trusted by them, helped the support plan be effective.

"It would have taken longer if she had a different worker when she came back to the area, as she does not trust workers easily."

Some people expressed some reservations about how other professionals had responded to them as the Lead Professional; these reservations included someone who felt one organisation had been slow to respond initially, but that things had got better after a slow start; also someone else said that there had been some problems with people not listening to each others' point of view.

Most people felt that other professionals had indeed responded well to them as the Lead Professional.

"Everyone has attended reviews, or if they could not make it have sent written reports."

"Everyone is taking part with same day or next day contact."

"Very good, information is passed to me quickly and meetings have been well attended."

When asked if they had encountered any problems in their role as Lead Professional five people said no, but six said that they had experienced the following problems:

- Two people mentioned the family had not been keen to engage or had declined services,
- Another two that social services had taken a long time to do things identified as necessary.
- One person said there had been difficulty in getting a mental health worker to attend meetings as a worker had not been allocated to the family.
- A head teacher pointed out it was hard to give teachers time to be out of the classroom to undertake Lead Professional duties and responsibilities.
- One person said they felt it was just hard getting to know what a CAF was and how best to undertake the Lead Professional role.

With regard to the support people were getting from their manager all were very positive, saying they were getting good support for their role as a Lead Professional.

"Manager very supportive, but managers at higher level maybe don't understand how much work is involved."

"Yes 150%"

People were asked how they thought the Lead Professional role was working overall. In the main people were very positive saying it was working well – *“Brilliant couldn’t be better”*. A couple of people, though positive, felt that it was still early days and it would need a longer period of time to be certain it was more beneficial for the families.

People said they thought it was *‘really improving families’ wellbeing*, *‘saving on duplication’* and that families *‘definitely have had a better outcome’*.

However, once again people did point out it could be time consuming.

“Fine, but it is time consuming - pulling meetings together can be really difficult because of people’s other commitments.”

Finally, people were asked if they had any further comments they would like to make and many took the opportunity. Some people commented on the conditions needed for the CAF and the Lead Professional role to work well.

“Everyone has to keep up the enthusiasm, it will be better for families.”

“Process is useful it opened up avenues to help mum. It is joint work and other agencies have to do their bit.”

“The CAF was positive, it has changed the outcome for families, and given professionals more power with social services.”

“You do need support from your manager.”

Others pointed out things that they had found difficult. These included not having enough information from other people on the CAF, the need for active involvement of all agencies and the particular difficulties faced by teachers in the Lead Professional role.

“From a teacher’s point of view it is not easy, it is not easy to make phone calls, ring round to get things done – we have no admin support.”

“Need social services to become more involved in the CAF process.”

Some people made some suggestions for improving practice, these concerned training and communication.

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"More training."

"A regular meeting with other lead professionals would help get advice and skills."

Some people also wondered if there was any guidance as to how many families any one person could be Lead Professional for.

Other professionals' views and opinions

Only one of the other professionals had completed the CAF for the family they were working with, one had done it jointly and the remainder had been done by other professionals. Most were involved with more than one family who had a Lead Professional, but it is difficult to be exact about how many families they did work with who had a Lead Professional from the questionnaires. The Community Researchers felt that sometimes people were unclear about their involvement in the CAF and if they had submitted hand written material were not necessarily sure if this had been included in the CAF.

Other professionals undertook a variety of support work with the families including personal support for parents, information giving and work with children.

"Parental support, family learning, healthy eating, empowering, behaviour improvement, anger management."

All of them understood that the role of the Lead Professional included a co-ordinating and communicating role, with responsibility to ensure families are kept up to date and chair the review meetings.

"Co-ordinate with other professionals and family and arrange meetings, take minutes from reviews and if something arises the Lead Professional is the first point of contact."

"Person the family feel they can communicate well with, someone who has the skills and experience to co-ordinate services and ensure the family have the services they need."

"Communication and involvement with families, talking to the children on their own, liaising with other professionals and discussing with line manager and decision makers."

All the professionals said they had had considerable regular contact with the Lead Professional, most usually mentioned were face to face contact, telephone calls and meetings. All but two had been involved in reviews, those that had not been involved was because there had not yet been one. Following the review, 3 people said their role with the family had changed – becoming more focused or more involved. Once again those whose role had not changed said it was because it was too early for this to be appropriate.

Ten people felt the support plan for the families was more effective because of the role of the Lead Professional. Two felt it had not been more effective, but in one case the reason they gave was that it was too early to have had an impact yet. Other people who said it had not been effective felt this was because of things taking too long to put in place.

"The situation has been inflamed due to it taking 9 weeks from the CAF to a social worker being allocated to the first visit from the social worker to take place."

In the main though, people were positive about the impact of the Lead Professional role for families. They felt people had benefited in a number of ways:

- the formalisation of relationships
- people being clear about their responsibilities
- in less duplication of roles, *'it is clearer, everyone knows exactly what they are doing'*.
- the system's responsiveness
- the involvement of parents in the process.

They felt all this contributed to it being more effective at protecting children than before and focuses on families' needs better.

"Arrangements are more formalised, everyone knows what they are supposed to do, the family know what role each person has and why they are involved."

"Where concerns are increasing you can have agreement within the team and family what needs to change."

"Parents attending the reviews get a say, they get to talk to the range of professionals who are dealing with them on a regular basis."

Of the twelve other professionals interviewed only 3 said they had experienced any difficulties regarding the support plan that the Lead Professional has not been able to resolve; these included disagreements about role and responsibilities as well as slow responses. Once again, some of these difficulties focus on the response of social services.

"There was a disagreement about who should be Lead Professional, it is resolved now."

"There have been occasions where there have been different views between Lead Professional and social services about whether they can offer additional support."

"There was a bit of difficulty with social services not organising a meeting due to time, but it was sorted."

The other professionals were also asked if they had anything else they would like to say about the role of the Lead Professional and its impact on their work, as well as its impact on the children and families with whom they work and they took the opportunity to make a number of comments. Many people took the opportunity to make comments about how they saw the Lead Professional role as a positive thing. They felt the review process is very positive and that it provides better co-ordination and hence a better quality of service for families which results in less duplication that improves overall outcomes for families. One person felt they have developed professionally being part of the process.

"Very beneficial to families and makes process more efficient."

"The CAF is giving comprehensive information about the whole family which is good."

"Should stop people duplicating work, as everyone should know what the plan and their role is, where as before sometimes workers didn't always know who was working with the family."

Other comments, whilst recognising the advantages of the new arrangements felt there were also drawbacks – for example the time it took or the difficulties Lead Professionals face if people do not do what is expected of them.

"It takes a lot of time, but all the information is there if it is needed in the future."

"Lead Professional role is more streamlined for the families and saves time for some professionals within the care group, but for the Lead Professional it is unlikely to reduce work load."

"Confidence is an issue for some Lead Professional to be able to tell other professionals what responsibilities are expected of them."

A small number of people felt even more strongly about some of these issues.

"It can be very stressful for the Lead Professional when the family are not co-operating, there is no statutory duty to make families co-operate."

"In terms of my work it is extremely time consuming to do the information gathering for the CAF. Also, I am now involved in the information gathering for older children in the family which is out of the age range for my profession."

A number of people took the opportunity to make suggestions for how things could be improved:

- There needs to be clearer time scales regarding length of time to complete CAF and the frequency of reviews
- Needs to be agreement on how many families one person can be Lead Professional for
- All people should be able to type their information directly into the relevant sections of the form

"Because CAF is new, information for the CAF is received in handwritten form and has to be typed into the relevant CAF boxes – it is time consuming."

- The document should be able to be spell checked.
- Need a deputy Lead Professional for when the main Lead Professional is unavailable e.g. through illness

The Community Researchers' views of the research process

At the analysis and interpretation meeting the Community Researchers also gave their reactions to having been part of the research process. They reported that they had very much enjoyed having been so involved in the whole research process – talking with the Children's Strategic Partnership Manager, having input into the questionnaires, arranging the interviews etc. They also liked the fact the research was more detailed than they had taken part in before. Most importantly they felt the project was going to make a real difference and influence practice and hence make a difference to families in the community in which they live. Throughout the research the whole team (the Community Researchers and the Research Co-ordinator) worked very closely together, and they worked very hard. As one of them said,

"I felt I lived and breathed it for weeks – I was at Sure Start very day."

However the team did find that making the arrangements was time consuming since it was hard to arrange interviews, room, crèche all for the same time, particularly if meetings were later cancelled. Whilst most of this was done by the Research Co-ordinator, the Community Researchers also undertook some of these arrangements.

On some occasions when the Community Researchers rang professionals and said they were from Sure Start they got a poor response (e.g. too busy, not filled in a CAF – when they had). However when the Acting Sure Start Programme Manager rang she got a different response and then the professionals would speak with the Community Researchers. All managers had been told Community Researchers were doing this evaluation and would be in touch, but it seems this had not filtered down to all workers.

The one Community Researcher found on one occasion what a parent told her very distressing – however she was able to speak with a member of staff about how she felt, this had been agreed before the research started. The befriending and counselling course that 2 of the 3 Community Researchers had done previously appeared to helped them when on occasion a parent gave details of things that had happened to them that the Community Researchers found upsetting.

Recommendations for practice and further research

For practice

The research participants and the Community Researchers have identified a number of things that could improve the process of the CAF and the Lead Professional role.

➤ Practical recommendations:

- Everybody involved must understand the CAF process and the role of the Lead Professional
- People should put information directly on to the CAF so they are in no doubt what they had contributed to. All people should be able to type their information directly into the CAF
- It should be possible to spell check the CAF

➤ Recommendations relating to the involvement and response of services:

- When a service has need identified through the completion of the CAF, that service should respect the decision and respond appropriately, particularly with regard to time
- Services must do what they say they will

➤ Organisational recommendations:

- There is a need for a deputy Lead Professional for when the main Lead Professional is unavailable e.g. through illness
- It needs to be clear to Lead Professionals who they should go to if other agencies or services are not acting in line with what has been identified in the CAF and agreed in review meetings.
- Guidance is needed about how many families one person can be Lead Professional for
- More training is needed to ensure it is available for everyone who would like it and there is a need for on-going training
- A need for admin support for the Lead Professional e.g. minute taking, arranging meetings etc
- There needs to be clearer time scales regarding length of time to complete a CAF and the frequency of reviews
- A regular meeting with other Lead Professionals to share advice, experience and skills.

Further research

This research aimed to find out what parents knew about the CAF and Lead Professionals and to gather professionals' views about the process. At the start of the evaluation it was not known what level of knowledge and understanding people had. Now there is a baseline picture of what people know and think about the Lead Professional it is possible to think of further research that could build on the findings of this project. Possible future research or evaluation could include:

- The Lead Professional role is new, and many of the people who took part in this evaluation felt it was too early to be able to make much comment or tell how much impact the change had had, so it could be worth while repeating this exercise in this area in some months' time when it has been in operation longer.
- Research which includes the managers of Lead Professionals to find out how this responsibility is affecting their work and how it is working for them.
- More detailed questions for families about their views of the Lead Professional. When this project started we did not even know if they knew what a Lead Professional was, who theirs were etc. However, we now know this and so could ask questions in more detail and depth to gain a greater understanding.
- Could ask other professionals more about their role and how they see it as linking with the others providing support to families.
- Starting in April 2007 it would be beneficial to evaluate the rolling out of the Lead Professional role in Area 1 of Derby, which is not a Sure Start area and so some differences could be identified.

Conclusion

This evaluation has provided an important opportunity to get some early informed feedback on the introduction of a new initiative – the Lead Professional role which aims to create greater agency co-ordination and more targeted support for families. The actual research itself has been both significant and groundbreaking on two counts: it is the first piece of research to be carried out on this new national initiative and it involved local people as researchers. Local people working as researchers gave us both, we believe, much better access and interaction with the parents interviewed and also unique perspectives on the information collected.

It is important to bear in mind that this trail-blazer and evaluation have taken place in an area (Area 2) where a Sure Start/Children's Centre has been working for some time, and so the findings might be different to those in an area where Sure Start has not been working effectively for many years.

The findings from the research show that the majority of people involved, even after a comparative short period of time, recognised the Lead Professional role as having useful potential. Because it is so new there are inevitably some teething problems, but the evaluation provides valuable insights into the new ways of working that have developed through its introduction and shows that the authority has made an excellent start in incorporating the role into its social care services.

The authority has also been swift to make changes to its practice as a result of the research findings. The way in which the research was carried out, including continual feedback and two-way communication with the Lead Professional co-ordinating group, has meant that the group has been able to start taking action on some of the issues identified straightaway while the evaluation was still on-going. As a result, the planning forum for the piloting of an Integrated Service Delivery model in Area 1 has been able to benefit from the lessons learnt from this research project.

Appendix A – Information Leaflet and consent form
Too big to email, will send separately

Appendix B – Parents' questionnaire

1. Do you know what a common assessment is?
2. Who completed the common assessment with you?
3. What support was identified through completing the common assessment to you and your family? (*what was offered?*)
4. Are you receiving this support? (*what have you got?, did you get what was offered?*)
5. Do you know who your Lead Professional is?
6. What do you understand is the role of the Lead Professional?
What do you think the role of the lead professional is?
7. Has your Lead Professional done what you thought they would do?
Yes ☐ No ☐

Details:

8. Do you understand the role of other professionals working with you and your family? Yes ☐ No ☐

If yes, do you want to explain further (*in general terms*)

9. Since having a Lead Professional, has the support for your family changed in anyway? Yes ☐ No ☐

If yes, please describe

10. Overall do you feel having a lead professional has improved the support you and your family get? Yes ☐ No ☐

Can you tell us how?

Is there anything else you would like to tell us about the role of the Lead Professional with you and your family?

Is there anything else you would like to tell us?

Thank you etc

Appendix C – Lead professionals' Questionnaire

1. What were the decision making processes in you becoming the Lead Professional?
2. How many families are you lead professional for?
3. Who completed the common assessment for the families you are lead professional for?
4. What actions have you taken since becoming the Lead Professional?
5. In your role as Lead Professional have you undertaken tasks you would you not have done before? Please can you tell us what they are?
6. Do you feel you have the necessary level of skills/knowledge/expertise to undertake these new tasks properly?
7. Is the support plan more effective because of your role in co-ordinating activities? Yes ☐ No ☐

Either way, please give an example without breaking the family's confidence

8. How have any other professionals responded to you as a Lead Professional?
E.g. Are they taking part? Doing what they said? Responding to your direction? Keeping you informed? etc
9. Are you getting support from your manager in your role as Lead Professional?
10. Have you encountered any problems in your role as Lead Professional? Yes ☐ No ☐

If yes, please give an example without breaking the family's confidence

11. Overall how do you feel the Lead Professional role is working?

12. Is there anything else you would like to say?

Thank you etc

Appendix D – Other Professionals' Questionnaire

1. How many families that you work with have a lead professional?
2. What is your involvement with those children and family?
3. Did you complete the common assessment and those families?
If not, who did?
4. What do you understand is the role of the Lead Professional?
5. What contact have you had with the Lead Professional?
6. Is the support plan for those families more effective because of the role of the Lead Professional?
Yes ☐ No ☐

If yes, please give an example without breaking the family's confidence
7. Have you encountered any problems regarding the support plan that the Lead Professional has not been able to resolve?
Yes ☐ No ☐

If yes, please give an example without breaking the family's confidence.
8. Have you been part of the review process? Yes ☐ No ☐
9. Following the review process, has your involvement with the family/ies changed?
10. Is there anything else you would like to say about the role of the lead professional and its impact on your work and the children and families with whom you work?