

Assessment of Children in Need in Northern Ireland

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ASSESSMENT OF CHILDREN IN NEED IN NORTHERN IRELAND

BACKGROUND

The issue of assessment and the need for a common framework is one which has featured increasingly as a practice concern in Northern Ireland. The introduction of the Department of Health 'Framework for the Assessment of Children in Need and Their Families' (DoH, 2000) as part of the Labour government's Quality Protects initiative, has resulted in an increased focus on assessment processes for children in need, policy making and practice guidance. This has been underpinned by a series of case reviews and the Laming Inquiry into the death of Victoria Climbié. The adoption of the DoH (2000) Framework is also a recommendation to the Department of Health & Social Services & Personal Safety (DHSSPS) following the integrated Health & Personal Social Services (HPSS) Laming audit.

The last formal regional guidance on assessment was 'Protecting Children : A Guide For Social Workers Undertaking A Comprehensive Assessment' (DoH, 1988), also known as the 'orange book'. This has been used extensively in the preparation of more in-depth assessment work and, in particular, comprehensive assessment for case conferences. However, the limitations of this model for assessment, particularly in relation to sexual abuse, have been widely recognised and it has been superseded by the introduction of the DoH (2000) Framework in England.

Northern Ireland has not benefited from a Quality Protects initiative, nor has the DoH (2000) Framework been formally adopted here. Whilst there is recognition of the need to develop a common assessment framework for the forthcoming DHSSPS 'Children in Need Strategy', DHSSPS has not provided a strategic steer on this issue. Subsequently Health & Social Services Boards (HSSBs) have, by and large, been left to their own devices to develop assessment models at a sub regional level.

The aim of this paper is to compare the assessment models currently being used within the four HSSBs in Northern Ireland. Understanding how these models may differ from each other is essential to establishing the extent to which different assessment processes are being applied to children and their families in different areas. Particular attention is given to the forms which accompany the models, as these structure the information collected during assessments and form the basis for identifying needs and devising service plans.

As developments in Northern Ireland are largely based on the introduction of the DoH (2000) Framework this paper also examines the context and content of this assessment model and includes a brief review of research evaluating its impact. This review aims to highlight some of the key issues in the implementation and impact of the Framework and is selective in nature rather than a comprehensive critique. Each of the Northern Ireland assessment models are compared with the DoH (2000) Framework in order to gauge the extent to which they may differ. An examination of evidence given to the Assembly Health Committee during its inquiry into child protection in 2002 is also included in order to provide an overview of thinking around assessment in Northern Ireland.

EVIDENCE TO THE ASSEMBLY HEALTH INQUIRY REGARDING ASSESSMENT

On 14 May 2002 the Health, Social Services and Public Safety Committee launched an inquiry into the arrangements in Northern Ireland to protect infants and children from physical, sexual and mental abuse. This followed on from a number of high profile child abuse cases, in particular the death of Jasmine Magowan. The aim of the inquiry was to determine whether current arrangements were meeting the welfare needs of children and protecting them from significant harm. This process involved consultation with a wide range of experts and, in total, the inquiry received 53 substantive written submissions, as well as holding 14 oral evidence sessions and two informal meetings. However, due to the suspension of the Northern Ireland Assembly in October 2002, a full report from this inquiry was never published. Nevertheless, full transcripts of evidence have been made available and provide an invaluable source of information on the policy and practice issues facing agencies and professionals working in child protection across Northern Ireland.

Analysis¹ of the inquiry evidence indicates that the issue of assessment featured in a total of twenty responses with a majority (16) specifically discussing a standardised assessment framework. The responses from the Health & Social Services Boards/Area Child Protection Committees (ACPCs) provide a useful overview of work that was underway in relation to assessment models back in 2002. For example the Eastern Health & Social Services Board (EHSSB) noted that concerns over a lack of one assessment methodology had led to the introduction of multi-agency framework for assessment based on the DoH (2000) Framework and best practice in Northern Ireland. At the time of writing, the response it was anticipated that this work would be completed by September 2002 and that the final document would include a recording format and model of risk analysis. Similarly the Western Health & Social Services Board (WHSSB)/Sperrin & Lakeland Health & Social Services Trust submission highlighted the need for professional judgements to be rooted in an evidence base. It also made reference to the launch of a framework for assessment document in May 2000 that allowed for the systematic collection and recording of information.

The Southern Area Child Protection Committee (SACPC) response also noted how a review of thresholds for decision making across the Southern Health & Social Services Board (SHSSB) had highlighted that the basis of decision making was not always explicit in case files. Consequently, a framework for assessing children and their families was being implemented to address this. While the response from the Northern Health & Social Services Board (NHSSB

¹ Both the written and oral evidence from the Health Assembly Inquiry were analysed by developing a framework with which to categorise the data. This framework was devised from the terms of reference for the Inquiry, as well as initial reading of the evidence submitted, and comprised the broad themes of: Child protection register; Children's Commissioner/Strategy; Cross Border Issues; Family Support; Legislation/policy/guidance; miscellaneous; Multi-disciplinary working/communication; Practice Issues; Resourcing/Funding; Roles & Responsibilities of Areas Child Protection Committees/ Trust Child Protection Panels ; Roles & Responsibilities of Statutory Organisations; Roles & Responsibilities of Voluntary Organisations; Technology and Training/Recruitment/Human Resources. The text from each submission was categorised under these headings and entered onto a database. Further analysis of the submissions categorised under the practice issues heading provided the basis for the information presented above.

made no specific reference to the development of an assessment framework in the Board area, it highlighted the need for co-ordinated approach to the development of an assessment framework which should be underpinned by regional guidance.

These responses illustrate that the need for a standardised approach to assessment has been widely recognised across Health & Social Services Boards in Northern Ireland with individual Boards having developed assessment frameworks with which to systematically collect and collate information relating to children in need. However, the point raised by the NHSSB, about adopting a co-ordinated approach to assessment under-pinned by regional guidance, is a crucial one. Equally the importance of adopting a regional, standardised approach to assessment was highlighted in a number of other responses, including the Association of Directors of Social Services, NSPCC and a number of Education & Library Boards (ELBs).

‘Earlier in this response, reference was made to the need to standardise definitions and assessments of Children in Need. The area of Child Protection work would be enhanced by greater attention being paid to the development of standardised measurements and a standardised approach to recording. The Association of Directors believe that consideration needs to be given to creating pro-active Child Well-being Indicators that would assist in setting future policy goals and tracking outcomes for children. We also feel that the introduction of the multi-agency assessment framework, which has been piloted in England for some time, should be introduced into NI, as this will assist and guide staff in taking complex decisions.’ (Association of Directors of Social Services, written submission, Volume 2)

Providing the evidence base for transparent decision making, the systematic collection and recording of information, the standardisation of thresholds for significant harm and the use of a common language among health, education and social care professionals, were all cited as the benefits of such an assessment framework.

THE DOH (2000) FRAMEWORK FOR THE ASSESSMENT OF CHILDREN IN NEED & THEIR FAMILIES

Background

The DoH (2000) ‘Framework for the Assessment of Children in Need & Their Families’ was developed in response to the findings from a programme of research on child protection (DoH, 1995, as well as a series of government inspections which highlighted inadequacies in assessment processes. For example, the Seventh Annual Report of the Chief Inspector, Social Services Inspectorate 1997/8 found that:

‘...it was unusual for families to be assessed systematically taking account of their strengths and weaknesses. Departments more often simply responded to the problem that was presented. As a result some families who needed support were inappropriately caught up in the child protection system, whilst in other situations obvious risks to children were overlooked.’

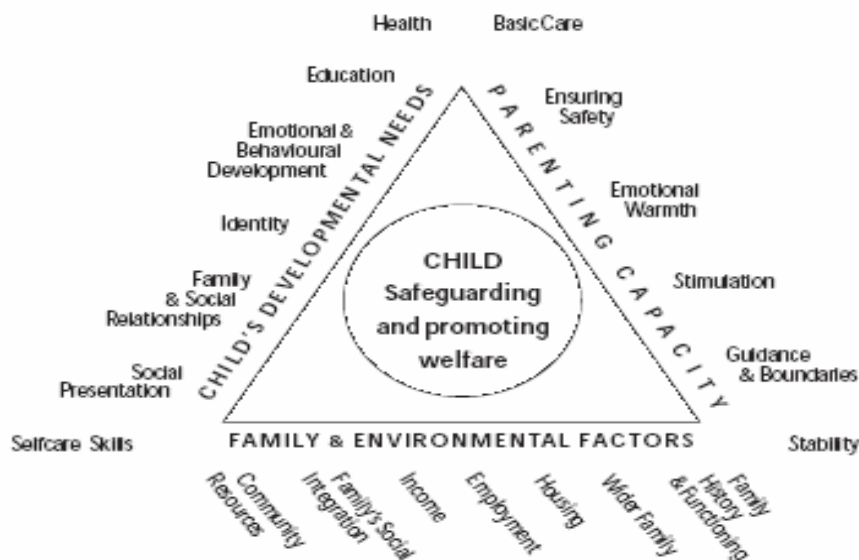
It was argued that a narrow focus on child abuse and child protection had caused the assessment process to be characterised by an assessment of the risk of abuse. This was linked to the slow development of family support services with the practice emphasis remaining reactive rather than proactive (Garrett, 2003).

The DoH (2000) Framework built on, and superseded, the ‘orange book’, with the aim of improving outcomes for children in need by providing ‘a systematic way of analysing, understanding and recording what is happening to children and young people within their families and the wider context of the community in which they live’ (DoH, 2000, pviii). It was also designed to contribute to integrated working and to assist local authority departments to ensure that referral and assessment processes discriminated effectively between different types and levels of need, and produced a timely service response.

The Assessment Framework

The Framework was designed to support the implementation of Quality Protects, the government’s programme to modernise the management and delivery of children’s services. It is based around three domains: the child’s developmental needs; the capacity of parents or carers to respond appropriately to these needs; and family and environmental factors (See Figure 1). The Framework identified three stages in the assessment process, referral, initial assessment and core assessment. It also provided detailed guidance on the assessment process and included specific recording formats for each of the assessment stages, as well as a number of scales and measures which could be used by practitioners during assessments. This section focuses specifically on the assessment stages and recording formats rather than on the measures included in the Framework.

Figure 1: Needs Triangle (DoH, 2000)



Referral - The Referral and Initial Information Record gathers together the essential information about the child including ethnicity, household composition, parental responsibility and agencies currently involved with the child and family. The Referral and Initial Information Record also records the reason for the referral, or request for services, and how it was responded to by the Social Services Department. A decision is to be made on what the response will be to a referral within one working day of it being received.

Initial Assessment – The purpose of the Initial Assessment is to decide whether the child is a child in need, the nature of any services required, from where and within what time scales, and whether a more detailed core assessment should be carried out. The initial assessment record is to be completed within seven working days and provides for information on the name, gender etc of the child, agencies contacted during the initial assessment process and the reasons for the initial assessment, including the views of the child/young person and parent’s carers. The form provides a breakdown of the dimensions within the three domains and asks practitioners to complete these in relation to strengths and current needs. It also contains a separate section for any issues effecting the parents’/carers’ capacities to respond appropriately to the child/young person’s needs, as well as a summary of the identified needs across all three domains and further action to be taken.

Comprehensive Assessment – The core assessment was developed to build on the information gathered at referral and initial assessment, but may also be used for a re-assessment of a family already known to social services. The assessment was intended to assist social workers by providing a framework to record information systematically and, in a such a way, as to facilitate analysis and planning. There are five age-related Core Assessment Records, which, with the exception of children under 2, are congruent with those used in the Looking After Children Assessment & Action Records. These age bands are 0-2; 3-4; 5-9; 10-14 and 15 and over. These records provide for background information on the name, gender etc of the child, agencies contacted during the assessment process, questionnaires/scales used and any specialist assessments carried out. They also include sections on:

- the reason for the core assessment;
- specific communication needs of the child/parent;
- significant relatives who are not part of the child’s household;
- any health conditions/impairments experienced by the child;
- key events which may have had an impact on the child; and
- key events experienced by his/her siblings or other family members which may have had an impact on the child.

The form provides a breakdown of the dimensions within the child’s developmental needs domain which are cross-referenced with the appropriate dimensions within the parenting capacity domain. The records use prompts to guide practitioners to key areas and issues identified from research as being significant for children. Each prompt is accompanied by a tick box to record the presence or absence of the factor and additional space is provided to

record any relevant contextual data. For example, in the 0-2 core assessment, the child's health needs are presented with the dimensions of the parenting capacity domain which are considered relevant to meeting the child's health needs. Prompts in the child's health needs section include asking if the child's height/weight is at expected levels or if the child has a regular sleep pattern. In the basic care dimension of the parenting capacity domain prompts include asking if the parents bath the child regularly or give the child an adequate and nutritious diet. Each dimension within the child's development needs domain ends with a summary of the child's needs in this area and the extent to which the parents are responding appropriately. A section on factors which effect parenting capacity is also included, as well as a breakdown of the dimensions within the family and environmental factors domain. This is accompanied by the appropriate prompts and a summary of how family and environmental factors impact on the other two domains. In addition, the core assessment record also contains a detailed section on planning which summarises the strengths and needs in each of the three domains and provides space for the parents/carers to write their views on each. An analysis of the information gathered during the assessment then forms the basis for setting objectives and service plans to meet the needs identified in each of the three domains.

Issues in the Implementation and Impact of the Framework

Since the introduction of the DoH (2000) Framework there have been a number of studies which have explored issues around its implementation and the impact it has had on social services agencies, child protection professionals and service users alike. Jane Horwarth's initial impressions of the Framework (2002) suggested that there were a number of issues which might act as blocks to effective implementation and assessment. These impressions were based on her experiences of working with Area Child Protections Committees, Social Services Departments and child protection professionals in introducing the Framework. At an organisational level, she identified problems of staff recruitment and retention, finance and capacity issues, continuing organisational change and reform and the image of social work itself, as obstacles which might impede successful implementation. In terms of assessment itself the conceptual and attitudinal shift required by the Framework, from a procedurally driven approach to one of evidence-based practice, was highlighted as a difficulty which might lead the assessment triangle to become more of a 'Bermuda' triangle. Originally envisaged as an equilateral triangle which would help to facilitate holistic assessment, Horwarth (2002) noted that sometimes assessments were being completed in such a way that the triangle was becoming lopsided. This overemphasis on one aspect of the domains, rather than analysis of the interplay of the three, was cited as potentially leading to oppressive practice. Similarly issues of diversity and assessing the needs of disadvantaged groups were considered at risk of being lost if staff are more familiar with the assessment framework and not the guidance offered with it.

The danger of the Framework becoming form led, with the detailed recording forms being used as information-gathering tools only, was also raised. The forms were intended to facilitate the use of evidence-based practice to inform professional judgement. However, it is argued that their introduction within a procedurally driven social services agency may mean that the focus is on information gathering and completion within given timescales, rather than on analysis of

that information. The implementation of the Framework being social services driven and not sensitive to the needs of other organisations and professionals was also raised as an issue. In some cases this had led to the Framework having been implemented in social services departments at a pace which had left professionals in other organisations without the systems in place to effectively contribute to the assessment.

While Horwarth's account highlights some of the potential difficulties which may be faced on the ground, other evaluations have highlighted both positive and negative aspects of the process. For example, Platt's (2001) evaluation of a pilot project carried out in one urban area, found that children in need assessments did not expose vulnerable children to more risks of child maltreatment than child protection investigations. It also reported a high level of consumer satisfaction with the new assessment process. Similarly a study, carried out in one local authority in the North West of England (Corby et al, 2002, also found that parents/carers were generally positive about their involvement in the assessments. The study involved interviews with 34 sets of parents (10 involved in initial assessment and 24 in core assessment), as well as a review of documentary evidence and discussions with social workers and family centre workers. It found that a majority of parents appreciated the clarity of the initial assessment process which provided a speedy response and was easily understood. Social workers also expressed similar views on the ease of using the initial assessment format, although concerns were expressed that staffing resources were being stretched to ensure that time limits were met.

However, the researchers had more difficulty in interpreting their findings in relation to the core assessments as a number of parents found it difficult to isolate the assessment process from their overall involvement with social workers. This appeared to be particularly true in cases resulting in the child being accommodated or placed on the child protection register after a child protection investigation. In these cases assessment took place amid, what appeared to the parents, to be a whole host of question answering and form filling. Some parents of older children with behavioural problems felt that the assessment was unhelpful because it focused too much on the needs of the child and marginalised their feelings and experiences. On the other hand some parents of disabled children felt that it focused too much on them as parents and not enough on their child. Equally, whilst recognising that the recording form was never intended as checklist, several social workers commented that, in practice, it was hard not to feel dominated by the printed form. Nevertheless, two thirds of families were generally positive about the core assessments and many felt that it was a highly beneficial process which offered insights into their family situation and enabled them to vent their feelings and anxieties. In some cases this led to parents overcoming their initial suspicions of social workers.

In their large scale evaluation of the framework Cleaver & Walker (2004) also provide evidence which highlights both positive and negative aspects of this assessment model. This evaluation took place over a two year period and involved 24 English councils. The aim of the evaluation was to examine the process of implementing the framework and its accompanying records, its impact on professional practice, the cost of assessments and the experiences of children and families.

The first phase of the research focused on the implementation of the Framework with familiarisation sessions for practitioners and training packs being provided to all 24 councils. Information on councils' resources, policies, procedures and implementation plans was gathered through telephone interviews, postal questionnaires and meetings with managers and staff. The research confirmed Howarth's (2002) view that organisational upheaval and difficulties in staff recruitment and retention were common, with only one social services department (SSD) having had no experience of re-organisation during the past 5 years. Poor access to information technology was also commonplace with 29% of staff not having their own computer.

The evaluation found that, despite these barriers, councils were able to make considerable progress in implementing the Framework. The most successful approaches tended to involve combining strong leadership at a senior level with a clear implementation plan that involved a wide range of staff and a flexible approach to training. Overall 87.5% of councils involved directors or assistant directors in the implementation process and 75% involved trainers and social workers. This involvement was extended to other agencies in 83% of councils, with just under half reporting the development of joint initiatives such as an interagency referral record or protocol for joint working. However, there appeared to be a lesser degree of recognition of the importance of training in equipping staff to deal with the changes required by the Framework. For example, 42% of the councils were still planning training when the Framework was implemented. The research also noted that only a third of councils provided training on the level required to facilitate attitudinal change i.e. inform staff about guidance, procedures and recording forms as well as provide them with opportunities to reflect on the need for change and the implications for practice. Nonetheless, a few councils adopted a flexible approach through the use of practice mentors who worked alongside practitioners, action learning sets and regular practice workshops.

The second phase of the research involved an audit of 100 consecutive referrals and any subsequent initial or core assessments recorded in each of the 24 councils. Postal questionnaires were also sent to social services and partner agencies, resulting in 216 returned questionnaires from social work practitioners, 93 from managers and 153 from other professionals. A qualitative study of 52 cases involving interviews with 50 parents, eight children (over the age of ten) and 52 social workers, was also carried out. A time record, to enable social workers to record the time taken to carry out the various elements of a core assessment, was completed and returned by 24 social workers.

The audit resulted in 2248 referrals being included in the analysis, almost 40% (866) of which progressed to initial assessments. Cases were more likely to progress to this stage if the reason for referral involved child protection concerns, children under the age of 15, concerns about parental drug/alcohol or concerns about parental mental illness. Referrals involving older children, police referrals for domestic violence or those relating to financial and housing problems were the least likely to result in an initial assessment. This led the authors to conclude that the impact of environmental factors may not be fully appreciated by many social

work practitioners. In total two thirds of the initial assessments identified difficulties in relation to family and environmental factors, half identified the child as having developmental needs and one third identified difficulties in relation to parenting capacity. A further three quarters of cases identified factors within the family which impacted on parenting capacity, such as parental drug/alcohol abuse and domestic violence. Seven percent (61) of the initial assessment cases were classified by the researchers as having multiple problems i.e. the assessment identified severe difficulties in relation to all three of the domains in the needs triangle. It was expected that all of these cases would require a more detailed core assessment. However, in 10 of the 61 cases no further action was recorded by the social worker, a decision which was recorded in almost half (45%) of the initial assessments.

In total 68 cases, 3% of all referrals and 7.8% of all initial assessments progressed to a core assessment. The initial assessment cases in which multiple difficulties were identified by the researchers, but did not receive an in-depth assessment, suggested that information gathered during the initial assessment was not always being used to inform social work decision making. In two thirds of the cases the core assessment identified severe needs across all three domains, suggesting that in-depth assessment is required to fully understand a child's or young person's needs and circumstances.

Findings from the questionnaires and interviews suggest that social work managers held more positive views than social work practitioners about the impact of the Framework on the involvement of children and families in the assessment process. Approximately a third of practitioners reported that the introduction of the assessment record had hampered involvement with families, their responses indicating that they were perceived as bureaucratic tools, that practitioners felt their appearance and language was not family friendly and that they were unfamiliar with the style and content of the records. Conversely a majority of parents reported very positive experiences with 75% saying they felt consulted and involved in all stages of the social work process. Further comments from some practitioners indicated that the records were being administered as questionnaires and that they were dominating practice rather than practice dominating them. Unfamiliarity with the content and lack of training as to the purpose of the Framework and the use of the accompanying records were considered to be key to these difficulties.

Despite the unfamiliarity of a minority of practitioners with the forms, over half reported an improvement in the quality of assessments, with two thirds of managers reporting the same. However, a considerable proportion of social workers expressed anxiety about their ability to carry out assessments, particularly around analysis of the information and collaborative working with other agencies. Both social workers and managers reported that the implementation of the Framework had increased their workloads with the emphasis on direct work with children resulting in social workers spending more time with children and families during the assessment process than they had previously. The evaluation also found that interagency collaboration had increased to a certain extent and approximately a third of staff from other agencies reported an increase in collaboration over assessment.

ASSESSMENT IN THE WESTERN HEALTH & SOCIAL SERVICES BOARD (WHSSB)

The WHSSB uses a multi-disciplinary assessment framework, 'Assessing Needs & Risks in Work with Children and Families', which has been in operation since 2000. This framework appears to be largely based on the DoH (2000) Framework, although it also refers to a number of other reports. The framework offers guidance on the assessment of the child's developmental needs, parenting capacity and family and environmental factors, using the same dimensions covered in the DoH (2000) Framework. It also uses a similar three stage assessment approach of:

- Referral
- Initial assessment
- Substantive assessment.

Referral –Whilst the guidance recognises the importance of gathering good quality information this framework does not provide a recording format for referrals. Nevertheless, the guidance does make broad reference to the kinds of information considered important, stipulating that when making or receiving referrals, to or from other disciplines or agencies, staff should be clear about:

- 'the reason for making the referral;
- any special needs of the child and family;
- their expectations of the Agency to which they refer;
- the action(s) which will be taken by both the agency receiving the referral and the referrer;
- the need to urgently clarify any possible ambiguities regarding the details of the referral or subsequent action (s)' [Western Area Child Protection Committee (WACPC), 2000, p2).

The framework also includes two paragraphs taken from the National Children's Bureau Guide 'Developing Good Child Protection practice', which in turn are taken from the DoH (1997) report 'Responding to Families in Need: Inspection of Assessment, Planning and Decision Making in Family Support Services'. These state that:

'Staff must be able to determine the appropriate level and speed of response to a referral, guided by the Trusts' policies and eligibility criteria and in consultation with their Line Managers. Staff must be able to screen referrals in order to make the initial; identification of needs of the child/ren and the family. Members of the staff then have to consider and determine whether these needs are best met through work to promote the child's welfare and support the family or whether there is evidence of actual or potential significant harm to the child those requiring a child protection inquiry. Appropriate judgments about future action based on an initial assessment of need must be made by the member of staff with his or her line

manager, particularly where the referrals do not require any further input or, although outside the Trusts' eligibility criteria for services, are appropriate for referral to other sources.'(WACPC, 2000, p2-3).

Initial Assessment – The WACPC (2000) framework does not appear to provide a recording format for initial assessments with the one recording format included seeming to relate to substantive assessment only. However, as with the referral stage, the WACPC (2000) framework does issue broad guidance on initial assessments indicating that these should include:

- 'interviews with the child and family members as appropriate;
- contact with other agencies, as appropriate;
- consultation with the supervisor/manager;
- record of initial analysis;
- decisions on further action/no action;
- record of decisions/rationale with family/agencies;
- informing other agencies of decisions;
- statement to the family of decisions made and, if a child is in need the plan for providing support.

At this stage a number of options are available and include:

- no further action because concerns are minor and are considered not to pose any risk to the child/children;
- need for support services which should be incorporated in a case plan e.g. Family Centre, childminding, counselling and advocacy; and
- a substantive assessment is required because there appears to be a risk of significant harm to the child/ren.' (WACPC, 2000, p3-4)

Substantive Assessment - The substantive assessment appears to be the only stage for which the WACPC (2000) framework provides a specific recording format. While this record is very similar to the DoH (2000) core assessment some differences are apparent. For example, the WACPC (2000) assessment includes details of the child and their family, other significant adults, agencies/professionals contacted during the assessment process and causes for concern. However, the DoH (2000) core assessment asks for less detail in relation to family members but asks for a list of dates of when the child and family members have been seen, questionnaires/scales used as part of the assessment and any specialist assessments carried out. It also includes a section on any health conditions/impairments experienced by the child and any key events experienced by the child, his/her siblings or other family members which may have had an impact.

In relation to the assessment of need, the WACPC (2000) is very similar to the DoH (2000) core assessment and uses the same cross referencing of the child's developmental needs domain with the parenting capacity domain. In addition to this the WACPC (2000) substantive

assessment also cross-references these with the family and environmental factors domain so that practitioners are asked to consider parents'/carers' abilities to meet each dimension of the child's developmental needs, as well as the family and environmental factors which might impact on this. However, unlike the DoH (2000) model, it does not provide prompts to guide practitioners to key areas and relies on one age-generic assessment record.

In addition the DoH (2000) core assessment record also contains a detailed section on planning which summarises the strengths and needs in each of the three domains and provides space for the parents/carers to write their views on each. An analysis of the information gathered during the assessment then forms the basis for setting objectives and service plans to meet the needs identified in each of the three domains. The WACPC (2000) substantive assessment also asks for a summary of the child's needs in each area in the form of a section on 'are the child's needs being met'. This appears at the end of each dimension within the child's developmental needs domain rather than as a summary of the strengths and needs in each of the three domains. It also expands on the DoH (2000) Framework by asking for any identified risks and includes a section on what action needs to be incorporated into a plan to meet the needs identified in each dimension of the developmental needs domain. This forms the basis for summary and analysis, although the substantive assessment record does not include the same table format for setting objectives and plans. The WACPC (2000) model also does not include sections on the views of parents/carers or a section on factors which affect parenting capacity. Nevertheless, it does expand on the DoH (2000) record by incorporating a risk assessment model based on each of the dimensions within the child's developmental needs domain. This is used to categorise the degree of risk as low, medium and high. It also includes a separate section on how the service plan can ensure the needs of the child are being met and asks practitioners to support their views.

Summary

The WACPC (2000) multi-disciplinary assessment framework, 'Assessing Needs & Risks in Work with Children and Families' is largely based on the DoH (2000) Framework and uses a similar three stage process. However, it does not provide specific recording forms at either the referral or initial assessment stages. This means that different Trusts within the WHSSB, and agencies within Trusts, may be using different referral and initial assessment forms which may not necessarily collect the same information. The WACPC (2000) framework also appears to imply that further action in relation to referrals is to be based on an initial assessment. It is not clear if this simply refers to the initial information gathered during the referral stage or whether further action needs to be based on the second stage initial assessment. If the former is the case this would seem to highlight the need for greater clarity around the use of terminology in the guidance. If the latter is the case this differs from the DoH (2000) framework in which an initial assessment may be one outcome of the referral process rather than something which decisions made in the referral stage should be based on.

In terms of the initial assessment stage the guidance offered by the WACPC (2000) framework contains limited reference to the specific types of information that should be collected and no

mention is made of what a 'record of initial analysis' should include. Thus, whilst the guidance sets assessment within the context of DoH (2000) Framework, it is not clear if an initial assessment should include reference to the three domains only, or if it should take account of the individual dimensions within these domains. Nevertheless the WACPC (2000) framework appears to expand somewhat on the DoH (2000) initial assessment by couching decisions around further action in terms of risk, a term which does not appear anywhere in the DoH (2000) initial assessment record.

The WACPC substantive assessment is also broadly similar to the DoH (2000), although some variation is apparent between the two in terms of the structuring of the form, the collection of background details to the assessment and the format for recording planning objectives. Building on the initial assessment stage, the WACPC (2000) substantive assessment has expanded on the concept of risk to include an analysis of risk which facilitates categorisation at three different levels. It also includes an evaluation of how the subsequent plan can ensure the needs of the children are met, an addition which may help to identify areas of unmet need with regard to service provision. However, it does not provide prompts to guide practitioners on key areas and relies on one age-generic assessment record. It also does not set aside space specifically for the views of parents or carers to be recorded.

ASSESSMENT IN THE EASTERN HEALTH & SOCIAL SERVICES BOARD (EHSSB)

The EHSSB evidence to the NI Health Assembly Inquiry indicated that work around completing a multi-agency framework for assessment would be completed by September 2002 and would include a recording format and model of risk analysis. Work in this area is still ongoing with the Eastern Area Child Protection Committee (EACPC) having carried out several pilots in the Board area and developed draft multi-agency guidelines for the assessment of children in need (EACPC, 2003). Future work will include the development of a risk assessment model to be included within the draft guidelines, as well as the development of specific recording forms to be used during the assessment process.

Whilst recognising that the development of an appropriate framework for assessment in the EHSSB is still very much a work in progress, the draft guidelines provide a useful point of reference for examining the likely content of much of this framework, particularly in terms of how it relates to the DoH (2000) framework. These guidelines indicate that the proposed assessment framework is largely based on the DoH (2000) Framework and will include the three domains of the child's developmental needs, parenting capacity and family and environmental factors. Similarly the assessment process will consist of three stages:

- screening;
- initial assessment; and
- comprehensive assessment.

As the draft guidelines do not, as yet, include recording formats, comparability with the content of DoH (2000) forms is limited. Nevertheless, the draft guidance does list the types of

information which should be recorded during the three assessment stages. As such, this provides a useful indication of the direction the development of future forms is likely to take, with broad similarities and differences with the DoH (2000) records apparent.

Screening Assessment—The screening stage proposed in the EACPC (2003) draft guidelines appears to mirror the referral process described in the DoH (2000) Framework with the same time frame, one working day, allotted to decide what response should be given to the referral. Much of the background details to be collected, such as the child's/young person's name, address, gender and ethnicity, household composition and agencies currently involved with the child and family, are also the same. However, the DoH (2000) record also includes categories not currently listed in the EACPC (2003) draft guidelines. These include:

- identifying if the child/young person's principal carers hold parental responsibility;
- recording the details of any significant family members who are not members of the household; and
- information on the statutory status of the child or other siblings (on disability or child protection register, looked after).

Nevertheless the required information listed by the EACPC in relation to a screening assessment goes into more detail than the DoH (2000) about the reason for the referral, examining more closely the concerns of the referrer, the potential for the child to be at risk and the type of help requested. Those carrying out the screening assessment are also asked to consider issues such:

- the appropriateness of the referral to the agency;
- whether there is sufficient information;
- the referrer requiring/wishing an immediate visit, and
- the referrer wishing his/her identity to be protected etc.

Initial Assessment –The proposed information to be recorded during the EACPC (2003) initial assessment is, overall, generally similar to those used in the DoH (2000) initial assessment record. However, only broad reference is made to the identification of the current needs of the family with regard to the child's developmental needs, parenting capacity and family and environmental factors. In contrast the DoH (2000) record asks practitioners to consider each of the categories within the three domains and discuss the child/family strengths and current needs in relation to these areas. The DoH (2000) Initial Assessment Record also contains a category relating to the issues impacting the parents'/carers' capacities to respond to the child/young person's needs which is not included in the EACPC (2003) guidelines. Nevertheless the EACPC outline for initial assessment goes into a bit more detail with regard to further action, asking for:

- a statement as to how these assessed needs can be met and by whom;
- the child and families perceptions of these needs and how they can be met; and
- decisions about future actions and whether these have been agreed by the parents/carers.

Interestingly the issue of risk which is listed as required information in the referral stage receives no mention in the initial assessment stage.

Comprehensive Assessment –The DoH (2000) core assessment was designed to be an in-depth assessment process which would provide social workers with the necessary information with which to appropriately analyse, and plan to meet, the identified needs of children and their families. The EACPC (2003) comprehensive assessment appears to broadly follow the core assessment, asking for similar background information. However, it does not ask for information on:

- questionnaires/scales used;
- specialist assessments carried out;
- reasons for the assessment;
- specific communication needs of the child/parent;
- significant relatives who are not part of the child’s household;
- health conditions/impairments experienced by the child;
- key events which may have had an impact on the child; or
- key events experienced by his/her siblings or other family members which may have had an impact on the child.

The EACPC (2003) comprehensive assessment appears to generally follow the core assessment in relation to assessing across each of the dimensions within the three domains. However, given that the forms for this assessment stage have yet to be developed, it is not clear if the parenting capacity or family and environmental factors domains will be cross referenced with the child’s developmental needs domain. Equally it is unclear if one age-generic form will be developed or if the final form will use prompts to guide practitioners. In addition to assessment within each of the domains, the EACPC comprehensive assessment also asks practitioners to identify whether the child’s needs are being met and by whom, the impact of any unmet need on the child and any action necessary to meet the identified needs of the child. In this respect it appears to be an outline of information sought in the WACPC substantive form. Like the WACPC assessment, the EACPC assessment also incorporates the issue for risk, asking for a summary of the main issues which have been identified as well as the level of risk to the child. However, unlike the WACPC substantive assessment, it also asks for the child and families perceptions of the assessed needs as well as if decisions about future actions have been agreed by parents. In common with the WACPC assessment, the EACPC comprehensive assessment does not include a section on the factors which affect parenting capacity.

Summary

The EACPC framework for assessment of children and families in need (2003) is still a work in progress with specific recording formats and a risk assessment model still to be developed. However, draft guidelines on the EACPC (2003) model indicate that this is largely based on the DoH (2000) Framework and also utilises a similar three-stage approach. Whilst the content of final recording forms is still unclear, the draft guidelines suggest that the likely content of

referral, initial assessment and comprehensive assessment records will be broadly similar. As it stands the EACPC referral form appears likely to include less detail on child/family background details but more on the reason for the referral, concerns of the referrer and potential risks. However, the issue of risk, which is also included in the comprehensive assessment guidance, does not appear in the initial assessment guidance. Equally, while being generally similar to the DoH (2000) record, the information to be recorded during the EACPC initial assessment makes only broad reference to the identification of the current needs of the family with regard to the three domains and does not ask practitioners to consider the dimensions within domains. Nevertheless the EACPC outline for an initial assessment does go into a more detail than the DoH (2000) record with regard to further action.

As with other stages, the outline for the comprehensive assessment seems to be broadly similar to the DoH (2000) core assessment, although, in its current form, it requires less detail in relation to the background details of the child/family and the assessment process. However, it includes reference to assessing across all dimensions within domains and, similarly to the WACPC substantive assessment, incorporates the issue of risk. However, it is not clear at this stage, if the parenting capacity or family and environmental factors domains will be cross-referenced with the child's developmental needs domain. Equally, it is also unclear if one age-generic form will be developed or if the final form will use prompts to guide practitioners. However, given that there is no reference to differing assessment formats for different age groups within the guidance, this would seem unlikely.

ASSESSMENT IN THE SOUTHERN HEALTH & SOCIAL SERVICES BOARD (SHHSB)

The DoH (2000) Framework for Assessment of Children in Need and Their Families was implemented on a pilot basis in all three Health & Social Services Trusts (HSSTs) in the SHSSB during 2001 (Southern Area Child protection Committee, 2003). As a result of feedback from this pilot the framework was adapted and the resulting model consulted on in June 2002. The consultation was facilitated by Jan Horwarth who was involved in the original DoH (2000) version and whose work has been cited earlier on in the paper. Following the consultation exercise the model was further refined by a multi-disciplinary inter-agency working group and was subsequently approved at a SACPC planning session on the 14th February 2003. The final version was entitled the 'SACPC Multi-Disciplinary Assessment of the Needs of Children and Their Families' and was implemented in June 2003 following a range of inter-agency seminars within Trusts.

The SACPC Multi-Disciplinary Assessment is based on three stages and provided a separate form to accompany each stage.

- Referral (incorporating Initial Assessment)
- Second Stage Assessment
- Comprehensive Assessment

Referral (incorporating Initial Assessment) – the SACPC referral process (incorporating initial assessment) provides two separate forms, one for professionals making child care referrals to social services and one for internal use by childcare social workers for all childcare referrals. The internal childcare referral form covers the same basic information as the DoH (2000) referral and initial information record but expands upon this by asking the practitioner to: identify risk issues, provide a breakdown of action taken (details of all contacts and discussions) and an analysis of the referral information and initial assessment (based on action taken, risk, need for support services etc). It also provides for a more detailed account of further action (outcome/decision) by including further tick box categories for joint protocol investigations, Article 66 Inquiries and feedback provided to referrer etc.

The SACPC referral to social services about a child/young person form is an additional form which is not incorporated within the DoH (2000) Framework. This allows for the referring agency to provide their own details, those of the parent/guardian and the reason for the referral. The form also asks the referrer to provide information under the three domain headings of the child's developmental needs, parenting capacity and family and environmental factors, headings. However, these same headings are not mentioned anywhere on the internal childcare social work form.

Second Stage Assessment – The second stage assessment is similar to the DoH (2000) initial assessment record, allowing for the recording of family composition, agencies contacted during the process and assessment of need across the three domains. Nevertheless, it differs in that it does not provide a breakdown of the dimensions within the domains but gives the domain headings only. Similarly, it does not provide a separate section for the issues affecting the parents'/carers' capacities to respond appropriately to the child's/young person's needs, although reference is made to this at the end of the parenting capacity section.

However, the SACPC (2003) record also provides a number of additional categories to the DoH (2000) initial assessment form such as background information and chronology of significant events to date. Equally, whilst the DoH form asks for a summary of the needs across all three domains, the SACPC form expands on this asking for a summary of risk as well as an analysis of the key factors impacting on the needs of the child(ren) and parenting capacity. The SACPC (2003) second stage assessment form, like the referral (incorporating initial assessment) form, also includes a more detailed breakdown of the possible outcomes/decision.

Comprehensive Assessment – The SACPC (2003) comprehensive assessment contains the same background information as the second stage assessment form and is broadly similar to the DoH (2000) form. However, it does not include reference to:

- questionnaires/scales used in the assessment;
- any specialist assessments carried out;
- specific communication needs of the child/parent;
- significant relatives who are not part of the child's household;

- any health conditions/impairments experienced by the child;
- key events which may have had an impact on the child; or
- key events experienced by his/her siblings or other family members which may have had an impact on the child.

Nevertheless, it does include information on the background to the referral and a chronology of significant events to date which do not appear on the DoH (2000) form.

The SACPC (2003) comprehensive assessment includes assessment across all the dimensions within the three domains. However, it differs from the DoH (2000) core assessment form in that it is not age specific and does not contain the detailed list of prompts, or cross referencing between the child's developmental needs domain and the parenting capacity domain. The DoH (2000) core assessment also contains a detailed section on planning which summarises strengths and needs in each of the three domains and provides space for the parents/carers to write their views on each. An analysis of the information gathered during the assessment then forms the basis for setting objectives and service plans to meet the needs identified in each of the three domains. The planning elements are structured slightly differently in the SACPC (2003) framework with the form containing a summary of issues at the end of each domain, as well as a section on the views of the parents/carers and the child/young person. However, in relation to the child's developmental needs, the SACPC (2003) record expands on the DoH (2000) form by asking practitioners to identify risk factors also. Similarly, the analysis section also asks practitioners to consider risk issues and states that an 'approved SACPC risk analysis model must be completed when a child protection case conference is convened'.

Summary

The SACPC 'Multi-Disciplinary Assessment of the Needs Of Children and Their Families' (2003), like other NI assessment models, is largely based on the DoH (2000) Framework, using the same three-stage approach and providing specific recording formats for each of these. The referral forms, however, expand on the recording form used in the DoH (2000) Framework by providing two sets of forms, one for making social services referrals and one for internal use by childcare social workers. This helps to ensure that all childcare referrals provide the same information, regardless of the source of the referral. However, there are inconsistencies between the forms, with the internal forms asking practitioners to identify risk issues whilst no mention of risk is made on the external referral forms. Equally the three domain headings appear on the external forms but are not mentioned on the internal form, a discrepancy which is likely to lead to different types of information being collected.

The SACPC second stage assessment includes assessment across domains only and does not include, as in the DoH (2000) initial assessment form, assessment across the dimensions within domains. However, it does expand on the initial assessment form by including a summary of risk as well as an analysis of the key factors impacting on the needs of the child(ren) and parenting capacity. It also includes a more detailed breakdown of possible outcomes/decision. Similarly the SACPC (2003) comprehensive assessment covers the same basic structure as the DoH (2000) core assessment, although differences in the background information collected are

apparent. However, it follows the DoH (2000) format by asking for assessment of dimensions within domains. As with the second stage assessment, it also includes identification and analysis of risk factors but is not age specific and does not use the same prompts or cross referencing of domains contained with the DoH (2000) record.

ASSESSMENT IN THE NORTHERN HEALTH & SOCIAL SERVICES BOARD (NHSSB)

It appears that the NHSSB currently has no one assessment model, although it does recommend the use of the DoH (2000) Assessment Framework, despite the fact that it has not been formally adopted in Northern Ireland. The Board is aware that the SHSSB have developed an assessment framework and that the EHSSB are working on one. It is likely that, without regional guidance, the NHSSB will develop their own framework based on these models.

CONCLUSION

The DoH (2000) 'Framework for the Assessment of Children in Need and Their Families' was developed to improve outcomes for children and to increase multi-disciplinary working. It was also intended to provide a transparent and systematic means of analysing, understanding and recording what is happening to children and young people within their families and the wider community. Whilst a number of barriers and obstacles to successful implementation of the Framework have been highlighted, evaluations of this process have, on the whole, provided quite positive feedback with parents, in particular, tending to find the new assessment process both inclusive and helpful. While the professional view is less straightforward, there is evidence to suggest many social workers have found that the Framework increases the quality of assessments, that initial assessment records are clear and easily understood and that it increases multi-disciplinary working. However, it has also been found to increase workloads and many social workers have reported that it does not necessarily increase the involvement of families. Some practitioners reported unfamiliarity with the forms and anxiety about analysing the information, others indicated that the assessment records were administered as questionnaires and were dominating practice. Similarly, there were also some indications that information gathered through the records was not always being used to inform decision making. This would seem to emphasise the importance of training, prior to the implementation of the Framework, to familiarise staff with the content of the assessment and its related forms and the purpose and process of using them.

Whilst the DoH (2000) Framework has been implemented across England, Northern Ireland has not benefited from a similar regional approach, despite widespread recognition, as evidenced by the Health Assembly Child Protection Inquiry, that this was precisely what was required. Consequently, Health & Social Services Boards have, in the main, been left to their own

devices to develop assessment models at a sub-regional level. Currently three out of the four HSSBs currently have assessment frameworks in place, or are in the process of developing these. While all three models are largely based on the DoH (2000) Framework differences between individual Board models, as well as differences between Board models and the DoH (2000) Framework, are apparent.

For example, in relation to referral information the SHSSB models uses two forms (one for internal use and one for external use), the WHSSB does use a specific referral form and the EHSSB model has yet to develop one. The same is true of the initial assessment stage with the SHSSB models providing a second stage assessment record, the WHSSB model not providing a specific initial assessment form and the EHSSB model having yet to develop one. Equally, whilst the background information on the child and their family and the reason for referral/assessment is generally similar in nature, differences are apparent. Even the terminology is different with some Board areas having second stage assessments and others initial assessments. In comparison with the DoH (2000) Framework a key difference is that Board initial assessments do not appear to cover the dimensions within the three domains of the need's triangle, but instead rely on the broad domain headings. To date the SHSSB model is the only one which, as yet, provides a specific form for this assessment stage. While this record has been adapted from the DoH (2000) framework, following pilot work within the Board area, it is not clear why these changes have been made and it would be useful to clarify the rationale for the adaptations.

The SHSSB model also introduces the concept of risk into the initial assessment and its comprehensive assessment records. Risk factors and analysis are also common features of the other HSSB models with the WHSSB model specifically providing a risk assessment format within their substantive assessment and the SHSSB model referring to a 'SACPC risk analysis model' within their comprehensive assessment. This is an expansion of the DoH (2000) Framework, which is largely silent on the subject of risk, with Northern Ireland HSSBs clearly viewing this as an important element of the assessment process. However, at this stage is not clear whether the Boards are using the same risk assessment model and it would be useful to clarify this point.

While the HSSBs have expanded on the DoH (2000) Framework by introducing the concept of risk assessment there are also a number of differences between the Boards' recording formats and the DoH (2000) core assessment. The most striking difference is that the Board models use one age-generic form which does not include the detailed prompts set out in the DoH (2000) model. The Board models also collect slightly different background information from each other and some do not allow for the recording of the views of parents and children. Again, it is not clear what the rationale for these adaptations is and discussion around the relative strengths and weaknesses of different approaches would help to increase understanding in the area.

Overall, a considerable amount of work has been carried out within the various HSSBs and their ACPCs, to take forward the issue of assessment and develop frameworks, models and recording formats. However, a lack of regional guidance on this issue has led to variation in the

approaches adopted by each HSSB, leaving a standardised, regional approach to assessment still some way off. The models currently in use in HSSB also show significant differences from the DoH (2000) Framework, particularly in relation to core assessment. This is not to say that models adopted by the Northern Ireland HSSBs should necessarily be identical to the DoH (2000) Framework. It may be that developments here have strengthened the Framework by including analysis of risk factors.

Clearly Northern Ireland would benefit from a regional, standardised approach to assessment which would ensure that children and their families in each Board area are involved in the same assessment process and that the same information is collected. To achieve this DHSSPS needs to develop clear regional guidelines on the assessment of children in need and their families across Northern Ireland. This should build on the considerable work already undertaken by the four HSSBs, with the involvement of the four ACPCs being essential to understanding how current assessment models have been developed and the relative strengths and weaknesses of each. Any resulting regional assessment model should provide detailed guidance on the assessment process, as well specific recording formats for each stage of the process. Given that this will be largely based around the DoH (2000) Framework an explicit rationale for any deviations from the Framework should be given, in order that the process of developing the model remains as clear and transparent as possible. Equally, if it is decided that risk assessment and analysis is to be an important element of assessment in Northern Ireland, any regional assessment framework should stipulate a specific model to be used and incorporate this within the recording formats. The introduction of a regional assessment framework should also build on the learning from the implementation of the DoH (2000) Framework and should incorporate plans for training staff across Northern Ireland on the content and purpose of the assessment process. Consideration should also be given to providing on-going support in order to deal with potential anxieties and difficulties that practitioners might experience.

SUMMARY OF KEY POINTS

Issues

- Whilst the DoH (2000) Framework has been implemented across England, Northern Ireland has not benefited from a similar regional approach.
- HSSBs have carried out considerable work in relation to developing assessment models at a sub-regional level with three out of the four currently having assessment frameworks in place, or being in the process of developing these.
- Differences between individual Board models are apparent with some specific recording forms for referral, initial assessment and core assessment, others only core assessment. There is also variation in the kind of information recorded between different Boards models.

- Whilst all three Board models are based on the DoH (2000) Framework there are differences between the Board models and the Framework. Board initial assessments only cover the three domains, not the dimensions within them. In relation to core assessment Board models use one age-generic form which does not include the detailed prompts set out in the DoH (2000) model. However they do expand on the DoH (2000) Framework by including the concept of risk and risk assessment.

Recommendations

- DHSSPS, in consultation with ACPCs and other partners, needs to develop clear regional guidelines on the assessment of children in need and their families across Northern Ireland.
- A regional assessment model should provide detailed guidance on the assessment process, as well specific recording formats for each stage of the process.
- An explicit rationale for any deviations from the DoH (2000) Framework should be given, in order that the process of developing the model remains as clear and transparent as possible.
- The regional assessment framework should stipulate a specific risk assessment model to be used and incorporated into the recording formats.
- Implementation of a regional assessment framework should incorporate plans for training staff across Northern Ireland on the content and purpose of the assessment process.

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