Appendix V

Assessment Records

A training pack

Using the assessment records with children and families

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Introduction

The training material in this pack has been developed to support the implementation of the assessment records developed by the Department of Health and Cleaver (2000). The assessment records consist of a Referral and Initial Information record, Initial Assessment and five age-related Core Assessment records. The records are part of a range of materials developed by the Department of Health to support the implementation of the Framework for the Assessment of Children in Need and their Families (Department for Education and Employment, Home Office, 2000).

The assessment records have been designed to operationalise the Assessment Framework at a practice level by facilitating the gathering and analysis of information about children in need and their families, in a way that is consistent with the Framework.

The assessment records have their genesis in research. Child Protection: Messages from Research (Department of Health, 1995) revealed that the impact of some parental problems on children was not fully understood by many practitioners. This was particularly the case in relation to parental mental illness, drug and alcohol misuse and domestic violence. In response to these findings, the Department of Health commissioned Hedy Cleaver to undertake a review of the studies that contributed to Child Protection: Messages from Research, along with other relevant literature, to provide an overview of the research in relation to these issues, which would support practitioners.

The resulting publication, Children’s Needs – Parenting Capacity (Cleaver, Unell and Aldgate, 1999), considered the impact of these issues on children of different ages. The age groups used in Children’s Needs – Parenting Capacity were broadly consistent with those of the Looking After Children materials, and the Department of Health commissioned the development of a series of age-related assessment forms.

These assessment forms, which went on to become the Core Assessment records, were subjected to an initial feasibility study in the summer of 1998 in three local authorities and two NSPCC teams. The practitioners involved in the study reported that, although the forms required some modifications and developments to meet their needs, they were helpful in structuring and recording assessments. The forms underwent a further 18 months of development in response to feedback from practitioners, policy-makers and specialists working with minority groups, including disabled children. Referral and Initial Assessment records were also developed and trialled.

Aims

This training pack provides materials to assist trainers to:

- enable practitioners and managers to use the assessment records
- support the implementation of the Framework for the Assessment of Children in Need and their Families and assessment records
- provide opportunities for practitioners to familiarise themselves with the assessment records
enable practitioners and managers to explain the background to the development of the assessment records
link the Framework for the Assessment of Children in Need and their Families and the assessment records.

Purpose
The training pack has been designed to support the implementation of the assessment records. It does not contain materials to provide an introduction to the Framework for the Assessment of Children in Need and their Families; these materials are contained in the NSPCC and The University of Sheffield (2000) training pack The Child’s World. It is strongly recommended that participants have received some input on the Assessment Framework before they go on to consider the assessment records.

The materials in the pack can be used to introduce the assessment records into training courses on the Assessment Framework. Alternatively, they can be used as the basis of a presentation to practitioners and managers on the background and development of the records and/or, following training on the Assessment Framework, to familiarise practitioners with the assessment records.

Content
The pack is in two parts:

Module 1 provides an overview of:
- how the assessment records were developed
- the content and structure of the records
- the impact of the assessment records on policy and practice.

Module 2 contains a series of case study exercises that cover:
- the Referral and Initial Information record (one exercise)
- the initial assessment (two exercises)
- the Core Assessment record (two exercises).

Links with The Child’s World
The NSPCC and University of Sheffield have produced a comprehensive training pack which was commissioned by the Department of Health to support the introduction of the Framework for the Assessment of Children in Need and their Families.

The material in this pack is not intended in any way intended to replace the training outlined in The Child’s World. However, it has been designed to complement some of the training in The Child’s World, by providing an opportunity to integrate the assessment records into training courses on the Assessment Framework. For this reason, the exercises in Module 2 of this training pack are based on video case studies, and supporting materials, in The Child’s World.

Copies of the video are contained in The Child’s World training pack, a copy of which was sent to every local authority. Further copies of The Child’s World video and the training pack can be obtained from the NSPCC National Training Centre, 3 Gilmour Place, Beaumont Leys, Leicester LE4 1EZ. Telephone 0116 234 7200.
Module 1

The research background

Learning objectives
By the end of the session participants should be able to:

- summarise and describe to others the research which underpins the development of the assessment records
- describe the inter-relationship between the development of the Framework for the Assessment of Children in Need and their Families and the assessment records.

Duration 10–20 minutes

Method Presentation of information Discussion

Trainer notes
Introduce the session by explaining that this session provides an overview of the research which underpins the development of both the Assessment Framework and the assessment records.

It may be useful to do this whilst showing OHP1 (The Assessment Triangle) to ensure that all participants are familiar with it. This will be particularly important when speaking to inter-agency groups.

1. The research background

Point out that the initial research will probably be familiar to most participants as it comes from the series of child protection studies that were drawn together and published as Child Protection: Messages from Research (Department of Health, 1995). (OHP2)

- The research found that a large number of children, 160,000, were referred to social services departments as a result of child protection concerns.
- However, only 24,500 children (just over 15%) were placed on child protection registers. It should be stressed that for these children the child protection system worked well. The research showed that in the majority of cases they were protected and safeguarded from harm.
- When the cases were looked at in detail during the research, it was noted that in 50 per cent of cases there were parental issues present within the family that meant that the children were in fact children in need, and required services from the local authority. However, the majority of these children did not receive services.

It is important to stress that the research findings have to be understood within the context of social work practice at the time it was carried out, the late 1980s and early 1990s. (OHP3)
At this time, as a result of several well-publicised public inquiries, most local authorities were pre-occupied with child protection investigation. Many had developed extremely complex procedures that governed how incidents of child protection were to be dealt with. However, these procedures often had a very narrow focus on the investigation of incidents, which limited the opportunity for more experienced social workers to use their professional judgement, and neglected the wider context within which the child was living.

The child protection research found that, at the point of referral, parental issues were present, which affected a significant number of children. In particular parental mental health (13%), domestic violence (27%) and parental substance and alcohol misuse (20%) were identified. In many cases practitioners had not appreciated the impact on children and consequently the child and family did not receive services.

There was a simple explanation for this. There was no easily accessible research for practitioners that explained the impact on children of particular issues. For example, it was easy to find research which illustrated how an adult was affected by schizophrenia, but there was no research readily available which explained how parents with schizophrenia might affect their children.

The third factor that affected the allocation of services was that issues were identified but were lost in a mass of detailed recording. This research finding has been confirmed by the findings of SSI inspections.

Optional

These overheads does not address the issue of resources. This can be raised in two ways in a general way during the introduction to OHP2 – ‘Of course this overhead does not cover one of the main issues affecting service delivery, resources…’ or, alternatively, the trainer might want to point out that the joint SSI/Audit Commission report Seen But Not Heard (Audit Commission, 1994), (often referred to as Seen But Not Read), which looked at child protection, discovered that the two major issues affecting resources were an overemphasis on investigation and a lack of joint working between social services and other agencies, such as health.

2. The development of the records

Introduce the overhead by explaining that it provides an overview of the development of the records themselves. (OHP4)

- The first step in the development of the records was the commissioning of Hedy Cleaver by the Department of Health to undertake a review of all the existing literature in relation to the issues of parental mental health, domestic violence and parental alcohol and substance misuse. The purpose of this research was to provide a guide for practitioners on how these parental issues impacted on children. The outcome of this research was published in 1999 as *Children’s Needs – Parenting Capacity* (Cleaver et al., 1999).

*Childrens Needs – Parenting Capacity* recognised that, for example, parental mental health problems would affect a child of four in a different way from a child of 15, and so considered the impact of these issues on children of different ages. It used age groups that were broadly consistent with the Looking After Children age groups: 0–2, 3–4, 5–9, 10–14, 15 and over.

- The Department of Health then asked Hedy to develop some practice tools, based on the research, which would assist practitioners undertaking assessments.

- The first tools produced were the assessment forms that later became the Core Assessment records. A feasibility study was carried out to find out from practitioners and managers whether the records could be used in practice. The feasibility study was carried out in three local authorities, Kingston on Thames, Lincolnshire and Leicestershire, and two NSPCC teams, over a period of four months.
Trainers might also want to point out that all three local authorities continued to use the assessment forms after the feasibility study ended.

- A number of changes were made in response to the feedback received from practitioners.

It is important to stress that one of the main features of this project has been the close links between practitioners, policy-makers and researchers.

- Following the feedback from practitioners it was recognised that it was not feasible, or appropriate, for such an in-depth assessment to be carried out on every child where a referral was accepted. Consequently, in addition to changes which developed the assessment forms into Core Assessment records, a Referral and Initial Assessment form was created. These records were then circulated widely for consultation.

The piloting also clarified the purpose of the assessment records. Whilst they should be shared with families, they are not tools for direct work. The purpose of the assessment records is to systematically record the information gathered by the practitioner, from a variety of sources, during the assessment.

Emphasise that the forms were circulated to specialists working with minority groups, including disabled children and children with emotional and behavioural problems, to make sure that they could be used with all children.

The specialists included: child and adolescent psychiatrists and psychologists, paediatricians, health visitors, the Race Equality Unit, practitioners working with disabled children, teachers and other educational professionals and police officers.

- The forms were further amended in response to feedback. It might be useful to comment that one of the key factors encountered by the development group during this whole process was that people invariably wanted the forms to be shorter, whilst at the same time adding more to them.
- Feedback from practitioners highlighted that more referrals were received than went to initial assessment and therefore it was a waste of paper to have both forms together. As a result, the Referral and Initial Assessment were separated and became the Referral and Initial Information record and the Initial Assessment record.

It will be important to point out that the title of the referral has changed to the Referral and Initial Information record. This was a result of a policy decision at the Department of Health. As the assessment records were being developed, work was commencing on the review of the Looking After Children materials. One key issue already identified in relation to the LAC materials was the fact that although practitioners could have been working with a child for six months or six years when they become looked after they have to begin completing forms as if they have never met them before. It was decided at the Department of Health to bring the development and review of all these records together to develop an Integrated Children’s System by December 2001. So that for example, in future the Referral and Initial Information record will replace the Essential Information record part 1 of the Looking After Children materials. The requirements of the Integrated Children’s System were set out in Local Authority Circular (2005)3 – Integrated Children’s System: A Statement of Business Requirements.

- The Referral and Initial Assessment records and Initial Assessment records were piloted in three local authorities, one in England and two in Wales.
- The records were again amended in response to feedback from practitioners and specialist groups and circulated for comment as before.
- The final versions were published in June 2000.

Inform participants that in addition to the assessment records themselves, guidance notes for practitioners on each record were also published. This includes specific guidance for practitioners working with disabled children.
At this time, although the contents of the assessment records have been informed by the needs of children from ethnic minority groups, they are not currently available in any language other than English.

**Links to The Child’s World**

This presentation could be used as part of ‘Setting the Scene’, Exercise 5a, Module 1.

Trainers may wish to use the 'Why Change' exercise in 'Setting the Scene' to get practitioners to reflect on the need for change and strengths and weaknesses in current practice.

**Sensitivity issues**

It will be important to determine how the introduction of the records fits in with other local developments. Some authorities have had to undertake some organisational changes in response to the Assessment Framework, which may affect some practitioners on the course. Whilst acknowledging the impact of these changes on practitioners, it is important to stress that the course is concerned with changes to practice at a personal level, rather than organisational change. Suggest that issues identified during the training will be fed back to the authority. A sheet of flipchart paper headed 'Issues' can be used to note these down as they arise during the training.

It is important when presenting the training to remember that the need to change and develop practice is often presented as being due to failures in the practice of social workers. It should be emphasised that the development of the Assessment Framework and the Core Assessment records are part of a wider policy context – which includes Quality Protects – that seeks to address a number of issues in policy and management as well as practice.

**Training materials and aids**

Acetates OHPs1–4

Handouts of acetates

**Support materials**

Chapters 1 and 2 from *The Child’s World* reader (NSPCC and The University of Sheffield, 2000)

*Children’s Needs – Parenting Capacity* (Cleaver *et al.*, 1999)


*Seen But Not Heard* (Audit Commission, 1994)

**The assessment records**

**Learning objectives**

By the end of the session participants should be able to:

- summarise and describe to others the purpose and content of each of the assessment records
This session provides an overview of the purpose of the assessment records as a whole, before going on to look in more detail at each of the records moving into the content of each of the assessment records.

It will be important to clarify that the timescales that are attached to the assessment records are derived from the Assessment Framework.

1. **The purpose of the records**

Outline the key objectives of the assessment records using OHP5.

- In doing so it will be important to explain that the assessment records were designed to operationalise the Assessment Framework. They are founded on the principles that underpin the Assessment Framework and provide a structure for practitioners undertaking assessments using the Assessment Framework.
- The assessment records, through their basis in research, direct attention to key areas and issues and will therefore reduce the amount of recording required.
- The records support and encourage analysis of the information gathered during the assessment.
- The assessment records aim to make the assessment process more open to young people and families.
- Finally, it is hoped that they will result in a common format for assessment across the country.

2. **The structure and content of the records**

- The Referral and Initial Information record (OHP6)

The content and structure of the Referral and Initial Information record should be familiar to most participants as it is based on an amalgamation of a number of referral forms from around the country. Remind practitioners that a key difference is that the Referral and Initial Information record should be updated as new information becomes available. For example, the GP may not be known at the point of referral and this would be added later.

  Mention that the records have been structured, as far as possible, to try to avoid duplication. So, for example, the initial and core assessments do not ask for the GP’s phone number again.

- The Initial Assessment record (OHP7)

Emphasise that it is not necessary to complete all the sections of the initial assessment before making a decision and that the period of seven days is a maximum timescale.

  In some cases the initial assessment will be commenced at the time of referral. For example, the duty social worker is contacted by the consultant paediatrician from the local hospital to say that they...
had admitted a six-month-old baby with a fractured skull, broken leg and fractured ribs and that these injuries could not have happened accidentally. The duty social worker would complete the Referral and Initial Information record and then immediately go on to commence the Initial Assessment record. They would complete the **health** section, where they would record details of the injuries and the consultant’s views of them, and the **basic care** section of the parenting capacity domain. This is sufficient information to make a decision about further action. Remind practitioners that in accordance with *Working Together* and the Assessment Framework, a core assessment is deemed to have commenced at the point at which Section 47 enquiries are initiated.

In other cases practitioners will want to make use of the full seven days. Practitioners may raise the issue of what will happen if they are unable to obtain essential information from another professional. Remind practitioners that as the Assessment Framework was issued as Section 7 guidance (Local Authority Social Services Act 1970). Therefore, under the Children Act 1989, other professionals have a duty to assist the local authority provided this does not conflict with their statutory duties. In other cases a judgement will have to be made whether there is sufficient information to make a decision. If a decision cannot be made, as there is insufficient information, the assessment will have to run over. You may wish to suggest that they record the reason for the delay on the Initial Assessment record.

- **Core Assessment (OHPs8–12)**

*Optional*

You may wish to show OHPs13–14 to emphasise that the records have their basis in the principles underpinning the Assessment Framework and in particular should be completed in partnership with children and families and other professionals.

- **The Core Assessment record (OHP8)**

The age bands of the records are consistent with those of the Looking After Children materials, with the exception that the Core Assessment records cover the 0–2 age group in one record.

The developmental dimensions for the child's needs are the same as those used in the LAC materials.

The structure of each record is the same.

- **Information gathering (OHP9)**

The sources of information gathering will be updated as the assessment progresses. This section refers to the assessment instruments used during the assessment. These would include the questionnaires and scales referred to in the Assessment Framework document. The core assessment highlights where individual questionnaires and scales might be helpful during an assessment. After the information gathering section, the records consider the developmental needs of the child in each of the seven LAC dimensions. Each dimension starts with information about the child’s needs and then goes on to consider the parent’s capacity to meet the needs identified.

At the end of each dimension, practitioners are asked to summarise the child’s needs or strengths and how parents, or others, are meeting these needs.

At this point it may be useful to cover the issue of the tick boxes. The boxes have been included for three reasons:

1. to identify key issues which need to be covered in the assessment

2. to encourage practitioners to make a decision about the child’s developmental progress and parenting capacity – is it good enough?

3. to assist supervisors and others reading the file to identify key issues raised in the assessment.
Stress that the Core Assessment record is not designed, and should not be used under any circumstances, as a questionnaire.

You might also want to remind practitioners that the core assessment is a tool for recording the information gathered during an assessment. It is not a tool for gathering the information — practitioners will do this using their social work skills, as they have always done.

The core assessment then goes on to consider family and environmental factors.

- Summary (OHP10)

Practitioners are then asked to summarise the strengths and weakness in each of the three domains — child’s needs, parenting capacity and family and environmental factors. Space is provided for parents and young people to record their views.

- Analysis (OHP11)

This area of the Core Assessment records was strengthened following the initial feasibility study. In the feasibility study an audit of the records completed found that, whilst the information gathering sections were completed in 75–85 per cent of cases, the analysis and plan was completed in only 45–55 per cent of cases.

- Child in need plan (OHP12)

The child in need plan identifies objectives for each of the three domains. These objectives should be SMART — specific, measurable, attainable, realistic and within a timescale.

The plan has been constructed so that it can act as a written agreement with the family, who are invited to sign it and to note any areas of disagreement.

It is expected that the plan will be reviewed in two ways:

1. through a meeting with all parties
2. in supervision.

Point out that the final page is a management information page. It records in one place all the key information requested by the Department of Health for the Performance Assessment Framework and Quality Protects. The information recorded in the Core Assessment record was correct at the time the records were developed.

The management information page was included because a number of local authorities’ IT systems could not produce this data and social workers were being inundated with pieces of paper requesting different statistical data.

The idea is that this one page would be photocopied and sent in. It is up to individual authorities whether or not they use this page.

Links to The Child’s World
This presentation could be used as part of ‘Setting the Scene’, Exercise 5a, Module 1.

Sensitivity issues
It will be important to determine how the introduction of the records fits in with other local developments. Some authorities have had to undertake some organisational changes in response to the Assessment Framework, which may affect some practitioners on the course. Whilst acknowledging the impact of these changes on practitioners, it is important to stress that the course is concerned with changes to practice at a personal level, rather than organisational change. Suggest that issues identified during the training will be fed back to the authority. A sheet of flipchart paper headed Issues can be used to note these down as they arise during the training.

It is important when presenting the training to remember that the need to change and develop practice is often presented as being due to failures in the practice of social workers. It should be
emphasised that the development of the Assessment Framework and the Core Assessment records are part of a wider policy context – which includes Quality Protects – that seeks to address a number of issues in policy and management as well as practice.

**Training materials and aids**

Acetates OHPs 6–14

Handouts of acetates

Copies of assessment records

It is not essential that each participant has a copy of every Core Assessment record, but it is recommended that each participant has a copy of a Core Assessment record.

**Support materials**

Chapters 1 and 2 from *The Child’s World* reader (NSPCC and The University of Sheffield, 2000)

*Children’s Needs – Parenting Capacity* (Cleaver et al., 1999)

*Working Together to Safeguard Children* (Department of Health, Home Office, Department for Education and Employment, 1999)


*Seen But Not Heard* (Audit Commission, 1994)

**The impact of the assessment records on policy and practice**

**Learning objectives**

By the end of this session participants should be able to:

- explain how implementing the assessment records impacted on policies and practice in the authorities involved in the feasibility study
- begin to anticipate how implementing the Assessment Framework and assessment records will impact on local policy and practice.

**Duration**

20–30 minutes

**Method**

Presentation of information

Discussion

**Trainer notes**

Introduce the session by explaining that the findings are based on feedback from the three local authorities involved in the feasibility study of the assessment forms, Leicester, Lincolnshire and Kingston upon Thames. Remind participants that all three authorities continued to use the assessment forms after the end of the feasibility study, until the Core Assessment records were produced. The presentation also draws on the findings of the feasibility study on the Referral and Initial Information record and initial assessment in two Welsh authorities, Rhondda Cynon Taff and Ceredigion, and in Kingston on Thames.

Explain that the presentation draws on the key points from each authority and that not every authority had the same experience.

- Reasons for involvement (OHP15)
Although each authority had different reasons for becoming involved in the feasibility study, there were a number of common factors.

- All of the authorities had previously been involved in research.
- All of the authorities had identified issues in their current assessment practice. For example (OHP16), one of the authorities had recently been the subject of an SSI inspection of its recording. The inspection revealed that although files were generally well presented and up to date, practice was inconsistent when it came to assessment. Several formats were used. This resulted in some families receiving several assessments, whilst others had only one brief assessment on file although the case had been open for a lengthy period of time. The formats used for assessments were family- rather than child-focused. Consequently, in many cases the needs of some children in families were overlooked as assessments tended to focus on the child with the most complex or pressing needs.

Optional

OHP17 can be shown at this point to emphasise some of the issues raised in SSI inspections of recording.

- How were they implemented (OHP18)

It is important that senior managers take a lead in the implementation process. This emphasises the importance of implementation to the organisation and ensures that any difficulties can be overcome.

Several of the authorities appointed a lead officer to oversee the implementation of the materials. In some cases the lead officer was freed from their other duties to see the process through, in others it was simply added to their existing duties. The lead officers were at different levels within the organisation, but several had access to senior managers, either through the line management structure, special reporting arrangements or attendance at senior managers’ meetings.

Meetings were held between first-line managers and practitioners to ensure that they were fully informed about the process.

Each authority had to consider how the assessment forms fitted in with existing formats and processes. In some authorities all the existing formats were suspended, in others the assessment forms were introduced alongside some existing formats. It was important to support practitioners by rationalising existing formats, so that they were clear exactly when assessment forms would be used. In one authority the rationalisation of assessment formats was carried out by the lead officer going around all the social work offices with a large black bag and removing all the old records.

To support implementation, some authorities established systems for monitoring compliance. In its simplest form this was regular random inspections of files to check that the forms were being used appropriately and completed to a satisfactory standard.

- Consequences of implementation (OHP19)

Authorities reported a number of benefits from their involvement in the feasibility study. These included:

- The assessment forms have resulted in greater consistency across, and in some cases within, teams. It is easier to identify key information in assessments and to compare levels of need.
- In several authorities the assessment formats opened up the assessment process to families. As part of the feasibility study focus groups were held with parents and young people. They reported that they liked the new process. This is summarised by the following quote from one parent: ‘I’ve been assessed before you know, a couple of times. At least this time I knew what they were going on about.’ Families said that the format helped them as they could see what areas the assessment would cover, and that the research information contained on the forms helped them to identify why areas had to
be covered. The feasibility study revealed in some authorities that assessment was a process that excluded families. Although all families had to undergo some kind of an assessment before they received a service, there was no information available to families explaining what the assessment would involve, how long it would take, who would be contacted and why. One of the authorities involved in the feasibility study went on to develop an information leaflet for families on assessment.

- Consequently families are more involved in assessments.
- Where practitioners have had the opportunity to work with the assessment forms for some time, many are feeling more confident, not simply about using the forms but also about the knowledge base underpinning them.
- One consequence for all the authorities involved is that implementing the assessment forms has highlighted areas of weakness in current policies, procedures or practice. Some of these weaknesses were already known, for example problems with assessment, others had not been appreciated until the implementation of the materials. For example for one authority the assessment forms revealed that their current thresholds for services were very vague. As a result there was inconsistency between, and in some cases within, teams about the allocation of services. This lack of clarity within the organisation made it very difficult for other agencies trying to refer cases to social services. Another common benefit resulting from implementing the assessment formats is that they have begun to establish a common language and framework for assessment between agencies.
- One authority has gone on to develop and pilot an inter-agency referral form. Another authority is considering including the assessment materials as an appendix to the local inter-agency child protection guidance.

Training materials and aids

OHPs15–19

Support materials

Chapters 1 and 2 from *The Child’s World* reader (NSPCC and the University of Sheffield, 2000)

*Children’s Needs – Parenting Capacity* (Cleaver *et al.*, 1999)

*Working Together to Safeguard Children* (Department of Health *et al.*, 1999)


*Seen But Not Heard* (Audit Commission, 1994)
Module 2

Taking a referral
This exercise builds on video case study exercise 3 in The Child’s World.

Aim
The purpose of the exercise is to provide participants with an opportunity to complete a referral using the Referral and Initial Information record.

Learning objectives
By the end of the session participants should be able to:

- identify the key information required to complete a Referral and Initial Information record
- reflect on the role of professionals making a referral to social services
- consider how the issue of domestic violence can influence the way referrals are dealt with
- reflect on thresholds for intervention in relation to Section 17 and Section 47 of the Children Act 1989
- move from Referral to Initial Information.

Target audience
Social work practitioners involved in taking or handling referrals; practitioners from other agencies and disciplines involved in making referrals to other agencies.

Duration 30 minutes

Method
Introduction
Pairs or small group work
Discussion

Preparation
The trainer should be familiar with the background and structure of the Referral and Initial Information record and all of video scenario 3 from The Child’s World.
A copy of the Referral and Initial Information record should be provided to all participants.
A copy of the social services records sheet should be available to all participants.
Process

1. Split participants into pairs or small groups of no more than four.

2. Introduce the session by explaining that the purpose of the exercise is simply to give participants an opportunity to familiarise themselves with the Referral and Initial Information record.

3. Inform participants that they are going to see a video clip of a referral being made and using this they should complete as much as they can of the Referral and Information record, up to and including further action.

4. Show video clip – up to the point that Mr Gilbert finishes the referral.

5. Provide participants with the information from social services records and give participants 5–10 minutes to complete the Referral and Information record.

6. Ask the participants for feedback on how they experienced the process.

Among the issues you may wish to raise are:

- Is the Referral and Initial Information record significantly different to their current format?
- Did it facilitate information gathering?
- Were they able to use it to take the referral on both children?

Explain that the Referral and Initial Information record allows a referral to be taken on more than one child in an emergency by ticking the also referred box in the Other household members section. A Referral and Initial Information record should then be completed on each child referred at a later stage.

Optional

- Who was referred by Mr Gilbert – Natasha or Ben – or Natasha and Ben?
- What did participants think about Mr Gilbert’s request that the referral should be treated as for information only?
- What if Mr Gilbert had asked for the referral to be treated anonymously? What would the implications have been for Social Services; the family; the school?
- Did they consider that Section 47 enquiries should be initiated as a result of the referral? If so why and what are the implications for the assessment process? Under Working Together and the Assessment Framework a core assessment is deemed to have commenced at the point that Section 47 enquiries are initiated.
- What further action did they plan to take on the basis of the Referral and Information record?
- How would they go about this action?
- What factors or issues influenced their judgement?
- It will be important to ensure that the issue of mother’s safety is covered in the discussion.
Variations
The group discussion could be developed by providing pairs or groups with different background information about the family – or raising this in the discussion. For example what if Ben was aged three; Natasha had a disability; there had been no previous incidents?

It will be important that there is time to explore these issues in detail, particularly if pairs or small groups are provided with different information. This will have to be taken into account if the trainer wishes to develop the exercise further by moving on to use the initial assessment exercise later in the pack to ensure additional details are consistent in the later case study.

The group could also be given an Initial Assessment record and asked to begin to complete this.

Sensitivity issues
It will be important to draw on the professional experience and knowledge of participants.

Training materials and aids
TV and video
*The Child's World* video
Referral and Initial Information records
Background information sheet on Hamilton family

Support materials
*The Child's World* training pack (NSPCC and The University of Sheffield, 2000)

Initial assessment (1)
This exercise builds on video case scenario 1 of *The Child's World* training pack.

Aim
The purpose of this exercise is to provide participants with an opportunity to complete an initial assessment using the Initial Assessment record.

Learning objectives
By the end of the session participants should be able to:
- complete an Initial Assessment record
- identify the relationship between the Initial Assessment record and the Assessment Framework
- consider the information required to complete an initial assessment
- reflect on how the Assessment Framework and Initial Assessment record facilitate information gathering about parenting strengths as well as difficulties.

Target audience
Social work practitioners involved in undertaking initial assessments. Practitioners from other agencies and disciplines who may contribute to initial assessments.
Duration 30–45 minutes

Method
Introduction
Pair or small group work
Discussion

Preparation
The trainer should be familiar with the background, structure and purpose of the Initial Assessment record and all of video scenario 1 from *The Child’s World.*
A copy of the Initial Assessment record should be provided for each participant.
Social services background information on the family should be available to all participants.

Optional
A copy of a completed referral could be provided to participants.

Process

1. Split participants into small groups of no more than four or into pairs. Provide each group with a copy of the Initial Assessment record and background information about the family.

2. Introduce the session by explaining that the purpose of the exercise is simply to give participants an opportunity to familiarise themselves with the Initial Assessment record.

3. Inform participants that they are going to see a video clip of a visit to Ms Whitchurch, who has two small children. The purpose of the visit is to complete an initial assessment.

   OPTIONAL

   a) Participants can be provided with a copy of the completed referral form.

   b) Participants can be asked to complete an initial assessment on

      Lee or Shane

      or Lee and Shane.

      Completing an initial assessment on both boys will take slightly longer.

4. Show all of video scenario 1.

5. Provide participants with the information from social services records and give participants 10–15 minutes to complete the Initial Assessment record – including recommended further action.

6. Ask the participants for feedback on the process.

Among the issues you may wish to cover are:

- Were they able to complete an initial assessment as requested using the Initial Assessment record? If not, what further information is required and where would they obtain it?

Stress that it is not necessary to complete each section of the Initial Assessment record. The purpose of the initial assessment is to identify whether the child is in need and if so whether this need requires a service from social services. It may be for some children that the need identified is best met by colleagues in health or education, or by services provided by the voluntary sector.
• Were they able to cover all three sides of the Assessment Triangle?
• Did they identify an immediate need for services to support either the parent or either of the children?
• Did they identify any particular needs in respect of
  
  Lee
  Shane
  Ms Whitchurch?
• Did they identify any particular strengths in respect of
  
  Lee
  Shane
  Ms Whitchurch?
• Did they identify any protection issues and if so how should they be dealt with?

**Variations**

The exercise could be developed by providing the groups or pairs with different background information about the family. For example, Ms Whitchurch has mild learning difficulties, is suffering from depression.

This will have to be taken into account if the trainer wishes to develop the exercise further by moving on to complete a Core Assessment record on Lee or Shane to ensure additional details are consistent with the case study materials.

**Training materials and aids**

TV and video

*The Child's World* video

Initial Assessment records

Completed Referral and Initial Information record on Whitchurch family

**Support materials**

*The Child's World* training pack (NSPCC and The University of Sheffield, 2000)


**Initial assessment (2)**

This exercise builds on video case scenario 3 of *The Child’s World* training pack. It can follow on from the earlier referral exercise in this pack.

**Aim**

The purpose of this exercise is to provide participants with an opportunity to complete an initial assessment using the Initial Assessment record.
**Learning objectives**

By the end of the session participants should be able to:

- complete an Initial Assessment record
- identify the relationship between the Initial Assessment record and the Assessment Framework
- consider the information required to complete an initial assessment
- reflect on how the Assessment Framework and Initial Assessment record facilitate information gathering about parenting strengths as well as difficulties.

**Target audience**

Social work practitioners involved in undertaking initial assessments. Practitioners from other agencies and disciplines who may contribute to initial assessments.

**Duration** 30–45 minutes

**Method**

Introduction
- Pair or small group work
- Discussion

**Preparation**

The trainer should be familiar with the background, structure and purpose of the Initial Assessment record and all of video scenario three from *The Child’s World*.

- A copy of the Initial Assessment record should be provided for each participant.
- Social Services background information on the family should be made available to all participants.

**Optional**

A copy of a completed referral could be provided to participants.

If participants completed the earlier referral exercise on the family they could use the Referral and Initial Information record they completed. If this option is chosen it is important to remember what additional information if any was provided to groups as this will be reflected in their Referral and Initial Information record.

**Process**

1. Split participants into small groups of no more than four or into pairs. Provide each group with a copy of the Initial Assessment record and background information about the family.

2. Introduce the session by explaining that the purpose of the exercise is simply to give participants an opportunity to familiarise themselves with the Initial Assessment record.

3. Inform participants that they are going to see a video clip of a visit to Mrs Hamilton and Ben.

If participants have undertaken the referral exercise on the family explain that the case was allocated for an initial assessment and the clip which follows shows the social worker’s visit to the family. They will also see the referral as part of the background to the initial assessment.

If participants have not undertaken the referral exercise explain that they will also see the referral as part of the background to the initial assessment.
OPTIONAL

a) Participants can be provided with a copy of the completed referral form.

b) Participants can be asked to complete an initial assessment on

    Ben or Natalie

    or Ben and Natalie.

Completing an initial assessment on both children will take slightly longer.

4. Show all of video scenario 3.

5. Provide participants with the information from social services records and give participants 10–15 minutes to complete the Initial Assessment record – including recommended further action.

6. Ask the participants for feedback on the process.

Among the issues you may wish to cover are:

- Were they able to complete an initial assessment as requested using the Initial Assessment record? If not, what further information is required and where would they obtain it?

Stress that it is not necessary to complete each section of the Initial Assessment record. The purpose of the initial assessment is to identify whether the child is in need and if so whether this need requires a service from social services. This service may include a core assessment. It may be for some children that the need identified is best met by colleagues in health or education, or by services provided by the voluntary sector.

- Were they able to cover all three sides of the Assessment Triangle?

- Did they identify an immediate need for services to support either the parent or either of the children?

- Did they identify any particular needs in respect of

    Natalie
    Ben
    Mrs Hamilton?

- Did they identify any particular strengths in respect of

    Natalie
    Ben
    Mrs Hamilton?

- Did they identify any protection issues and if so how should they be dealt with?

Variations

The exercise could be developed by providing the groups or pairs with different background information about the family. For example, Ben has a congenital heart condition, Mrs Hamilton has mild learning difficulties, is suffering from depression.
Training materials and aids

TV and video

*The Child’s World* video

Initial Assessment records

Background information sheet on Hamilton family – or completed Referral and Initial Information record

Support materials

*The Child’s World* training pack (NSPCC and The University of Sheffield, 2000)


Planning a core assessment (1)

Aim

The purpose of this exercise is to provide participants with an opportunity to plan a core assessment.

Learning objectives

By the end of the session participants should be able to:

- identify the range of agencies and individuals who may potentially be involved with children in need and their families
- identify the issues involved in planning a core assessment
- consider the contribution that other agencies and individuals can make to a core assessment.

Target audience

Social work practitioners involved in undertaking core assessments. Practitioners from other agencies and disciplines who may contribute to core assessments.

Duration 20–30 minutes

Method Small group exercise

Preparation

The trainer should be familiar with the background, structure and purpose of the Core Assessment record.

A copy of a Core Assessment record for the 5–10 age group should be available to all participants.

The chronology in the Simon Watts case study materials should be available to all participants.

Flipchart paper and pens for each group.

Process

1. Split the participants into small groups of 4–6. Provide each participant with a copy of the chronology on Simon Watts and a copy of the core assessment for the 5–10 age group.
Explain to participants that they should work to the dates on the case study and for the sake of the exercise, therefore, it is 4 February 2000. Each group should be given flipchart paper and pen.

2. Explain that you would like the group to plan to undertake a core assessment on Simon using the Core Assessment record. The group should identify:
   - what agencies and individuals they would involve in the core assessment
   - what information each agency or individual could contribute to the core assessment in relation to Simon or his family.

3. Ask the groups are asked to write their plan up on the flipchart paper provided to feed back to the main group.

4. Give the groups 15–20 minutes to complete their plan.

5. Take feedback from each group in turn.

Variations
Each group could be asked to draw up an ecomap for Simon on the flipchart and use this to identify who they would involve in the core assessment. Under each individual or agency they should note the information they could contribute to the assessment.

Information on ecomaps is provided in exercise 9, 'Inter-agency roles in assessment', in Module 1 of *The Child’s World.*

Training material and aids
Copy of chronology for Simon Watts
Flipchart and pens
Optional – copy of handout of sample ecomap from *The Child’s World*

Support materials
*Working Together to Safeguard Children* (Department of Health *et al.*, 1999)
*The Child’s World* training pack (NSPCC and The University of Sheffield, 2000)

Planning a core assessment (2)
This exercise develops the earlier exercise, Initial Assessment (1), on the Whitchurch family.

Aim
The purpose of this exercise is to provide participants with an opportunity to plan a core assessment.

Learning objectives
By the end of the session participants should be able to:
   - identify the range of agencies and individuals who may potentially be involved with children in need and their families
identify the issues involved in planning a core assessment
consider the contribution that other agencies and individuals can make to a core assessment.

Target audience
Social work practitioners involved in undertaking core assessments. Practitioners from other agencies and disciplines who may contribute to core assessments.

Duration
20–30 minutes

Method
Small group exercise

Preparation
The trainer should be familiar with the background, structure and purpose of the Core Assessment record.

Each participant should have a copy of a Core Assessment record for either the 0–2 or 3–4 age group. Participants should have a copy of the referral form on Shane and Lee Whitchurch and the initial assessment they completed in the Initial assessment (1) exercise.

Flipchart paper and pens for each group.

Process
1. Split the participants into small groups of 4–6.
2. Explain that you would like each group to plan to undertake a core assessment on either Lee or Shane.
3. Each member of the group should have a copy of a Referral and Initial Assessment record relating to the same child, and a copy of the Core Assessment record for that age group.
4. Each group should be given a piece of flipchart paper and pen to record their plan. The plan should consider:
   • what agencies and individuals they would involve in the core assessment
   • what information each agency or individual could contribute to the core assessment in relation to the child or his family.
5. Groups are asked to write their plan up on the flipchart paper provided to feed back to the main group.
6. Give the groups 15–20 minutes to complete their plan.
7. Take feedback from each group in turn.

Variations
Each group could be asked to draw up an ecomap for Lee or Simon on the flipchart and use this to identify who they would involve in the core assessment. Under each individual or agency they should note the information they could contribute to the assessment.

Information on ecomaps is provided in exercise 9, ‘Inter-agency roles in assessment’, in Module 1 of The Child’s World.
Training material and aids

Copy of referral for Lee and Shane

Initial assessment on Lee or Shane

Flipchart and pens

Optional – copy of handout of sample ecomap from *The Child’s World*

Support materials

*Working Together to Safeguard Children* (Department of Health *et al.*, 1999)


*The Child’s World* training pack (NSPCC and The University of Sheffield, 2000)

**Using the Core Assessment records (1)**

This exercise builds on the earlier exercise, Planning a core assessment (1), on Simon Watts.

**Aims**

To provide participants with an opportunity to complete one or more dimensions of a Core Assessment record.

**Learning objectives**

By the end of this session participants should be able to:

- identify the relationship between the Core Assessment record and the Assessment Framework
- recognise how the Core Assessment record provides a framework for gathering and analysing information about the child
- describe the content and structure of the Core Assessment record
- use the Core Assessment record to record information about the child’s needs, parental capacity and family and environmental factors.

**Target audience**

Social work practitioners involved in undertaking core assessments. Practitioners from other agencies and disciplines who may contribute to core assessments.

**Duration** 20–30 minutes

**Method** Small group exercise

**Preparation**

The trainer should be familiar with the background, structure and purpose of the Core Assessment record.

A copy of a Core Assessment record for the 5–10 age group should be available to all participants.

The case study material on Simon Watts should be available to all participants.

Flip chart paper and pens for each group.
Process

1. Split the participants into small groups of 4–6. Provide each participant with a copy of the case study material on Simon Watts and a copy of the Core Assessment record for the 5–10 age group. Remind participants that they should work to the dates on case study and for the sake of the exercise therefore it is 4 February 2000.

2. Explain that you would like the group to complete one or more dimensions of the core assessment on Simon. Only one record needs to be completed for the group. Each group can be asked to complete one or more of the following areas of the record, including the relevant summary:
   - Simon’s health needs and his father’s capacity to meet those needs.
   - Simon’s education needs and his father’s capacity to meet those needs.
   - Simon’s emotional and behavioural needs and his father’s capacity to meet those needs.
   - The family and environmental factors domain.

VARIATIONS
Groups can be asked to record any issues they are unable to complete on a piece of flipchart paper and identify where and how they would obtain the information necessary.

In addition to the dimensions and domains groups can be asked to complete the relevant section of the child in need plan.

3. Groups are asked to feed back on how they experienced the process. Among the issues you may wish to cover are:
   - Were they able to complete all of the dimension(s) or domain(s)? If not, what further information is required and where would they obtain it?
   - Did completing the core assessment help them to identify Simon’s needs, in relation to the particular dimension(s) or domain(s), and Mr Watts’ ability to meet them?
   - Were they able to identify any links or relationship between domains?
   - Did the core assessment identify any significant gaps in their knowledge about Simon or Mr Watts’ ability to meet his needs?
   - Do they feel that the core assessment will support practitioners in undertaking assessments?

Training material and aids

Copy of case study materials on Simon Watts
Core Assessment record for 5–10 age group
Optional – flipchart and pens

Support materials

Working Together to Safeguard Children (Department of Health et al., 1999)

The Child’s World training pack (NSPCC and The University of Sheffield, 2000)
Using the Core Assessment records (2)
This exercise builds on the earlier exercises, Initial assessment (1) and Planning a core assessment (2), on Lee and Shane Whitchurch.

Aims
To provide participants with an opportunity to complete one or more dimensions of a Core Assessment record.

Learning objectives
By the end of this session participants should be able to:

- identify the relationship between the Core Assessment record and the Assessment Framework
- recognise how the Core Assessment record provides a framework for gathering and analysing information about the child
- describe the content and structure of the Core Assessment record
- use the Core Assessment record to record information about the child’s needs, parental capacity and family and environmental factors.

Target audience
Social work practitioners involved in undertaking core assessments. Practitioners from other agencies and disciplines who may contribute to core assessments.

Duration
30–45 minutes

Method
Small group exercise

Preparation
The trainer should be familiar with the background, structure and purpose of the Core Assessment record.

Each participant should have a copy of a Core Assessment record for either the 0–2 or 3–4 age group.

Participants should have a copy of the referral form on Shane and Lee Whitchurch and the initial assessment they completed in the Initial assessment (1) exercise.

The case study material on the Whitchurch family should be provided to all participants.

Process
1. Split the participants into small groups of 4–6.

2. Each member of the group should have a copy of a Referral and Initial Assessment record relating to the same child, and a copy of the Core Assessment record for that age group.

3. Explain that you would like each group to complete one or more dimensions of a core assessment on either Lee or Shane, using the Core Assessment record. Only one record needs to be completed for the group. Each group can be asked to complete one or more of the following areas of the record, including the relevant summary:
   - Shane’s health needs and his mother’s capacity to meet those needs.
   - Lee’s health needs and his mother’s capacity to meet those needs.
• Lee’s educational needs and mother’s capacity to meet those needs.
• The family and environmental factors domain.

You may wish to show video scenario 1 from *The Child’s World* to remind participants of the home environment.

**VARIATIONS**

Groups can be asked to record any issues they are unable to complete on a piece of flipchart paper and identify where and how they would obtain the information necessary.

In addition to the dimensions and domains groups can be asked to complete the relevant section of the child in need plan.

3. Groups are asked to feed back on how they experienced the process.

   Among the issues you may wish to cover are:
   • Were they able to complete all of the dimension(s) or domain(s)? If not, what further information is required and where would they obtain it?
   • Did completing the Core Assessment record help them to identify the child’s needs, in relation to the particular dimension(s) or domain(s), and Ms Whitchurch’s ability to meet them?
   • Were they able to identify any links or relationship between domains?
   • Did the core assessment identify any significant gaps in their knowledge about the child or Ms Whitchurch’s ability to meet his needs?
   • Do they feel that the core assessment will support practitioners in undertaking assessments?

**Training material and aids**

Copy of Referral and Initial Assessment record

Copy of case study materials on the Whitchurch family

Core Assessment record for 5–10 age group

Optional – flipchart and pens

**Support materials**

*Working Together to Safeguard Children* (Department of Health *et al.*, 1999)


*The Child’s World* training pack (NSPCC and The University of Sheffield, 2000)
Whitchurch family

Letter from doctor

Dr J Hammond MBBS DCH
Park View Surgery
Park Road

Dear Sir

Re: Whitchuch Family
I have known the family for a considerable number of years as I was the family GP at the time of
Lorraine’s birth. Lorraine was the youngest of three siblings and her birth and early development
were unremarkable.

Lorraine’s father died when she was 13 and this appeared to hit her harder than her brother and
sisters who were that little bit older and more able to cope. Mrs Whitchurch found Lorraine’s behav-
iour difficult to cope with. I supported a referral to the Child and Family Guidance Centre, but this
was never taken up.

Lorraine moved out of the family home and moved in with Paul Easton, a local youth she had
known from school. Paul is the father of Lee. Their relationship ended a year after Lee’s birth when
Mr Easton commenced a relationship with another woman.

At this time Lorraine was extremely upset and a short course of anti-depressants were prescribed.
Lorraine returned home to live with her mother for a short time. However, despite advice to the
contrary, Lorraine left home to live with Shane Hughes, a young man well known to the local police.
During this time I saw Lorraine on a number of occasions as a result of ‘accidents’ within the home. I
was pleased therefore when Lorraine moved to her present accommodation shortly after Shane’s
birth.

Following Shane’s birth, Lorraine appeared tired and listless, and the health visitor, Mrs Patel,
referred her to me as she thought that Lorraine might be suffering from post natal depression. I did
meet with Lorraine to discuss issues and although I did not prescribe any medication I did contact
her mother and suggest that she visit a little more often to support her daughter.

Lorraine has told me that both children were planned, although I personally have my doubts
about this in Shane’s case. Both boys were full term deliveries and there were no complications at
birth.

Shane was born with relatively low birth weight and he experienced some difficulty in feeding.
Shane has been prone to minor infections but I prefer to allow these to clear naturally without antibi-
otics. However, two weeks ago Lorraine brought Shane to the surgery with a high temperature. He
was seen by a colleague who, I think on the whole appropriately, prescribed a short course of antibiotics for an ear infection.

I have asked Mrs Patel to contact you as she has had more contact with the children recently. On the whole I would say that Lorraine is a kind and caring mother. I hope that this information is helpful to you.

Yours sincerely

E.P. Fry

pp. Josephine Hammond MBBS DCH
Dictated by Dr Hammond and signed in her absence.
Letter from health visitor

Usha Patel
Park View Surgery
Park Road

Dear Sir

Re: Lee Whitchurch

Lee Whitchurch is an active three-and-half-year-old. Ms Whitchurch attended clinic regularly with Lee and he has had all his immunisations to date. With regard to his growth, his height and weight are both within the normal range. His height is on the tenth centile and his weight is on the fifteenth.

Lee did not start walking until about 18 months and I have had some concerns about his development overall. His speech is delayed and although he made some progress during his time at nursery, he is not at the expected level. A hearing test revealed no problems.

I have suggested to Dr Hammond that a referral be made to the Sinclair Children’s Unit at St Maude’s.

Lee can be jealous of Shane who is very demanding of his mother’s attention. This occasionally manifests itself in hitting, but I have observed that Ms Whitchurch handles this appropriately. I did arrange for Lee to attend a local nursery, sponsored by a local charity. However, this did not work out, although I think that Lee did benefit from his attendance. In fairness to Ms Whitchurch I think that the journey was difficult for her.

Shane Whitchurch

Shane is a demanding 18-month-old infant who requires a great deal of attention from his mother.

Shane had a low birth weight and there were difficulties in feeding, and although he has put on weight I continue to monitor this area of his development closely.

Ms Whitchurch informed me that she had difficulty in moving Shane onto solids and that he is a fussy eater. I have discussed these difficulties with Ms Whitchurch and provided her with some guidance and information on feeding. Currently Shane’s weight is on the sixth centile and his height on the fifteenth.

I have recently completed Shane’s 18-month developmental checks and his progress is satisfactory in all areas.

Ms Whitchurch has not kept all clinic appointments with Shane and his MMR is still outstanding. Shane has suffered from a number of minor infections and was recently prescribed a course of antibiotics for an ear infection.

Ms Whitchurch

I have known Ms Whitchurch since the birth of Shane. Ms Whitchurch appeared tired, listless and a little vague and I was concerned that she might be suffering from post natal depression. I passed these concerns on to Dr Hammond.

Ms Whitchurch is supported by her mother who visits regularly, at least two or three times a week. I also understand that Lee’s father visits at the weekends, although I have never met him. However, Lee and Shane are demanding and I believe that their mother does have difficulty in coping with both boys. I feel that Lee would benefit from a place at a local nursery and would be happy to support this in any way I can.

I hope this information is helpful to you.

Yours sincerely

U Patel
Usha Patel (Mrs)
Health Visitor

Letter from nursery

Jenny Sinclair
Happytime Nursery
14 Chalmers Court

Dear Sir

Re: Lee Whitchurch

This little boy attended the nursery for a period of six months on a sponsored place arranged by the family health visitor. However, from the beginning there were difficulties with his attendance. He was frequently brought late, which was disruptive for the other children. This was raised with Ms Whitchurch who took offence and kept Lee off for the next three days.

At nursery Lee was noted to be delayed in both his speech and general motor ability although there was a marked improvement in both areas during his time with us. Lee was generally clean and well presented, although on two occasions on cold days he arrived without a coat or warm jumper.

In class Lee enjoyed painting and messy play, but found it difficult to share with other children. Things came to a head when Lee bit one of the other children and when this was brought to his mum’s attention he was not brought again.

Ms Whitchurch kept herself very much to herself and did not come to any of the parents’ coffee mornings. However I can say that she did take a great deal of pleasure in Lee and always took home any work he did at the nursery.

Currently we have no vacancies so I would not be able to offer a place to Lee.

Yours sincerely

Jenny Sinclair

Jenny Sinclair
Manager
**Referral and Initial Information Record**

**SSD Case No. CF244**

**Child Young Person's name address and responsible LA**
- Family name: Whitechurch, Forenames: Lee...
- Date of Birth: 3 yrs 6 months...
- Gender: Male...

**Address**
- Flat 18 Highview, Park Estate, Oldport...

**Postcode**
- OP7 6TL...
- Tel. n/a...

**Current address if different from above**
- a/a...

**Telem...**
- Oldport South...

**Responsible local authority**
- Oldport...

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship to child/young person</th>
<th>Parental Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lorraine Whitechurch</td>
<td>Mother</td>
<td>Y/N</td>
</tr>
</tbody>
</table>

**Child/young person's Principal carers**
- Referral by Mrs. James...
- Agency/rel. to child/young person...
- Neighbour...
- Referral date...
- Address...
- Postcode...
- Tel. 01797 6170...

**Does refer wish to remain anonymous Yes/No**

**Child/young person's religion**
- Caribbean
- African
- Indian
- White British
- White & Black Caribbean
- White Irish
- Chinese
- White & Black African
- Pakistani
- Any other ethnic group
- Not given

**Any other background**
- Bangladesh
- White & Asian
- White & Asian background
- Not given

**Child's first language**

<table>
<thead>
<tr>
<th>Other household members (including non-family members)</th>
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<tbody>
<tr>
<td>Surname</td>
</tr>
<tr>
<td>-------------</td>
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<tr>
<td>Whitechurch</td>
</tr>
</tbody>
</table>

**Significant family members who are not members of child's household**

- Name: Mrs. Whitechurch...
- Relationship: Grandmother...
- Relationship: Father...
- Address: 78, East Lane, Oldport...
- Address: 222 Westchester Rd, Oldport...
- Tel. 01797 8634...

**Child/young person or other children/young person(s) in the family is/has been on a disability register**
- Yes
- No
Reason for referral/request for services:

Anonymous referral expressing concern about Ms Whitechurch's care of children. Referrer said that they frequently hear the children screaming and 'bumps and thuds'. Children appear 'dirty and badly dressed' and that Mr Whitechurch 'never seems to feed them'. Referrer said that they think that Mr Whitechurch is a bit slow' and 'not all there'.

Further action:

- Provision of information and advice
- Initial assessment (to be completed within 7 working days)

Practice notes: Ensure this referral is collated with previous referrals or files.

Referral to other agencies (please state which)

No further action

Reason for Further Action:

No previous information on Family. Insufficient information to make a decision whether children are in need or not.

Name of Team Manager: AK WILSON  
Signature: AK WILSON
Hamilton family

Social services records check

There are no previous referrals on the family.

In the past three months social services have received two standard notification forms from the police regarding the family.

These forms are completed by the police when uniformed officers have contact with children. Copies are routinely sent to the police Child Protection Unit, social services and health visitors (in the case of younger children).

Both notifications were a result of ‘disturbances’ reported by neighbours. However on each occasion when the police arrived the situation was calm and Mrs Hamilton said that she did not want any further action to be taken.
Watts family

Chronology

18 September 1963  Father born; adopted as a baby.
21 May 1968        Mother born.
1982               Father began to be involved with heroin.
10 October 1994    Simon born; third child of Angela Denny.

Mr Watts met Simon’s mother Angela Denny through the drug culture in Smithfield. He confirmed that both were heroin users. At that stage Ms Denny had her children from previous relationships living with her. These children were accommodated at the request of Ms Denny and Smithfield SSD files show that they were subsequently adopted.

27 February 1997   Mother obtained an injunction against father for alleged violence. Father left the family home. Simon was left in the care of his mother and her cohabitee (Joey Jones). Cohabitee described as extremely violent, with mental health and alcohol problems.

9 September 1995   Simon accommodated by the London Borough of Smithfield at the request of his mother, allegedly on account of Mr Jones’ violence. Simon was found to have severe nappy rash and temper tantrums. Mother visited Simon on only four occasions after he was accommodated. Simon did very well in foster care both physically and emotionally.

November 1995      Mother and father arrange a parental responsibility agreement.
January 1996       Simon discharged from accommodation and went to live with father who had recently completed an intensive rehabilitation programme at the Priory Hospital, and had undergone a period of assessment by SSD. Father supported in redecorating and furnishing his flat. Father asked to be assessed as carer for his son and began having regular contact.

5 May 1996         Father moved to the London Borough of Bow.
4 November 1996    Child protection enquiries initiated by Bow SSD due to various injuries suffered by Simon reported by caretaker at Church Housing Association. When examined, none of the injuries appeared deliberate, although there was concern that father had not sought appropriate medical treatment. Father admitted that he was again using heroin. A case conference was held and Simon’s name was placed on the CPR.

7 May 1997         Father moved with Simon into a supported residential unit. Concerns about drug and alcohol misuse. However, with support, father was generally able to meet Simon’s needs. It was noted that Simon and father had a close relationship. Father made good progress and was discharged home.

19 February 1998   Father pleaded guilty to driving whilst disqualified, and requested accommodation for Simon in case he received a custodial sentence. SSD concerns about Simon at this time: hyperactive, without boundaries and appeared to have no speech.

2 June 1998        Father received a three-month custodial sentence. Simon was placed with friend Amelia Eddie in Bow.
10 June 1998  SSD visit Ms Eddie. Father had made little provision for Simon (e.g. clothing).


12 December 1998  Simon attended nursery with a head injury. Father said it was an injury. Father said this was due to an accident, which Simon appeared to confirm.

January 1999  New social worker concerned at father’s reluctance to let her visit the family home. The key worker at Niceday reported that father often smelt of alcohol in the morning, and was sometimes late to collect Simon in the afternoons.

31 March 1999  Review CPCC concerns expressed about father’s use of alcohol and lack of co-operation with SSD.

21 May 1999  Nursery staff member reported that father smelt strongly of alcohol and his eyes appeared glazed when he collected Simon.

6 July 1999  Nursery report that father appeared ‘stroppy’ and unfit to care for Simon. When interviewed by social worker, father complained that nursery staff were ‘stuck up’, and complaining about nothing.

September 1999  Simon begins at Hill Street Primary.

31 March 1999  Review CPCC concerns expressed about father’s use of alcohol and lack of co-operation with SSD.

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September 1999  Simon begins at Hill Street Primary.

Within a week concerns were expressed about his lateness, lack of ability to concentrate and disruption of other children’s work.

October 1999  Stage 1 (SEN) assessment commenced by class teacher in collaboration with SEN co-ordinator. Programmes to help Simon’s behaviour in class were initiated and shared with father and social worker during a meeting at school.

16 October 1999  Simon’s teacher reported that father appeared to have been drinking when he collected Simon and shouted loudly at him when he couldn’t find his coat.

21 October 1999  Head teacher reports that Simon had hit the supply teacher and was unsettled and aggressive with other pupils.

22 November 1999  Educational psychologist visited to assess Simon at the start of Stage 3 (SEN) but was unsuccessful because of Simon’s uncooperative and unmanageable behaviour.

Later the same day Simon was excluded for two weeks because of his behaviour.

16 December 1999  Simon not attending school. British Rail staff at Bow underground station called police and alleged a man was attacking a child, officers were told that the man was on the platform shouting at and kicking a small child. Father found to be drunk in charge and arrested. Simon placed initially with Ms Eddie under EPO.

18 December 1999  Mr Watts agreed to Simon becoming accommodated.
<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>20 January 2000</td>
<td>Ms Eddie contacted SSD and said that Simon’s behaviour was too dif-</td>
</tr>
<tr>
<td></td>
<td>ficult to manage and that it was much worse than when he stayed with</td>
</tr>
<tr>
<td></td>
<td>her previously.</td>
</tr>
<tr>
<td>22 January 2000</td>
<td>Simon moved to foster carer.</td>
</tr>
<tr>
<td>4 February 2000</td>
<td>The case is allocated to you.</td>
</tr>
</tbody>
</table>
Letter from doctor

Dr O’Brien
MBBS,DCH,Dpsy,Med & Rhumatology
8 Green Park
Bow
London
BO4 OA4

25 January 2000

Dear Sir

Re: Mr John Watts DOB 18.9.63
This patient has been registered with me since 1998, along with his son Simon. He drinks a fair bit and used to be on heroin but is now on Methodone. He c/o pain and parasesthesia on right hand and swelling of his right index finder with difficulty of flexion at meta-carpal phelyanegeal and inter-phalyngeal joints.

He claims to have a needle lodged in the upper arm. He was referred to the hospital during March–April 1999. He recalls injection in right axilliary artery experiencing severe pain radiating into his right hand and believes needle broke off at that stage.

There is sensory loss over the C7/8 now distribution (medial side of the hand and part of the arm).

There is loss of muscle bulk and then a eminnenced (in the thumb area) and the index finder is stiff and dystrophic.

Personality-wise he is polite sometimes and thankful for what has been done for him and at times has an aggressive tone.

As mentioned, he continues to drink strong beer — six cans or more per day — and takes Metha-done. I hope this letter is helpful. If you have any queries please do not hesitate to contact me.

Enclosed please find invoice for £40.

Yours sincerely

Dr D.K. O’Brien
Letter from Bow Community Drug and Alcohol Team

Dr Elaine Brunel
Consultant Psychiatrist

3 February 2000

Dear Sir

Re: John Watts DOB 18.9.63
I have had contact with Mr Watts since 20 December. He is asking for support from our service around his long-term problems with alcohol and opiate addiction. He expressed also his anxiety, concern and sense of loss about his son Simon who has been taken into foster care. Mr Watts claimed to be a good carer and prepared to do anything that would enable him to resume the care of his son.

Since then he has attended the clinic regularly on appointment usually daily. He gave up using strong beers – prior to this he was using up to eight cans daily – and is cutting down his alcohol intake. He is now using five cans of cider daily. For the first time he acknowledged that he has an alcohol problem and that he is affected by it.

He needs two cans a day just to get started in the morning, otherwise he will experience shakes, nausea and agitation.

He is due for a community detox assessment next week.

He is on a dose of 25mg of Methadone daily. Mr Watts has been abusing opiates for ten years and is metabolically addicted. He requires a low maintenance dose and this will preclude him from many rehabilitation units as clients on Methadone are not taken in order not to upset other clients with opiate cravings. On medical grounds the main priority must be the client’s alcohol detoxification. He is already experiencing numbness at the fingers and blackouts on two occasions.

The client complained that since his son was taken away from him he has lost any semblance of routine. He has complained that he did not receive any social support when left alone as a single parent by his ex-partner.

I am convinced that contact with his son is beneficial to this client, and very relevant to tackling his alcohol problems. If on the contrary he loses his son for good, the likely effect will be that Mr Watts will experience a total breakdown as he has already gone through severe experiences of bereavement without any therapeutic support, and any long-term benefits will be that much harder to achieve.

Yours sincerely

Dr Elaine Brunel
**Further information**

**SIMON**

Simon is now five years and five months old. He is of medium height and build with lightish brown hair. He is an engaging and attractive child. Simon is white British. He is Jewish, and is aware of his faith although he has never attended a synagogue.

When Simon was placed at the carers he had not received his MMR, although his other immunisations were up to date. Simon has been identified as having a minor speech problem which will have to be monitored by his GP. Previous appointments at the speech clinic were not kept by Mr Watts.

At the time of his accommodation Simon’s clothing was extremely dirty. In particular his socks and underwear had been worn for several days, if not weeks. When a family support worker (social work assistant) went to the flat to pick up some clothes for Simon, there were no clean clothes available. They reported that the flat was in very poor condition, the lounge window was broken and covered with a plastic bag. There was rubbish and dirty plates in all the rooms seen, including Simon’s bedroom.

The carers report that Simon has settled well. Initially he had difficulty settling into any routine – and told them ‘Daddy lets me put myself to bed’. Simon has had regular contact with his father once a week, although Mr Watts has missed some appointments. During contact Simon is pleased to see his father and becomes loud and excitable. He finds it difficult to sit quietly with his father. During some contact visits, if Mr Watts has been drinking and cannot concentrate on any activities with Simon, Simon’s behaviour deteriorates.

As part of the court proceedings, Simon was seen by Dr Wilson, child psychiatrist. She concluded that Simon did not have any formal psychiatric disorder and there is no suggestion of specific learning difficulties or developmental delay. Dr Wilson believes that Simon had made considerable progress in his foster placement and concluded that he needed more opportunity for normal experiences especially in terms of socialisation with peers and education.

**MR WATTS**

Mr Watts was adopted at birth. His adoptive parents are now dead. Mr Watts went to London University to study history and English and it was whilst there that he became involved in drugs. Consequently he did not graduate. His adoptive parents tried to help him to deal with his drug problem, paying for his admission to private clinics. Mr Watts has no living relatives.

Mr Watts’ natural mother was Jewish and he was raised in the Jewish faith by his adoptive parents who were also Jewish. Mr Watts does not go to the synagogue, but does observe the main festivals in the Jewish calendar. Mr Watts says that he has experienced discrimination because of his faith, particularly in the attitudes of some the other association residents.

Mr Watts has few supports in his local community and says that most of his friends are involved in the drug scene.

**MS DENNY**

Ms Denny’s whereabouts are not known.

ABILITIES
Simon was assessed using the McCarthy scales of children’s abilities and through two observation sessions at his nursery class. Although he is functioning within the average range of ability, there are suggestions that emotional difficulties affect his performance of tasks.

PATTERN OF STRENGTHS AND WEAKNESSES
Simon shows interest in all the activities available in the class. In particular, he shows ability in construction tasks such as Lego – and told me that he has some at home – in drawing, in listening to stories and in simple counting. He shows emerging skills in copying letters, in recognising words and tracing patterns. Socially he co-operates with other children on his own terms and is able to take turns and to share activities and equipment. He uses age-appropriate language and speaks to other children in sentences of correct formation. Simon finds it difficult to carry out instructions and directed tasks preferring to follow his own inclinations. When staff pursue instructions Simon tends to opt out and sometimes regress to infantile behaviour such as crawling on the floor and sucking his fingers.

ATTAINMENTS
Simon has attained many of the skills involved in pre-literacy and pre-numeracy. He recognises familiar words and letters, including his name, and attempts to copy letters and words. He can count to 7 and can match and sort materials appropriately. He enjoys listening to stories and can answer simple questions about the stories. He can construct buildings with complex structure and knows how and where to place windows and doors. He uses language of an age-appropriate level and interacts socially with other children in a collaborative manner.

FORMULATION
Simon is a five-and-a-half-year-old boy who is at present attending a local primary school. He is functioning within the average range of ability and can demonstrate many pre-literacy and pre-numeracy classroom skills. Although he can play co-operatively with other children on his own terms, he finds it difficult to respond to adult instruction. When such instructions are pursued Simon often responds with uncooperative, emotionally immature behaviours, which in the recent past has included severe non-compliance and tantrums.

Sunil Aktar
Senior Educational Psychologist
19 January 2000
OHPI: The Assessment Triangle
OHP2: The Research Background

- 160,000 children per annum referred to the child protection system
- 15% (24,500) of referrals resulted in registration
- In 50% of referrals parental problems are present
OHP3: The Research Background

- Social workers fail to identify family problems
- Family problems are identified but information is not systematically recorded
- The impact of family problems on children and other family members is not fully understood
OHP4: The Development of the Records

- *Children’s Needs – Parenting Capacity* published
- First assessment forms produced. Feasibility study in three local authorities
- Revisions to materials in response to feedback from practitioners
- Development of Referral and Initial Assessment record
- Consultations with specialist groups including disability groups and Race Equality Unit
- Revisions to Core Assessment record, development of Referral and Initial Information record and Initial Assessment record
- Feasibility study of Referral and Initial Information record and Initial Assessment record
- Consultations with specialist groups including disability groups and Race Equality Unit
- Revisions to records – publication
OHP5: Purpose of Assessment Records

- To support social workers undertaking assessments using the Assessment Framework
- To facilitate concise recording
- To encourage analysis
- To involve families in the assessment process
- To provide a consistent format for assessment of children across the country
OHP6: The Referral and Initial Information Record

- To be completed within 1 working day
- Records initial information about the child and family
- Records reason for referral or request for services
- Records the action to be taken
**OHP7: The Initial Assessment record**

- To be completed within 7 working days
- Records whether this is a child in need
- Records what services are required and the timescales
- Records whether a core assessment should be carried out
OHP8: The Core Assessment record

- To be completed within 35 working days
- Assessment records are age-related
- Records details of child’s developmental needs
- Records details of parenting capacity: strengths and difficulties
- Records family and environmental factors: adverse and protective features
- Objectives are clearly stated and plan of action identified
- Plans are subject to regular review (at least every 6 months)
OHP9: Structure of the Core Assessment Record:
Information gathering

- Includes all sources of information
- Reason for the assessment
- Child’s developmental needs
- Parenting capacity
-Family and environmental factors
OHP10: Structure of the Core Assessment Record: Summary

- Summarises the strengths and difficulties identified in each domain
- Includes views of child/young person and parents
OHP11: Structure of the Core Assessment Record: Analysis

Based on the summaries, social workers consider:

- the inter-relationship between each domain – how protective and stress factors in one domain relate to those in another
- child, parental and family strengths
- the impact of any services already provided
- immediate and longer-term needs
OHP12: Structure of the Core Assessment Record

The child in need plan records:

- the objectives to be achieved
- the actions to be taken to achieve the objectives
- who is responsible for actions identified
- what services or resources are required
- the timescales for completion of specific actions
- the date the plan will be reviewed
Involving children and families

The guidance accompanying the assessment records:

- stresses the importance of involving parents and children in the assessment
- suggests wherever possible parents and young people have the opportunity of studying the assessment record prior to the assessment and receive a copy of the completed record

The records themselves are designed to ensure the views of older children, young people and parents/carers are heard and recorded.
OHP14: Principles
Underpinning the Records

Working in partnership with other agencies

The records included pointers on:

- when to refer for specialist assessment
- when to consult with other agencies
- the different tools and questionnaires which may help to gather further information needed to complete the assessment
- recording in a systematic way the contribution of other agencies and professionals
OHP15: Reasons for Involvement

- Previous involvement in research
- Issues in current assessment practice
OHP16: Reasons for Involvement

• A number of different formats were used

• Some families received several assessments – and others only an initial assessment

• Assessment formats were not generally child-focused
OHP17: Reasons for Involvement

I couldn’t believe the information wasn’t there! I kept thumbing through the file trying to find it. I know we’ve talked about other things in supervision. I just thought it was being written down. (A team manager)

Social workers kept trying to show us things they said were assessments, but clearly were not.

‘Recording with Care’ (SSI 1997)
OHP18: How they were
*Implemented*

- Commitment from senior management
- Lead officer identified
- Meetings between researchers and teams
- Existing formats reviewed and rationalised
- Systems established for monitoring and compliance
OHP19: Consequences of Implementation

• Greater consistency in assessments
• Assessments more open
• Families more involved
• Plans more focused
• Areas of weakness revealed – for example thresholds for services
• Improved inter-agency working
Programme for Half-Day Training

A typical programme for a half-day familiarisation session for social services staff:

Welcome and introductions

Context
(Group session)

Part one: Background to the Assessment Framework
Part two: Development of the Assessment Materials

The assessment materials
(Group session)

Part one: What’s required?
Part two: What’s involved?
Part three: What are the materials?
  Referral and Initial Information record
  Initial Assessment record
  Core Assessment record

Completing an Initial Assessment record
(Group session followed by sub-group exercise using case material)

Were participants able to complete the Initial Assessment record?
Were they able to cover all three domains of the Assessment Framework?

What were the implications for immediate service delivery, identification of needs, identification of family strengths, identification of protection issues?
Break

**Planning a Core Assessment**
(Group session followed by sub-group exercise, using case material)

Which agencies/individuals would be involved in the core assessment?

What information would each agency/individual contribute to the core assessment?

**Using a Core Assessment record**
(Group session followed by sub-group exercise, using case material)

Focusing on one domain, were participants able to complete the Core Assessment record?

Did completing the Core Assessment record help identify the child’s needs and the parents’ capacity to meet them?

Would completing a Core Assessment record support practitioners in undertaking assessments?
References


