

# Every child matters



Helen Thornton

As the year progresses, we as paediatric and adolescent diabetes specialist teams have new resources to assist us with achieving the outcomes specified in *Every Child Matters: Change for Children* (Department for Education and Skills, 2003). As specialist nurses we often work in isolation and are not fully aware of all the procedures and documents available to support our practice.

One such document is the Common Assessment Framework (CAF) that is being implemented nationally from April 2007. The CAF is a standardised approach to conducting an assessment of a child's additional needs and deciding how those needs should be met regardless of whether you are from a health, education or social care background. It is a key part of delivering front line services that are integrated and focused around the needs of children and young people. The CAF will promote more effective and earlier identification of additional needs, particularly in services such as ours. It is intended to provide a simple process for a holistic assessment of a child's needs and strengths that takes into account the role of parents, carers and environmental factors on their development. We will then be better placed to agree, with the child and family, about what support is appropriate. The CAF will also help to improve integrated working by promoting co-ordinated service provision.

It is not always easy to know what to do when you are concerned about a child. You may not even be sure quite what the problem is, but even if you are your service may not be able to help – this is often the case when we identify issues we consider to need social care support. You may also not feel confident that you can get other services to help, but now the CAF can help you work with the child and their family to identify what the needs are. It provides structure for recording information that you gather by having a conversation with those involved (*Figure 1*). It will also help you when involving other services, because they will recognise that your concern is based on evidence not assumptions. Other services in your area will also be using the CAF and so they will recognise and expect an assessment and referral based on this format.

The CAF will prevent families from having to endure multiple assessments by multiple agencies. Locally, there will be CAF procedures which you may require training in, but by contacting a central body you can discover if anyone else has conducted a CAF on a particular child. You will then be able to access this record and update as appropriate. The CAF dovetails into the procedures detailed in the *Framework for the Assessment of Children in Need and their Families* (DoH et al, 2000) but does not replace our statutory duties and procedures for safeguarding children at risk of harm.

If this information is new to you I urge you to ensure you speak with your named nurse for child protection to ensure you can access the appropriate training that will be being provided by your local safeguarding boards. Further information can also be obtained along with downloadable documents and forms from the Every Child Matters website ([www.everychildmatters.gov.uk/deliveringservices/caf/](http://www.everychildmatters.gov.uk/deliveringservices/caf/) [accessed 06.06.2007]).

On a similar theme, the report of the Children and Young People with Diabetes Working Group has been published: *Making Every Young Person with Diabetes Matter* (DoH, 2007). This is an excellent document recognising the current challenges in care provision for children and young people with diabetes. It provides guidance and makes recommendations for organisation of care while accepting that the wide variations in care delivery across the country are not through lack of effort from paediatric and adolescent diabetes teams. This report links into key government policies and documents that influence our care delivery, such as the National Service Frameworks (NSF; DoH, 2001). It also gives a handy reference in its annex with which you can cross reference the diabetes NSF standards against best practice quality markers.

The national diabetes audit has just completed a third year of data collection and has again seen an increase in participation by paediatric units, with 127 registered for the audit and 102 submitting records. Data submission has just started for the 2006/7 audit with completion due in September 2007. The proposed de-anonymisation of the audit has created some interesting discussions via e-mail through the

Helen Thornton is a Clinical Nurse Specialist in Paediatric and Adolescent Diabetes at St Helens and Knowsley Hospitals Trust, Merseyside.

last few months as people debate the pros and cons of being identified within the toolkit and annual report. Remember, our GP colleagues have exclusion criteria in their GMS contracts; maybe we require an extreme exclusion code for some of our young people's readings that enables us to demonstrate that we have made a record of the HbA<sub>1c</sub>. We all have a person in the clinic that, for reasons beyond our control and despite our best efforts, has extremely poor glycaemic control. The following article by Dr Christie enables us to reflect on how we should approach such a young person and looks at the barriers present when attempting to conduct a constructive consultation with such young people. National audits and the fear of being judged by our peers may influence how we approach things and I urge you to consider Dr

Christie's comments in how to conduct helpful conversations. ■

Department for Education and Skills (2006) *Common Assessment Framework*. Available at: <http://www.everychildmatters.gov.uk/deliveringservices/caf/> (accessed 04/06/2007)

Department of Health (DoH), the Department for Education and Employment and the Home Office (2000) *Framework for the Assessment of Children in Need and their Families*. Available at: [http://www.dh.gov.uk/prod\\_consum\\_dh/idcplg?IdcService=GET\\_FILE&cdID=13644&Rendition=Web](http://www.dh.gov.uk/prod_consum_dh/idcplg?IdcService=GET_FILE&cdID=13644&Rendition=Web) (accessed 05.06.2007)

DoH (2001) *National Service Framework for Diabetes: Standards*. DoH, London

DoH (2003) *Every Child Matters: Change for Children*. Available at [http://www.everychildmatters.gov.uk/\\_files/F9E3F941DC8D4580539EE4C743E9371D.pdf](http://www.everychildmatters.gov.uk/_files/F9E3F941DC8D4580539EE4C743E9371D.pdf) (accessed 04/06/2007)

DoH (2007) *Making Every Young Person with Diabetes Matter*. Available at: <http://www.dh.gov.uk/en/>

*'We all have a person in the clinic that, for reasons beyond our control and despite our best efforts, has extremely poor glycaemic control.'*

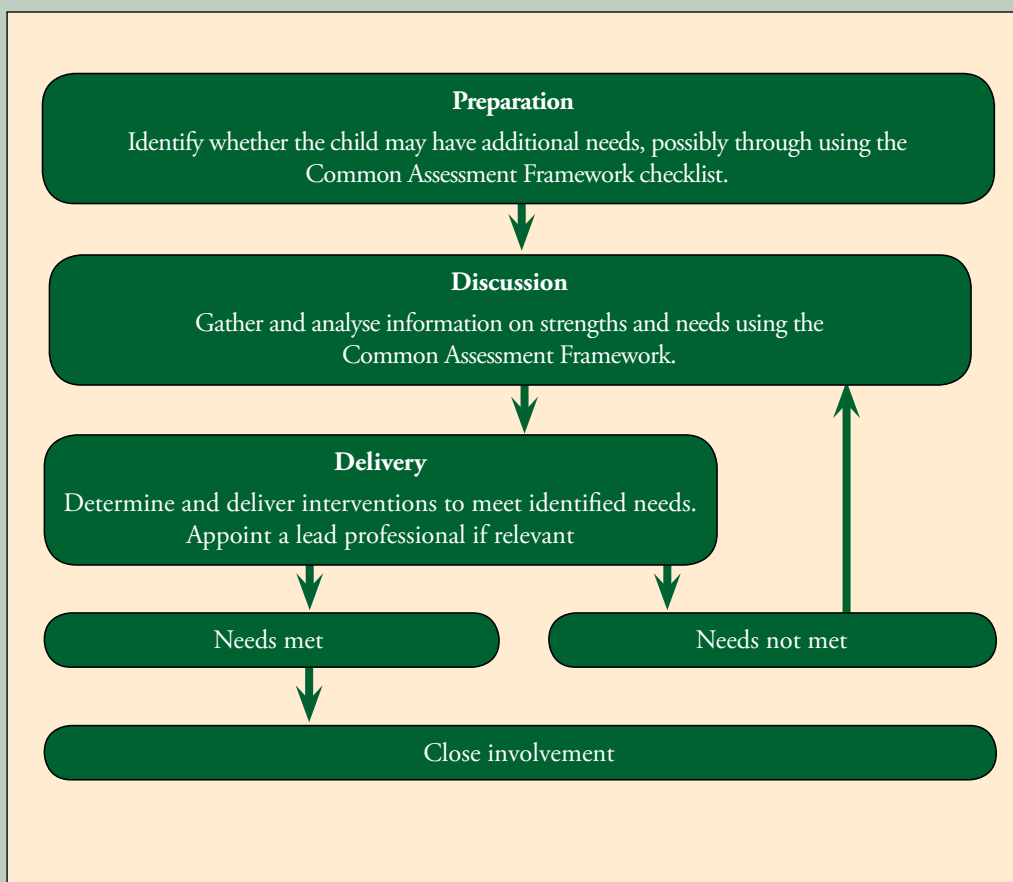


Figure 1. The 3-stage common assessment process. Adapted from: *The Common Assessment Framework (Department for Education and Skills, 2006)*