'Whose 'needs' are they anyway?'

Impediments to the implementation of a consistent and structured approach to the identification and assessment of need within Children and Family Services

by

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Abstract

In the decade that followed the Children Act 1989, many local authorities developed local frameworks and methodologies to help their staff make sense of the duty to assess 'children in need'. This thesis evaluates the introduction of one of these frameworks and more specifically the impediments to its implementation. It also explores whether these were limited to the model concerned, or whether they would be likely to affect the introduction of similar policies elsewhere. This is particularly relevant with the advent of the Department of Health et al's Assessment Framework in 2000 and subsequent proposals to extend the Framework's principles to all children receiving services from local authorities, through the Integrated Children's System.

The study, which the thesis describes, built on earlier research in this area by using a triangulated approach to collect data from the observation of social work practice; the reported comments of social work practitioners; and evidence from social work casefiles. In order to analyse the data, the study used an ecological model originally developed to account for human behaviour. With limited modification, the study shows how this may be used to explore the issues involved in the introduction of policies, such as assessment systems.

The thesis concludes by first summarising the impediments corroborated by data from at least two of the three aspects of the triangulation. It then considers how the impact of the impediments may have been reduced or their development prevented. The findings should assist those engaged in the implementation of similar policies to avoid, as far as possible, the circumstances under which such impediments may arise.

An additional chapter is included which provides a critical analysis of the thesis and its methodology.

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I would also like to acknowledge the support of the staff and students of the two Universities, Leicester and Loughborough, that I have been enrolled at whilst completing this project and in particular the late Pauline Hardiker who first inspired me to contemplate the task. I also recognise and value the supervision that Harriet Ward has provided throughout the process. I am also aware of the countless contributions that friends and colleagues in many local authorities, colleges and government departments have made to this project, most of which they are blissfully unaware!

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Chapter One - Introduction

On my final placement as a student social worker in Glasgow in 1980, my supervisor, who had only recently qualified himself, recognised the importance of translating what I had learnt in college into practice. However, on my first day in the office he recalled that when he had started in that office, a more experienced practitioner had told him that if he was seen reading a book at his desk he would be thought to be skiving. Looking back, it is difficult to know whether such attitudes were the norm. However, it is only comparatively recently that the validity of research based practice has become commonly accepted.

The relevance of this anecdote is that it occurred in the same year and the same city that Gilbert Smith completed *'Social Need'*. This study of the emerging Scottish social work departments (Smith, 1980), described the difficulties that they faced in achieving a common understanding of 'need' and the delivery of services. It would have been invaluable to anyone working in such agencies at that time, whether as a student or as an experienced practitioner. It is therefore ironic that the prevailing organisational culture at the time meant that those who could have benefited from its insights were unlikely to do so.

Nearly twenty years later, working in children's services within an English social services department, referred to in this thesis as 'Authority A', I was confronted by very similar issues to those that Smith had identified. For example, how was it decided which children and families should be supported by social services and how were they to be identified? Put simply, which children were 'in need' and what were their needs? Yet why, two decades after Smith's work and ten years after the Children Act 1989 had made assessment of 'children in need' a core function of local authority social services departments[1], were these questions still being asked? Why were researchers and policy makers not looking at whether and how particular approaches worked, rather than having to re-visit fundamental issues about the role of social work itself? Was it as simple as saying that if, in 1980, reading had been more valued, then Smith's findings, as well as those of other social work authors,

[1] : More recently local authorities have become referred to as 'Councils with Social Services Responsibilities'. However, at the time that this study was undertaken the term 'local authority' was commonly accepted. It is therefore used throughout.

would have been more influential? In short, why was the focus still on what goes into the system as opposed to what comes out? This thesis aims to explore these questions.

My own experience at the start of this project suggested that the answers may lie in the legislation and guidance and also in the extent of the change to which social services departments have been subject. Firstly, for example, it is significant that further guidance (Department of Health et al, 2000) aimed at introducing a consistent approach[2] for the assessment of 'children in need' and their families, was produced nearly ten years after the implementation of the Children Act 1989. This suggests that the guidance provided by the Act may have been too general. For instance, although Section 17 of the Act gave the definition that:

> A child shall be taken to be in need if -
> (a) he is unlikely to achieve or maintain or to have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for him of services by a local authority; or
> (b) his health or development is likely to be significantly impaired, or further impaired, without the provision for him of such services; or
> (c) he is disabled
> (Section 17(10) Children Act 1989)

and created the duty for local authorities to provide services for such children, it does not make clear how they may be identified. Indeed, at the time that the legislation was drafted there were some indications that local authorities were left to interpret this themselves and to devise their own approaches.

An inevitable, but probably unintended consequence of this lack of clarity was that local authorities increasingly defined 'children in need' as those 'in need' of protection. This was apparent in the publication in 1995 of *Child Protection: Messages from Research* (Department of Health, 1995). The studies summarised in this document explored firstly whether abuse could be defined within the context of normal childhood experience, secondly who is involved in the child protection process and whether it improves children's safety and finally, what conclusions can be drawn for good practice. It concluded that:

> The message from the 20 studies is that decisions about children in need are, to some extent, socially constructed and that the same need may require different inputs in different historical eras. Post-Cleveland the need

[2] : In deference to the Department of Health initiative (ie. the Framework for the Assessment of Children in Need and their Families, Department of Health et al (2000)), the term Assessment Framework is used throughout, even though it may be argued that what is being referred to is a methodology, or system for the assessment of children in need.

> was for an ordered protection service; in ten years time the need might well be for family support and protection. If policy and practice changes are to follow from this round of research, it should be to reconsider the balance of services and alter the way in which professionals are perceived by parents accused of abusing or neglecting their offspring.
> (Department of Health, 1995, p. 55)

This conclusion effectively set the tone for the individual approaches that different local authorities developed in the mid to late 1990s.

Secondly, local authority social services departments have, ever since their creation in 1970, been subject to constant change and uncertainty. Formed by the amalgamation of different social welfare agencies, they have witnessed a variety of trends in management, political direction and structural organisation. Importantly, each change has both threatened stability and made it necessary for organisations to review their core functions. In recent years the concept of one generic body dealing with children's, adult's and older people's social care issues has itself been challenged.

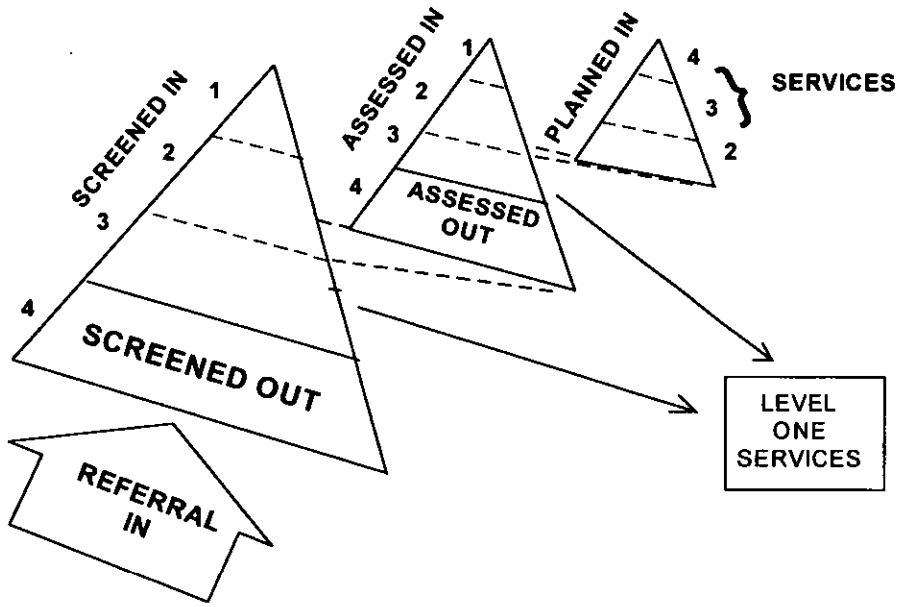
The Access to Services for Children (ASC) system

Whilst Smith had recognised these two key factors at the time of his study in 1980, they also had a crucial bearing on the circumstances found in 'Authority A', a large English shire authority, twenty years later. For instance, in the late 1990s, a combination of changes to its political composition and the senior management of the department, as well as a report from external inspectors, had prompted it to commission work to clarify eligibility criteria for providing children's services. This led to the development of the *Access to Services for Children* system, or 'ASC'. ASC was initially influenced by the work of Hardiker and colleagues that had resulted in the so-called 'Hardiker grid' (Hardiker et al, 1996). This model suggested that all services could be located within one of four levels of service, dependant upon the aim of the organisation providing them. Level one would include services that were available universally, whilst those at level four would be restricted to children in most 'need' living away from home and provided in order to protect the child from further harm or neglect. These are described in more detail in Chapter Two.

Conceptually, ASC was depicted as a series of triangles, representing the first three stages. These are illustrated in Diagram 1.1. The diagram shows the screening and assessing outcomes, which are described in more detail on page 11, to the left of the

triangles. The numbers to the right of the planning triangle along with the box beneath them reflect the four levels of services developed within the 'Hardiker grid'.

Diagram 1.1: The ASC system for the screening and assessment of 'children in need' and their families



The diagram also shows three of the four stages involved in the ASC system (ie. screening; assessing and planning). The fourth stage (ie. reviewing) required that the earlier stages were periodically repeated once services were in place. At each stage an assessment would determine whether any action was required and, if it was, at which of the four 'Hardiker' levels a child's 'needs' were to be met and also which agency should meet them. For example, whether any assessed 'needs' may be met by a referral to level one or two universal services, such as general healthcare or education facilities. Alternatively, whether such services as parenting support, counselling, or in limited circumstances, care outside the home were required from social services at levels three or four. The appropriate level was determined by identifying whether the child had 'needs' that could not be met by its carers or within its community, measured against the seven dimensions of child development, devised by the Looking After Children Project (Parker et al, 1991) with the addition of an eighth: the child's environment. Both the 'Hardiker grid' and the 'LAC dimensions' are discussed in more detail in the next chapter.

Procedures, known as the ASC Manual[3], which included what were termed primary and secondary eligibility criteria, were devised to assist staff in undertaking assessments and clarifying which children would progress between each stage. Primary eligibility criteria helped staff to decide whether social services may have a legal obligation to provide a service and therefore whether a referral should be taken. Secondary eligibility criteria, which focussed on specific examples of circumstances where social services intervention may be necessary, helped staff in undertaking subsequent assessments of 'needs'. A series of referral and assessment forms were developed covering the screening and assessing stages. The procedures, which accompanied the ASC system introduced timescales of between one day and three weeks[4], depending upon the seriousness of the case, for the completion of a series of tasks. These were to:

- screen all new referrals and enquiries about 'children in need' and their families to determine whether they met the authority's 'primary eligibility criteria' for assessment ;
- where they did (screening outcomes 1 and 2 on the diagram above), to complete a basic assessment to determine whether the authority's 'secondary eligibility criteria' for service were met, and for those children at risk of significant harm, to complete an enquiry under section 47 of the Children Act 1989.
- where they did (assessing outcomes 1 and 2 on the diagram above), to transfer the case to the family support, children looked after, or children with disabilities team according to the level of service required;
- where the case did not meet the primary or secondary 'eligibility criteria' (screening and assessing outcomes 3 and 4 on the diagram above), then to refer it to an agency more able to meet the individual's needs, or to close the referral.

'Authority A'

'Authority A' is a county council that was unaffected by the local government re-organisations of the 1990s. Whilst it has social services, highways and education responsibilities, other local government functions, such as housing, are provided by seven district councils. The area is geographically large and predominantly rural with a relatively small population, most of whom live in its one small city or a number of

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[3] : A copy of the procedures, known as the ASC Manual, are included at Appendix Four.

[4] : These timescales were different from those subsequently introduced by the Assessment Framework (Department of Health et al, 2000) which stipulated a maximum of 7 days for the part of the process for which ASC had allowed up to three weeks.

small towns. These contain some pockets of significant deprivation, whilst problems associated with rural poverty are also recognised. Within 'Authority A's' social services department, a major re-organisation in late 1998 separated children's and adult's services and reduced the number of geographical areas from ten to three. Within children's services, it created specialist teams in each of these areas for new referrals, known as 'access teams', on-going family support services and also for children looked after. There was also an authority-wide children with disabilities team. The number of children, aged 0 - 18, living in each area ranged from 12,810 to 27,303, with an average of 21,544.

The origins of the current study lay in 'Authority A's' commitment to review how successfully ASC had been implemented across the county and to assess whether it had assisted in clarifying which children were 'in need' and therefore eligible to receive social care services. Initially it was proposed to seek external validation for the model from an academic institution. However, awareness of the development of the Department of Health's Assessment Framework (Department of Health et al, 2000) meant that this would have had limited impact as it was apparent that the ASC system would be superseded by this national initiative. Therefore, a study of the obstacles or impediments to the successful implementation of similar models was seen as more valuable to 'Authority A'. Broadening the study in this way meant that its findings would also have wider relevance and be transferable to other authorities or agencies.

In this sense, the project sought to do what Smith had apparently failed to achieve: namely to influence the future development and organisation of services for those 'in need'. To accomplish this would go some way to redressing the failure to read and comprehend Smith's work twenty years earlier and that of other authors both before and since, something that the next chapter begins to address.

Chapter Two - A Literature Review - Assessing the 'needs' of children in need: dilemmas for Social Services

> *"The absurd is born of this confrontation between the human need and the unreasonable silence of the world."*

Albert Camus, *The Myth of Sisyphus*, 'Absurd Walls' trans. J. O'Brien

- **Introduction**

Central to Smith's 1980 study, *Social Need*, was the concept of 'need' itself. This was perhaps unsurprising given that the term is commonly used within those public services, such as social work, that are not available to all sections of the community. Their users are said to be 'in need'; their organisation is often described as being 'needs-led'; and expressions such as 'children in need', 'needs assessments' and 'proxies of need' are prevalent. However, an examination of the policy documents of some of the agencies that deliver these services, as undertaken in Chapter Four, reveals that as a concept, 'need' is rarely defined and that this poses problems for those who have to work with the consequences, including service users.

This chapter sets out to review how the concept of 'need' has been used and developed within broader social policy and social work literature and to establish from this what the obstacles may be to using a consistent conceptualisation of 'need' within a social services setting. One immediate and potential obstacle, for example, is that the literature suggests that the concept covers a wide spectrum from the specific to the general. At one extreme the acceptance of something as a 'need' is dependent upon how a problem is conceptualised (Gates, 1980), whilst at the other, 'need' is seen as something that everyone can recognise as it is accepted that all people have 'needs' (Langan, 1998c).

Importantly, this review demonstrates that at a practical level the problem is not new. Smith (1980), for instance, recognised it over twenty years ago. He noted that the Kilbrandon Report in Scotland, and the Seebohm Report in England, which together established modern social services in the United Kingdom, expected social workers and communities to achieve their own understanding of 'need'. One earlier reference to the term 'child in need' suggests that it describes those children whom government

agencies should assist, though notes that this may be difficult to interpret (Schmideberg, 1948). More recent guidance (Department of Health et al, 2000) attempts to link these general and specific approaches by emphasising that assessments must consider each child individually, although how successful this is remains to be seen.

From a theoretical perspective, the concept is also unclear. Whilst there may be little disagreement about the 'needs' of the victims of the Malthusian evils of war, famine or disease, the social 'needs' of those living in developed welfare state societies are more difficult to define. Doyal and Gough (1984) note that both right and left wing politicians have dismissed the concept of 'need' as either an example of state paternalism, or as a tool for rationing scarce resources. By contrast, Spicker (1993) notes the fallacy of both these extremes, arguing that to have 'needs' is simply to not have the means to resolve them.

A broader perspective suggests that the problem is one of precision. Various authors note that 'need' is used inter-changeably with such terms as 'problems', 'conditions', wants' and 'goals' and that these are both emotive and subjective (Gates, 1980; Doyal and Gough, 1984; Learner and Rosen, 2002). However, merely recognising this is not necessarily sufficient. This review will therefore attempt to go further by synthesising the evidence in relation to 'need' with that relating to assessment, the impact of key players and other significant influences. This will lead to a consideration of the dilemmas that social services face in attempting to assess the 'needs' of children consistently.

- **The debate around the concept of 'need'**

Langan (1998a) suggests that historically, the broad political consensus that supported the post war development of the welfare state meant that it was not necessary to define 'need'. However, the literature suggests that subsequent political and social change challenged this. Gough (1994), for example, notes that some have argued that 'needs' either do not exist, or that they are so relative that they are unquantifiable. Nevertheless, the success of social systems are still judged on their ability to meet basic human 'needs' and it is therefore essential to achieve a more precise understanding of the concept at a micro level. This necessity was emphasised by Lipsky (1980) who observed that without it staff in public service

organisations tend to develop their own concept of what a problem is and who their clients are.

This need for greater clarity is also underlined by those who noted that how 'need' is conceptualised affects resulting practice and the way that services are rationed (Kemshall, 1986; Klein et al, 1996). Learner and Rosen (2002) also note that practitioners may confuse a definition of 'need' with a prioritisation tool, whilst the Department of Health (2002, p.10) itself emphasised the importance of ensuring a common understanding of thresholds of 'need' for the provision of services. The problem is that without a common conceptualisation within official policies or procedures, a lack of clarity is probably inevitable. It may have been expected that the Children Act 1989, which provides the legislative framework for social work with children and families throughout England and Wales, would have provided sufficient explanation. However, it has been suggested (ADSS, 2002) that rather than clarifying the issue, the Act actually created a number of false dichotomies, such as that between children 'in need' and those 'in need of protection', and that in turn this has meant that some of those with 'needs' may not have had them recognised. It was for this reason that Smith (1980) and subsequently Kemshall (1986), recognised the necessity of observing practice in order to understand how 'need' is conceptualised, something which this study acknowledges and builds on.

The literature suggests that there are two approaches to the conceptualisation of 'need': firstly that it is inherent and secondly that it is socially constructed. However, Spicker (1993) argues that due to the complexity of the issue, even this is an artificial dichotomy because it reflects attitudes towards meeting 'needs', rather than an accurate description of them. Others suggest that it is potentially easier to argue that 'need' is subjective and cannot be objectively defined (Bradshaw, 1972; Gates, 1980; Kemshall, 1986; Klerman; 1992; Bristol Royal Infirmary Inquiry, 2001; Leadbetter, 2001). Nevertheless, although the dangers of this approach have been highlighted (Gates, 1980; Spicker, 1993), the concept of 'need' continues to be central to both the planning and delivery of social services (Doyal and Gough, 1984).

The literature suggests that few commentators have tried to provide a universal definition (Doyal and Gough, 1984; Doyal and Gough, 1991; Gough, 1994; Langan, 1998b), although Doyal and Gough have themselves attempted this. They differentiate between 'basic needs', being survival and autonomy, and 'intermediate needs', being adequate nutritional food and clean water; adequate protective

housing; a non-hazardous work environment; a non-hazardous physical environment; appropriate health care; security in childhood; significant primary relationships; physical security; economic security; appropriate education; and for women, safe birth control and child-rearing (Doyal and Gough, 1991). In fact the content of this list may not be as important as its relevance to the way that societies and communities are organised to meet 'needs'. For example, Gough himself (1994) argues that states are responsible for developing an enabling environment in which 'needs' may be satisfied, although to do this a common understanding of 'need', which recognises cross-cultural factors and the importance of regulating self-interest, is required. Significantly, he also suggests that no existing model of economic organisation adequately achieves this because none currently accept 'need' as a universal concept.

If this is true, then it is a potential impediment to the identification and resolution of 'needs'. For instance, whilst there is evidence that this problem can be resolved (Sanderson, 1996), the danger is that without an adequate definition and the necessary environment, some may receive services who do not have 'needs', whilst others with 'needs' may not have them met (Gates, 1980). Further, relying on the provision of services as an accurate reflection of an individual's 'needs', ignores the likelihood of disagreements over how decisions are made (Learner and Rosen, 2002), what services are required (Fraser, 1989), and the fact that resources are likely to be finite (Leadbetter, 2001). Another consequence of having no universal conceptualisation is the potential for confusion about whether individuals, or the state, are responsible for meeting particular 'needs' (Gibbs, 2001). This has allowed governments to limit their responsibility to the control of structural factors (Doyal and Gough, 1984), which some authors suggest has led to the creation of 'in' and 'out' groups, and an expectation that individuals should aim to meet both their own 'needs' and those for whom they have a caring responsibility (Herbert, 1996; Morris, 1998). However, some have argued that expecting governments to do more can lead to 'need' resolution being interpreted as a 'right' (Barnes, 1998). The risk of adopting this approach to the conceptualisation of 'need' is that it is then interpreted as representing self or sectional interests, making it more difficult to separate 'needs' from 'wants'. Ironically though, Percy-Smith (1996) recognises, that 'wants' can be more politically attractive than 'needs'.

The challenge then is to create a conceptualisation that is sustainable at the point that 'need' is interpreted (Fraser, 1989). The literature suggests two important pre-

conditions. Firstly, it is necessary to understand why 'need' is being recognised at all. Bradshaw (1972) appears to achieve this in identifying that when referring to 'need', practitioners or researchers usually adopt one of four perspectives. These are: *normative*, where standards are used to assess whether individuals are 'in need'; *felt*, where an individual's 'wants' are given legitimacy; *expressed*, where 'wants' are transposed as 'demands'; and *comparative*, where those with similar 'needs' are compared to determine which may receive services. However, whilst these recognise the human dimension to interpreting 'need', merely adopting one of these perspectives does not translate easily to an individual assessment (Spicker, 1993), unlike Doyal and Gough's approach. The second pre-condition therefore is to recognise that individuals, or organisations, may not share the same perspective (Milner and O'Byrne, 1998; Dobson, 2002) and that individuals will experience 'needs' differently (Cleaver et al, 1999; Department of Health et al, 2000; Bristol Royal Infirmary Inquiry, 2001).

The 'Hardiker grid'

Any conceptualisation must also be capable of being observed. Smith (1980) argued that it was insufficient merely to note that an organisation had an implicit or explicit policy and that it was equally important to be able to observe how it was applied in practice. Hardiker et al, (1996; 1999; 2002) have developed one approach, commonly referred to as the 'Hardiker grid', shown at diagram 2.1 below, that both allows organisations to make clear their responses to particular levels of 'need' and practitioners to understand the relationship between the wider policy and their practice. The authors have also adapted the grid as a means of mapping 'needs', as opposed to plotting service provision, by re-labelling the columns *Basic Survival*, *Psychosocial* and *Structural* (Hardiker et al, 2002). The grid is developed around four levels of intervention, as shown on the vertical axis in the diagram, covering what Gates (1980) notes as the evolution from conditions to problems and subsequently to 'needs'. At level one, services are available to vulnerable groups and communities, through to level four where services are targeted only at those at risk of social breakdown, or who already 'in care'.

Diagram 2.1: The Hardiker grid

[From: Department of Health et al (2000) *Framework for the Assessment of Children in Need and their Families* (London: The Stationery Office)]

The Enabling Authority

LEVEL OF INTERVENTION	WELFARE MODEL: ROLE OF THE STATE		
	Last resort: Safety net	Addressing Needs	Combating Social disadvantages
BASE (populations)			
FIRST (vulnerable groups and communities: diversions)			**Community development**
SECOND (early stresses)		**Social casework Social care planning**	
THIRD (severe stresses)	**Remedial interventions**		
FOURTH (social breakdown: 'in care')			

However, although plotting services between the four levels may show who these are aimed at, it does not demonstrate why they are provided. Importantly, therefore, the grid also includes three models of welfare: broadly reasons for intervention. These are indicated on the horizontal axis on the diagram. Understanding the policy intention of the organisation, or enabling authority, in this way should ensure that services are only developed where appropriate and that they are only targeted at those who may actually benefit from them. The grid's third dimension is the diagonal. This explores whether the services that are provided by the agency are serving the purpose for which they were established, or whether over time their purpose has changed.

It is significant that two of the local authorities studied in more detail in subsequent chapters referred explicitly to the 'Hardiker grid' within their own policy material. The use of the Hardiker grid also addresses the issue of the relativity of 'needs', by highlighting that they are not static and may at any one time move along the diagonal continuum as the 'need' changes from promoting a child's welfare to safeguarding them from significant harm.

The use of the grid underlines the complexity of the issue and confirms the importance of looking at the way that 'need' is interpreted in practice. This point is also underlined by those who argue that, because not all 'needs' can be met by the provision of public services, they have to be prioritised according to such factors as citizenship, age, desert and contribution related to an individual's position within society (Spicker, 1993; Sanderson, 1996; Leadbetter, 2001). Others have suggested that the interpretation of 'needs' is dependant upon the relative power balance between those involved (Langan, 1998c). At a practical level this requires those experiencing 'need', those who identify it and those who have a responsibility to meet it, achieving a common understanding (Bradshaw, 1972). In most cases this is achieved through a systematic process, normally referred to as an 'assessment', involving the individual experiencing the 'need' and one or more practitioners. This again infers that a common starting point is required if those undertaking assessments are to reach a common understanding of 'need' (Langan, 1998c; Cleaver et al, 1999).

- **The challenge of assessment**

Not only is there an extensive literature on 'need', the subject of assessment has also been widely debated. Some have stressed the importance of understanding the stages, highlighted below, involved in the assessment process (Milner and O'Byrne, 1998; Samra-Tibbetts and Raynes, 1999; Department of Health et al, 2000; ADSS, 2002). They argue that if those who undertake assessments are unclear about the process and the stages, they are unlikely to confirm their decisions with others, including those experiencing the 'need'. This review therefore considers how far the literature enables those involved to recognise and understand the process.

Purpose of assessment

As already noted in relation to the Hardiker grid, being clear about the purpose of any intervention, including an assessment, before it commences is essential (Compton and Galaway, 1989; Department of Health et al, 2000). This may be about understanding the impact of not meeting a 'need' that an individual may have (Kemshall, 1986), or alternatively, about attempting to redress wider social injustice by providing services for an individual (Percy-Smith, 1996), including, for example, providing services for a child because of the inadequacies of its parents. Helpfully, Porteous (1996) argues that the components of an assessment must be clearly delineated. This will demonstrate the difference between its purpose and the process and will ensure that the assessment remains achievable; goals and objectives are not confused; and that data will be used for the correct purpose. Later chapters of this thesis consider how far practitioners were aware of this when undertaking assessments.

Process of assessment

Even though understanding the purpose of the assessment is important, recognising what the process entails is nevertheless essential. Lipsky (1980), for example, suggests that the process of some assessments can become routinised and thus not responsive to an individual's particular 'needs'. On the other hand, although timescales have been attached to assessments (Department of Health et al, 2000), others have suggested that there is no accurate way of measuring how long an assessment may actually take to complete (ADSS, 2002). The more likely reality is that in the absence of clear guidance, human interaction will make the process of assessment both idiosyncratic and potentially inconsistent (Smith and Harris, 1972). This stresses the importance of needing to know how the assessment process works and what is involved at its particular stages (Fraser, 1989; Milner and O'Byrne, 1998), something that is returned to in Chapter Six.

The architects of modern social services, Seebohm and Kilbrandon, appeared to suggest that the resolution of 'need' and thus the assessment process, would unify the organisation, the assessor and the person being assessed (Smith and Harris, 1972; Smith, 1980). With hindsight, this presumption appears to have been a significant flaw in their approach (Smith and Harris, 1972). Smith's (1980) evidence was that the process was based more on the organisational context and the relationship between professional ideologies and operational philosophies than it was on the client/worker relationship. This suggests that whilst a common understanding

of the purpose of an assessment may be achievable, similar agreement about the process may not be as possible. This supposition is also explored in Chapter Six.

Undertaking the assessment

Assuming that its purpose and the process are clear, undertaking an assessment will produce quantities of data. However, anyone carrying out an assessment must be able to understand the data in order to interpret it as information. Some (Samra-Tibbetts and Raynes, 1999) have suggested that organisations do not provide the tools or techniques for their staff to do this and that consequently too much time is taken in simply gathering data. What is required is an analysis of what has been collected. This involves the contextualisation of the data by the application and acknowledgement of one or more theories (Milner and O'Byrne, 1998). For children, this may include, for instance, child development theory and the use of models such as the seven child development dimensions of health, education, emotional and behavioural development, identity, family and social relationships, social presentation, and selfcare skills. These were devised by the 'Looking After Children, Good Parenting: Good Outcomes (LAC) Project' (Parker et al, 1991), and were subsequently incorporated into the Department of Health et al's (2000) Assessment Framework'. Herbert (1996) produced a similar but alternative construction involving only four dimensions of physical well-being and physical care, mental health, social and intellectual development, and emotional development. However, these earlier models tended to overlook the individual's wider environments. By contrast, the most recent model, used in the Assessment Framework, develops an ecological approach around a number of dimensions in each of three domains: child's development, parenting capacity and family and environmental factors.

Adopting such an approach may also reduce some of the concerns about an assessment's narrow focus (Gilgun, 1989). By considering the individual within a series of environments, or eco-systems, namely the micro, meso, exo and macro. This typology was first developed by Bronfenbrenner (1979) in his theory on human development. Micro systems are those in which the individual is personally involved; meso systems are the interaction between two micro systems; exo systems are those areas over which the individual has little or no control, such as his immediate environment; whilst macro systems are broader concepts such as society as a whole. Bronfenbrenner suggests that each system contains the one that precedes it, so that the first three are all encompassed by the macro system. Used within an assessment, this approach enables the person to make sense of the data by

understanding the relationship between different aspects of it and creating a map from which to develop an analysis (Gilgun, 1989). The attraction of this approach is its potential wider application. Virtually any data collected about human interaction may be analysed in this way. Indeed the current project adopted this approach to identify and locate the impediments to implementation, using the data obtained during the three fieldwork studies that made up the triangulation. The rationale for this is developed further in Chapter Three.

The ecological approach also takes account of Smith's (1980) concern that assessments often fail to consider the origin of 'need', or whether that 'need' will remain constant. However, it does not overcome the two problems identified by Herbert (1996) and Porteous (1996): firstly that assessments frequently rely on data obtained for other purposes and secondly that, where disagreements occur, subjective decisions are often made.

Conclusion to the assessment

The information generated by the analysis must in turn be reflected in the conclusion. Curnock and Hardiker (1979), for example, refer to this being a balance sheet of risks, 'needs' and resources. Both they and Milner and O'Byrne (1998) acknowledge that conclusions should not be drawn too early as there is a risk that the assessor will then seek only further confirming data. However, others suggest that identifying what services are required may be considered as part of the assessment as long as this relates to the individual's 'needs' rather than organisational processes, such as resource allocation systems (Samra-Tibbetts and Raynes, 1999).

The conclusion must also recognise that the presenting problem may not necessarily be the 'cause' or manifestation of 'need' (Compton and Galaway, 1989). Child abuse may not, for example, be evidence of 'need' itself, but rather indicative of something else. In fact, to refer to causes as 'needs', as the Department of Health (2000) have recently done, is not helpful. Similarly, focusing on what someone has not got, rather than looking at their strengths may not identify their 'needs'. Herbert (1996) suggests that the risks of using such a 'deficit model' are that services would be restricted to 'children in need of protection' and/or those with special 'needs' or disabilities.

One area where views often differ concerns the appropriate response to the findings of an assessment. This is reflected in the literature. For example, Curnock and Hardiker (1979) consider that continuity is required between the assessment and the

intervention. By contrast, Doyal and Gough (1991) argued that the same individuals and organisations should not be responsible for both the identification and the resolution of 'need', whilst Jeffrey (1995) saw potential tensions developing if those conducting assessments were also budget-holders. This review would suggest that it is necessary to remain as objective as possible throughout the assessment whilst ensuring that it is a participative, rather than passive or combative, process. These themes are considered in subsequent chapters.

Consequences of the assessment

The reality is that even if an assessment identifies 'needs' there is no guarantee that they will be met. Whether they are will depend upon such factors as resource availability, the impact of eligibility criteria and prioritisation processes. Smith (1980), for example, observed that whilst 'needs' may have been identified within the assessment, they are defined within the allocation system where they compete for services. This suggests that comparable 'needs' may not be resolved equitably and that external pressures may be brought to bear. Indeed, some argue that prioritisation policies are not determined by the findings of individual assessments, but rather by social and political processes (Fraser, 1989; Klein et al, 1996). The extent to which this occurs will affect the implementation of a consistent conceptualisation of 'need' and the willingness of staff to recognise the stages involved in the assessment. These are again issues that this review raises, which later chapters in this thesis will explore in more detail.

- **The impact of key players**

It is as important to recognise the role of key players as it is to understand the concepts of 'need' and assessment. As noted above, for example, 'needs' are only likely to be met if they have been accepted politically (Gates, 1980; Doyal and Gough, 1991). For this to happen there must be debate and interaction between significant groups such as society as a whole; states and governments; local government; their staff; and those in 'need'. However, Fraser (1989) notes that 'political' has two potentially contrasting meanings. It is both a tangible manifestation of the state, and more particularly government, and a process by which something may become the responsibility of the state. This process is not fixed and can be changed by law or other measures to reflect the will that exists to meet the 'need', including interaction between the following groups.

Society

Historically, societies have sought to guarantee their own future by ensuring that an individual's basic 'needs' were met. To do this, Doyal and Gough (1991) argue that they need to satisfy four pre-conditions. These are: minimum levels of survival and health; adequate conditions for reproduction and child-rearing; shared common values; and a system for ensuring acceptance of those values. Gough (1994) later developed this thesis by recognising a number of other procedural and material issues that had to be addressed. These included having a process for the rational identification of 'needs', the use of practical knowledge and an adequate system for production, distribution, 'need' transformation and material reproduction. Although these may seem like the responsibility of government, they describe the way that a society is organised, even though they may look to governments to resolve any 'needs' that may arise directly.

States and governments

States and governments are different. States engage in relationships that are not controlled by government (Gough, 1994). This poses a dilemma for governments in interpreting and meeting 'need' on society's behalf if they do not control all the means of 'need' satisfaction. Gough suggests that a government's ability to do this is dependent upon the prevailing model of economic institution. In most cases, though, their purpose is to enable individuals to participate productively and therefore to ensure that the means are available to allow them to do so (Percy-Smith, 1996). However, more recently governments have interpreted this responsibility as being to set standards for 'need resolution' rather than to provide services directly (Klerman, 1992; Department of Health et al, 2000) and for services themselves to thus define how 'need' should be met. This is because they acknowledge that they are at some distance from the day-to-day reality of individuals (Leadbetter, 2001). The danger though, is that this results in some marginal groups being given a low priority (Bristol Royal Infirmary Inquiry, 2001).

Local government

Whilst national and local government are inextricably linked within one bureaucratic hierarchy (Harris, 1998), in practice, local institutions have been responsible for defining and meeting 'needs'. However, evidence from literature (Bradshaw, 1972) suggests that they are unclear about their role. More recent comments in the trade press following a number of 'Joint Reviews' by the Audit Commission and Social

Services Inspectorate, would support this. By adopting what Howe (1986) refers to as a 'non-programmed approach', many local authorities assumed that 'needs' would emerge from a skilled worker's assessment of those potentially 'in need' (Smith, 1980).

Smith, however, found that the assumption that individuals and those assessing them would be able to define 'need' together was misplaced. In reality he found, amongst other concerns, that an individual's perceptions of their own 'needs' were unlikely to be accepted; 'needs' were rarely matched with appropriate resources; and highly routinised and bureaucratic responses emerged. Lipsky (1980) similarly observed that there was a danger of collusion between organisations and staff to make each other seem productive, whilst Klerman (1992) noted how institutional barriers can be erected to control the identification of 'need'.

The difficulty for local organisations is how to deal with unpredictable 'needs', within a managed and manageable system, and a finite level of resources. This has led to decision-making, including the determination of 'need', being devolved to a local level (Barnes, 1998). However, Harris (1998) has suggested that devolution has resulted in greater scrutiny of day-to-day decisions, increased accountability and reduced autonomy. Jones (1995), on the other hand, challenges the view that devolution is the solution by noting that some local managers were reluctant to 'manage' staff too closely, in case service deficiencies were highlighted.

Local government staff

In the context of social services, social workers are responsible for identifying 'need'. Although they are influenced by their own personal and professional ideologies they are also organisational employees working within policy frameworks and subject to the operational philosophies of their department (Lipsky, 1980). Research suggests that they will use different and competing ideologies simultaneously and that these will not necessarily be those of the organisation (Smith and Harris, 1972; Hardiker, 1977; Smith, 1977; Curnock and Hardiker, 1979; Smith, 1980). However, the way that practitioners define 'need' will be affected by their response to the immediate circumstances and the availability of resources, rather than by any inherent ideology. Some suggest that decisions are also affected by the individual's position within the organisational hierarchy (Nicholson and Ward, 1999). In short, to be more professional, staff need to consider why and how they make decisions, although their organisations still have a responsibility to support them (Carson, 1996).

Individuals in 'need'

Because potential service users will not necessarily have the same 'needs', considering them as homogenous groups poses difficulties. For example, children and their families may have competing 'needs' (Cleaver et al, 1999; Bristol Royal Infirmary Inquiry, 2001). This is made more complicated because children are not always capable of independent existence or expressing their 'needs' and there is a cultural expectation that parents should be responsible for their children's upbringing (Saraga, 1998). Placing the focus of the assessment on the child may provide an unreasonable justification for intervention (Saraga, 1998; Samra-Tibbetts and Raynes, 1999), whilst focusing on the parents may highlight inadequacies that they have not had the opportunity to address (Herbert, 1996). The danger of both these approaches is that they concentrate on the level to which 'needs' are neglected, rather than that to which they are satisfied (Cleaver et al, 1999) and they do not consider the individual's own views of their 'needs' (Smith, 1980; Klerman, 1992).

It is essential therefore, that those with 'needs' contribute to discussions about 'need satisfaction'. Leadbetter (2001), for example, suggests that all individuals, however disadvantaged they are, must consider what they expect, what they are prepared to pay for and what their priorities are. By contrast, Doyal and Gough (1991) argue that experts cannot be relied upon to provide individual 'need satisfaction', or create measures that allow whole sections of society to achieve this. They note, for example, how policies that satisfy the 'needs' of one group, may adversely affect the satisfaction of the 'needs' of other groups. For example, decisions about the provision of services to a disabled person may impact upon relatives caring for them.

The inference is that of all the key players, those 'in need' are best placed to define their 'needs'. Yet they have no given or delegated responsibility to do so. Recent experience even suggests that they are more likely to be consulted about planning or commissioning services, than about assessing their own 'needs' (Leadbetter, 2001). However, they can be easily deterred from even this type of involvement by institutional barriers or geographical obstacles (Gates, 1980; Klerman, 1992). Individuals do invariably understand their own problems and struggles and are skilled in making assessments of them (Schmideberg, 1948; Gibbs, 2001), though they need the same level of information that other key players have and the timescale for the assessment needs to be appropriate to their circumstances (Cleaver et al, 1999).

As individuals 'in need', service users are often seen as being different from the other groups of players and yet, paradoxically, they are, as members of society themselves, part of more than one group. However, Smith (1980) found that they were seen by other groups as having no real 'buying power' and low status, which unsurprisingly, affected their willingness to debate or to accept alternative views. This creates a dilemma for those working with individuals 'in need'. They may not accept the need to change where they do not accept the need for change as, for example, in cases where there is a perceived risk to a child that the family do not recognise (Compton and Galaway, 1989; Gilgun, 1989).

Relationships between key players

This review suggests that there is a tendency for the identified groups to delegate downwards a responsibility to identify and resolve 'needs'. This implies that the most significant relationship is that between practitioners and those 'in need' because it is the only one that directly involves service users. Recognition of the importance of this relationship had a significant influence on the way that the fieldwork part of this study was carried out.

The review has also shown how the relationship between other groups can affect the way that assessments of 'need' may be subsequently carried out. For example, changes in tolerance levels within the child protection field over recent years, have affected the relationship between staff and their organisations. According to Stevenson (1995) this has led to insecurity, anxiety and less consistency, although others (Smith and Harris, 1972) have found that a common purpose does not necessarily resolve such insecurity. Two departments may have the same or similar purpose about the assessment of 'need', but if they and their workers have different ideologies, their ability to achieve consistency will be affected (Smith, 1980).

Uncertainty may also result from attempts to impose change without adequate consultation (Ward, 1995). Even if the rationale for change is demonstrated, there is no guarantee that it will be accepted by staff (Kemshall, 1986). Some argue that the implementation of approaches such as the Assessment Framework (Department of Health et al, 2000), which sets out in detail what practitioners should cover in assessing 'need', is potentially de-skilling and has contributed to a crisis of confidence in child welfare social work (Stevenson, 1995; Garrett, 1999). This, coupled with increased demands being made on services, at the same time that efficiency savings are being required (Jeffrey, 1995), has meant that the relationship

between staff and their organisation is increasingly characterised as strained and subject to tensions.

Against this background, it is worth speculating whether a consistent conceptualisation of 'need', as opposed to a consistent assessment system, would assist or exacerbate the situation. It may, for example, reduce inconsistencies and ambiguities, by linking the contextual reality of an individual's situation to the operational practice of the organisation. Encouragingly, Smith and Harris (1972) suggest that if a coherent argument for change is made, staff are more likely to accept it and work with it, whilst Harris (1998) reports that most worker's ideologies are broadly those of the organisation. However, Harris also suggests that workers have accepted ideological subordination in return for retaining some latitude in how they undertake their duties. Consequently, even if a conceptualisation of 'need' was accepted, it may not influence practice. This seems to be confirmed by Stevenson (1995) who notes that the optimism of social work in the 1970s and for much of the 1980s, has been adversely affected by successive rounds of economic stringency and perceived political ideology.

What appears to be required is an open dialogue between the key players to ensure participation and partnership in the interests of those ultimately 'in need'. If assumptions behind change are explored they are less likely to fail. Consequently there will be less likelihood of staff resistance being identified as the reason for re-organisational failures, rather than the assumptions on which they were based (Smith, 1980). To achieve this, organisations need to share management information and stimulate open discussion about their priorities and activity (Jeffrey, 1995). The benefits, Jones (1995) believes, are that involving their staff and users will lead to a greater commitment to shape the necessary change. In a limited way this is something that this thesis sets out to promote. Potentially then, a consistent conceptualisation of 'need' could become a unifying factor between the key players, rather than a source of friction and strain. However, this literature review has also highlighted further significant influences that may affect the introduction of that consistent conceptualisation. These are discussed below and in turn influenced the design of the subsequent fieldwork upon which this thesis is based.

- **Other significant influences**

Development of social work

The profession of social work is essentially a creation of the post-war welfare state (Curnock and Hardiker, 1979; Gilgun, 1989). However, unlike other professions, it has not been free to define its clientele or its methodology and its existence, as shown above, is dependant upon the acquiescence of society as a whole. In fact, according to Harris (1998) social work is a 'bureau profession', neither fully autonomous nor fully constrained by a bureaucratic hierarchy, although there have been recent attempts to do this (GSCC, 2002). The definition and assessment of 'need' takes place against this underlying tension, where society needs to be able to hold someone to account if problems occur (Leadbetter, 2001).

This uncertainty has potentially contributed to social workers, like others, resisting attempts to define 'need' and instead determining their own threshold for action (Smith, 1980). This has meant, some suggest, that for children's services intervention now rests at the level of 'significant harm' (Hardiker, 1996; Herbert, 1996). This is a legal term within the Children Act 1989 describing those children who are abused or at risk of abuse, rather than the broader concept of a 'child in need' which not only includes those 'children in need of protection' but also those who may benefit from services. Using this high threshold rather than resolving the definition of 'need', may relieve the dilemma of which individuals should be supported and which should not (Saraga, 1998) and may suggest that the role of social work is to intervene on society's behalf when individuals are unable to, or fail to, meet their own or their dependants 'needs'. However, it may also imply that the role of social work is to 'intervene' with rather than 'support' those 'in need'. In turn this may, according to Stevenson (1995), have negative consequences and be similar to the dilemma faced by the police of whether their function is to maintain order, or enforce the law (Lipsky, 1980).

Contemporary influences: externalisation, eligibility criteria and 'rights'

During the 1980s the responsibility to resolve 'need' began to be externalised from the social work organisations that identified it. This meant that they no longer controlled all resources, or resourcing levels (Singleton, 1995). It was accepted, for example, that families make good carers, and that social care is not just the responsibility of the state and its agents (Barnes, 1998), although some have

suggested that in the United Kingdom this was as much due to a significant overspend within the Department of Social Security, as it was to a change in philosophy (Lewis, 1995).

It has also been suggested that externalisation has meant that resource implications are not always fully quantified or understood (ADSS, 2002). At an individual level some feel that it has led to an assessment's conclusion reflecting a knowledge of what is available, rather than what may actually be required (Baldwin, 2000), whilst others suggest that services in short supply are more likely to be allocated according to demand than 'need' (Gates, 1980).

This situation has been exacerbated by successive governments reluctance to advise organisations on how to manage increased demand alongside a reduction in resources (Singleton, 1995). Where suggestions have been made they have often involved re-defining core business and developing clearer eligibility criteria. Literature suggests that put positively, eligibility criteria are about an organisation attempting equitably to meet its responsibilities (Klein et al, 1996; Lewis, 1995). It has also been suggested that the application of such criteria may counter trends to focus all resources on one area, such as 'child protection', to the detriment of both other services and other 'needs' (Tunstill, 1995). However, there are also risks associated with eligibility criteria. For example, some have highlighted that what is produced often describes eligibility to receive services dependent upon what is available, rather than to have 'needs' met (Spicker, 1993; Fuller, 1998). Others have warned that eligibility criteria for service users should not be confused with planning criteria for managers (Smith, 1980), and that regardless of published criteria eligibility will continue to be determined by the subjective impressions of front line staff because of the way that they have to respond to the information that they receive (Gates, 1980). It should also be noted that the introduction of the concept of eligibility criteria within children's services has itself been criticised (Seden, 2001).

The role of social work has increasingly been influenced by the concept of 'rights'. For example, the recent code of practice for social workers (GSCC, 2002) refers to protecting the rights of service users. However, although its contemporary roots are in the 'civil rights' movements of the 1960s, the term currently relates more to 'civic duties'. Indeed, some suggest that individuals have a responsibility to avoid being in 'need' and should meet their own 'needs' as far as possible (Morris, 1998, Leadbetter, 2001). The corollary of this view is that it takes little account of the

'needs' of others, including future generations, leading instead to individualistic and selfish attitudes (Doyal and Gough, 1991; Percy-Smith, 1996).

In fact this review suggests that being 'in need' carries no automatic 'right' to a service and at best may indicate an entitlement if one is available (Langan, 1998). In welfare terms, therefore, 'rights' are limited to those situations where individuals have tried but failed to meet their own 'needs', or where they do not have the means to meet them. This latter group includes children, though it is interesting that the concept of children's rights has only recently begun to be accepted (Bristol Royal Infirmary Inquiry, 2001). However, this should not prevent those with a right to have their 'needs' met being involved in both their own assessment and in the planning of services (ADSS, 2002) as efforts to preserve autonomy could mean that an individual's subsequent dependency may be reduced (Sanderson, 1996; Langan, 1998).

External influences: the market, rationing and performance management

Although the principles of the market place have been incorporated into social care, they have had less impact upon children's services than they have on other areas, as until recently the market outside local authorities has been variable (Williamson, 1995). Support for such growth has not been widespread in view of the accepted need for regulation (Sanderson, 1996), the desire to focus on the 'needs' of the individual rather than whole groups (Leadbetter, 2001) and the danger that the 'needs' of children, as distinct from those of adults, are not fully appreciated (Bristol Royal Infirmary Inquiry, 2001).

The availability of services has also been controlled by both formal and informal rationing policies even though their existence has not always been explicitly acknowledged (Jeffrey, 1995; Williamson, 1995; Klein et al, 1996; Langan, 1998). In fact, rationing is implicitly linked to the economic and political context (Kemshall, 1986), which in turn enables organisations to adjust their thresholds to control the number of individuals likely to access their services (Gates, 1980; Lipsky, 1980). Although there is an official recognition (Department of Health et al, 2000) that assessments need to contrast what is needed with what is available, some suggest that there is a need for a public debate around whether services should be life saving (ie. meeting basic 'needs'), or life enhancing (ie. meeting additional 'needs'), or whether some 'needs', or the 'needs' of some groups, are more important than those of others (Klein et al, 1996; Langan, 1998).

Another recent influence has been the development of performance management. This has been as important as a desire for transparency in decision-making. However, some (Jeffrey, 1995; Sanderson, 1996) have noted a potential conflict: meeting 'need' effectively, is not always either efficient or economic. A number of concerns have been raised about the over emphasis on performance and the attendant risk that success is defined as meeting targets rather than 'needs' (Lipsky, 1980; Gibbs, 2001; Community Care Editorial, 2001). It has been suggested that performance management can have the effect of controlling knowledge and limiting autonomy and operational discretion (Harris, 1998).

Managing change

The effect of endemic change on an organisation's ability to meet 'needs' cannot be under-estimated. Whilst a re-organisation may be undertaken in order to ensure that policies are translated into practice, the rationale must be based on more than ideological conviction (Bullock, 1995). Unless staff support it and it is not in conflict with the prevailing ideology of the organisation, the necessary cultural change cannot be guaranteed (Kemshall, 1986). Neither can change be assumed to have occurred, or to be being actively developed (Smith, 1980). Indeed Lipsky (1980) suggests that staff may resist change by retaining resources and practices with which they feel comfortable, whilst more recently, Learner and Rosen (2002) argue that for some staff 'chaos' can often be preferable to change. To resolve this, Jones (1995), suggests that change is more likely to be implemented where staff have had an active role in the process, although Ward (1995) notes an important distinction between individual and wider staff participation.

In fact change is unlikely to be achieved without the active support of managers and Carson (1996) notes that there can be potential legal repercussions where this is not provided. This was exemplified by the Bristol Royal Infirmary Inquiry (2001), which recommended that without a fundamental shift in the attitude and approach of managers, good practice may not be identified and children's 'needs' would still be neglected. In providing the necessary support, managers must obtain the commitment of staff and they need to be aware of the threat which change brings to individuals as professionals (Bullock, 1995). In short, both organisations and their managers must accept that whilst new policies can be produced relatively quickly, for staff and their practice, change takes longer to achieve (Learner and Rosen, 2002).

- **How does the Review contribute to the study?**

A number of points have been highlighted throughout this chapter that have implications for the subsequent study. These are summarised in two themes, which are discussed further below. They are followed by examples of methodologies, used in other research projects, that the review has identified and that influenced the design of the current project.

Is a consistent conceptualisation of 'need' possible?

The literature suggests that there are two inextricably linked issues relating to the way that 'need' is conceptualised. These are, firstly the theoretical attempts to understand it and secondly its relevance to practical applications. Any academic exercise to unravel its meaning will remain somewhat esoteric if the outcome does not influence real situations. Equally, attempts to identify the 'needs' of individuals will be unproductive if there is no understanding about how they may be recognised.

Social work processes that rely on the concept of 'need' must recognise these twin themes. Policy guidance, if not legislation, must reflect the position from which it was written. It should indicate whether it accepts that 'needs' exist and if it does, then whether they are subjective and socially constructed, or objective and inherent. Those responsible for such guidance must also understand that defining 'needs' objectively may be harder to achieve, but that appearing to side-step this problem by permitting individuals to do this themselves may be seen as failure to provide effective leadership.

Without a clear lead, those charged with identifying 'needs' are likely to apply their own conceptualisation. The evidence is that this may be based upon such factors as prioritisation and service rationing, rather than an understanding of what 'needs' are, or how they may most appropriately be resolved. Unless there is clear accountability there will be disagreement about responsibilities to meet 'needs' and confusion between 'needs' and alternative concepts such as wants and rights.

However, the conceptualisation of 'need' is relevant to social work practice and is at the heart of both legislation and policy. Unless it is clarified, false dichotomies, such as that between Sections 17 and 47 within the Children Act 1989, are likely to occur. For example, in the absence of an unequivocal understanding of the concept of

'need' employed within the legislation, many individuals and agencies believe that there is a simple division between children 'in need' (Section 17) and those 'at risk' (Section 47)[5]. In fact the legislation is more subtle. It envisages that those who may require protection are nevertheless first and foremost 'in need'. This in turn emphasises that the more intrusive intervention required by Section 47 should be reserved for a small proportion of the children supported by Section 17. To avoid such errors, practitioners need to consider how the few examples of attempts to produce an objective definition of 'needs' within the literature may enable them to provide a more equitable and less culturally biased service. Similarly, managers and organisations should review whether their services are planned in such a way that it is clear that their aim is to meet particular levels of 'need'.

Are organisations and practitioners capable of assessing 'needs'?

Although any conceptualisation of 'need' that is developed is more likely to affect the assessment process, it also has wider implications. For example, it would need to be incorporated into both pre and post qualification training and organisations would need to review their capacity to meet the 'needs' identified by more consistent assessments. Gough (1994), for instance, suggests a number of procedural and material pre-conditions that need to be met before organisations are capable of meeting 'needs'. Some of these such as the material pre-conditions of production, distribution, 'need transformation' and material reproduction are the responsibility of governments, whilst others such as the procedural pre-conditions of a rational process for the identification of 'needs', the use of practical knowledge and the

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[5] A child shall be taken to be in need if -
(a) he is unlikely to achieve or maintain or to have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for him of services by a local authority; or
(b) his health or development is likely to be significantly impaired, or further impaired, without the provision for him of such services; or
(c) he is disabled
(Section 17(10) Children Act 1989)

Where a local authority -
(a) are informed that a child who lives, or is found in their area -
(i) is subject of an emergency protection order; or
(ii) is in police protection; or
(b) have reasonable cause to suspect that a child who lives, or is in found in their area is suffering, or is likely to suffer, significant harm,
the authority shall make, or cause to be made, such enquiries as they consider necessary to enable them to decide whether they should take any action to safeguard or promote the child's welfare.
(Section 47(1) Children Act 1989)

democratic resolution of 'needs', may be provided by social work organisations. However, there is an implied role for all the key players identified earlier, from governments to individuals 'in need', in the provision of both these pre-conditions and the development of the conceptualisation of 'need'.

To implement the sort of model envisaged would require major change to the culture of the organisations involved, individual practice and attitudes in the wider community. This review implies that the level of change required should not be under-estimated: it involves more than changes to policies and guidance. Concerted effort and a commitment to re-invest at both a personal and organisational level is involved. However, as an editorial in Community Care described it:

> Workplace cultures can - and should - be scrutinised and improved. The culture of the wider society and its response to child abuse is harder to influence, but agencies alone cannot protect vulnerable children. (Community Care, 2001, p.5)

Key issues for organisations

Facing up to the dilemmas within these themes and identified within the literature may not be easy. However, this review suggests that those organisations intent on doing so should address a number of key issues. These are :

- the way that 'need' is conceptualised, including
  - ◊ recognising the impediments to achieving a consistent conceptualisation of 'need'.
  - ◊ ensuring that the conceptualisation that is developed is fit for the purpose rather than fitted to the purpose.
- the consistency of assessment practice, including
  - ◊ an understanding of the purpose and process.
  - ◊ a distinction between 'need identifiers' (eg. assessment systems) and 'need satisfiers' (eg. service provision).
- the effect of practical considerations, including
  - ◊ the impact of resource and infrastructure constraints.
  - ◊ ensuring that the organisation can satisfy the necessary pre-conditions to meet the 'needs' of those whom its staff assess.
- the impact of cultural and ideological differences, including
  - ◊ understanding personal value bases.
  - ◊ recognising that the organisation may not have the same perspective as other key players about the way that 'needs' should be met.

- the structural tensions that result from the different expectations of those involved, including
  - ◊ service users.
  - ◊ staff.
  - ◊ the wider society at large.
- the conflict between the bureaucracy of the organisation and the professionalism of its staff.

These issues were taken into account in designing the current study as outlined in the next chapter.

Relevant methodologies

As well as providing a baseline from which to develop this project, the review has also highlighted two important examples of earlier approaches that were used in the construction of this study and the analysis of the resulting data. These were the work of Smith (1980) and Bronfenbrenner (1979). In both cases the review identified that others had successfully adapted these approaches for use in circumstances that did not directly replicate those of the original authors (Kemshall, 1986; Gilgun 1989; Jack, 2000). For this reason they were attractive models from which to develop a suitable methodology.

In the 1970s, Smith had studied the work of a Scottish social work department using what he described as a triangulated approach. In other words, he gathered data about the same activity, namely the identification of 'need', from three different perspectives. Kemshall built on Smith's approach in her own study of how client's 'needs' were defined in an English social services department and in many ways the Department of Health et al's (2000) own Assessment Framework utilises this same approach. The current project takes this approach forward by using it to look at not whether or how an individual's 'needs' were identified, but rather at the effectiveness of a system for doing so.

Bronfenbrenner developed his theory on the ecology of human development to assist in understanding an individual's interaction with other people and the wider community within which they function. Both Gilgun and Jack have built on this approach to enable social workers to comprehend how an individual's 'needs', the role of their carers and other family members and wider environmental factors

interact with one another. Again, the current study seeks to extend this model by using it to locate evidence about the relationship between one particular system for the assessment of 'need' and the environment within which it was applied.

Chapter Three - Research Methodology

- **Introduction**

As described in Chapter One, this study was prompted by an interest in understanding what had impeded the introduction of a formalised approach to the assessment of 'children in need' known as *Access to Services for Children*, or 'ASC', in one particular local authority. ASC was launched by the authority concerned, referred to here as 'Authority A', in 1997. A copy of the ASC Manual is included at Appendix Four. Whilst the principles were widely accepted, difficulties were experienced in its implementation. These related to organisational issues, such as the physical infrastructure, and philosophical issues associated with some of the concepts involved. For example, many of the staff in post at the time that the ASC system was introduced had developed their expertise over a number of years. To implement the necessary change required them to recognise the shortcomings of their practice and to accept the rationale and direction of what was proposed. For many, this proved to be a significant challenge.

One early impediment may therefore have been that whilst there was a commitment in principle to change the way in which an individual's 'needs' are assessed (the need for change), it was not matched by a corresponding will and ability to introduce those principles into practice (the need to change). Indeed previous studies would support this. For example, implementation of the *Looking After Children: Good Parenting, Good Outcomes* project in the early 1990s, had found that:

> The *Looking After Children Materials* have been welcomed when they are seen to build on and develop the best elements of child care practice. The ideological obstacles are harder to forecast and reflect the perennial tension between research and practice. Until this lessens, the practitioners whom the system is designed to help will inevitably be somewhat sceptical about its alleged benefits.
> (Bullock, 1995, p.106)

However, restricting the aim of the study to the identification of impediments to the implementation of ASC within 'Authority A', would have limited its impact as any conclusions would not necessarily be transferable. A secondary aim therefore was to consider whether impediments that were identified related solely to the

implementation of ASC, or the environment within which it was introduced, or whether they were likely to prevalent in the implementation of similar initiatives elsewhere. To add to the study's broader contribution, a third aim was to consider what action could be taken to prevent the impediments from occurring, or to counter their effect.

- **Research hypothesis**

The resulting hypothesis is therefore derived from a combination of experience, outlined above and in Chapter One, and from conclusions drawn from the literature review in Chapter Two. It is, that the implementation of the ASC system in 'Authority A' was likely to be subject to a series of impediments associated with the approach itself, and also with the environment within which it was introduced. The evidence from the literature review was that these impediments were likely to arise from:

- the conceptualisation of 'need'
- the development of assessment practice
- the effect of practical considerations
- the impact of cultural and ideological differences
- the inherent structural tensions
- the conflict between bureaucracy and professionalism

- **Research plan**

A triangulated approach

Following Smith's earlier (1980) study, discussed in the previous two chapters, the plan was to adopt a 'triangulation approach'. This recognised, as Smith had done, the dangers of relying on one data set. In studying the identification of 'need' Smith had instead drawn on three sources of information. These were direct observation, a study of the available records and the recollections of those involved. The validity of this approach was confirmed in Kemshall's (1986) subsequent study, which also adopted Smith's model.

The current project therefore involved three linked studies that would together provide evidence of obstacles that had impeded the implementation of ASC. These

were firstly, an 'observed study', in which the author gathered information at first hand about the way that ASC was being implemented; secondly a 'reported study', where individuals with experience of assessing need contributed their views by completing a questionnaire; and thirdly an 'evidenced study', in which information was obtained from casefiles about the way that individuals had been assessed using the ASC system.

Because the overall focus was the implementation of ASC, the primary data source of all three studies was 'Authority A'. Two of the three studies were directly concerned with the way that ASC had been implemented and therefore data for these was only gathered from within 'Authority A'. However, in order to contextualise the overall study and to show whether the results were related to the introduction of ASC in 'Authority A', or may be found elsewhere, some data was also gathered from two other authorities. This additional data was only obtained within the 'reported study' and the further 'documentary study', described below.

The other authorities are referred to in this thesis as 'Authority B' and 'Authority C' and were chosen to provide contrasting experiences to 'Authority A'. For example, 'Authority B' was, like 'Authority A', large in size, predominantly rural and unaffected by recent local government re-organisation. By contrast 'Authority C' was dissimilar from both 'Authorities A and B'. It was geographically small, mainly urban and had been created by the local government re-organisation of 1997.

The observed study

In this study, the researcher spent two days with each of the six teams of social workers in 'Authority A' responsible for receiving and assessing new referrals. The decision about which aspects of their work were to be observed was influenced by Smith's (1980) earlier study. In his observations he had concentrated on the intake and allocation processes, arguing that:

> ... I came to see the agencies intake and allocation arrangements as an area of social work practice which provided an operational context for studying the general theoretical and policy questions that I had in mind. (Smith, 1980, p.99).

This argument also applied to the current study because if assessment is seen as a primary function of these early stages of the social work process, then they are likely to be the points at which crucial decisions about 'need' are made. Consequently, five

observation points were identified within 'Authority A's' intake and allocation arrangements. These were:

- referral taking
- referral assessing
- team dynamics
- retrospective observations
- team arrangements

At each of these points it was hypothesised that evidence in support of a number of the potential sources of impediments, identified on page 39, would be observed. For example:

Observation Point	**Potential impediment source**
Referral taking	Conceptualisation of 'Need' Development of assessment practice Practical considerations Structural tensions
Referral Assessing	Conceptualisation of 'Need' Development of assessment practice Practical considerations Structural tensions
Team dynamics	Conceptualisation of 'Need' Development of assessment practice Practical considerations Cultural and ideological differences Structural tensions Bureaucracy v. professionalism
Retrospective observations	Development of assessment practice Practical considerations Cultural and ideological differences Structural tensions
Team arrangements	Conceptualisation of 'Need' Development of assessment practice Practical considerations Cultural and ideological differences Structural tensions Bureaucracy v. professionalism

A set of pro-formae were devised for use at each of the observation points. These included a set of prompts that explored the impact of each potential impediment source. They are included at Appendix One. In preparing for the observations Smith's (1980) work also reminded the author of one of the pitfalls of this type of research,

namely the effect of the observer on the practice being studied. Smith identified a continuum from '*complete participant*', through '*participant observer*' and '*observer as participant*', to '*complete observer*'. As far as was possible, the study was devised so that the researcher's role was that of 'complete observer'. However, local circumstances at the time of some of the site visits meant that this became that of 'observer as participant'. This was acknowledged in the way that the data from these observations were subsequently analysed.

The reported study

This study used a questionnaire, included at Appendix Three, to gather views from a sample of social services staff about their experience of the assessment of 'need'. Along with the documentary study, described below, it gathered evidence not only from 'Authority A', but also from 'Authorities B and C'. The inclusion of data from these other authorities within this part of the triangulation was intended to show whether the views of staff in 'Authority A' had been influenced by the introduction of the ASC system, or whether they were shared amongst their wider peer group. It also recognised that it is the actions of individual staff that will ensure the success or failure of any policy initiative.

The questionnaire was developed and piloted with two front line managers within 'Authority A'. It was designed to explore the respondents' understanding of issues relating to 'need' and 'assessment' and was split into four sections. Sections A and B reflected the overlapping concepts of 'need' and 'in need'. For example:

A. The Children Act 1989 requires local authorities to develop services for children in need, but how is the concept of 'need' used in relation to children by social services departments?

B. The Children Act 1989, required social services departments to assess 'children in need' and to develop services for them. The gateway to services is therefore to be assessed as a child 'in need', but what does it mean to be a 'child in need'?

Sections C and D explored the confusion between the 'process' and 'practice' of assessment. For example:

C. Finding out whether a child is a 'child in need' will meet only part of the local authority's duty to safeguard and promote the welfare of 'children in need'. It is also necessary to determine how they may best be helped and subsequently to consider whether such help has had a positive outcome for the child. What is the process for deciding how to help 'children in need' and for assessing the outcomes?

D. The process of deciding whether a child is a 'child in need' is generally referred to as an assessment and services that may be subsequently provided are often said to be provided in response to 'assessed needs'. What is the practice of 'assessment', as it is used in social services departments to decide which children are 'children in need'?

Distributing the questionnaire by post was considered to be the best means of obtaining an individual's unbiased views as it gave them the opportunity to decide whether to participate or not. Alston and Bowles (1998) have suggested, for example, that an incomplete return of questionnaires indicates:

> ... that respondents have genuinely been given a choice about being involved, and that those who do participate have given their informed consent.
> (Alston and Bowles, 1998, p.116)

Following the brief pilot, a purposive sample of respondents were selected from three groups of staff to reflect the tension between managing 'need' and managing the organisation and the differing impact that each could have on the assessment process. The groups were:

- Front line social workers;
- Front line managers (including first tier managers, emergency duty team manager, training manager);
- Senior managers (including director of social services, senior managers, operational middle managers).

The target sample was stratified to reflect the numbers of staff within each group. The number of respondents approached in 'Authorities B and C' was equal to the number selected in 'Authority A' to reduce the likelihood of their views weighting the final analysis. Thus, the target sample was:

	Authority A	*Authorities B & C*	*Total*
Front line social workers	*12*	*7 x 2 = 14*	*26*
Front line managers	*14*	*5 x 2 = 10*	*24*
Senior managers	*6*	*4 x 2 = 8*	*14*
TOTAL	*32*	*16 x 2 = 32*	*64*

In 'Authority A', respondents were further selected to increase the chance of views representing the three geographical areas as well as the access, family support and children looked after teams. 'Authorities B and C' were asked to nominate respondents who were in broadly similar roles to those selected in 'Authority A'.

The evidenced study

Whilst the 'observed' and 'reported' studies looked at the experience of the staff involved, they provided little insight into the way in which the ASC system impacted directly upon 'children in need' and their families. Therefore, in the third part of the triangulation the researcher examined a sample of case records from 'Authority A' following the introduction of the ASC system. The aim was to provide hard evidence about the impact of the system, in contrast to the soft evidence obtained from the observations and from the responses given in the questionnaires.

A sample of 90 cases was identified. They were selected on the basis that they were the first 15 referrals to become open cases within each of 'Authority A's' six access teams following a given date. Proformae were devised to collect evidence of the information that had been recorded and the decisions that had been made in each case at the referral and assessment stages.

Two types of data were collected. Firstly, basic data, such as age, gender and source of referral, showed whether the sample was broadly representative. Secondly, data was collected about how the referral, and subsequently the assessment, were dealt with. This included whether there was evidence at the referral stage of:

- child protection procedures being initiated
- appropriate levels of recording/form completion
- consultation with the referrer
- agreement with what should happen next

At the assessment stage, data included evidence of:

- continuity of the worker between the referral and assessment
- the child being seen
- a methodological approach being used
- a link between the findings and any proposed services
- a plan being made and implemented
- the need for further assessment
- appropriate levels of recording/form completion
- consultation and agreement on what should happen next

The evidence was in turn analysed using a suitable computer program (SPSS) to explore the following questions:

(i) had the ASC system been implemented?

(ii) had it been implemented mechanistically, and had the underlying concepts been understood?

(iii) had practice subsequently changed?

(iv) what were the consequences for families or service users?

Relationship between the three studies

Although the 'observed study' was the starting point, it would only provide a 'snapshot' glimpse of social work practice. It would neither highlight the context within which it took place, nor show why practice may have diverged from the available guidance, subsequently reviewed in Chapter Four and discussed below. This contextualisation was provided by the 'reported' and 'evidenced' studies. The triangulation ensured that although each study might separately highlight a number of impediments, corroborating evidence from either or both of the other studies was sought before conclusions were drawn about their impact upon the implementation of the ASC system.

Documentary study

However, even these three studies would provide only a partial assessment of the introduction of the ASC system. They would not, for example, show whether what was observed or reported was what 'Authority A' had intended; nor would they show whether that practice, or the policy of the ASC system itself, was similar to or differed from that elsewhere. The study therefore sought additional data from a review of some of the procedural guidance available to practitioners about the way that the ASC system was designed to operate. This documentary review sought to complement the three main studies by showing how far what was observed, reported or evidenced reflected what was intended, or whether it had diverged from what was expected. It would also show whether staff had been enabled to introduce the ASC system, or whether implementation was in fact impeded by a lack of effective guidance. The 'documentary study' also contrasted the guidance available to practitioners in 'Authority A' with similar material from 'Authorities B and C' to show how far the ASC system was in line with expectations placed upon staff elsewhere. The aim was to establish how clear the policy intentions and procedures of all three authorities were and how likely they were to influence practice.

Although during their training all qualified social workers will have had access to relevant academic and research literature, such as that reviewed in Chapter Two, it has already been suggested that practitioners will not necessarily maintain an up-to-date awareness of current publications once they are in post. Therefore, the policy guidance published by their authorities is often their primary source of information. The material was therefore also appraised as to its apparent awareness of historical and current perspectives.

The method of undertaking the documentary study was developed from one commonly used by the Social Services Inspectorate. This involves devising a number of standards each with a set of criteria. Inspections are then carried out to establish whether the standard is met by assessing the evidence in relation to each of the criteria. For example, *Developing quality to protect children* (Department of Health, 2001) was a review of the inspections of the children's services of thirty one local authorities. It assessed the relative performance of each authority as compared with that of the others, against eight standards each with eight separate criteria.

Instead of specific standards, the current study posed five questions. These were whether the guidance made clear:

- what was the role of social services?
- what was the role of social workers?
- when were social workers expected to intervene?
- what were social workers actually expected to do?
- how were social workers expected to do their job?

One common set of criteria was then used to assess the evidence in relation to these questions and therefore to determine the extent to which the guidance enabled staff to carry out their responsibilities. The evidence was assessed according to the following criteria, namely that the information was:

- coherent
- logical
- lawful
- referenced
- political
- resource driven
- user orientated
- outcome related

- single or multi-agency

In early 2000 'Authorities B and C' were asked to provide copies of their current policy guidance about the assessment of 'children in need' and their families. These were then considered alongside 'Authority A's' ASC Manual[6]. However, although the documents that were received were not necessarily directly comparable, they showed that all three were aware of the imminent launch of the Assessment Framework (Department of Health et al, 2000). Following the publication of a draft version of this key government initiative in late 1999 all three authorities had had the opportunity to consider how it was likely to impact on their own approach and the documents that were supplied reflected this, being described as either 'draft' or a 'working document'. They were therefore comparable in that they all reflected the Framework's principles and requirements and demonstrated how each authority was preparing its staff to take on this new approach. Nevertheless, the purpose of the current study was to look at how useful the guidance material was in enabling staff to carry out their responsibilities, rather than to consider each authority's plans for the implementation of the Assessment Framework.

The documents that were supplied by each authority and which were subsequently evaluated were:

- Authority A : The ASC Manual, incorporating policies and procedures for front line staff and including copies of forms used for recording referrals and assessments.
- Authority B : Various documents covering such aspects as: support to children in need; eligibility criteria, thresholds and priorities; matrix of 'needs'; forms used for undertaking core assessments. Although these were not directly comparable, they provided equivalent information to that contained in the Procedures Manuals provided by the other two local authorities.
- Authority C : Children and Families Care Management Handbook and Child Placement Handbook.

Analysis of the data

As discussed in Chapter Two, Bronfenbrenner's (1979) theory on the ecology of human development, which he devised to assist in understanding an individual's interaction with other people and their wider community, would appear to be equally

[6] : A copy of the ASC Manual is included at Appendix Four.

appropriate to the understanding of social work practice. This study therefore used this framework to locate evidence about the relationship between the ASC system and the environment within which it was applied in order to understand the impact of the impediments that were identified. The basis of Bronfenbrenner's theory, which is outlined in Chapter Two, is that human interactions may be located within an ecological framework consisting of four eco-systems: the micro, meso, exo and macro systems. The particular strength of this model is that whilst the focus remains on the individual, their behaviour or actions may be accounted for by the influence of systems over which they have little or no control. In the same way, using the model to account for the way in which social work is practised means that it is necessary to look beyond the contact between the social worker and the service user and to consider the broader systems that may affect their interaction.

However, the terminology of Bronfenbrenner's model is not necessarily accessible or apparently relevant to the current study. Therefore, although the principles of the model were retained, the four eco-systems were re-named to make them more pertinent to the implementation of the ASC system. These were:

- *personal* (micro-system)
- *inter-personal* (meso-system)
- *local* (exo-system)
- *socio-political* (macro-system)

The inter-relationship between them is illustrated in diagram 2.1, below, together with examples of each of the four systems. Adapting them in this way may also allow them to be used in other situations to understand how impediments may have affected the implementation of particular policies.

The actual analysis of the impediments was undertaken at the end of each of the three main studies by locating them within a matrix, incorporating the four eco-systems. These are included in the summaries of Chapters Five, Six and Seven. These illustrate how evidence from the 'reported' and 'evidenced' studies was used to corroborate the findings of the preceding studies. In Chapter Eight, the corroborated impediments to the implementation of the ASC system are then identified.

Ensuring that the findings have a wider application

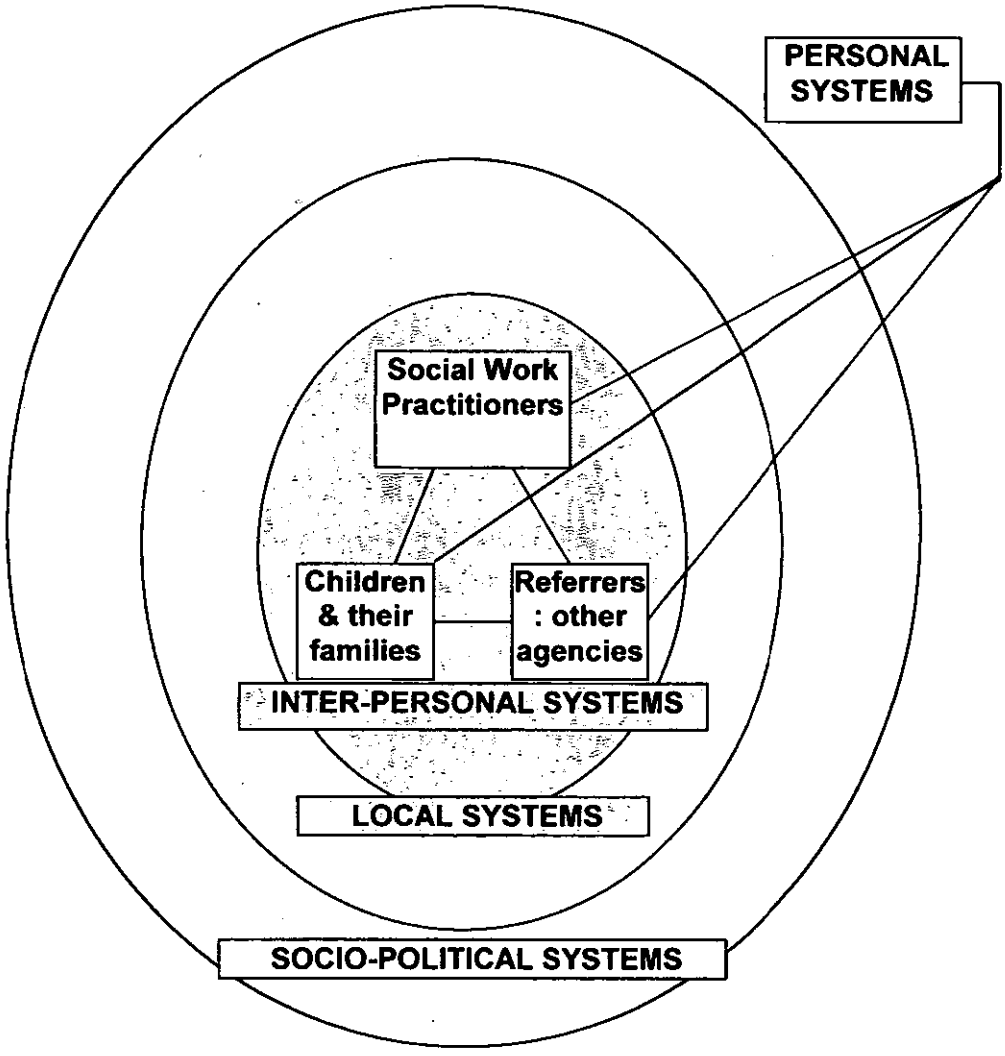
The three parts of the triangulation acted to filter the data and to produce the information, or findings, on which the study's conclusions were based. However, as they related to the identification of impediments to the implementation of one system

Diagram 2.1 : An eco-systemic approach to understanding the environment in which the assessment of 'children in need' and their families is undertaken by social workers

[Adapted from Bronfenbrenner, U. (1979) *The ecology of human development*, (Cambridge: Harvard University Press) and Gilgun, J. (1989) An Eco-systemic Approach to Assessment, in Compton, B. and Galaway, B. *Social Work Processes* (Belmont, Ca: Wadsworth) and with acknowledgement to Jack, G. (2000) Ecological Perspectives in Assessing Children and Families, in Horwath, J. (ed) *The Child's World: Assessing Children in Need* (Leicester: NSPCC and University of Sheffield).]

Examples of Local Systems:
Agency policies;
Committee systems;
Guidance & procedures;
Service provision;
Resource availability
Eligibility Criteria;
Core business.

Examples of Socio-political systems:
Society;
Public 'outcry';
Media reaction;
Political agenda;
Fiscal measures;
Performance monitoring.



for the assessment of 'children in need' and their families, they would not necessarily have wider relevance. They would not, for example, be a robust basis upon which to develop guidance for those planning the development of similar initiatives.

The final analysis, contained in Chapter Eight, therefore has two further objectives. These are, firstly, to consider whether the identified impediments are situation specific and related only to the implementation of the ASC system, or to the situation prevailing in 'Authority A' at the time, or whether they may be related to similar situations elsewhere, or change processes more generally. Secondly, the analysis also considered how the impact of the identified impediments might be resolved or diminished. Given the current impetus, highlighted earlier and prompted by the Assessment Framework, to develop similar approaches, this will potentially have wider application for those implementing similar policies, such as the Integrated Children's System (Department of Health, 2003), in the future.

Chapter Four - Documentary Study

- **Rationale**

It was suggested in the last chapter that practitioners were unaware of much of the literature reviewed in Chapter Two, or did not find it relevant to their practice. Whilst some of it was pertinent, being written by those with current or recent experience of practice (eg. Smith, 1980; Milner and O'Byrne, 1998), and some provided specific guidance for practitioners (eg. Department of Health et al, 1999; Department of Health et al, 2000), for many the policy documents and procedures produced by their own authorities were more relevant.

The documentary study, therefore, complemented the literature review by looking at these documents from a small sample of three local authorities. The selection of these, referred to throughout as 'Authorities A, B and C', was described in Chapter Three. Managers in 'Authorities B and C' were asked to provide copies of documents that showed how their staff were guided in carrying out their responsibilities to assess 'children in need' and their families. These were then considered along with the ASC Manual[7] from 'Authority A'. The study considered whether these materials described the role of social services and its staff and whether they made clear to practitioners what they were expected to do.

- **Study findings and evaluation**

The role of social services

The documents supplied by 'Authorities A and C' suggested that services were provided in accordance with the Children Act 1989 and the UN Convention on the Rights of the Child. However, this implied an entitlement to services rather than emphasising the link between services and an assessment of needs. This created a danger that practitioners would concentrate their efforts on matching services with 'needs', rather than 'needs' to services. This risk, which is explored further in the 'observed study', was highlighted by Baldwin. He observed that:

[7] : A copy of the ASC Manual is included at Appendix Four.

> ... the evidence I collected suggests that the practice of most care managers in tailoring assessments to their knowledge of available resources may be more influential. Most admitted to this in both authorities, usually justifying this by an unwillingness to set up expectations with service users that they know they could not deliver - "All my judgement is not to encourage people to hope for things which are not in the end going to be there."
> (Baldwin, 2000, p.46)

'Authority A', in common with 'Authority B', had developed a conceptual framework to emphasise how their services dovetailed with those of other agencies. They had both created a four level model that built on the work of Hardiker et al (1996) (see Chapter Two). To recap, this demonstrated that if level one and two services were designed to combat wider social disadvantage and were more generally available to all children, those provided at levels three and four should be targeted on those children with specific 'needs' or as a 'last resort'. The advantage of using this model was that it made clear what the policy intention of the organisation was in providing services. For example, in both cases, it envisaged that the authority's services should be targeted on those who, in 'Authority B's' words, were "*the most disadvantaged families and vulnerable children*".

However, the models were not simply about targeting the authority's services. They also defined what each authority expected would result from receiving services, even where they were not the provider. For example, 'Authority A' anticipated that the "intended outcomes" of level two services should be that children would:

- *be safe within their own families*
- *have their health, development and welfare needs met*
- *have a child in need care plan, if in receipt of direct services*

Similarly, 'Authority B' expected that level two services should:

- *prevent the situation deteriorating*
- *improve the child's current situation*

Whilst the 'Hardiker grid' does not identify tangible targets it does imply that services should not be provided unless the reasons for intervention and the intended consequences are clear. Evidence from the ASC Manual, included at Appendix Four, showed that this had been recognised. For example:

> *It is not acceptable practice for children to be 'fitted' in to a particular service. It is essential that before a service is offered or provided, there must be an understanding of whether that service is best placed to meet*

the child's needs; what the expected outcomes are; and how those outcomes will be measured.

Hardiker et al's work also showed that providing services was a multi-agency responsibility. Both authorities had acknowledged this. 'Authority B', for example, stressed that '*local authorities corporately have a responsibility to address the needs of children in need through effective joint working by education, housing and leisure in partnership with social services and health*'. More specifically, 'Authority A' emphasised that services such as residential accommodation should not normally be provided unless a multi-agency care planning meeting had been held.

In contrast to the broad approach adopted by 'Authorities A and B', 'Authority C's' guidance focused more on internal relationships and did not indicate the purpose of providing services, or the role of other agencies. This may have been because of 'Authority C's' unitary status and the fact that with the exception of health, it was responsible for most of the potential services. This possibility will be re-examined in Chapter Six.

The role of social workers

Whilst it may be assumed that the social worker's role was to assess 'children in need' and that this would be broadly the same in all three authorities, the literature review highlighted the lack of clarity as to what an assessment actually involved. Consequently, the guidance that each authority provided about assessments was of particular interest. Closer scrutiny again showed important differences between 'Authority C' and 'Authorities A and B'.

'Authority C's' Care Management Handbook described the assessment process in detail, outlining what should happen at each stage. Unlike the documentation of the other two authorities it included specific information on the prioritisation of referrals for both assessment and the provision of services, based on a list of thirteen priorities. These were ranked in order with "*Where there is evidence, or a well founded suspicion, that there is danger to a child/young person's life as a result of the care provided for the child/young person*" at number one and "*Where a child/young person's health and/or development can be promoted by providing advice, information or support to the parent(s)/carer(s)*" at number thirteen. However, it did not include any rationale for this prioritisation process, nor an indication of how social workers were to use their professional judgement when allocating referrals to

one of the thirteen categories. This approach carries a risk that rather than assessing 'needs', staff may contrive to categorise the referral in a way that achieves a particular outcome, such as accessing a certain service. This possibility was recognised by Howe (1986) in a study of how residential accommodation for the elderly was accessed. He observed that:

> There was a pressure on social workers to define their clients situations in crisis terms in order to gain Part III places. Scarcity of resources, in this case, affected the assessments made.
> (Howe, 1986, p.130)

Because the list included both 'need indicators' and 'situation descriptors' it was likely that an individual's circumstances may fit more than one of the priorities. Some children, for example, may fit both category one, outlined above and also category six: "*Where a child/young person is detained by the Police and arrangements need to be made to transfer the child/young person to local authority accommodation.*" This increased the danger that referrals would be prioritised subjectively rather than being related to an accurate assessment of 'needs' and was evidence of the *process* of assessment becoming more important than the *practice*. The implication of this is discussed in more detail in Chapters Six and Seven, when considering the evidence of how assessments were undertaken.

By contrast, neither 'Authority A' nor 'Authority B' had attempted to be as prescriptive about the prioritisation of referrals. Instead, both had adopted a more regulatory approach using their versions of the 'Hardiker grid' to demonstrate how they expected social workers to respond to different levels of concern. Howe (1986) described this as a 'programmed response'. The characteristics of a programmed response were that guidance was explicit about how staff should both recognise and respond to a situation. The contrast was that in 1986 Howe had identified that 'programmed responses' were more likely to:

> ... occur in roles which tend to be routine with low levels of discretion available to the worker. They tend to occur when the work is understood or defined, at least as far as the organisation is concerned, as relatively straightforward. Regular answers are familiar to familiar problems.
> (Howe, 1986, p.62)

At the time of Howe's research 'non-programmed responses' were more likely to be:

> ... performed in roles where discretion is required in order to cope most effectively with complex, irregular or unfamiliar problems. ... The worker has to make 'on-the-job' judgements and use her own occupational skills and experience in the face of exceptional situations.
> (Howe, 1986, p.63)

The evidence of this study is that the assessment of children has clearly moved away from the latter type in the intervening years. This may be the inevitable result of such factors as a succession of public enquiries into child deaths; the rationalisation of child care legislation; a drive to standardise public sector practice; and, consequently a more defensive style of practice that needs to be more able to justify decision making. These themes are explored in more detail in Chapter Five in considering how assessments of 'need' were undertaken.

In fact, although they were different, the guidance from all three authorities could be categorised as 'programmed responses'. They may, however, be distinguished from each other by Howe's further sub-division of 'programmed responses' into 'formalised' and 'centralised' approaches. For example:

> (i) Formalised, in which the worker's responses are controlled implicitly by adherence to rules, structures and resources.
> (ii) Centralised, in which the worker's responses are controlled explicitly and directly by others more senior and closer to the centre of the organisation.
> (Howe, 1986, p.72)

He suggested that the key difference was that with the 'centralised' approach, "*the directive is clearly on the surface, to be seen and experienced as overt control*", whilst the 'formalised approach' involved an implicit programming of "*the kinds of responses expected in defined situations.*" (Howe, 1986, p.72). The regulatory model adopted by 'Authorities A and B' may therefore be described as a 'formalised' approach, whereas 'Authority C's' prescriptive model was an example of a 'centralised' approach. The evidence from this review would also suggest that such characteristics are related to each authority's circumstances. A 'formalised' approach is perhaps the logical response in 'Authorities A and B' where their large rural nature means that lines of communication and managerial control are stretched. Similarly, being small, urban and unitary means that a 'centralised' approach is more achievable for 'Authority C'. The implications of this categorisation are considered further in Chapter Six.

Further scrutiny of the materials from the three authorities supported this distinction. Firstly, in relation to the process of assessment, the guidance from 'Authorities A and B' focused on the key stages and the likely consequences. Both described circumstances where the provision of services would be appropriate. Staff were also reminded that these should neither be provided at a higher level, nor for longer, than was necessary. By contrast, 'Authority C's' guidance was more functional. Although it

stated that referrals were to be allocated for 'simple' or 'comprehensive' assessments, it provided little guidance to help staff make such judgements. Similarly, it described how assessments of the same child may be co-ordinated, but did not advise staff as to how this was to be accomplished.

Secondly, 'Authority C's' guidance implied that there was no particular distinction between the roles of the different individuals involved in the assessment process. There was no consistency in referring to individual practitioners: terms such as 'social worker', 'responsible social worker' and 'care manager' were used inter-changeably. In contrast, the ASC Manual specifically identified the different roles of receptionists, social workers and area managers and indicated the level of discretion that each had. For example: "*The Duty Worker's primary duty is to assess 'need' rather than define service outcomes.*"

However, the study did reveal one important similarity between the three authorities. By identifying that the assessment process contained a number of stages, such as referral, initial or basic assessment, and core or comprehensive assessment, all three were moving towards the model embodied in the Assessment Framework (Department of Health et al, 2000).

The circumstances in which social workers were expected to intervene

In recent years, local authorities have developed and used eligibility criteria to control access to their social services and to explain to staff, referrers and service users what the thresholds for service are. This has often been prompted by external inspections that have required authorities to produce them, where they do not already have them. However, the usefulness of such criteria has been questioned (Aldgate and Statham, 2001), as the tendency has been to link them to concerns about significant harm. The effect has been to exclude children who are not at risk of significant harm but who are nevertheless 'children in need'. In this sense the legality of eligibility criteria in children's services is debatable, even though they may be a helpful indication of when an authority will or will not provide services.

The guidance of all three authorities contained evidence of such criteria although they differed in how they were defined. 'Authority B's' guidance, for example, referred to *"Eligibility Criteria, Thresholds and Priority"*. 'Authority C' on the other hand, had added local interpretations of disability, child protection, at risk of offending, leaving care and general family support, to the Section 17 (Children Act, 1989) definition of a

'child in need' (see page 8 in Chapter One). A child who met these criteria would be 'eligible' to have their details recorded on a Referral Form and prioritised for assessment, whilst those that did not meet them would not be eligible to have their 'needs' assessed.

Significantly, eligibility in 'Authorities A and B' was potentially more encompassing. Both appeared to operate a two-stage eligibility test. At the first stage all children were eligible to have their 'needs' assessed, or 'screened', to use 'Authority A's terminology. In 'Authority A' all referrals were 'screened' against five primary eligibility criteria, based on a potential legal obligation to subsequently provide a service. The five criteria were: family support, family proceedings, youth justice, independent sixteen and seventeen year olds, and disability. If a referral met one of these criteria, then a more in-depth assessment would be undertaken. 'Authority B' had adopted a similar approach. Referrals were scrutinised to determine whether they involved child protection, a child looked after, disability or one of eleven other situation descriptors. Those that were, were eligible to be assessed.

Although the approach of all three authorities was very similar, the key distinction was that in the two shire authorities all children were eligible to be assessed, whilst in 'Authority C' they were only eligible to be referred. This is reflected in the following quotes. For 'Authority C':

> *A child/young person and/or his/her family are eligible for services when the child/young person is deemed to be 'In Need'* ", and "*If the above criteria apply, then a child/young person has a right to have his/her needs assessed ...* ,

whilst for 'Authority B',

> *All children and families with children have a right to be considered for services as Children and Families in Need.*

However, there were also similarities between 'Authorities B and C' that blurred the earlier distinction. For example, the ASC Manual indicated that further incidents involving a child already receiving services should be dealt with as if they were new referrals. For the other two authorities there was apparently a less rigorous approach to new information about existing cases, including in 'Authority C' requests for accommodation on children already known to the department. Potentially this meant that 'eligibility criteria' would not be consistently applied to all groups and would reduce the likelihood of developing a uniform response to assessed 'needs'.

There were three further similarities between 'Authorities B and C'. Firstly, they had both introduced short timescales for assessments to be completed. For example, in some circumstances in Authority C' an 'Initial Needs Assessment' had to be completed within three hours, whilst in both authorities all initial assessments were to be finished within seven to ten days. By contrast, 'Authority A' had allowed up to three weeks for the completion of this part of the process.

Secondly, 'Authorities B and C' had developed a two stage assessment. These were an 'Initial Assessment' and a 'Comprehensive' or 'Core Assessment'. These were similar to those incorporated within the subsequent Assessment Framework (Department of Health et al, 2000). However, they were dissimilar in that their second stage assessments were linked to child protection situations and were apparently derived from what was known as the 'Orange Book Assessment' (Department of Health, 1988). The intention of this earlier approach, that had originally been developed in the late 1980s, was to ensure that the enquiry looked beyond the facts relating to the child protection incident.

Thirdly, although all the authorities had emphasised that cases should be reviewed once services had been provided, 'Authorities B and C' appeared to limit the purpose of the review to the future direction of the case, rather than considering why services had originally been provided and whether objectives had been met. 'Authority B's' guidance simply stated:

> *Where the concerns/risks are serious and chronic and the plan of intervention is long term, progress must be reviewed every 6 months,*

whilst 'Authority C' stipulated:

> *Everyone who receives services arranged by the Social Services Department will have their Care Plan and Service Package reviewed within Supervision.*

By contrast, in 'Authority A', there was an explicit requirement to link the review to the result of the original assessment and to establish whether the subsequent circumstances meant that the child was still eligible to receive services. For example:

> *The Reviewing stage should on all occasions consider whether the circumstances which made the child eligible for assessment still exist (i.e. the Screening stage); whether the circumstances of the case are still above the threshold (i.e. the Assessing stage); and whether the level of services agreed is still appropriate (i.e. the Planning stage). There should never be any assumptions that the circumstances which applied at the time of the original referral still remain. Indeed it is highly unlikely that they will.*

Although there were some initial similarities in the approach adopted by the two shire counties, the fact that there were features common to both 'Authority B' and 'Authority C' may suggest that the former had begun to move towards a more 'centralised' approach. This may have been in anticipation of the Assessment Framework (Department of Health et al, 2000), which could be interpreted as a move to introduce a national 'centralised' approach with its attempt to standardise how and when assessments of 'children in need' were to be undertaken.

The job that social workers were expected to do

It is implicit in the legislation that the job of a social worker is to assess 'children in need' and their families to determine what their 'needs' are and, where necessary, what services should be provided to meet them. Nevertheless a study of the guidance from the three authorities showed that there was no unanimity about how this was interpreted. The evidence again supported a distinction between the centralised approach of 'Authority C' and the formalised approach of the other two.

The guidance documents from 'Authority C' again concentrated on refining the legislative definition. For example, they stated:

> *The Local Authority has further defined a child in need and has indicated service priorities as outlined in the Care Management Statement in this document.*

These service priorities seemed to restrict the scope of the legal definition to certain groups, namely:

- *those with a disability or serious medical condition*
- *those who have been abused or who are at risk of abuse*
- *those who are at risk of offending*
- *those young people leaving care or local authority accommodation*
- *those whose health or development will not reach a reasonable standard without the provision of services*

It also provided misleading guidance about what the legislation actually states. For example, although the following statement may be true, it is more explicit than anything within the Children Act itself:

> *A child who has been abused or is identified as being at risk of physical sexual or emotional abuse, is defined by the Children Act 1989 as a child 'in need'.*

Whilst the authority's ability to "*further define a child in need*" is debatable, the important point is that its guidance appears to confuse interpretation with definition. In fact, 'Authority C's' guidance provided little help for social workers on how they

should interpret the concept of 'need', or apply it in practice. By contrast, both 'Authorities A and B' did provide a lead in this area, whilst acknowledging that it is a difficult concept to express. For example, 'Authority B' included a series of factors designed to enable staff undertaking assessments to indicate the level of 'needs'. These were:

- *the seriousness of any concerns;*
- *the relative vulnerability of the child;*
- *the degree of risk;*
- *the presence of any protective factors;*
- *the degree of urgency;*
- *whether or not there are any statutory responsibilities.*

Similarly, 'Authority A' had identified that social workers should consider *immediacy, seriousness, age, vulnerability and risk* as factors when screening and assessing a referral.

However, these factors are not 'needs' themselves and this does not therefore necessarily assist practitioners in understanding how 'needs' should be interpreted. No child for example, could be described as "in need of vulnerability" or "in need of risk". This difficulty in understanding the difference between situational factors and actual 'needs' has also beset the Department of Health's (2000) attempt to capture the extent of 'need' nation-wide. The categories that it developed and has used are themselves situation descriptors rather than examples of 'need'. Usefully, Sinclair et al (2001) have explored the problem of how to categorise 'need'. They found that local authorities used one of three methods to describe 'need', namely:

- fundamental causes of need
- expressions of how 'needs' become manifest
- a local authority's responsibility or response

(Sinclair et al, 2001, p.132)

However, in attempting to resolve the issue, Sinclair and her colleagues partly compounded it. They suggest that of the 100+ descriptions of 'need' that they observed, seven categories could be observed. These were as a result of:

- their own physical condition, disability or development difficulties;
- deprivation, poverty or social disadvantage;
- parent or carers' disability, illness or addictions;
- abuse or (wilful) neglect;
- living within unstable, stressed, conflictual, emotionally or developmentally damaging family;
- breaking the law;
- rejection from, estrangement from, or collapse of their own family.

(Sinclair et al, 2001, p.133)

These seven factors are not descriptions of 'need' that Doyal and Gough (1991), for instance, would recognise. They are, as Sinclair herself says, descriptions of the 'causes of need'. This points to there being a distinction between 'needs', such as health, education and other developmental necessities and 'in need', namely the point at which intervention is required in order to meet the outstanding 'needs'. Sinclair has herself developed this argument further in a later work (Sinclair and Little, 2002). This is a theme also covered in more detail in Chapter Five. What is important though is to recognise that it is extremely easy to confuse these two concepts, as the examples from both national and local policymakers demonstrate.

In fact, the guidance from both 'Authorities A and B' did attempt to define 'need'. 'Authority A', for example, argued that this would emerge from an assessment that considered the factors of immediacy, seriousness, age, vulnerability and risk, as well as taking into account whether the child's current carers were capable of meeting its 'needs' without the support of the local authority. 'Authority B's' approach was similar, although it appeared to have restricted the circumstances when the parenting dimension needed to be considered:

> *Where there are concerns that a child is not achieving or maintaining a reasonable standard of health and development and/or there are risks to the child's safety, the assessment must also consider the caring capacities of the child's carers and/or any other significant adult.*

The requirement to analyse the information that the assessment produced and to identify the developmental 'needs' of children in an holistic way, was further evidence of the 'formalised' approach adopted by both authorities.

Although both authorities had used the conceptual model developed by the Looking After Children (LAC) research project (Parker et al, 1991), with its seven dimensions of a child's developmental needs, outlined in Chapter Two, they appeared to have used them slightly differently. In 'Authority B' they were referred to as 'indicators of need' rather than dimensions of development, whilst in 'Authority A', they were augmented by the addition of an eighth: the child's environment. Even though neither had explicitly defined 'needs', the guidance showed how the social worker's role in these two authorities was becoming more 'formalised'.

The way in which social workers were expected to do their job

Howe (1986) had observed that organisations did not always monitor how new policies were implemented. For example, he notes:

> In terms of assuming an outlook on a case or taking decisions which affect the organisation's resources or legal responsibilities, programmed responses predominated. However, once the fieldworker is working within the agency's definitions and prescriptions, the style and manner of action are likely to remain under the control of the worker. Or, more cynically, the organisation does not mind how the worker conducts her practice so long as she carries out the agency's requirements.
> (Howe, 1986, p.79)

The current study also explored this area. For example, were the three authorities content that the goal had been achieved with the publication of local guidance, or were they now more interested in the work of their staff than Howe had found in the 1980s?

The evidence suggested that social work practice in 'Authority A' had become proceduralised and almost 'scripted'. This contrasted with Howe's image of staff being able to practise as they wished, as long as the agency's requirements were met. For example, the ASC Manual separated out the four key stages in the life of an open case, namely: screening, assessing, planning and reviewing. It defined roles for the various individuals, including receptionists and team managers, involved at each stage and developed the use of the eight developmental dimensions, as the basis for measuring 'needs'. Although the guidance emphasised that it could not replace professional judgement, practice was increasingly regulated and the documents included specific examples of those circumstances when it may be appropriate to provide services and those when it may not.

'Authority B's' guidance only differed in style. It required that assessments should seek the views of other agencies and parents, though, perhaps significantly, not children. A core assessment was to be completed using the LAC dimensions, with specific questions being listed under each one. Guidance was also provided to help staff analyse the information that the process produced. Following an assessment, an inter-agency plan of intervention had to be produced. However, key terms such as 'concerns', 'risks' and 'expectations' were used inter-changeably and, perhaps significantly, there was no use of the term 'need'. Although professional judgement was still seen as important, as it was in 'Authority A', the evidence was that the way in which practitioners performed their duties was increasingly controlled.

It is possible that both authorities were developing a more regulated approach in preparation for the introduction of the Assessment Framework (Department of Health et al, 2000). 'Authority B's' core assessment form, for example, had a number of design features in common with the Framework's subsequent form, including the triangle device that was to become familiar. Implementation of a policy such as the Assessment Framework in such large rural areas may be impractical unless a more 'centralised' approach is adopted. This would certainly echo Jones's (1995) finding in relation to the implementation of the LAC system in a similar authority.

> Early involvement gave the authority a head start in preparing for implementation, as well as improved insight into central government initiatives. By customising the materials and incorporating them into its own planning and review procedures, the authority retained local control and eased staff suspicions that an alien system was being imposed upon them from above. Indeed, many practitioners felt empowered by the experience of participating in and influencing an initiative that was being promoted nationally.
> (Jones, 1995, p.133)

'Authority C's' guidance was not as clear. Although this analysis has suggested that the authority was already 'centralised', the documentation highlighted such factors as the need for assessments to be co-ordinated; families to be involved; and copies of assessments to be given to families, rather than describing how any of this should be achieved. It noted that specific protocols existed for situations such as court assessments and youth justice, without indicating how they affected an assessment of 'need'. Similarly, links between reviews conducted by service providers and those completed by social workers and their managers within supervision were unclear. In short, the guidance suggested that 'Authority C' resembled the organisation represented in Howe's quote at the start of this section (see quote on page 62).

The guidance from 'Authorities B and C' was even less clear about the job that practitioners were expected to do once the assessment was complete. 'Authority C's' Care Management Handbook, for example, appeared to contain a disproportionate amount of detail on a limited range of services. For example, there were nine pages on services for looked after children, four on services for children with disabilities and seven on a range of specific services, including under eight day care provision, sessional workers, and youth team services. By contrast, there were only two on what were called 'community support services' although it was likely that most services would be provided under this category. Even then the guidance itself was less than adequate. Whilst it stated that all cases in receipt of a 'community support service' should have a service agreement, it did not clarify that these should be

linked with any 'needs' identified within the assessment. This supported the earlier suggestion that the organisation was more concerned with the process of assessment than its purpose, a factor that others have identified elsewhere (Aldgate and Statham, 2001). Similarly, the material supplied by 'Authority B' contained little guidance on accessing services, although given that the documentation made available to the researcher was quite detailed about assessments, this may have been covered in other material.

'Authority A's' ASC Manual, on the other hand, contained more detail on accessing services and underlined the links with the authority's own version of the 'Hardiker grid'. It also described the aims and referral processes of a range of potential services, including both family support and children looked after services, and emphasised the need for care planning meetings prior to them being provided. In fact, the amount of detail represented both regulation and prescription suggesting that the authority had adopted a combination of the 'formalised' and 'centralised' approaches. Whilst social workers had some latitude in how they undertook the assessment, the use of the grid meant that the authority attempted to retain control over what are potentially significant revenue costs.

None of the guidance, however, referred to the availability of resources even though this factor is clearly integral to any assessment. Indeed others have noted how a social worker's judgement in a case can be affected by resource availability (Howe, 1986; Milner and O'Byrne, 1998; Baldwin, 2000). As Howe observed:

> Assessments and answers are seen in terms of existing provisions so that the worker thinks about the work in the way the established departmental resources implicitly suggest. The client is understood through the filter of services already available.
> (Howe, 1986, p.73)

The importance of this will be explored further in the next chapter.

- **Study findings**

Diagram 4.1: Similarities and dissimilarities between 'Authorities A, B and C'

Authority A	Authority B	Authority C
• Large rural county	• Large rural county	• Small urban unitary
• Unaffected by recent local government re-organisation	• Unaffected by recent local government re-organisation	• Created by recent local government re-organisation
• Services related to conceptual framework	• Services related to conceptual framework	• Services related to internal organisation
• Regulatory approach to prioritisation	• Regulatory approach to prioritisation	• Prescriptive prioritisation criteria
• Implicit control of social work practice (formalised)	• Implicit control of social work practice (formalised)	• Explicit control of social work practice (centralised)
• All children eligible to be assessed	• All children eligible to be assessed	• All children eligible to be referred
• Longer timescales and single stage assessment	• Short timescales and two tier assessments	• Short timescales and two tier assessments
• Purpose focussed guidance	• Purpose focussed guidance	• Process related guidance

This diagram highlights how 'Authorities A and B' were shown to be broadly similar in the regulatory, or 'formalised', approach that they had adopted, whilst 'Authority C' was observed to be more prescriptive, or 'centralised'. However the analysis also demonstrated more subtle but important distinctions between the three authorities. Specifically these were:

- **Conceptual Frameworks**
  'Authorities A and B' had developed a conceptual framework modelled on the 'Hardiker grid'. For them, service provision was linked to both the assessment and a subsequent review. It was as important to know why services were being provided, as it was to know that they were being provided. 'Authority C's' guidance contained no such framework. Its staff were left with a more defensive context within which to work.

- **Process and purpose**
  Authority C's guidance appeared to place more emphasis on the process of assessment. This was perhaps unsurprising given the title of the guidance itself (ie. Care Management Handbook). By contrast, the other two authorities concentrated more on the purpose of the assessment and also allowed their staff some discretion within the overall conceptual framework, referred to above. The evidence suggested that 'Authorities A and B' had adopted what Howe (1986) described as a formalised approach, whilst 'Authority C' had developed a centralised one.

- **Eligibility Criteria**
  All three authorities had developed 'eligibility criteria'. However, in 'Authority C' they simply re-stated the legislation, whilst in the other two they were more encompassing. Nevertheless, 'Authorities B and C' were similar in that it appeared that their criteria were not being applied to 'open' cases. The probability was that this would encourage the development of inconsistency that eligibility criteria was supposed to prevent.

- **Review of services**
  'Authorities B and C' were also similar in that neither appeared to link a review of services with the original assessment. Both focused more on whether services should continue to be provided. However, unless the review considers whether the 'needs' have been met there is a risk that services will be provided long after they are required.

- **Concept of 'need'**
  The concept of 'need' was not clearly defined in any of the guidance, although all three authorities indicated how it may be measured. In 'Authority C' this amounted to a local interpretation of the law, whilst the other two suggested more practical methods based on the LAC dimensions and the need to measure outcomes. Only 'Authority A' had recognised the need to assess whether the child's carer had the capacity to meet its 'needs'.

- **Clarity of intent**
  All three authorities had attempted to inform staff about their responsibilities. There was evidence that 'Authorities A and B' were moving to a more centralised approach. 'Authority A' had defined roles for those involved in the assessment process and identified when particular services were likely to be beneficial. By contrast, and in spite of its otherwise centralised position, 'Authority C' provided little guidance on how assessments were to be undertaken.

However, this analysis shows that whilst these differences did exist the distinction between the three authorities was at times blurred. Their guidance was a mixture of both formalised and centralised approaches. This may have reflected their preparations for the implementation of the Assessment Framework (Department of Health et al, 2000). Certainly there were references to it within 'Authority B's' guidance and all three had developed a staged process to the assessment of 'children in need' similar to that developed within the Assessment Framework. It was also significant that the evidence demonstrated that all three authorities had adopted a 'programmed response' and that this was an important change from the position observed by Howe in the early 1980s.

On one level there were few differences between 'Authority A' and either 'Authority B', a comparable authority, or 'Authority C' one with few apparent similarities. All three had attempted to provide their staff with relatively sophisticated guidance on how to assess 'children in need' and were seemingly cognizant of wider developments. However, at a practical level there were differences, which showed that 'Authorities A and B' had more in common with one another than with 'Authority C'. The analysis of the responses to the 'reported study' in Chapter Six will show whether this distinction was borne out in the attitudes of practitioners and managers.

Chapter Five - 'Observed use of need' study

- **Rationale**

Studies of social workers have traditionally been descriptive, seeking either quantitative data about the type, amount and direction of their activity, or qualitative data about their feelings and experiences, whilst rarely locating the results in an explicit theoretical framework (Howe, 1986). The 'observed' study attempts to bridge this gap by considering whether social workers in 'Authority A' used a theoretical approach in their assessment of 'children in need'. The aim of the authority's ASC system, outlined in more detail in Chapter One and in the ASC Manual included at Appendix Four, was to ensure that what were called 'primary and secondary eligibility criteria'[8] were applied consistently to referrals at two key stages: the 'screening' stage and the 'assessing' stage.

The 'observed study', which was the first of the three studies within the triangulation, gathered data from the observation of these stages to show whether a theoretical approach was being used, or whether referrals were still being dealt with in an ad hoc and inconsistent way. Observing the application of the ASC system in this way was essential because it is at this "*primary point of articulation*" (Kemshall, 1986), that the extent to which social workers' support of their organisation's policies and procedures can be measured (Lipsky, 1980). This part of the triangulation was limited to 'Authority A' because its focus was the observation of the ASC system. However, it created a platform for the other two parts of the triangulation to build on and introduced criteria against which the evidence from the other two studies could be analysed.

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[8] : According to the ASC system, referrals were 'screened' as either: those which required an assessment on the same day or within 24 hours where there was an immediate or imminent risk of significant harm to the child or separation from its carers (Screening Outcome 1); those which required an assessment within one week where there was a potential risk of significant harm to the child or separation from its carers (Screening Outcome 2); those which required an assessment within three weeks where the child was likely to benefit from the provision of services (Screening Outcome 3); and those which required no assessment as there was no apparent need to be addressed (Screening Outcome 4).

- **Study experience**

For the reasons described in Chapter Three, the 'observed study' was limited to 'Authority A'. It was carried out over two days in each of the authority's six access teams. Three of these teams were split between two sites and their practice was that referral-taking was shared between the two offices on a rota basis. For operational reasons observations of two of the split-site teams was restricted to the office that was taking referrals at the time. For the third, available time and the proximity of the offices allowed some observation on both sites.

The first day's observation was of the screening stage, whilst the second focused on the assessing stage. The days were arranged to be two weeks apart, to increase the likelihood that the same cases could be observed working their way through both stages. In five of the six teams this proved possible. In the sixth, it was not possible to arrange the second visit within this timescale. However, activity around the assessing stage was still the focus of the subsequent visit.

The numbers of staff observed on each day varied dependant upon those in the office at the time, local sickness and vacancy rates, and the physical layout of the building. In all cases at least three members of staff were in or around the team area at any one time and in one case up to eight. Where it was necessary to ask direct questions, this was done as unobtrusively as possible. In total 28 staff, including social work practitioners and their respective team managers, were observed during the visits.

Activity during the observations was divided between:

- **Passive observation of the team**
  This included watching staff answer the telephone; complete appropriate paperwork; obtain further information; and consult with their colleagues or line manager.

- **Passive observation of other team systems**
  This included attending team meetings, and witnessing allocation systems and administrative support systems.

- **Active interviewing of individual workers**
  This followed periods of passive observation and was designed to clarify the rationale for an individual's actions and to understand expectations of subsequent activity.

- **Active interviewing of team managers**
  This looked at the way managers organised their team; how they felt their team coped with the workload; and where they felt that the team fitted within the overall organisation.

Expectations that the 'observed study' would include significant opportunities to witness direct contact between staff and service users proved unrealistic. Although on average there were six referrals per team per day, all were received by telephone or letter. This meant that there was no opportunity to directly observe a worker completing a referral with a service user. There was, however, some limited opportunity to witness interaction with service users during observations of the assessing stage. This did not detract from the value of the study because the focus was the way in which social workers understood and operationalised the ASC system, rather than their relationship with service users.

Recording of significant data took place during the observations using structured questionnaires. Comments about unrelated activities were recorded separately. All the data were subsequently transferred onto a single word-processed version of each form and analysed by grouping similar responses from the different observations. Information was also recorded about the layout of the accommodation, including the proximity of the offices of social workers to their managers, the receptionists, or public waiting area within the building. Smith (1980) suggested that this was a key variable and a significant influence on the ability of teams to undertake the work.

- **Study Analysis**

The evidence from the 'observed study' is considered against the five potential sources of impediments identified within the literature review and developed in the hypothesis in Chapter Three. At the end of the discussion of each of these a diagram is included that locates the impediments that have been identified within the adapted ecological framework.

(i) Need

A key interest of the overall study was to know whether practitioners employed a definable concept of 'need'. If they did, then it was also important to understand if they felt that being consistent in the way that the concept was applied was important to their daily work.

Understanding 'need'

The researcher observed staff carrying out their duties and reflected with them on what they had achieved. It was immediately noticeable in conversations with practitioners and their managers, that many avoided using the term 'need' at all. The concept, which did not seem to be recognised as central to the job, was often seen as alien, not understood or ill-defined. One worker suggested that the problem was that neither other agencies' nor service users' perceptions of the concept of 'need' were in line with that used by social services. This was exacerbated by factors such as wants, cultural expectations and individual identity being likely to constantly affect individual perceptions. This seemed to apply equally within social services. Managers' perceptions, for instance, were unlikely to be the same as those of their staff as they were affected by such factors as the availability of resources, the perceived level of risk, and the need to balance the response to one assessment of 'need' with that to others. In other words, although an assessment may appear to reflect an individual's 'needs', the influence of these factors may mean that what is written is quite different from what was originally proposed.

Language of 'need'

The 'observed study' highlighted that difficulties in understanding the concept of 'need' had affected the way that the term was used at all. For example, one team had developed a parallel language, referring to '*needs*' as '*problems*' and '*undertaking an assessment of needs*' as '*looking at the person's problems*'. One practitioner in this team suggested that the problem stemmed from the Children Act 1989 which had failed to define 'need'. Consequently she felt that an assessment would be more likely to prove or disprove whether a child was a 'child in need', as defined by Section 17(10) of the Act, than it was to identify what 'needs' the child may have. This echoes the distinction made in Chapter Four between 'needs', such as health, education and other developmental necessities and 'in need', namely the point at which intervention is required in order to meet the outstanding 'needs'. This suggests that the lack of a common *language of 'need'*[9] is an impediment that will impact on *inter-personal systems*.

The implication is that 'need' was not recognised as a fundamental concept and the failure to encourage a consistent conceptualisation was not seen as a weakness

[9] : Impediments identified by this analysis and those of the subsequent studies are indicated within the text by the use of italics and underlining.

within the department. However, some did recognise their own vulnerability. As one social worker reported: *"The SSD has entrusted me to work in the best interests of the child. Sometimes its scary. My decisions can have a significant impact on the family."* This tends to support the evidence from the literature review that there was a downward delegation of responsibility, if not always authority, for the conceptualisation of 'need', from society, through national and local government, to the social services departments, to the staff within those departments and finally to the individual recipients of services themselves.

In general, however, staff felt empowered by the absence of clear direction from their department. Many commented that this freedom was both enabling and enskilling. If confirmation or clarity were required it was given by the local team culture. It was this that provided their experience, education, personality and confidence. As one social worker put it: *"experience = what you've been taught + the influence of others".* Social workers seemed to genuinely thrive on the perceived delegated autonomy and empowerment, backed up by the power of collective decision-making at a local level. The implications of this for the implementation of policies such as the ASC system are clear: although staff may respond to such initiatives, they are more likely to develop their own interpretation rather than to rely on that of the organisation and in so doing construct their own *definition of what the unit of 'need'* may be. This is the second impediment suggested by the evidence relating to 'need'.

'Need' and eligibility criteria

The development of the ASC system was an attempt to counter this semi-autonomous pattern of working. It introduced a structured process by providing eligibility criteria against which potential service users were to be assessed. In short, it was a clear direction from the department about 'need'. The study showed that this had had positive effects. For example, many social workers welcomed the opportunity that ASC had given them to justify their decisions within the context of the department's policy framework. Repeatedly individuals said: '*for the first time we can be justified in saying no*'. Noting that ASC had tightened up the way that services were provided, one team manager recalled that previously *"we were seen as the social services bank on Church Street".*

'Need' and the assessment process

A combination of eligibility criteria and the two clear stages in the assessment process that ASC had introduced, had helped social workers to determine which

cases should receive services. In fact, in spite of earlier comments about difficulties in understanding the concept of 'need', there was evidence within referrals and casenotes that the implementation of ASC had seen 'need' become an accepted measure of an individual's eligibility for services.

However, in spite of this positive finding, many were sceptical about the use of the concept of 'need', arguing that it resulted from a re-appraisal of the Children Act 1989 and the influence of key individuals within the organisation. For some, this meant that whilst they worked with the concept, they tended to try and work round it rather than to use it. Others recognised the difficulties in maintaining a new approach. For instance, one worker argued: *"we must avoid re-labelling rather than re-focusing"*. Another, noting how referrers could affect the way that referrals were dealt with, commented: *"Other agencies say: 'under the Children Act this person needs your services'; we say 'under the Children Act they'll get an assessment'."*

The observations were undertaken against the backdrop of the advent of the Department of Health et al's (2000) Assessment Framework. This was an ambitious move to introduce a consistent approach to the assessment of 'children in need' nation-wide. Staff who were sceptical about the ASC system were equally unenthusiastic about the Framework and its three domains and linked dimensions. One view, recorded at the time, was that the Assessment Framework was *"potentially helpful, but probably laborious and not related to staff reality"*. Reflecting on the imposition of yet more change that the Assessment Framework would bring, one team manager commented: *"The system has little room for slippage - if the manager can stay on top of this then this helps; if not there is a danger of becoming lost."*

.....

The observations demonstrated that in spite of an <u>*inconsistent conceptualisation*</u> and an uncertainty that staff understood it, the concept of 'need' was being used. The implication was that this would affect both the process and practice of the assessment and its findings and therefore impact on the *inter-personal systems*, are included within the adapted ecological framework outlined in Chapter Three. However, because this implied that there was a failure to implement the organisation's policy, the main impact was likely to be felt at the *local systems* level.

Diagram 5.1: Impediments associated with the conceptualisation of 'need'

	Personal systems environment	Inter-personal systems environment	Local systems environment	Socio-political systems environment
Need	Definition of 'unit of need'	Language of need	Inconsistent conceptualisation	

(ii) Assessment

Social workers have been encouraged (Department of Health et al, 2000) to recognise assessment as a process rather than as an event. However, the danger is that this simply describes the task without being clear as to its purpose or eventual outcome (Curnock and Hardiker, 1979). The purpose, which is as equally, if not more, important, is to identify 'needs' and any services that may be required. The importance of this is recognised by Milner and O'Byrne (1998):

> Traditionally, social work texts have expressed agreement that assessment is a key element in social work practice in that, without it, workers would be left to react to events and intervene in an unplanned way. But, having agreed on the centrality of assessment in the social work process, texts then dismiss the subject in a few pages. This could, perhaps, be due to persistent difficulties in defining the social work task itself and the subsequent skills.
> (Milner and O'Byrne, 1998, p.7)

Understanding assessment

Social workers were again likely to develop an idiosyncratic understanding of what assessment meant and were as equally uncomfortable with the term as they had been with 'need'. It appeared to be similarly ill-defined and misunderstood, particularly with regard to the difference between its process and purpose. However, there was a key difference. With 'need', some found the concept difficult to articulate, whilst with assessment, there was a reluctance to state what was apparently obvious. Most outlined the process in superficial terms. For example, one practitioner said that they would say *"I'm here to assess whether I can assist you in terms of the child's 'needs' within the family"* rather than outlining the assessment within a wider service delivery model.

Most social workers approached the assessment openly. As one put it: *"If you're working with someone from whatever situation, its better to be honest"*, whilst another reported: *"I like to think that I don't leave anybody wondering what's actually happening next"*. However, although these comments suggest a commitment to partnership working, what they disguise is any indication of whether practitioners and

service users have a common understanding of the purpose of the assessment. This concurs with Milner and O'Byrne's view:

> Explicitness aids authenticity, but empathy and respect are more problematic than the social work literature admits. For example, a study of women social workers and women service users found that: commonality with service users, beyond the experience of intermittent empathic feelings was regarded as either impossible or deeply problematic.
> (Milner and O'Byrne, 1998, p.30)

For some, working in partnership had become an end in itself rather than an objective towards a greater aim. It would not, for instance, ensure a commonality of understanding. This will only occur if the assessment's objectives are explored and clarified. Yet the 'observed study' suggested that this was not common practice. For example, one worker said that although she was willing to share information about the assessment with families, this was likely to be limited to those who asked for it or, perhaps worryingly, only those who were *'likely to make a fuss'*. The fact that it was not recognised that having a common set of *objectives for the assessment* was important and that these should be shared was a significant impediment to the implementation of ASC.

Influence of resources on assessments

Assessment practice appeared to be driven more by resources than by 'need'. As one individual commented: *"a child's needs can get between a parent's wants and the department's lack of resources!"*. This perception affected not only the outcome of the assessment but also the completion of the required forms. For some, the required paperwork was unimportant if a lack of resources meant that 'needs' were unlikely to be met. One social worker summed this up as: *"if you see something to buy you have to decide whether you've got the money to buy it. Not, I've got some money, what am I going to buy?"*

The evidence was that the perceived lack of resources had had three important effects. These were, firstly, that it was manipulating the process of the assessment. For example, holistic assessments were on occasions undertaken to show how the action itself, rather than the subsequent provision of services, would somehow protect the child. On other occasions the emphasis was on disproving a first, or knee-jerk reaction, rather than identifying 'needs'. This theme, which is also highlighted by

Milner and O'Byrne (1998, p.28), is returned to later in the discussion on structural tensions.

Secondly, the perceived lack of resources was affecting both the process and the purpose. For example, social workers reported that resources were often provided in response to a referrer, family, or indeed practitioner's protestations, regardless of whether this was in the child's best interests.

Thirdly, even where assessments had identified a child's 'needs', resource availability was still likely to be the ultimate determinant. For instance, some staff suggested that even if they had not let resource availability affect how they undertook the assessment, the likelihood was that subsequent management decisions would be resource driven and would not be influenced by any unmet 'needs' that the assessment had identified.

Intriguingly, this third effect was not restricted to those areas with the least amount of follow-on services. Instead, it was related to issues about staffing and morale within the teams themselves. For example, teams with low sickness and vacancy levels reported that they took a more creative approach to identifying resources, including using those of other agencies or families themselves. In contrast, teams under pressure were more concerned with controlling the throughput of referrals than with identifying resources in individual cases. In some cases this meant that assessments were unlikely to highlight 'needs' that could not be obviously met. In effect, the pressure that practitioners felt they were under controlled their ability to consider how 'needs' may be met.

This suggests that resourcing levels are 'perceived' as well as 'actual'. This is exemplified by two contrasting views: "*The availability of services does impact upon the assessment. Even admitting that, can affect the way I do the assessment. I'm not comfortable with this but it's inevitable*" and "*Services are not always available and this could affect the outcome. But so far scarcity of resources hasn't impacted as negatively here as it has elsewhere. It just shows that stress is relative.*" The evidence was that where staff were under greater pressure they were unlikely to consider actual resource availability. This is a trend also noted within other professions. For example, a letter in the British Medical Journal noted:

> If individual general practitioners' morale is low it is not surprising that they take the easier management option and have a lower threshold for sending sick patients to hospital rather than monitor and treat them at home. A continuing rise in emergency admissions is only one area where the consequences of general practitioners' morale is proving costly.
> (British Medical Journal, 1996, 313, p.302)

Therefore, although an optimum resourcing level may be achievable, it is unlikely that the 'needs' of individual children will be met, unless sufficient staff are available to undertake assessments. It is also likely that the effect of *perceived and actual resource levels* will impede the implementation of attempts to introduce a standardised approach such as the ASC system.

Undertaking assessments

Although it was earlier suggested that whilst there was a tacit agreement about the purpose of assessments there would be variation in how individuals undertook them, the observations found no evidence to support this assumption. What was evident was that neither suggestions such as that made by one social worker that "*we all assess in the same way*" had been explored, nor the implications considered of what happens if it was not true. In fact, teams rarely considered how the work was undertaken and appeared to assume that assessment was understood and something that would happen intuitively.

In fact, although the team environment was highly supportive, it did not appear to encourage on-going learning. There was little visible evidence of books or other reference material in any of the sites observed, except around the desks of certain individuals. Although some declared an interest in reading text books and acquiring new skills, few could give examples, whilst others could not readily recall how such learning had impacted upon their practice. It was even suggested that the forms introduced by the ASC system and those proposed by the Assessment Framework (Department of Health et al, 2000), had negated the need for further evidential thinking. This suggested that the forms were seen as 'tools' for conducting the assessment, rather than as a means of recording the process and that the introduction of ASC was seen as sufficient to ensure that the assessment would be undertaken in a broadly similar way. However, the evidence was that the implementation of ASC had not brought about such a standardised approach. For example, individual teams had devised local solutions to aspects of the system that had not been adequately clarified, such as ways of dealing with referrals that could

not be resolved immediately, or within required timescales. Some recorded them as 'awaiting decision', even though work continued to be undertaken, whilst others showed them as 'unallocated'. One team had devised a 'duty box', which social workers dipped into as and when they had the time available. The lack of a common approach to the way that assessments were undertaken inevitably meant that there was an *inconsistent response to referrals*. This was a potential impediment to the implementation of a system that aimed to introduce a standard approach.

Determining the 'unit of need'

'Determining the unit of need' was earlier identified as an impediment associated with how 'need' was conceptualised. However, the analysis of the evidence about the development of assessment practice allowed this issue to be considered in more detail. Smith (1980) argued that it was important to clarify who or what the 'unit of need' was, as this would affect the way the assessment was undertaken and any services provided. For Smith, the 'unit of need' could be the client, the client's family, or their community or sub-culture, although he had found that administrative and organisational systems that he had observed ensured that individuals were invariably the 'unit of need'. There was evidence that this was also true in 'Authority A'.

The observations revealed that virtually all staff acknowledged individuals as the 'unit of need'. In fact, the re-organisation in late 1998, which had reduced the number of area teams from ten to three, had militated against communities being recognised as the 'unit of need'. However, the individual was not always recognised as being the child. For example, some practitioners felt that if the child's 'needs' resulted from their parent's problems, then these would ultimately affect the allocation of resources. This was demonstrated by one case, witnessed during the study. The parents had repeatedly contacted social services about relationship difficulties they were having with their teenage son and requested that he be accommodated. However, an assessment had concluded that advice and support was all that was required. The parents responded to this by moving house whilst their son was at school. The workers involved recognised that by reacting to the parents' problems, the 'unit of need' had become the family as a whole, rather than the child and that the eventual service was in response to the parents' needs, as opposed to the impact of the parents' problems upon the child. The risk posed by such a response was recognised by Cleaver et al (1999):

> The seriousness of the parental problem, be it mental illness, alcohol or drug use, or domestic violence is less relevant than the level to which the child is directly involved.
> (Cleaver et al, 1999, p.42)

However, staff anticipated that greater experience of the ASC system's more holistic approach, as well as that of the Assessment Framework (Department of Health et al, 2000), would make it more likely that they would focus on the child as the 'unit of need'. They also foresaw that these approaches would make it easier to establish causal links between the assessment process, its findings and any subsequent provision of services. This is explored further in the 'evidenced study' in Chapter Seven.

Assessment and recording

The observations found that the ASC recording forms were being used inconsistently and that their purpose was often misunderstood. As noted above, many saw them as tools to be used during an assessment rather than as a means of subsequently recording it. In contrast, other staff had begun to 'trial' the initial and core assessment records associated with the Assessment Framework rather than using the ASC forms.

More worryingly, it was found that some more experienced practitioners were less likely to use the forms at all as they felt that their intuition was sufficient and that assessment should not be externally standardised. For example, at least two teams would have supported one practitioner who said "*assessments are a skill which individuals have in order to do the job.*" This was supported by anecdotal data from the later 'evidenced study'. It showed that unqualified social work assistants were responsible for some of the best-completed forms, whilst qualified staff accounted for some of the least well completed. Although around 40% of forms were completed in full by both groups of staff, the amount of recording was not necessarily an indication of the quality. This reluctance to record their findings raises the question of how capable social workers are of identifying a child's 'needs' during an assessment.

In addition to the more theoretical issues already discussed, the study also noted how the dynamic of the assessment could be affected by practical constraints. For example, the difficulties in accessing the manager in the three access teams that were split between two sites, was affecting the assessment process. In some cases staff delayed taking action before discussing their findings with their manager. In

others, individuals, particularly more experienced staff, made their own decisions and were prepared to work on their own initiative, describing apparently obvious remedies to the dilemma, such as telephoning the team manager, as unworkable. Where this latter position was the case, services were often provided sooner and at an apparently lower threshold than if a manager had been involved in sanctioning the response. Such idiosyncratic practice clearly impacted upon the introduction of the ASC system and supports the previously identified impediment of an *inconsistent response to referrals*.

Assessment and 'needs'

The study demonstrated how the conduct of the assessment was affected by the environment within which it was undertaken. This makes it clear that a range of impediments will inevitably reduce the likelihood of the assessment's findings accurately reflecting an individual's 'needs', irrespective of the theoretical framework that supports it. The chances of children having their 'needs' identified and met seemed to depend less upon the quality of the assessment, and more on the way in which assessments were managed. For example, as already noted, some staff found their efforts to maintain an holistic approach constantly compromised by their own scepticism or the influence of others such as the referrer, other agencies, the department, or the family. As one social worker put it "*Time and time again, you're on a sticky wicket if you take the information at face value - you must look at all the information, particularly other people's interpretations.*"

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Three of the impediments identified in this section, namely the lack of common objectives, the inconsistent response to referrals and the practical constraints on the dynamic of the assessment process impacted upon either the *personal* or the *inter-personal systems*. However, the analysis of the evidence underlined that assessments are not, as highlighted by Bronfenbrenner (1979), undertaken in clinical surroundings. The impact of these impediments will therefore be felt beyond the reality of individual assessments as they are likely to affect the organisation's ability to implement its own policies. As such they will also affect the *local systems* as much as the *inter-personal system* of the assessment itself. This 'crossover' effect was particularly apparent in relation to the impact of resources. Although resources are finite, the evidence suggested that resourcing levels could be 'perceived' as well as 'actual'. In this way, whilst 'actual levels' are located within *local systems*, 'perceived levels' are likely to affect *inter-personal systems*.

Diagram 5.2: Impediments associated with the development of assessment practice

	Personal systems environment	Inter-personal systems environment	Local systems environment	Socio-political systems environment
Assessment	Inconsistent response to referrals	Dynamic of the assessment; Objectives of the assessment; Perceived resourcing levels	Actual resourcing levels	

(iii) Practical considerations

Many practitioners recognised that the outcome of assessments could be affected by circumstances not directly related to it. The consequences were that longer term 'needs' were unlikely to be identified and that there was an inherent danger that services would be provided based only on an assessment of risk. There was also a likelihood that referrals would subsequently *'bounce back'*, with risks being further emphasised in order to gain access to the department's services. This section considers a number of these factors and the resulting impediments.

Resource availability

For many social workers, an assessment reflected the availability of resources rather than any identified 'needs'. The practice in one team for example, was to prioritise those referrals, including possible child protection concerns, for which services were available. Others, including those where costly packages of services were implied, were then de-prioritised. However, dilemmas about resources were not restricted to their perceived or actual availability, as was identified earlier. Staff were also aware of the impact that their assessments could have on the authority's resource capabilities and the on-going responsibility to meet particular 'needs'. Some felt that referring to 'needs' during the assessment created an implied responsibility to meet them, whilst others were reluctant to even tacitly agree to a child being accommodated as this could commit the organisation to an expensive resource option. Staff appeared to rationalise this by expressing the identified 'need' in terms of the cost of the resource, rather than the cost to the child, or indeed the subsequent cost to society as a whole, of not meeting it. As one social worker put it, rather delicately: *"You've got to be honest with people and not pretend that solutions are available"*.

This could give the impression of an inherently loyal staff group. However, Harris (1998) suggested that this may be due to a combination of 'devolved budgets' and 'resource allocations' as well as a more 'structuralised approach', that has led to the ideological and technical subordination of the social work profession and of individual social workers. In other words, staff may be constrained by their perception of the bureaucratic environment within which they operate, rather than an inherent loyalty to the organisation or an adherence to its policies. Either way, the effect is the same, the introduction of an assessment system based on 'needs' is likely to be impeded if consideration of the *costs of the resources* required to meet those 'needs' determines the outcome.

Management consistency

The effect of perceived or actual resource constraints and concerns about the inconsistent way in which managers responded to assessments, was that 'needs' were less likely to be identified. Staff adopted a defensive position to assessment decision making if they felt that managers would not approve particular resource packages. For many, the reality was that the assessment had become an implicit struggle between the worker and the manager, which revolved around budgets and responsibilities, rather than the identified 'needs' of the child.

However, some staff recognised that by ignoring certain 'needs', they would fail to provide the evidence that may lead to the development of additional or re-configured resources. For instance, meeting the accommodation 'needs' of independent 16 and 17 year olds was particularly problematic and the options extremely limited. The most common response was to refer them on to other agencies.

The lack of accurate recording also meant that the true nature of the problem could not be assessed. For example, in one case a father had threatened his wife and children who were staying with friends. The practice manager and social worker wanted to assess the vulnerability of the children in the family with whom they were staying. This was over-ruled by a more senior manager on the grounds that even if the children were found to be vulnerable, there was no service that could be offered.

Language and terminology

As was suggested earlier, difficulties in understanding the language of 'need' meant that the term and thus the concept, were not always central to the process of assessment. For instance, one social worker argued that there was a "*need to be*

crystal clear about the information we receive in order to be able to make decisions" and that this meant that there was a *"need to talk in layman's terms"*. However, it was clear from the conversation that 'layman's terms' did not necessarily include the language of 'needs' as she thought that service users would not understand it. This re-inforces the point made earlier about the use of a parallel language.

However, the consistent use of terminology was seen as important, particularly if service users were not to be patronised or disenfranchised. A vociferous minority of staff felt that openness with service users would contribute towards building a relationship with them. This was acknowledged as being easier with some groups of service users than others. For example, their previous experience meant that families of children with disabilities were more likely to be familiar with the language of 'need' and the process of assessment. Staff could therefore be more forthcoming with such families.

Management of 'risk'

'Risk' has been a pre-occupation of childcare social work since at least the mid-1980s. A series of child abuse scandals and subsequent public enquiries concentrated on the 'risks to', rather than the 'needs of' the child. In spite of the introduction of the Children Act 1989 and a commitment to move away from the reactive mode that had characterised practice of the time, the period following the 'Cleveland Scandal' in the late 1980s saw an enduring concentration on child protection matters. However, the retention of an emphasis on 'risk', as opposed to 'need', has had implications for the way in which referrals are prioritised and dealt with. The observations bore this out. Although child protection incidents were dealt with as a high priority, their focus was perhaps inevitably on the incident rather than the 'needs' it revealed. If this proved to have placed the child 'at risk' the normal response was, in the words of one social worker, what was *"easiest, quickest and what avoids risk"*. In other words the goal was to obviate the 'risk', whether to the child, the social worker or the authority, rather than to identify those 'needs' that required attention. The observations suggested that social work practice was still a reactive service.

Recognising that assessments are not carried out in a laboratory environment (Bronfenbrenner, 1979), the observations also considered the impact of other processes. Some practitioners stressed how the demands of these systems often narrowed the focus and prevented an holistic assessment. For example, the pursuit

of evidence by the police may be in conflict with the child's best interests. This conflict was demonstrated by one case that was observed at the referral stage. A mother had contacted the police because her teenage girl alleged that she had been raped. The police in turn referred the case to social services. However, it very quickly became evident that the girl had concocted the story in order to provide cover for another situation. Nevertheless, the need to preserve evidence meant that it was a further two weeks before the girl was interviewed about her 'needs' relating to personal safety, social development and her relationship with her mother.

Allocation systems and other internal routines

Evidence from the observations established that the effect of a number of *internal systems* clearly impeded the implementation of the ASC system. These included protocols for transferring cases between social work teams, resource allocation panels, operational amendments to the ASC timescales, and workload management systems. According to some staff, their effect was "*offensive to the assessment itself*" and they had resulted in staff developing their own coping strategies. For instance, some kept cases open rather than seeing families receive no service, whilst others worked to resolve the identified 'needs' as quickly as possible and then close the case in spite of the aim of the access team being to transfer cases on. However, this had led to what one worker called "*clutter and confusion*", although it had meant, ironically, that some families received a quicker and more direct response than if they had had to wait for their case to be transferred. The study, however, did not show whether children in these situations were being assessed holistically, or whether only immediate issues were being addressed.

Even though the purpose of resource panels was to gate-keep access to specific resources, some staff felt that the panel's decisions reflected cost rather than 'need' and that they were unable to cope with conflicting 'needs'. One social worker described it as: "*it's like looking at a circle: you must keep the child at the centre and in focus, but also look at the impact of the parents and other family members and their needs as well as other services, around the child*". Yet unlike Harris' (1998) findings (see page 28), staff seemed more resilient. They recognised that although the 'needs' of others could not be overlooked, these should not affect the assessment's findings about a specific child.

The observations found that the ASC system's timescales for completing assessments, as described in Chapter One and in the ASC Manual included at

Appendix Four, were not always being applied and that the approaches that were being used were not always linked to the principles of the ASC system. For example, some teams were assessing urgent referrals immediately, and placing others in an allocation system, with no clear timescale for their assessment. The dangers of this were well recognised. As one practitioner put it: "*If you're worried about not being able to meet timescales, the danger is that you'll not see the needs!*". The effect of this alternative approach was that assessments were effectively restricted to an avoidance of risk, or to the identification of tasks that could be accomplished easily and quickly. This meant that some cases, which would have benefited from an holistic assessment, such as young people who presented as homeless, fell outside these two categories. The conflicts of interest that resulted from the way that cases were prioritised were not recognised and the prioritisation process within the ASC system, which should have provided staff with an element of security, was unfortunately not being routinely exploited.

Prior to the implementation of the ASC system, 'Authority A' had previously attempted to introduce an allocation system based on volume and content. It had allocated a score to each type of case, based on its complexity and the nature of the work involved. However, the observations showed that this had not been implemented. Instead, and with the exception of one team that relied upon a weekly allocation meeting, team managers used coercion and persuasion to assign work to social workers according to the size of their caseload, rather than their ability to complete the assessment within required timescales.

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The two principal impediments related to practical considerations are shown below. They are again likely to impact on the *inter-personal* and *local systems*.

Diagram 5.3: Impediments associated with the effect of practical considerations

	Personal systems environment	**Inter-personal systems environment**	**Local systems environment**	**Socio-political systems environment**
Practical considerations		Effect of resource costs	Internal systems	

(iv) Cultural and ideological differences

Other studies (Lipsky, 1980; Kemshall, 1986; Jones, 1995) have suggested that unless an organisation's workforce is actively involved in the implementation process, change may not be guaranteed. Kemshall, for example, identifies that:

> New administrative procedures are often undermined by existing work practices, which rather than change with re-organisation often work against its success.
> (Kemshall, 1986, p33)

Embracing change

The study therefore looked at whether staff had embraced the changes required to implement ASC and how far, if at all, they had implemented it. Significantly, only a handful could articulate the core objectives of the ASC system. They identified three re-current themes: keeping families together; protecting children; and identifying and meeting 'needs'. However, this did not demonstrate whether ASC had changed their practice. Indeed, some felt that 'keeping families together' had resulted in a policy of "*do not accommodate children unless absolutely necessary*", which had more to do with controlling resources than meeting children's needs. Front line managers were, however, more aware of how far their team's value base had been changed by the implementation of the ASC system. For example, even though one manager said "*We do our job well in spite of rather than because of the organisation*", another stated that although the ASC system was initially seen as a rationing process, it was now seen as *"a means of identifying those children that had 'needs' that had to be met"*. Significantly, this same manager saw their team's role as being about remaining child focused rather than authority focused. The issue, therefore, was about how well prepared the staff and the team were to embrace the change. This concurs with Cleaver et al (2000) who suggested that support and training of staff was essential when introducing new systems, particularly if established cultures were to be changed. One team, for example, were acutely aware of their skill deficit in undertaking 'needs' based assessments and in analysing the findings. The practice manager likened it to constructing a stable building without the necessary tools, in spite of having the plans and the raw materials.

Within all the teams there was clearly a mix of both hope and despair. Hope resulted from the perception that the ASC system and what was, at the time, the impending Assessment Framework, would increase consistency. The despair came from frustration that the organisation did not appear to actively promote this and an expectation that short-term expediency would militate against the success of such initiatives. Experienced staff described how management had not supported previous initiatives and had not ensured that the associated objectives were delivered. They pointed to such factors as high vacancy levels, policies that had not been implemented, and the inadequate development of follow-on services. Some staff,

including those who talked positively of the ASC system and the Assessment Framework, were clearly reluctant to contemplate further change, the prospect of which had led to an open sense of insecurity. Some had no sense of working to the organisation's agenda and, not surprisingly, felt that there had been a corresponding strengthening of the team culture. As one manager put it: "*They work well for the Team rather than the Directorate.*" This discussion suggests two parallel impediments: firstly the *reluctance of staff to accept change* and secondly the dominance of the *team culture*. These are themes returned to throughout the analysis of the evidence obtained during the 'observed study'.

However, in spite of these views, teams were clearly providing a service that was, they believed, what the organisation expected of them. Staff were generally aware of the ASC system and most were using the accompanying guidance (see Appendix Four), discussed in Chapter Four, to determine which children should receive services, although one social worker had translated this to mean "*we no longer throw beds at problems because we don't do furniture any more!*".

Organisational objectives

The observations demonstrated, however, three differing perceptions of why the guidance had been produced. These were that: it outlined what the organisation expected its staff to do; indicated why the organisation wanted its staff to do it; and described how staff were expected to undertake the task. Although the difference between these three perceptions is only one of emphasis, it shows again that staff did not share a common understanding. Sadly, some said that they had neither the time nor the inclination to read it, whilst others acknowledged that they had not recognised its importance. Somewhat pessimistically, one manager said that her "*team don't have time for theory when firefighting*" and was unsure how they "*can do the job and have time to think about the job*". Of course extending the analogy merely highlights its fallacy: it would be difficult to envisage fire-fighters approaching a fire without a sound understanding of the theory of how fire works, or the risks involved. This suggests that some social workers were unaware of 'Authority A's' ideological base and that they were more likely to be influenced by their *team culture*.

However, in spite of 'Authority A's' geographical size, the teams were still part of an organisational structure that aimed to ensure compliance with its policies and objectives. It was therefore discouraging that the evidence was that front line staff did not feel that middle and senior managers would enforce compliance. Instead, they

felt that management expected that compliance would naturally follow the development of policies. This appeared unlikely though, as team managers stated that they did not routinely receive feedback on performance and were unaware as to whether implementation and subsequent compliance were monitored. The likelihood was that the organisation appeared to have little interest in whether its policies were successfully introduced. In short, as some practitioners saw it, it did not care. This is reminiscent of Howe's (1986) observation, quoted in Chapter Four, that organisations did not always monitor how new policies were implemented (see page 62). Others have identified that establishing systems to monitor compliance is essential to support any implementation process (Cleaver et al, 2000; Robbins, 2001). Although the *organisation's approach to change* is again a theme discussed elsewhere in this chapter, it is important to identify it as an impediment to the implementation of policies such as the ASC system.

Identity and support networks

Where compliance was observed it was more likely to be to the team's standards than those of the organisation. For example, one team reserved the right to challenge the views of its local managers. By contrast, another openly accepted their manager's right to manage them. Most, however, stressed that there was a need to belong to and work for something. Team managers agreed with this and also emphasised the value of the local, rather than the authority-wide management structure. This was demonstrated by the example of two neighbouring teams that at the time of the observations were subject to temporary management arrangements that meant that they were each included within different areas. One of the teams had been absorbed by the other area and had begun to share their expectations and support networks. The other felt excluded and marginalised by the temporary arrangements and more isolated than within the previous structure. The fact that the two team managers independently highlighted their respective satisfaction and dissatisfaction, showed their own need to belong.

In fact, as has been reported in other studies (Nicholson and Ward, 1999; Robbins, 2001), the position of the team manager was crucial. A major re-organisation in December 1998 had re-designated them as practice managers. This was to emphasise that their role included not only managing individual staff but also managing consistent standards of practice. However, the evidence was that the opposite may have been the outcome. A number of practitioners highlighted how their practice manager had to argue for resources with geographically and

structurally remote senior managers. The result was that idiosyncratic rather than consistent packages of care were developed. Recognising that this often placed them in an invidious position, potentially torn between their responsibilities as managers within the organisation and their role as mentor to their team, practice managers made the case for explicit and robust management standards.[10]

The influence of the local culture seemed to be related to the team's size and composition. Larger and more settled teams were likely to have a visibly stronger culture and a belief in their own approach. Staff in one team, for example, suggested that they tended to develop their own responses to policies presented to them. This meant that whilst they would do what was required, they might also do what they thought was best, regardless of the organisation's policy. Some practitioners from smaller teams suggested that compliance would only be encouraged by rotating practitioners between specialist teams to ensure that they had a better understanding of how the organisation functioned.

Understanding of role

Although the evidence implied that staff were unclear about their role, the study was undertaken during the spring of 2000 when anticipation of the Department of Health et al's (2000) Assessment Framework had created a sense of nervous anticipation. One social worker, for instance, expected that the Framework would limit their role to assessing referrals rather than making decisions about them, as though the two were somehow mutually exclusive.

However, others felt that unless the organisation successfully implemented ASC and in particular its endorsement of re-focussing[11] and the assessment of 'need' as opposed to 'risk', the subsequent change would be less likely to be achieved. This echoed Kemshall's (1986) findings that change can be undermined by existing work practices that may militate against its success.

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[10] : In fact Authority A launched a set of Management Standards about two months after the observation visits were undertaken. The impact of those standards is obviously impossible to evaluate within the context of the current study as the fieldwork was concluded before they had had chance to influence practice.

[11] : The term re-focusing is usually used to describe the period following the publication in 1995 of *Child Protection: Messages from Research* (Department of Health, London: HMSO) which saw local authority social services departments challenged to re-think their response to child protection and resort to fewer unnecessary enquiries and investigations.

Staff who were clear about their role tended to have a descriptive rather than an analytical understanding. They talked about gate-keeping, information giving, problem solving and brief intervention. However, when asked the purpose of these tasks, most were uncertain, arguing that their role was framed by the circumstances of the job rather than the policies of the organisation. One worker felt that her role had developed by a process of trial and error. As she put it: "*Your mistakes come back to haunt you - you only make them once*!". In the absence of a clear lead she argued that it was the *team culture* that provided her support and guidance. This re-inforces the point that unless the organisation adopts a strong approach to change, compliance will be weak and the effect will be an impediment at the *local systems* level.

External influences

However, evidence from the observations also suggested that this uncertainty about their role may affect the way that some staff describe their job to their friends and relations. Many suggested that they were economical with the truth and were no more specific than saying that they worked for a local authority. One worker described how she used 'jargon' to confuse those who asked her about her work. This reticence echoes Howe's (1986) earlier finding:

> Occupations like social work, nursing and teaching have always been rather sensitive about their image. In order to correct what the incumbents of these jobs see as misconceptions about what they do, the worthy and more complex parts of their work are emphasised, little mention being made of activities of a more humble kind. .... Difficult casework and delicate decision making in risky cases of child abuse are likely to be emphasised by social workers and not the half hour spent in listening to an upset old lady explain that she has lost her pension book and there is nothing in the house to eat.
> (Howe, 1986, p.30)

Importantly though, staff suggested that in their contact with service users they were more open. One worker suggested that she actively tried to counter the media image of social work by displaying her knowledge, experience and training. A more prevalent view was that staff would appear thick skinned, as they perceived that service users saw them as hard and dictatorial. One practitioner described how she felt satisfaction in simply knowing that she was doing the best job that she could, although she recognised that criticisms, or as she called them 'knocks', hurt as much as any physical assault would. This suggests that the *image of social work* can affect the way in which staff function and is therefore likely to have been an impediment to

the implementation of the ASC system. However, although the impact of negative perceptions is experienced by social workers, who are *personal systems*, they are in fact a product of the more nebulous *socio-political systems*. Unless the *image of social work* is improved at this level, it is likely to continue to affect the willingness of staff to accept and implement new methods of working, including promoting partnerships with service users and their families. As if to emphasise this, and expressing her frustration, one social worker said: *"Courts do not get the blame – it's still the 'social' who take your kids away!"*.

Some felt that this situation had been exacerbated by the growth of the 'complaint culture'. It was suggested that some potential service users relied on the complaints process to get what they wanted, instead of participating in an assessment of their own, or their child's 'needs'. However, the irony was that many practitioners suggested that the majority of families accepted their intervention and the outcome and were happy to work in partnership. As one put it, once the ice had been broken "*service users come to see you more as the old-fashioned 'welfare' and less as the media image of social workers who take your children away.*" Even still, practitioners were cautious about their first contact with families, as they were uncertain about the reception that they were likely to get. In short, many lacked confidence in their position, at least until they had developed relationships with those who became their service users.

In general though, many staff described how they felt exposed and frustrated that the general public misunderstood their work. On the one hand they felt that society expected them to carry out certain tasks on its behalf, whilst on the other they felt that society's treatment of them affected their confidence. Some were keen to try to improve their image. This they felt could be achieved if social services were more closely involved in the planning and provision of services for all families, rather than just for those most 'in need'. This was seen as preferable to the potentially retrograde alternative, suggested by some, of relaxing the eligibility criteria introduced by the ASC system and encouraging more referrals for which services were not available. By and large though, social workers felt that the responsibility to develop the *image of social work* and of the service that they provided rested with them, rather than with management or the organisation for which they worked.

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The picture is becoming clearer: the evidence suggests that the principal impediments tend to be found around the interactions of those involved and within the way that policies are developed and communicated. However, analysis of the cultural and ideological differences also demonstrated that factors beyond the immediate organisational context of the assessment are likely to affect the way that it is undertaken.

Diagram 5.4: Impediments associated with the impact of cultural and ideological differences

	Personal systems environment	**Inter-personal systems environment**	**Local systems environment**	**Socio-political systems environment**
Cultural and ideological differences		Acceptance of change (individuals)	Team culture; Approach to change (organisations)	Image of social work

(v) Structural tensions

The study explored the capability of the organisation to promote the image of social work by asking whether 'Authority A' had made the job of its social workers easier by providing a clear definition of their role and a programme of staff development and training.

Understanding the message

Although it was earlier suggested that staff were reluctant to use the language of assessment, further examination showed evidence of three different approaches. In three of the teams there was evidence of one of these approaches, whilst in the other three there were examples of all three being adopted.

In the first approach, staff were uncomfortable with both the language and the process. One social worker stated: "*I don't like the word assessment because I don't know what it means. I prefer: 'I'm going out on a visit'.*" Staff adopting this approach had let their motives affect their understanding of their role. Their assessments both refrained from committing the department to particular packages of services and informing service users what would happen next. They used non-specific phrases such as "*someone will have a look at it*" in preference to statements that outlined the process more clearly.

Staff adopting the second approach were more specific. They explained the assessment process and outlined the contribution that families could make and were aware of how their practice had developed from gathering information to gathering

knowledge. For example, one individual described how she explained to families why she was there; that she was looking for strengths as well as weaknesses; and that the family would have an opportunity to contribute their views. Evidence of this approach suggested that with the implementation of the ASC system the organisation had begun to influence the practice of its staff.

However, whilst staff using the third approach used the language of assessment, they were more likely to assess for services, rather than 'needs'. Their main concern was to show why 'plans' were likely to be unsuccessful rather than on what they were based or whether they could be achieved. One worker suggested that the purpose of an assessment was to determine whether the child qualified for services and whether they were available. This position was more common in child protection cases where the purpose was on occasions described as being about whether the plan could safely happen. Milner and O'Byrne (1998), cite similar cases:

> ... Scott (in press) found that social workers sought confirming data rather than disconfirming data and that their reasoning was not supported by hypotheses development or exploration. Kelly and Milner (1996) also found this tendency towards verification of an initial assessment, which meant not only that there was no re-evaluation of the assessment, but also that the social workers' range of options was reduced until they were left with no option but to close a case. They also found that social workers used self-justification to support the initial hypothesis. This most commonly took the form of persisting with the care plan on the grounds that it needed time to work - despite clear evidence that the plan was ineffective.
> (Milner and O'Byrne, 1998, p28)

The fact that so many individuals were unclear about their role suggested that the *organisation's policies*, including both its objectives and priorities, had not been fully understood. This was clearly a potential impediment to the implementation of the ASC system.

Relationships between key players

There was much anecdotal evidence that referrers tried to influence the way that referrals were received and dealt with, as a result of their own needs. For example, a police officer's need to try and ensure a prosecution, a health visitor's desire to access particular resources, or a school's wish to move the 'problem' on. The study highlighted how staff had devised strategies in response to such attempts to subvert the process. These included ensuring full information gathering and corroboration before any action was taken, or learning not to take things at face value. One social worker, for example, described how the alarm of other agencies at the circumstances

of a case could be infectious and how only experience ensured that she was not unduly swayed. The study demonstrated that, by and large, social workers were in control of the entry system to the organisation and that the ASC system had re-inforced this. For instance, the ASC basic assessment had been used to identify those 'needs' that the referrer should be meeting.

However, the observations also demonstrated that social workers did not use an effective triage system within the referral and assessment process. In most teams only those referrals for which full information was available, or where there was a suggestion of child protection concerns, were prioritised for assessment and it was rare for further information to be gathered on incomplete referrals to determine whether the problems were more serious. Similarly, as was identified earlier, subsequent allocation systems relied on persuasion and coercion and were based on personal preference and reported expertise, rather than on any effective and equitable caseload management system. This meant that individuals could effectively choose the particular cases they were to work with and was a salutary reminder that little had changed since Smith's (1980) study in the mid 1970's. The consequence of a referrer's attempt to interfere in the assessment process, or a social worker's ability to influence the referral once made, is the same: inequity. Such difficulties with both *intra and inter-agency relationships* also created an impediment to the introduction of the ASC system.

Considering whether such inequities could be resolved revealed a further impediment. This related to the *communication systems* between individuals and between agencies and the accuracy of information that was received. Many felt that difficulties were an inevitable consequence of working in partnership with other agencies and service users. Some suggested that part of the problem was the different terminology and jargon used by the different professionals involved, which led to inconsistencies in interpretation and understanding of 'needs'. Only a minority of staff attempted to resolve this problem by at least recording discrepancies within the assessment documentation. The response to this difficulty appeared to depend on how the assessment process was perceived. Those who saw it as an on-going process, rather than a fixed event, suggested that the significance of any inconsistencies that were identified within the information gathering process would be considered within the subsequent analysis. In contrast, those who saw an assessment as a fixed event were less likely to record information that could not be verified and were subsequently frustrated by their conclusions that there were no

'needs' to be met. They acknowledged that where necessary, they would lower thresholds in order to provide services. However, they failed to recognise that this practice was itself inconsistent and could only serve to further confuse potential referrers and service users.

Resolving the structural tensions

Perhaps not surprisingly, practitioners appeared to be unaware of their own contribution to such inconsistencies. Instead, they pointed to practical and physical factors and an unwillingness of management to support their findings and they proposed relatively simple and immediate, rather than longer-term and structural solutions. For example, they suggested seeking additional referral information or improving relationships with other agencies to resolve specific issues in specific cases. They did not, however, see the value of changing the overall culture between agencies.

There was a clear tension between managing the organisation and managing 'need'. For example, whilst practice managers had recognised that it would be neither appropriate nor possible for the organisation to provide a service for every 'need' that was identified, some had become creative in finding alternative ways of meeting 'needs' that did not necessarily involve social services. Like their staff, others had developed simple and immediate solutions, making decisions around the need to resolve the situation, rather than necessarily providing a longer-term or holistic response. For example, one team manager had built up and maintained a stock of food items and other household necessities to be given to families at the point of referral to resolve their immediate crisis and to limit the need for them and his staff to be involved in a protracted assessment. Ironically, this approach had gained the respect of key players, including the team. Practice managers acknowledged that it had been hard to adapt to the ASC system's focus on 'needs-led' assessments and an understanding that not all 'wants' would be henceforth provided for.

The implementation of the ASC system appeared to have been particularly difficult for practice managers. They had had to adapt not only to its principles but also to reconcile these with their responsibilities as the front line managers of the organisation. Their success in achieving this had in turn affected their team's response. Thus, if the practice managers were struggling to reconcile their responsibilities, they were less able to promote individual or team development. Although there were cases where the manager had adapted to the ASC system

ahead of their team, there were no cases where the team's collective development was in front of that of their manager.

One of the key issues for practice managers had been how they prioritised in-coming work. All managers used a combination of analysis and experience, although they were also influenced by persuasive argument and an awareness of risk factors. The consequence was that referrers and staff tended to over-emphasise 'risks' within the wording of referrals and assessments whilst treating 'needs' as less important. For example, developmental delay was described as posing long term 'risks' to the child, rather than presenting immediate 'needs', or as one social worker described it "*children with the greatest needs are those with the highest risks*". However, some practice managers had developed strategies to combat this problem. These included being clear about the tasks they expected to be undertaken, such as an assessment of 'needs' as opposed to 'risks', or balancing an assessment's findings against the known costs of delivering services in similar cases. Their main strategy though was often to de-prioritise referrals as far as possible which meant that the principles of the ASC system were not governing the allocation process. It was also noticeable that they had little expectation that compliance would be enforced, or that *quality control systems* would be introduced, thus enabling them to respond in this way. The lack of such measures was therefore an impediment to the successful and consistent implementation of the ASC system.

Resolving disagreements

The study also considered how assessments were concluded where the findings were not universally accepted. Practitioners accepted that partnership should be the approach to working with children and their families and that where disagreements occurred these should be shared and reported within the assessment. The logic of this position seemed to be engrained in social work practice. As one social worker said, "*It must be recorded on file, including different interpretations. It is essential to show that we are working in partnership and have shared outcomes with the family. Some parties to the assessment may have only had part of the story, they thus need the whole picture in order to understand the fallacies of their position.*" Unfortunately it was not possible to test these assertions with service users themselves. It is quite probable that in some cases their experience would not have supported the position. However, as a number of practitioners stated that the aim of developing partnership working was to reduce the likelihood of subsequent complaints being made, it was likely that they were trying to develop their practice in this way.

On the other hand, a number of practitioners perceived their role as limited to information gathering. Although there was no explicit arrangement, they expected their managers to resolve any disagreements on their behalf. In fact, there was little or no evidence that practice managers would do this; on the contrary some managers described cases where they had instructed social workers to review the options to resolving any impasse. This was their preferred solution, for they were under no illusions about how the organisation would view their apparent failure to manage their local situation. For example, one practice manager stated that there was a "*tendency for the organisation to see the assessment as flawed if it can't provide what has been identified as needed.*" This finding suggests that even within what were often close-knit teams, relationships were in fact subject to managerialist control. It also suggests that the assessment process itself is merely part of the bureaucratic function of the organisation and confirms one of the thrusts of this study, namely the need to understand the overall environment within which the assessment is undertaken.

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The analysis of each of the potential sources of impediments has shown how the evidence has highlighted additional impediments. Whilst those identified in this discussion are to an extent reminiscent of some already noted, they do demonstrate different aspects of these problems.

Diagram 5.5: Impediments associated with the inherent structural tensions

	Personal systems environment	**Inter-personal systems environment**	**Local systems environment**	**Socio-political systems environment**
Structural tensions	Communication systems: accuracy of information	Compliance / quality control systems	Policies of the organisation (objectives and priorities); Intra and inter agency relationships	

(vi) Bureaucracy and professionalism

It might be expected that potential impediments resulting from an analysis of 'bureaucracy v. professionalism' would be located at the *socio-political systems* level, as they are likely to relate to the identity of social work itself and the society within which it is practised. However, the reality is that that practice is increasingly constrained at a local managerial level. For example, whilst ideal social work practice may constantly veer towards meeting a service users' every want, its organisation

increasingly constrains it by targeting ever more specific 'needs'. In response the identity of social work finds itself constantly mediating and negotiating between the two extremes.

Presentation of change

The observations were undertaken in 'Authority A' in the spring of 2000. The preceding eighteen months had witnessed constant change to the organisation's structure and practice. In addition to the introduction of the ASC system there had been a managerial separation of adult's and children's services and an on-going review of the roles, responsibilities and indeed number of managers required within the organisation. Practitioners, as noted earlier, had moved from close-knit locally focused area teams, to larger functionally based teams. Against this background, the study looked at how the organisation had presented 'change' to its staff.

Staff were largely reticent on this subject. The experience had left some either unable or unwilling to contemplate further change for fear of de-stabilisation to their personal situations, let alone their professional practice. However, although staff were less forthcoming with their views on change, the consistency and patterns of other observations meant that it was likely that those who did express an opinion represented the views of a wider cohort.

One common theme emerged: staff were not generally well prepared for change. This meant that change would not be automatic and could not be presumed. The main concern was not about the *dynamic* of the change, but more about the *rationale* for it. In other words it was not the 'what' that mattered, but the 'why'. Without an adequate justification, staff tended to view impending change cynically. For example, one practitioner suggested that change was about "*a series of knee-jerk responses to short-term management problems*". The implication was that it cannot be imposed and that the organisational bureaucracy has as much responsibility for ensuring that change is successfully implemented as staff have for developing their own practice.

Indeed, most staff recognised that the whole social services department had a shared responsibility to implement change, where this was necessary. In the case of ASC, this meant that whilst practitioners were responsible for looking at their own practice, senior managers were responsible at a strategic level to clarify with other agencies how referrals should be made and the role and purpose of the social services department. Whilst many social workers felt that they had fulfilled their

responsibility to change practice, they did not feel that senior managers had fulfilled this strategic responsibility, meaning that referrers continued to set the agenda and the priorities for action. Where resentment about change was observed, it was usually directed at other agencies and tended to centre on their failure to 're-focus', or their perceived attempts to deflect their own responsibilities onto social services. For example, in one case, which was observed, the police had conducted what was termed a single agency investigation of an incident involving a child. Although this resulted in them taking no further action, the officer concerned pressurised the social worker, which had not participated in the investigation, to inform the family of the outcome.

It was frequently alleged that other agencies made spurious referrals, or, as one worker put it, used *'vogue diagnoses'*. A number of social workers identified, for instance, that the behavioural condition, attention deficit hyperactivity disorder (ADHD), was often used as a reason for referral without supporting evidence. There were also examples of other agencies, particularly general practitioners, being openly frustrated that social workers kept referring to 'needs'. One practice manager felt that health service workers tended to confuse their own 'admissions criteria' with social services 'eligibility criteria', whilst one social worker noted that the referring agency's actions could "*dilute those needs which they* (the social worker) *had identified as significant or important.*" The potential for friction between agencies confirms that change must be managed and where this involves different bureaucracies and professions, this must be at an integrated level, taking account of the various tensions involved.

However, there were examples of staff not having grasped the inherent change necessary. One key change introduced by the ASC system, and repeatedly noted above, had been the principle that assessments should focus on the identification of 'need'. However, this was, it seemed, a message far from sold. For example, one practitioner argued: "*Need is overlooked in contacts with others. Therefore it is neither a unifying factor nor a problem!*", whilst distinctions were still drawn between 'children in need' and 'child protection' and as has already been shown, assessments still focused on services as opposed to 'needs'. This failure to ensure change had led some staff to become quite defensive about their practice and in particular the *outcomes to their assessments*, which in turn had created a further impediment to the implementation of the ASC system.

Receptiveness to change

Evidence suggested that staff fell into two groups: one that was largely blind to change as though it would somehow pass them by, and the other that was broadly open to change and aware of the rationale for it. Staff in the first group were aware of change going on around them but tried not to let it influence their practice, relying instead on their knowledge and experience. One worker suggested for example, that they tended to "*shut off from criticism because I know I'm doing a good job.*" Others in this group saw 'change' as revolutionary, rather than evolutionary, and felt that the point may be reached where they could not cope with further disruption. One worker suggested that she was ill-equipped for further change and that she was neither prepared for it, nor usually aware of it before it became inescapable.

The study suggested that longer serving staff were more likely to be found in the first group. Newer staff, or members of teams that had been recently created, were more prevalent in the second group. For example, one team that had been created by the 1998 review, and which included staff from other teams and some who were newly qualified, had set about developing additional responses to the perceived agenda set by the organisation. These included, for instance, an approach to dealing with referrals concerning domestic violence. They perceived change as evolutionary and necessary. Whilst they recognised that some aspects were not clearly defined, they felt that this should not prevent them from moving forward either as individuals or as employees of the organisation. One member of this team argued: "*Change is constant and inevitable, even though as individuals we may find it difficult*".

As the observations were of groups of individuals, this study did not look in detail at the organisation's capacity to change and support its staff. However, the evidence suggested that by and large the department's structure ensured that staff were not isolated. Most staff had chosen to work in the access teams because they enjoyed the type of work on offer. This was emphasised by one social worker who said that he liked being on 'duty' because " *... picking up the phone, you don't know what's going to happen!*", a comment echoed by a practice manager who said: "*Unpredictability is the core business of Access Teams!*". However, although the recent organisational changes had tried to ensure that staff were more able to cope with crises by creating more specialist roles, it had not developed extra resources to cope with the effect, for even though it had changed management hierarchies it had been slower to change its budget allocation methods. This suggested that the

organisation was less prepared to cope with the consequences of change than its staff, and this had further encouraged the development of strong team cultures. For example, one practice manager said: "*We're a together team. Its about 'cream cakes'! We do have a laugh. By hanging on to the thought that there's life after work.*" However, this was also evidence, along with factors identified earlier of the *management style of the organisation* not being perceptive enough to identify where difficulties with the implementation of its policies may arise. This was also a significant impediment.

External pressures

The tension between the organisation and its staff was also highlighted in considering how situations involving other agencies were resolved. Although in most cases the resources of other teams or other agencies were usually forthcoming, there was an expectation that senior managers would resolve any problems. For example, some staff believed that they were not responsible for ensuring the availability of specialist assessments from external providers before recommending them. These individuals had faith that their senior managers would resolve the matter and did not see this as an error in their own assessment. This created an apparent paradox: whilst direct resourcing levels did affect the way that assessments were undertaken, in some cases indirect resources, over which front line staff had no control, did not appear to have the same impact.

Ironically, indirect resourcing levels also created a closer understanding between social workers and managers as both were able to deflect their joint concerns onto others. One social worker confirmed that whilst acknowledging that assessments could be skewed, he "*would be reluctant to do this if it was about another agency not being able to deliver.*" In such cases the tension between the organisation and the staff is potentially dissipated.

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Clearly the relationship between the bureaucracy of the organisation and the professionalism of social work is likely to create impediments that impact upon *inter-personal systems*. However, this analysis has demonstrated that their impact may also be felt at the broader *local systems* level.

Diagram 5.6: Impediments associated with the conflict between bureaucracy and professionalism

	Personal systems environment	Inter-personal systems environment	Local systems environment	Socio-political systems environment
Bureaucracy v. professionalism		Defensive attitude towards outcomes of assessments	Management style of the organisation	

- **Study findings**

In his 1986 study, Howe identified three ways of viewing the then state of social work practice and the organisation of social services departments. The first two were that they were either technologically weak, or inappropriately organised. He suggested that the third way, which is of direct interest to this study, was to:

> ... look at the personal social services and their organisation from outside the egocentrism of the social work profession. It prefers to understand the occupation and its practice in relation to other factors including the social, political and value climate in which social work has its being.
> (Howe, 1986, p.158)

By adopting and adapting the eco-systemic framework (Bronfenbrenner, 1979; Gilgun, 1989; Jack, 2000), this study has attempted to take this third way. The first part of the triangulation, the 'observed study' has identified impediments to the implementation of the ASC system from within Howe's "*social, political and value climate in which social work has its being*". Although it has drawn much of its data from what Kemshall (1986) referred to as the 'primary point of articulation', the interface between the staff and the structure of 'Authority A', it has attempted to distance itself from what Howe called the 'egocentrism of the social work profession'. For example, the study has not identified weaknesses in either the profession of social work or the organisation of social services per se. This would have been inappropriate as the purpose was to consider the impediments to the implementation of a particular policy, rather than issues of more general concern.

The conclusion to the 'observed study' draws together the impediments that have been identified throughout this analysis and locates them within one matrix. Diagram 5.7, at the end of this section, demonstrates how these are spread between the four eco-systems. It also highlights where the final analysis may need to be targeted.

(i) Personal systems impediments

Three impediments were identified at the *personal systems* level.

- **Definition of 'unit of need'**
  Although the child was usually the focus of the work, some saw this as being the family, or even the wider community. There did not appear to be a common understanding of who, or what, the 'unit of need' (Smith, 1980) was, in spite of the ASC system emphasising the legal provisions (Section 17) of the Children Act 1989.

- **Inconsistent response to referrals**
  The behaviour of other key players affected the way that social workers responded to referrals. Some practitioners recognised that some services were provided on the basis of 'he who shouts loudest', or to avoid subsequent complaints, rather than in response to an assessment of 'needs'.

- **Communication systems/accuracy of information**
  Achieving a common understanding of the 'unit of need', was not helped by inaccurate information. Regardless of whether it was true, staff believed that some referrers tried to influence the referral and assessment process by the way they provided information. The recording of information was affected by how it was provided and who provided it.

Although it could be argued that these impediments obstructed the implementation of the ASC system at an *inter-personal systems* level, the argument that they are impediments at the *personal systems* level is that they reduce the likelihood of 'needs' being identified at all. For example, if you have never been referred or identified as a potential service user, or been recognised as someone who may have 'needs', it does not matter how a social worker assesses you or what impedes that assessment.

(ii) 'Inter-personal systems' impediments

The observations highlighted that a number of impediments to *inter-personal systems* related to the way that the assessment of 'need' was undertaken.

- **Language of 'need'**
  Some practitioners did not refer to 'need' as they believed that the authority may be unable to meet all those assessed; others continued to identify 'needs', leaving their managers to resolve any difficulties; whilst others took a more pragmatic approach. This lack of clarity had impacted upon the consistent implementation of ASC.

- **Dynamic of the assessment**
  Communicating the purpose of the assessment was affected by the language that was used, agreement about the objectives and the inter-relationship between the two. Some social workers used a parallel language that they felt service users would understand, but did not recognise that nuances and subtleties could get lost in the translation.

- **Objectives of the assessment**
  Failure to corroborate whether the purpose of the assessment, and thus its objectives, had been understood meant that on occasions the assessment had become corrupted. In such cases it was difficult to see how an accurate assessment of 'need' could be undertaken.

- **Perceived resourcing levels**
  Although resourcing levels were a key issue, the study showed that they were both actual and perceived. Staff who were under pressure tended to pre-determine their recommendations according to the perceived availability of resources and were less likely to consider what alternatives were actually available. However, those under less pressure identified a range of community based resources and used them creatively.

- **Effect of resource costs**
  The identification of 'needs' was affected by the costs of resources and assessments were influenced by the likelihood of involving the authority in expensive long term commitments. 'Needs' were often expressed in terms of the cost of the resource, rather than the cost to the child, or the subsequent cost to society as a whole.

- **Acceptance of change (individuals)**
  Three approaches to change were observed. These were:
  - 'no changers';
  - 'partial', or 'incoherent changers';
  - 'total changers'.

  The three groups differed from one another in whether they attributed difficulties in implementing the ASC system to practical or structural causes; whether they accepted new forms and processes; and whether they had been part of the change development process. The approach adopted was observed to affect the way workers undertook assessments.

- **Compliance/quality control systems**
  Expectations around compliance were not high. In spite of the guidance, it was still common for a quality assessment to be seen as one which was simply persuasive in its arguments, rather than one that accurately identified an individual's 'needs'.

- **Defensive attitude towards outcomes of assessments**
  The way that some practitioners undertook assessments was affected by their perception of the organisation's lack of support. They had become defensive in their completion of the task where they expected that the organisation would not support their findings, regardless of whether or not they focused on 'needs'.

An additional potential impediment was not considered within the main analysis of this chapter because it did not fit easily into any of the areas included within the original hypothesis. This related to the physical lay-out of the building and environment in which staff were operating. Its importance was also recognised by Smith (1980).

- **Physical environment**
  The lay-out of some buildings clearly affected how referrals or enquiries were handled, however they were made. The attitude of staff who were not located near the 'front desk' or the switchboard was different from that of those who were either located close to reception areas, or who answered incoming calls in person. The relationship between practitioners and their practice managers in the teams that were split over two sites was also markedly different from that between the staff and managers of the other teams. Whether the relevant senior manager was located in the same building as the access teams, or many miles away, also affected a team's morale and attitude. The physical environment in which front line teams worked was shown to affect the likelihood of a consistent approach to the assessment of 'need' being implemented.

(iii) 'Local systems' impediments

Local systems impediments were important for two reasons: firstly, as individual obstacles to implementation and secondly because of their direct bearing on *inter-personal systems*. For example, the study has shown how each of the impediments indicated below impacted directly on the assessment process, itself an *inter-personal system*. This relationship is explored further in the conclusion in Chapter Eight.

- **Inconsistent conceptualisation**
  Although the observations showed that the concept of 'need' was being used, many staff remained sceptical about it. Whilst they worked with the concept, they tended to try and work round it rather than to use it. The evidence was that there was no consistent conceptualisation in use in spite of the guidance that had been developed.

- **Actual resourcing levels**
  The study confirmed the link between actual resourcing levels and the ability to meet assessed 'needs'. The resilience and imagination of staff had been tested by both the availability of social workers and of resources to meet assessed 'needs'. However, this did not detract from the distinction between perceived and actual resourcing levels.

- **Internal systems**
  The observations demonstrated the effect of internal systems. Protocols for transferring cases between social work teams; resource allocation panels; operational amendments to the ASC timescales; and workload management systems had all impacted upon the ability of staff to implement the ASC system consistently.

- **Team culture**
  The local team culture was critical to the assessment process, particularly in the absence of central clarity and support. Teams bonded around the local manager and team development was managed locally rather than centrally.

- **Approach to change (organisations)**
  The study showed that change cannot be imposed and that the organisation's ability to change was uncertain. The change dynamic was not as important as the rationale for it. Assumptions could not be made about the ability of staff to change as some had entrenched in advance of further change, whilst others showed a greater adaptability.

- **Intra and inter agency relationships**
  Although staff from different agencies and teams worked alongside each other there was little evidence of them working closely together. Practitioners believed that other agencies distorted the situation when making referrals and that internal colleagues re-defined the child's 'needs' when cases were transferred. This lack of trust reduced the chances of the assessment being completed consistently.

- **Policies of the organisation (objectives and priorities)**
  Assessments were influenced by the organisation's objectives and priorities. However, it appeared ambivalent about how it re-inforced them. Practice was often at odds with the policy and not always concerned with the identified 'needs' of the child. Few staff expected the ASC system to produce more equitable and consistent assessments.

- **Management style of the organisation**
  The management style of the organisation was identified as a potential source of impediments. Many felt that the ASC system had not been fully supported and that adaptations by middle managers to suit local situations had been condoned. This was seen to have compromised the objectives and principles of the ASC system.

(iv) Socio-political systems impediments

The study did not highlight significant *socio-political systems* impediments. This was partly because social workers appeared to be focused on the task in hand and not always to recognise the broader picture. The 'reported study' will show whether this is a true reflection.

- **Image of social work**
  This was seen as being somewhere between being helpful and being a hindrance. Although the evidence did not show the extent to which the image that individuals had of social work changed during the assessment process, practitioners seemed unaware that such changes could affect their approach and consequently their findings.

(v) Corroboration

Diagram 5.7 locates the impediments within the adapted ecological framework. It also demonstrates their relationship to the potential sources that were identified in the hypothesis and that have been used within this analysis. However, the overall relevance of these impediments cannot be assessed without the corroborating evidence from the further parts of the triangulation, namely the 'reported' and 'evidenced' studies. This study has, however, provided a structure for analysis of these subsequent studies.

Diagram 5.7: Impediments identified within the 'observed study' located within the adapted ecological framework

	Personal systems environment	**Inter-personal systems environment**	**Local systems environment**	**Socio-political systems environment**
Need	Definition of 'unit of need'	Language of need	Inconsistent conceptualisation	
Assessment	Inconsistent response to referrals	Dynamic of the assessment; Objectives of the assessment; Perceived resourcing levels	Actual resourcing levels	
Practical considerations		Effect of resource costs; Physical environment	Internal systems	
Cultural and ideological differences		Acceptance of change (individuals)	Team culture; Approach to change (organisations);	Image of social work
Structural tensions	Communication systems: accuracy of information	Compliance / quality control systems	Policies of the organisation (objectives and priorities); Intra and inter agency relationships	
Bureaucracy v. professionalism		Defensive attitude towards outcomes of assessments	Management style of the organisation	

The diagram above demonstrates that the traditional focus of social work managers, planners and practitioners on the front end: the *personal systems*, may be mis-

placed. Equally, the temptation to concentrate on the wider picture: the *socio-political systems* level, may also be unproductive.

In fact, the analysis so far suggests that successful implementation of such policies as the ASC system are dependant upon understanding the impediments that may affect the *inter-personal* and *local systems*. Yet these systems are subject to greater managerial intervention. By contrast, the unpredictability of the *personal* and *socio-political systems* make them harder to control. The 'evidenced study' will consider what prevents these middle environments from being managed or controlled.

Chapter Six - 'Reported use of need' study

- **Rationale**

The methodology, outlined in Chapter Three, demonstrated the need to contextualise the experience of implementing ASC by comparing and contrasting the experience of staff within 'Authority A' with that of their peers in two other authorities[12]. If, for example, there were similarities between the responses of staff from all three authorities, then it may suggest that the impediments identified by the 'observed study', within the last chapter, were likely to be found elsewhere. Within the triangulation therefore, the role of the 'reported study' was to provide this broader corroboration, whilst the subsequent 'evidenced study' sought to provide supporting evidence from within 'Authority A' itself. Indeed, Chapter Four has already demonstrated the value of contrasting the practice in 'Authority A' with that in the other authorities by exploring their policy and procedure documents relating to the assessment of children 'in need'. It found that there were similarities between 'Authorities A and B' that may suggest that any findings from the overall study relating to 'Authority A' may be transferable. However, this would be difficult to justify without additional practical evidence.

The 'reported study' was the second stage of the triangulation model, which along with the other two studies ensured that the overall study was not reliant on a single source of data. It used a questionnaire[13] to determine how policies on 'need' and 'assessment' had been internalised and applied in the three authorities and considered whether the views of those who responded were similar to those of their colleagues within their own organisation, or to those of their peers in the other two authorities, or were dissimilar from both. For example, it considered whether the views of staff from 'Authority A' differed from their colleagues because of the implementation of the ASC system, or whether similar developments in the other

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[12] : For a description of the two comparison authorities and why they were selected see page 41 in Chapter Three.

[13] : A copy of the Questionnaire is included at Appendix Three.

authorities meant that there was a broader consensus. The three key issues were would respondents' views:

- have more in common with colleagues within their own authority, regardless of their own position within it; or
- be more in line with their peers in one or both of the other authorities; or
- show no discernible links

- **Study experience**

The design of the study was described in Chapter Three. Each of the 64 potential respondents was sent a personalised letter, questionnaire, and a stamped addressed envelope. The initial response was less than a third and there was little variation between the three authorities. A follow up letter produced a few additional returns. In total, 28 completed questionnaires were received. These revealed an unexpected pattern. Table 6.1 shows that the rate of return from 'Authorities B and C' was higher than from 'Authority A'. This may have been due to some potential respondents having already been involved in the 'observed study'. The fact that the researcher was known to most of them may have meant that some reduced the priority that they attached to the exercise. This was compounded by the complete return from senior managers in 'Authority B' and the good overall response from 'Authority C', where it was known that staff were reminded locally to complete the questionnaire.

Table 6.1: Numbers of questionnaires distributed and received within each of the three authorities and three staff groups (nb. % in brackets.).

	Number of questionnaires distributed				Number of questionnaires returned			
	Senior managers	Front line managers	Front line social workers	Total	Senior managers	Front line managers	Front line social workers	Total
Auth A	6	12	14	32	1 (17)	8 (67)	2 (14)	11 (34)
Auth B	4	5	7	16	4 (100)	2 (40)	2 (29)	8 (50)
Auth C	4	5	7	16	2 (50)	3 (60)	4 (57)	9 (56)
Total	14	22	28	64	8 (57)	13 (59)	8 (29)	28 (44)

The 28 questionnaires returned represent 43.75% of the sample. This is a relatively high response rate for a postal questionnaire, as according to Ferguson, for example:

> The major disadvantage of the mail survey, however, is its low return rate. A typical survey achieves a return rate of 10% to 40%, even with follow-ups.
> (Ferguson, 2000, p.186)

However, others have highlighted that a non-response rate of more than 10% can distort the results as those who do not reply may hold significantly different views (Scott, 1961). This note of caution must be applied to any findings in relation to this data.

The analysis was undertaken by entering each response from a completed questionnaire onto a composite version of the form within a standard word processing package. The main points from all the responses to each question were then recorded and grouped together to identify the key themes. These are included at Appendix Two. A further analysis of this material revealed the frequency of these themes amongst respondents from each authority and also from each of the three staff groups. This showed whether an individual's response was similar to others in their authority, similar to their peers across all three authorities, or dissimilar from both. The results of this exercise are highlighted separately later in this chapter.

It had been anticipated that an individual's views would be affected by their professional training, experience, or previous involvement in policy development within their organisation. However, the relevant section of the questionnaire that sought this information was rarely completed and insufficient information was therefore provided to allow a subsequent analysis.

- **Study Analysis**

The questionnaire, included at Appendix Three, was divided into four sections. These are reflected within the following analysis.

(i) 'Need': The concept of 'need'

The Children Act 1989 required local authorities to develop services for children in need. However, although a 'child in need' was defined in Section 17 of the Act (see page 8 for full text), neither the legislation nor the guidance that accompanied it (Department of Health, 1989) clarified the conceptualisation that was employed. The first part of the questionnaire therefore considered how social services departments had applied the concept of 'need' in relation to children.

Understanding the concept of 'need'

The first three questions asked respondents about what the term 'children in need' meant, firstly for them as individuals, secondly for the work of social services departments and thirdly for social workers in general. Their answers showed what they understood by the concept of 'need'. Others have also recognised the importance of doing this:

> Understanding the manner in which social workers describe the needs of children is important at two levels: first at the level of the individual case, it illuminates the assessment process and as such can help in developing tools to enhance the standards of assessment. Second at a service level, if the needs of children can be described in a way that is capable of aggregation into meaningful categories this can assist in planning services to respond to those needs.
> (Sinclair, 2001, p. 85)

Most respondents derived their personal understanding of the concept from legislation, guidance or policy, or the way in which these impacted upon the provision of services. For instance, typical responses included *'Children Act definition'; 'children's services plan definition'; 'SSD policy definition'; 'eligibility criteria definition'; 'child needing assistance to achieve potential';* or *'children needing an assessment to access services'*. Alternatively, a minority related their understanding to the child's situation. For example, *'children whose life chances were affected by external factors'*; *'those who were disadvantaged by their current care'*; or *'those whose opportunities were limited in comparison to the general community'*. However, no respondents referred to any theoretical conceptualisation, such as that of Doyal and Gough (1991).

Responses about what the term meant for social services departments and for social workers were similarly divided. However, amongst the majority there were three distinct sub-groups: firstly those with a macro view that emphasised statutory or other high level responsibilities; secondly those with a micro perspective, who considered how such responsibilities impacted operationally; and thirdly those whose responses reflected a more practical approach. One respondent in this latter group, for example, replied:

> *"Service provision for the families identified. Establishing partnership with them and other agencies in order to work together for good outcomes for children." (Front Line Manager)*

However, some responses were more theoretical. For example, one suggested that 'need' was a relatively new term and the implications for social services departments,

or their staff could not yet be determined. Another argued that it was simply an alternative concept to child protection:

> *"A rather vague gate-keeping/classification system and a label for children who do not fall into the child protection system."*
> *(Front Line Manager)*

This latter view implied that the Children Act's intention that children should first be assessed as 'children in need', before being identified as 'in need' of protection if necessary, had been misinterpreted. If this view were prevalent it would indicate an impediment to the implementation of the ASC system as the *significance of being a 'child in need'* did not appear to have been recognised.

Defining the 'concept of need'

The next question asked respondents to develop their understanding by describing their concept of 'need' in more detail. This was important, because although 'need' was in use before 1989 (Schmideberg, 1948), the implication of the first set of responses was that many saw it as a legal concept introduced by the Children Act, rather than the fundamental concept envisaged by the dictionary definition:

> A condition of lacking or requiring some necessary thing, either physically or psychologically; destitution, lack of the means of subsistence or of necessaries, poverty.
> (The New Shorter Oxford English Dictionary, 1993, p.1897)

In fact, around a quarter of respondents could not describe 'need' without referring to social work practice. For instance, it was *'something the meeting of which would enable good enough parenting'*, or it was about *'a want matched to a definable resource'*. Although the Children Act guidance (Department of Health, 1989) and more recent publications (Department of Health et al., 2000, p.5) appear to make similar comments, this suggests a blurring of concepts, as discussed below. However, most respondents did define 'need' in terms of an individual's basic requirements and some demonstrated a theoretical perspective. One senior manager, for example, simply repeated Bradshaw's (1972) four approaches to defining 'social need' (see page 17 for fuller explanation). This was important because it suggested that contrary to the 'observed study's' finding, many staff did recognise the importance of conceptualising 'need'. Nevertheless, the range of different definitions, including *'overcoming deficiencies'*; *'the opposite of wants'*; *'what's necessary to survive'*; and *'something that's essential not desirable'*, supported the last chapter's findings about inconsistency.

However, unlike Doyal and Gough (1991) none of the respondents described 'need' in a way that combined a theoretical understanding with a practical method for assessment. Indeed, it was unclear whether respondents expected that the various deficiency or hierarchy models that they quoted could be applied in practice, or whether they recognised that if they did then the model's limitations would affect how they undertook assessments. This emphasises the necessity for individuals to be aware of how their conceptual thinking impacts upon their work. If they are not able to do this and, for example, do not *accept the concept of 'need'* as central to the assessment of children, then their ability to implement their organisation's policies will be diminished.

The concept of 'need' and social work practice

The relationship between the individual's conceptualisation and social work practice was explored in two further questions. These also asked respondents what, if anything, affected the way that their conceptualisation was applied or used to determine which children were 'children in need'.

Those respondents who had previously demonstrated a theoretical ability failed to capitalise on it. For example, their conceptualisation was seen as being '*limited by resource availability*', a '*benchmark for intervention*', or a '*yardstick that affects access to resources*'. Only a minority showed how it was related to their social work practice. For instance, it was '*related to the well being of the family and community*', or, about '*children with problems related to their development and/or significant harm*', or, a '*reflection of the socio-political and cultural context of social work*'.

Responses about what affected how they applied their conceptualisation again fell into two categories. Two thirds of comments echoed the 'observed study's' finding about the distinction between perceived and actual resourcing levels. They suggested, for example, that '*the perceived resource base*', '*financial factors or constraints*', '*eligibility criteria*', or '*heavy caseloads*' affected their ability to apply their understanding of 'need'. The other third identified external factors such as '*professional standards*', '*theoretical understanding*', '*societal norms*', '*visibility of need*' and '*government guidance*'. The risk of such outside pressures affecting the assessment process is recognised in the following quotes:

> "*'Need' seems to be used as a gateway to services. People assess 'need' which helps identify services." (Front Line Manager)*

> *"Social Workers much more comfortable in working with 'risk'. Beginning to use inter-changeably especially around chronic parenting deficits (neglect). Therefore take account of levels of good enough parenting/capacity to change/sustainability." (Senior Manager)*

These quotes also imply that conceptualisations may become blurred with at least one other key concept. In the first, for example, practice is more likely to be focused on eligibility for services, rather than an assessment of 'need'. To prevent this, Doyal and Gough (1991) suggested that the same bureaucracy should not be responsible for both defining and meeting 'needs' and that 'needs' for which there was no service available should not be overlooked. Implicit in the second quote above is an apparent fusion of the concepts of 'need' and 'risk', which creates a danger that only deficits with an inherent 'risk' will be identified as 'needs' that must be met, whilst those that pose no immediate threat to the child would be ignored. This problem was also recognised previously (Hardiker, 1996). This discussion also highlights a further impediment and re-inforces one identified by the earlier 'observed study'. This is that the *language of 'need'* was used inconsistently.

Applying a 'concept of need' in social work practice

The likelihood that responses would show a confusion of concepts had been anticipated. Consequently, two questions asked respondents about the difference between a child's 'needs' and their need for services and also about how a child's 'needs' were usually described.

Whilst all respondents identified the difference between a child's 'needs' and their need for services, their answers were clearly affected by their daily reality. For example, responses included: *'inconsistency in service provision levels'*; *'meeting needs does not imply providing services'*; *'not all needs can be met by services'*, and *'affected by service development, budgetary pressures and management arrangements'*. However, such comments only highlight the difference without explaining it. This again suggests that most individuals were limited by their experience, although some did try to provide a more complete explanation. For instance, one respondent was clearly anticipating the ecological approach of the Assessment Framework (Department of Health et al, 2000):

> *"Despite legislation, we often seem to continue to assess for services and fail to see the whole child and their location within a wider social network. We often tackle symptoms and not causes." (Senior Manager)*

Although Sinclair (2001) identified five ways that a child's 'needs' were usually described, this study found that only a minority of respondents would have used one of them. The majority felt that an assessment was more likely to reflect the 'needs' of the agency, the family, the individual professional, or society as a whole. Whilst a child's 'needs' may relate to those of their parent or carer, such as where their parent has a mental health condition, most children are extremely likely to have 'needs' of their own. It is an important finding that ten years after the Children Act was introduced and in spite of the legislation's primary intention to support children, most respondents assessed the child through the circumstances of others. For example:

> *"They are usually described in terms of parents or carers ability to protect and provide reflecting (a) available resources and (b) current politically accepted norms." (Social Worker)*
>
> *"Often not the needs of the child but more the needs of carers and professionals." (Senior Manager)*
>
> *"Description reflects the current situation but needs are seldom defined in terms of individuals needs – more family needs." (Social Worker)*

◊ *'Need': The concept of 'need' - thematic analysis of responses*

As identified earlier a further analysis was undertaken of the themes amongst the answers to each question. The themes arose from the answers themselves and were not pre-determined by the author. This secondary analysis identified the most common theme for each authority and staff group in relation to each question. These are shown on Table 6.2 below in relation to section A of the questionnaire, together with the question to which the themes relate. For example, *provision of services* was the theme of 73% of responses of those who replied from 'Authority A' to question one. This is shown by a 'tick' in the 'Auth A' column. Other most common themes are also identified in this way.

All responses to each question within Section A were then re-assessed as to whether they were similar to, or dissimilar from these themes. Within Table 6.2 and also elsewhere in this chapter, the following abbreviations have been used:

SM = Senior Manager

FLM = Front Line Manager

SW = Social Worker

Table 6.2: Questions, resulting themes and most common themes for Section A

Question:	Themes:	Most common theme: Auth A	Auth B	Auth C	Most common theme: SMs	FLMs	SWs
What does the term 'children in need' mean to you?	• Legislation and policy			✓	✓		
	• Provision of services	✓				✓	✓=
	• Situational		✓				✓=
What do you think the term 'children in need' means for the work of the Social Services Department?	• Determining and clarifying responsibilities (macro)	✓			✓		✓=
	• Determining and clarifying responsibilities (micro)		✓			✓	
	• Enabling planning						
	• Situational			✓			✓=
	• Services/resource availability						
	• Partnership working						
What do you think the term 'children in need' means for social workers working within Social Services Departments?	• Organisation/administration				✓=		
	• Procedural: determining and clarifying responsibilities (micro)	✓			✓=	✓	✓
	• Procedural: determining and clarifying responsibilities (macro)						
	• Personal		✓				
	• Situational			✓			
Putting social work practice to one side, describe what you understand by the concept of 'need'.	• Social work practice						
	• Fundamental requirements	✓	✓	✓	✓	✓	✓
	• Theoretical						
How is the concept of 'need' as you have described it used within social work practice?	• Procedural	✓				✓	✓
	• Practical						
	• Philosophical		✓	✓	✓		
	• Political						
In your opinion, what if anything affects the way that the concept of 'need' is applied within social work practice and in determining which children are 'children in need'?	• Procedural			✓	✓=		
	• Practical		✓			✓	✓
	• Personal	✓			✓=		
	• Political				✓=		
When using the term 'children in need', is there a difference between identifying a child's 'needs' and identifying their need for particular services? If so, what?	• Practical	✓	✓	✓	✓		✓
	• Philosophical						
	• Procedural					✓	
In your experience, how are a child's 'needs' usually described? What does the description reflect?	• Agency	✓			✓	✓=	
	• Child		✓			✓=	
	• Family						
	• Professional						
	• Societal			✓			✓
	• Conceptual						

Table 6.3, below, shows the results of this analysis. For example, 11% of all responses from senior managers to questions in Section A were similar to the most common theme for their authority. The purpose of this secondary analysis was to consider the implications for each authority or staff group.

Table 6.3: Table of responses with regard to Section A

	Authority Groups			Staff Groups		
	Authority A	Authority B	Authority C	Senior Managers	Front Line Managers	Social Workers
Similar to Authority	8 (9)	12 (19)	16 (22)	6 (11)	18 (17)	12 (19)
Similar to Staff Group	10 (11)	17 (27)	25 (35)	20 (36)	19 (18)	13 (20)
Similar to both	42 (48)	22 (34)	17 (24)	16 (29)	31 (30)	33 (52)
Dissimilar from both	26 (30)	12 (19)	12 (17)	11 (20)	34 (33)	5 (8)
No response	2 (2)	1 (2)	2 (3)	3 (4)	2 (2)	1 (2)
Totals*	88	64	72	56	104	64

percentages in brackets

* - Total number of responses (ie. no. of respondents x no. of questions):

Authority A:	11 x 8	=	88 responses
Authority B:	8 x 8	=	64 responses
Authority C:	9 x 8	=	72 responses
Senior Managers:	7 x 8	=	56 responses
Front line Managers:	13 x 8	=	104 responses
Social Workers:	8 x 8	=	64 responses

The largest group of responses in 'Authority A' (ie. 48%) were 'similar to both', indicating that many of the views about the 'concept of need' reflected the opinions of others within their authority and peers generally. Perhaps encouragingly, from the authority's perspective, in total 57% of responses were 'similar to authority' (ie. 'similar to authority' + 'similar to both'). However, the 30% of responses that were 'dissimilar from both' suggests that there were many independent views within 'Authority A'. This is likely to affect the organisation's ability to ensure consistency in relation to the application of a single conceptualisation of 'need'.

The pattern of responses from 'Authority B' appeared to be the same (ie. the largest group of responses was again 'similar to both') and the total of responses 'similar to authority' was over half (53%). However, in contrast to 'Authority A', the second most common response was 'similar to staff group' (27%). This implies that staff in

'Authority B' regularly look elsewhere for their guidance, which may affect how they respond to policy initiatives from within their own organisation.

This possibility was also likely to affect 'Authority C', where the largest group of responses were 'similar to staff group' (35%) and over half the views (54%) were 'dissimilar from the authority'. This analysis implies that the 'centralised approach', which Chapter Four suggested 'Authority C' had adopted, had not encouraged a consistent response to the implementation of the department's policies.

The analysis also demonstrated two other important findings. It firstly suggested that senior managers were more likely than others to be influenced by a wider range of external factors and secondly, that social workers were more likely to have views in common with colleagues within their authority. Potentially, the most significant of these is the finding about senior managers. Whilst the evidence that 36% of their views were 'similar to staff group', rather than other colleagues within their authority, does not show that they will overlook their operational responsibilities, it does suggest that they think differently from other staff within their organisation. However, the lack of a significant cohort of senior managers from 'Authority A' means that it cannot be argued that this directly impeded the implementation of the ASC system. It does though suggest that the *commitment of senior managers* may be an important factor in the equation.

However, it is recognised that the benchmark (ie. the most common response to a particular question from amongst all respondents from each authority) will not necessarily reflect an authority's policies. For example, those whose views reflected their authority's policies may have been outweighed by others who held contrary opinions. However, views that were 'similar to the authority', as opposed to 'similar to the staff group' or 'dissimilar from both', at least indicate the cultural norms within the authority concerned.

.....

The four impediments identified in this discussion can be located within the adapted ecological framework used previously. This shows that they are again spread between the three principal environments, which further emphasises that the implementation of policies such as the ASC system must be understood at these different levels.

Diagram 6.1: Impediments associated with the concept of 'need'

Personal systems environment	Inter-personal systems environment	Local systems environment	Socio-political systems environment
Acceptance of 'need'	Significance of being a child in 'need'; Language of 'need'	Commitment of Senior Managers	

(ii) 'Need': The concept of a 'child in need'

The Children Act 1989 uses the term 'in need' to describe both those children whom local authorities have a duty to assist, which concurs with the dictionary definition of 'in need': "*requiring assistance*" (*The New Shorter Oxford English Dictionary (1993) p.1897)* and the duty of local authorities to plan services for such children. These two conceptualisations are linked. For example:

> All children have needs. Children 'in need', and children with 'special needs' are not a separate group. They are simply those whose needs the general and primary services available at a particular time and place happen not to meet. The availability, adequacy and quality of primary and universal services are, therefore, an important determinant of the extent to which there are children in need.
> (Jones and Bilton, 1994, p. 14)

However, as seen by the fact that some respondents found it difficult to conceptualise 'need' without reference to the legislation, there is scope for confusion. Would they, for example, be able to distinguish between their conceptualisation of 'need' and the term 'child in need' as used within the legislation?

Understanding the concept of a 'child in need'

The first question within this section asked respondents whether being described as a 'child in need' meant that a child would receive services and if so, how. Like the dictionary, most respondents saw 'in need' as referring to those children requiring assistance and by implication an assessment, rather than an entitlement to receive services. None referred to the planning of services. Comments suggested that 'in need' was '*the policy framework*'; '*benchmark criteria*'; '*tiers of assessment relating to complexity of need*'; '*an understanding of parental needs*'; '*a partnership with the family*'; and '*a partnership with other agencies*'.

A few responses suggested that 'in need' had negative connotations. For example, one suggested that it was worthless as there was '*an insufficient variety or breadth of services*' to meet 'needs', whilst another stated that '*as a label being a 'child in need' meant nothing*'. These views reflect the confusion highlighted by recent research

(Department of Health, 2001; Berridge, 2002) which suggests that three factors may account for this:

> ... a failure to understand that there is a legal obligation to provide services to children in need; a continuing tendency to link "in need" with eligibility criteria based on risk; and a worry that adopting a broader definition would lead to a demand for services that could not be met. (Berridge, 2002, p. 18)

Equally, however, such views may re-inforce the impediment identified by the 'observed study' that unless *resourcing levels* are at least perceived to be adequate, staff will be reluctant to use the concept of 'need' within the assessment process.

A 'child in need' and legislation and guidance

The questionnaire next asked respondents whether it was clear from the legislation, regulations and guidance what a 'child in need' was and what it meant to be a 'child in need'. Around a third of respondents suggested that their understanding of the term 'child in need' had been influenced by such material. Responses including *'broad legal definition'; 'explicit only insofar as the law ever is'; 'new assessment framework'* and *'distinction between vulnerable children and children in need',* implied that the guidance was being used. Others indicated that although they were aware of it, they relied predominantly on their own experience. For example, *'prioritisation via experience'* and *'dependant upon value judgements'.*

However, most suggested that legislation and guidance were not that helpful. Typical views included *'guidance may define a child in need but does not help understand it'; 'its woolly and vague'; 'its too specific and more flexibility is required'* and *'the definition should be fluid'.* Such comments challenge not only the concept of 'in need' within the Children Act 1989 but also the policies and procedures of all three authorities. Two individuals took this a stage further. Their views were that *'the regulations were too ambitious and the Children Act outdated'* whilst the other admitted that *'guidance was never used'.* This re-inforces the earlier finding that if the *significance of being a child in 'need'* was not recognised it was likely to impede the introduction of common assessment systems.

Historical derivation of the concept of a 'child in need'

If, as it seemed, most respondents did not use current guidance, it was important to consider whether their understanding was influenced by earlier developments. They were therefore asked whether they believed that 'need' had always been used to determine which children should receive welfare services. In fact, only a minority felt

that 'need' had been used prior to the Children Act 1989. Most suggested that its use had evolved after the Act's implementation. For example, *'the 60's, 70's and 80's equalled poverty, offences and abuse, whilst the 90's equalled needs'*. Some were less explicit but saw it as the latest in a sequence of models that included a *'resource model'; 'a community model'; 'a 'wants' model'*, and *'a 'problems' model'*. For others it was linked to current theoretical influences, such as *'using outcomes based research', 'being less judgmental'*, or *'replacing child protection'*. This evidence shows that respondents did not share a common view about the historical derivation of the term 'in need' and suggests that they are influenced by a variety of different sources, in addition to the available guidance, when interpreting it. It further demonstrates that the ability of organisations like 'Authority A' to implement policies such as the ASC system will be impeded by the way in which staff use such *alternative support systems or points of reference*.

Implications of the use of a concept of a 'child in need'

Respondents' views about the consequences of being described as a 'child in need', were again split. Whilst a few identified procedural consequences, such as *'equals an obligation to do something'*, or *'an entitlement to service'*, most saw them as either positive or negative for either the child, the family or the authority. Whether consequences were seen positively or negatively may have been due to individual experience. Positive responses, for example, included *'better outcomes'; 'clear focus/less drift'; 'safety/welfare promoted'; 'aggregated needs means better planning and development'* and *'family gaining independence'*. Negative views were more disconcerting. Ten years after the implementation of the Children Act 1989 it was perhaps surprising to receive comments such as *'short term equals needs met long term equals drift'; 'don't know because we don't record outcomes'; 'too dependant upon the availability of resources'* and *'little may change'*. Unless the implied issues are resolved and all staff accept the need to change, the implementation of policies such as an assessment system will be impeded. Failure to *accept the need to change* will also have a knock-on effect on the *image of social work* as a whole.

◊ *'Need': The concept of a 'child in need' - thematic analysis of responses*

The evidence was again analysed to identify the most common themes for each authority and staff group. This is shown in Table 6.4 below.

Table 6.4: Questions, resulting themes and most common themes for Section B

Question:	Key themes:	Most common theme: Auth A	Auth B	Auth C	Most common theme: SMs	FLMs	SWs
Does being described as a 'child in need' lead to a child receiving services? If so, how?	• Positive structural/ procedural • Positive conceptual • Negative structural/ procedural • Negative conceptual	✓	✓	✓	✓	✓	✓
Do you think that the legislation, regulations and guidance makes clear what a 'child in need' is and what it means to be a 'child in need'? Please describe how?	• Positive procedural • Positive personal • Negative conceptual • Negative procedural	✓	✓	 ✓	✓	✓	✓
In your opinion, in the history of social work, has 'need' always been used to help decide which children should receive welfare services? If you think it has, can you describe how you think its use has evolved?	Has: • Theoretical • Historical • Not applicable	 ✓	 ✓	 ✓	✓= ✓= ✓=	 ✓	 ✓= ✓=
Alternatively, if you think that it has not always been used, can you describe what you think it replaced and from when?	Has not: • Policy • Theoretical • Historical • Not applicable	 ✓= ✓=	 ✓	 ✓	✓= ✓= ✓=	✓= ✓=	✓= ✓=
In your opinion, what is likely to happen once a child has been described as a 'child in need' and what are the longer-term consequences likely to be?	• Positive for child/family • Positive for agency • Consequential/procedural • Negative for child/family • Negative for agency	 ✓	 ✓	 ✓	✓	 ✓	 ✓= ✓=

A secondary analysis was again undertaken to show whether an individual's views were likely to be similar to or dissimilar from colleagues within their authority or staff group. Table 6.5 shows the spread of the responses for this section.

Table 6.5: Table of responses with regard to Section B

	Authority Groups			Staff Groups		
	Authority A	Authority B	Authority C	Senior Managers	Front Line Managers	Social Workers
Similar to Authority	3 (5)	7 (18)	8 (18)	3 (9)	11 (17)	4 (10)
Similar to Staff Group	7 (13)	8 (20)	7 (16)	8 (23)	6 (9)	8 (20)
Similar to both	30 (55)	13 (33)	18 (40)	12 (34)	32 (49)	17 (43)
Dissimilar from both	15 (27)	10 (25)	12 (27)	10 (29)	16 (25)	11 (28)
No response	0	2 (5)	0	2 (6)	0	0
Totals*	55	40	45	35	65	40

percentages in brackets

* - Total number of responses (ie. no. of respondents x no. of questions):

Authority A:	11 x 5	=	55 responses
Authority B:	8 x 5	=	40 responses
Authority C:	9 x 5	=	45 responses
Senior Managers:	7 x 5	=	35 responses
Front line Managers:	13 x 5	=	65 responses
Social Workers:	8 x 5	=	40 responses

There was little difference between authorities or staff groups. In all cases, the largest group of responses was 'similar to both'. This may imply that the concept of a 'child in need' was interpreted consistently. However, the second largest group was 'dissimilar from both'. In fact further scrutiny of the evidence showed that 81% (n = 23) of respondents gave some answers that were dissimilar from both their authority and their staff group. This suggests that there was actually a wide variation in the views about what was a 'child in need'.

The implication is that although most respondents, regardless of authority or staff group, shared the basis of a common understanding of a 'child in need', the majority appeared to have reservations about its application. Comments that it is *'woolly and vague'*, or that it needs to be *'flexible and fluid'* suggest that staff feel that it constrains their practice. This also echoes the earlier finding about the effect of failing to recognise the *significance of being a 'child in need'* on the implementation of consistent approaches to assessment. This was recognised by one front line manager who said of the use of the term 'child in need' within the assessment:

> *"It probably depends on who is doing the defining and what they understand the term to mean - not sure I can give a more precise answer." (Front Line Manager)*

.....

Although there was some limited evidence to support the earlier finding about the failure to recognise the *significance of being a child in 'need'* as an impediment to the introduction of common assessment systems, the four impediments identified by this section, and included in diagram 6.2, are again located within the *inter-personal systems* and *local systems* environments. Whilst this consolidates the emerging picture it also highlights the necessity to consider the assessment of 'need', itself an *inter-personal system,* in more detail.

Diagram 6.2: Impediments associated with the concept of a 'child in need'

Personal systems environment	Inter-personal systems environment	Local systems environment	Socio-political systems environment
	Acceptance of change (individuals); Resourcing levels (actual & perceived)	Alternative support systems and points of reference	Image of social work

(iii) Assessment: The process of 'assessment'

The third set of questions looked at how 'children in need' were assessed, including identifying who was involved in the process. Others have recognised the importance of understanding this, because even though those involved may have a common aim, the balance in power between participants is unlikely to be equal (Bradshaw, 1972; Langan, 1998). Research has also highlighted that secondary players, such as those who receive referrals rather than assess them, may affect how they are dealt with (Smith and Harris, 1972; Smith, 1980). The growth in specialist teams has seen an increase in the number of secondary players involved, with a corresponding reduction in the likelihood that the process will be applied consistently.

Involvement in the assessment process

It was perhaps surprising that in answer to the question about who was involved in the assessment of 'children in need', exactly half of the respondents made no reference to the involvement of the child, their parents or wider family. Instead, most respondents identified three key groups. These were, firstly, *'multi agencies', 'agencies providing services'* or *'agencies in contact with the child',* secondly, *'social workers and their team manager'* and thirdly, the *'social services department',* or *'the agency's management'.*

Clearly recent guidance on developing partnership with families had not had the desired impact (Department of Health, Social Services Inspectorate, 1995). Even where they were included in responses, both families and children were invariably listed after others. Some suggested that families were not routinely involved in the assessment unless they co-operated with the process. For example, one respondent suggested that the key players were:

> *"Referrers to SSD, especially Health and Education, front line duty workers and families who choose to accept/refuse becoming part of the system." (Senior Manager)*

This suggests that the implementation of assessment systems built around the principle of partnership, will be impeded if staff do not recognise the *participation of service users.*

Functioning of the 'process of assessment'

Respondents were then asked how assessments were actually achieved in practice. Most suggested, perhaps ironically given the earlier finding about their reaction to guidance, that they were driven by their organisation's structure, policies and procedures. For example, *'assessment of risk'* and *'screening and assessment procedures'*, or *'network meetings/case conferences'* and *'supervision processes'*. Such responses, which appear to conflict with earlier comments, suggest that practitioners are more likely to use procedures to help them through the process, than they are to use them to help them understand what they are doing. This is a possible explanation for the apparent conundrum that whilst respondents imply that policies and procedures do not impact upon their work, they nevertheless claim to use them. For example:

> *"Assessment/Care Management procedures lead the decision-making process. However I am not sure that that lead is followed!"*
> *(Front Line Manager)*

Although *legislation and guidance* appears to be used to work through the process, the failure to use it to make sense of the assessment is a potential impediment. Its importance was debased according to some, because of the influence of factors such as individual values and cultures, financial realities and other practical constraints. For instance, one particularly shrewd response was:

> *"Often driven by pragmatic considerations, budgetary pressures and personal interpretation of legislation and guidance."*
> *(Senior Manager)*

Tools used within the 'process of assessment'

Of concern though was how respondents expected to carry out assessments. For example, what, if any, 'tools' (eg. Forms, Guides, Scales etc.) would they use to help them decide whether a child was a 'child in need' and if they did, what was the effect of using them? The study showed that respondents rarely used anything to help them complete the assessment. Whilst some mentioned *'the Hedy Cleaver Forms*[14]*'*, *'Eco-Maps'*, *'Genograms'* and *'Orange Book Assessments'*, most responses simply alluded to the assessment process itself. They gave examples of 'tools' as *'procedures'*, *'local frameworks'* and *'departmental forms'*. Others misinterpreted the question and suggested *'theoretical influences'*, such as child development theory, whilst a few stated that *'tools were not useful'*. The evidence was that most were constrained by the confines of the process itself, which echoes C. Wright Mills' much earlier observation that:

> ... in their professional work they [social workers] tend to have an occupationally trained incapacity to rise above 'cases'.
> (Mills, 1943, p.171)

The reluctance to use 'tools' that could assist in analysing data was a potential impediment because it suggested a narrow approach to assessment. Most respondents saw assessment as either intuitive, or something that was pre-determined by their organisation. They had not, for example, identified that 'tools' could be used to provide or increase the evidence to support their independent assessments. As one respondent described it:

> *"We have a home grown validated and reliable eligibility framework but no formal scales, guides etc." (Senior Manager)*

However, many suggested that procedures and processes, were positive for all concerned, as they provided *'greater consistency'*, *'equity'*, *'structure'*, *'objectivity'*, *'shared understanding'* and an opportunity to *'monitor improvement'*. Nevertheless, there were some who saw procedures negatively. Their responses included: *'rigidity and prescriptiveness'*, *'marginalisation of the family'*, *'too mechanistic'* and *'curtailing the social workers initiative'*. Importantly though, most of this group accepted that procedures helped to determine whether a child was a 'child in need'. For example,

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[14] : This was a colloquial term used by some staff to describe the early versions of the Forms that were later released with the Department of Health et al's Framework for the Assessment of Children in Need and their Families. One of the three authorities had been involved in a pilot exercise of these Forms and they had already become known by the name of their author.

although one respondent identified that "*Eligibility criteria and an assessment of the referral*" were in use, they also suggested that their effect was:

> *"Too specific - allowing a lack of initiative and service users put into labelled boxes." (Front Line Manager)*

The evidence suggested that individuals may have been reluctant to use procedures, or ensure their implementation, because they were not involved in developing the policies that they supported, or in interpreting the concepts involved. The implication was that the application of the 'formalised approach', which Chapter Four suggested that 'Authorities A and B' had adopted, needed to be reviewed. Staff needed to have the opportunity to be involved in the development of policies such as the ASC system and consequently their own thinking. Without this, the problem is unlikely to be resolved, for as Milner and O'Byrne (1998) note, in a literature review going back as far as 1917:

> There are, however, only too many linear, prescriptive and stylised assessment formats that come nowhere near meeting the complexities, uncertainties and ambiguities of current social work practice.
> (Milner and O'Byrne, 1998, p.2 - 3)

◊ *Assessment: The process of 'assessment' - thematic analysis of responses*

The most common themes for each authority and staff group identified by this analysis are shown below in Table 6.6. Responses were also further analysed to determine whether they were similar to or dissimilar from those of their colleagues within their authority or staff group identified from these themes. The results of this analysis are shown in Table 6.7.

This analysis supported the earlier suggestion that staff used procedures selectively and that there was dissonance in how individuals viewed the process of assessment. For example, a third of responses in 'Authorities A and B' were 'dissimilar from both' and in 'Authority B' this was the largest group of responses (32%). In contrast, the proportion of 'dissimilar from both' responses in 'Authority C' was only 11%. Together with the highest proportion of 'similar to both' responses (64%), this may indicate that their 'centralised approach', identified in Chapter Four, had been relatively successful in this area. Some respondents from 'Authority C' certainly indicated that they were satisfied with the available guidance. For example:

> *"Gives more focus and structure to the assessment process and consistent practice within the department." (Senior Manager)*

Table 6.6: Questions, resulting themes and most common themes for Section C

Question:	Key themes:	Most common theme: Auth A	Auth B	Auth C	Most common theme: SMs	FLMs	SWs
In your experience, who is involved in deciding whether a child is a 'child in need' and how they may best be helped?	• Multi-agencies • Social Worker, Team Manager etc. • Agencies providing services • Agencies in contact with the child • Social Services management	✓	✓	✓	✓	✓	✓
How is the task of deciding whether a child is a 'child in need' actually achieved in practice?	• Structural • Procedural • Personal • Process	✓	✓	✓	✓	✓	✓
In your experience, what, if any, 'tools' (eg. Forms, Guides, Scales etc.) are used to help to decide whether a child is a 'child in need'?	• Frameworks • Forms • Procedures • Theories • Sceptical • Actual examples	✓	✓	✓= ✓=	✓	✓	✓
What, if anything, is the effect of using any 'tools' on the outcome of the process of deciding whether a child is a 'child in need'?	• Positive - all • Positive - agency • Negative - practitioner • Negative - child/family • Negative - all	✓	✓	✓	✓= ✓=	✓	✓

Table 6.7: Table of responses with regard to Section C

	Authority Groups			Staff Groups		
	Authority A	Authority B	Authority C	Senior Managers	Front Line Managers	Social Workers
Similar to Authority	2 (5)	4 (13)	5 (14)	2 (7)	5 (10)	4 (13)
Similar to Staff Group	2 (5)	5 (16)	3 (8)	2 (7)	1 (2)	7 (22)
Similar to both	23 (52)	9 (28)	23 (64)	13 (46)	30 (58)	12 (38)
Dissimilar from both	14 (32)	10 (32)	4 (11)	9 (32)	12 (23)	7 (22)
No response	3 (7)	4 (13)	1 (3)	2 (7)	4 (8)	2 (6)
Totals*	44	32	36	28	52	32

percentages in brackets

* - Total number of responses (ie. no. of respondents x no. of questions):

Authority A:	11 x 4	=	44 responses
Authority B:	8 x 4	=	32 responses
Authority C:	9 x 4	=	36 responses
Senior Managers:	7 x 4	=	28 responses
Front line Managers:	13 x 4	=	524 responses
Social Workers:	8 x 4	=	32 responses

"Assessments provide clarity and a standard by which we can best identify children in need. It means that we have a shared understanding." (Front Line Manager)

"The tools of assessment help to gather the evidence that is needed to assess appropriately." (Social Worker)

Of the three staff groups, senior managers again had the highest proportion of 'dissimilar from both' responses (32%). Although this was not the most common response for this group, it nevertheless supported earlier suggestions about the commitment of senior managers and their tendency to hold individual views that may hinder their ability to provide strong leadership. This echoes the observation of Nicholson and Ward (1999) that effective management and leadership from the centre of the organisation is as crucial to the implementation of policies such as the ASC system, as the role of middle managers is to affecting change amongst front line staff.

Equally, social workers were again more likely to have views that were similar to their peers, although this does not show that these views were in line with the policies of their organisation. For example, in total 60% of social workers' responses were 'similar to staff group' (ie. 'similar to both' + 'similar to staff group'), implying that social workers as a group are self-reliant. This is implicit in the following quote and would concur with earlier findings (Smith, 1980; Howe, 1986; Kemshall, 1986):

"The current assessment form makes it nigh on impossible for a child to be deemed 'in need'! Social Workers need to be creative in completing them!" (Social Worker)

.....

The three impediments identified by this discussion relate to how the assessment process works. By applying them to the adapted ecological framework it can be seen that although an assessment is an *inter-personal system*, other systems have a direct impact on it.

Diagram 6.3: Impediments associated with the process of 'assessment'

Personal systems environment	Inter-personal systems environment	Local systems environment	Socio-political systems environment
Participation of service users	Use of 'tools' of assessment	Impact of legislation and guidance	

(iv) Assessment: The practice of 'assessment'

The final set of questions looked at how assessment practice decided which children were 'children in need'. In recent years, it has become increasingly prescribed by the Department of Health et al (2000) and others. For example, assessment practice is defined as operating within an:

> ... ecological framework, taking into account the children's cultural, socio-economic, and ethnic characteristics, the parent-child relationship, the composition of the extended family, the degree of neighbourhood and community support available to the parent or principal caregiver, and the child's own age, development, functioning and behaviour, in addition to the interaction between all these factors.
> (Davies (ed), 2000, p.20)

Yet earlier responses had suggested that many practitioners are uncertain what it is they are being asked to do.

Assessment practice

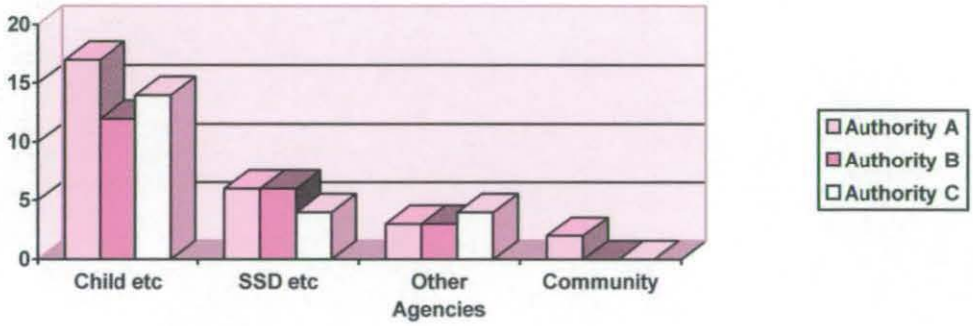
The first question therefore asked what an assessment involved, how long it took and what was the consequence. Some respondents agreed with the above definition: '*measuring child's needs*'; '*involves the family: it's their process not ours*' and '*review positive as well as negative aspects*'. Other comments suggested that the practice of assessment was simply a consequence of the process. For example: '*structured information gathering*'; '*very focused and time limited matching needs to available resources*'; and '*dependant upon urgency of need to protect*'. Significantly, some staff appeared to have identified timescales for the completion of referrals and assessments as intrinsic to the practice of assessment, rather than to the process. The impact of meeting timescales or identifying 'needs' was already being anticipated. This was expressed by the views of two front line managers from 'Authority A' who said: "*I can't put a time limit on good practice*" and "*Should take a maximum of several weeks*".

No respondent suggested that assessment practice was driven by the underlying policies of the department, including in 'Authorities A & B' the 'Hardiker grid'. This evidence thus suggests that the *conceptual frameworks,* around which assessment practice in all three authorities was built, were not driving that practice in the way that was intended, which was clearly an impediment to its further development.

Beneficiaries of the practice of assessment

Asking respondents who they thought benefited from an assessment was important because this may affect their practice. Their answers to this question showed a similar pattern between the three authorities. Diagram 6.4 shows that most respondents thought that the beneficiaries were the child and their wider family. However, whilst this implies that assessment practice was primarily seen to be about helping children and their families, it is in contrast to the earlier finding that they were not seen as being routinely involved in the process. This suggests that many practitioners still saw an assessment as something that was 'done to', rather than 'done with' service users. This prompts the question: why do practitioners think that they are working with children and their families? Are they simply working out of a sense of compassion, or do they see their assessment practice as leading towards a shared goal?

Diagram 6.4: Beneficiaries of assessment process



Factors affecting provision of services

Respondents were then asked what they thought affected the provision of services following an assessment and whether this influenced their practice. The evidence was that assessments were affected more by the perceived availability of resources than by the identification of 'needs'. For instance, comments included: '*knowledge of what's available*'; '*affected by service provision which varies around the county*'; '*budgetary pressures force us to be creative*' and '*often left using services that 'will do' rather than 'should do'*. 'Needs' only influenced the conclusion for specific groups. For example: '*usually if child protection; less so in longer term chronic need cases*', or '*usually for younger children; more difficult for over eights*'. Senior managers' were just as likely to recognise the impact of resources. They included: "*Variable*"; "*Depends on availability*"; "*Tremendous pressure of resources*". Only one senior manager felt that 'needs' were important: "*As a rule - yes*". In fact, all but three

respondents suggested that resource availability determined whether services were provided.

In other words, how 'need' or a 'child in need' are conceptualised, or how the process of assessment was understood, was almost irrelevant. The expectation was that *assessment practice* was governed by the availability of resources. This is a key impediment to the implementation of policies such as the ASC system. Indeed many saw allowing resources to dictate the assessment's findings as the end justifying the means. For instance: *'if consequences don't influence assessment, has it been correct?'*; *'cost of services inevitably influences outcome'*, or *'the provision of services can pre-determine needs'*. Perhaps the most graphic example was:

> *"If social workers are aware of a service that's around then they will fit the identified needs to be resolved through that service. It's easier to do that than say the need cannot be met and/or try other ideas. This is a resource matter - social workers need to get on to the next family."*
> *(Front Line Manager)*

Other factors affecting the practice of assessment

Finally, respondents were asked to identify any other factors that reduced the likelihood of an assessment reflecting any 'needs' that it identified. Apart from resources, which were again identified, responses provided a link to the earlier discussion about legislation and guidance. Many respondents felt that the introduction of ASC had changed their role and their comments reflected feelings of inadequacy. For example, *'skills deficit amongst social workers'*, *'lack of ability amongst social workers'*, *'change in role of social worker from advocate to gatekeeper'* and *'acknowledging the need for monitoring and reviewing'*.

However, some respondents implied that their practice had to change and demonstrated an insight into their own inadequacies. It was encouraging that views such as *'non-participation of other agencies'* and *'a lack of commitment to the process by others'* were untypical. Although this indicated some grounds for optimism, this analysis nevertheless suggested that there was a need for a comprehensive review of social work practice if assessments are to adequately reflect 'needs'. The case for this was made by one individual:

> *"Lack of ability (right from DipSW courses onwards) to complete the process: information gathering; assessment/analysis/professional judgement; assigning appropriate services (ie. knowing what will work); setting up monitoring and review systems; making these effective and chasing up as progress is made." (Senior Manager)*

This highlights the *importance of training* and suggests that failure to recognise this will be an impediment to the implementation of assessment systems. The challenge for the three authorities and all involved in social work, is how to respond to this. One comment represented a call to all stakeholders:

> *"Workers who are not appropriately trained and make value judgements rather than basing their opinions on evidence can impact on the quality of the assessment. Workers who lack experience and do not have the appropriate knowledge base can also impact on the assessment. Excessive workloads create a situation whereby insufficient time is given to gaining information." (Social Worker)*

◊ *Assessment: The practice of 'assessment' - thematic analysis of responses*

Table 6.8, below, records the most common themes for each authority and staff group, whilst Table 6.9 demonstrates the result of the secondary analysis that showed whether responses were similar to or dissimilar from those of participants within their authority or staff group.

This analysis revealed little new evidence. It neither added to, nor detracted from, earlier suggestions that in the absence of strong leadership and guidance, social workers found support from each other in understanding their role. For example, the largest group of responses for all three authorities and staff groups was 'similar to both', but compared to the earlier analysis there was no suggestion that senior managers' views were out of line with other staff in their departments.

Of more interest was the evidence that less than one fifth of responses were 'dissimilar from both', compared to other sections where it was as high as a third. This supports the suggestion that there was more shared understanding about the practice of assessment than there was about the more theoretical issues associated with 'need'. However, this must be considered against the high number of 'no responses' to questions within this section. For example, there were 24 'no responses' (17%) compared with previous sections where 'no responses' had totalled 5 (3.5%); 2 (1.5%) and 8 (6%). It is not clear why this occurred.

Table 6.8: Questions, resulting themes and most common themes for Section D

Question:	Key themes:	Most common theme			Most common theme		
		Auth A	Auth B	Auth C	SMs	FLMs	SWs
If the process of deciding whether a child is a 'child in need' is referred to as an assessment, what in your opinion, does that process involve; how long should it take; and what should it lead to?	• Holistic • Process • Timescales	✓	✓	✓= ✓=	✓	✓	✓
Who benefits, both directly and indirectly, from the assessment process?	• Child • Family • Agencies • Service Planning • Community • SSD Service Providers • Relatives • Carers • Individual with the problem	Some respondents indicated more than one beneficiary. It was not possible therefore to suggest which was the most common.					
In your experience, are appropriate services usually provided in response to 'needs' identified during the assessment process?	• Resource driven • Consequential • Practical • Optimistic • Pessimistic	✓	✓= ✓= ✓=	✓	✓	✓	✓
Again in your experience, do the longer-term consequences of providing services affect the process and outcome of an assessment ? If yes, please give examples.	• Consequential • Resources • Procedural • Theoretical	✓	✓	✓	✓	✓	✓
Apart from longer-term consequences are there any other factors that can stop the outcome of the assessment from adequately reflecting any 'needs' identified during the process?	• Resources • Knowledge (positive and negative) • Compliance • Immediacy • Policy • Procedural	✓	✓= ✓= ✓=	✓= ✓= ✓=	✓= ✓= ✓=	✓	✓

Table 6.9: Table of responses with regard to Section D

	Authority Groups			Staff Groups		
	Authority A	Authority B	Authority C	Senior Managers	Front Line Managers	Social Workers
Similar to Authority	9 (16)	6 (23)	8 (18)	6 (17)	11 (17)	6 (15)
Similar to Staff Group	8 (15)	1 (3)	2 (4)	3 (9)	5 (8)	3 (8)
Similar to both	16 (29)	19 (48)	22 (49)	16 (46)	20 (31)	21 (53)
Dissimilar from both	11 (20)	7 (18)	7 (16)	6 (17)	13 (20)	6 (15)
No response	11 (20)	7 (18)	6 (13)	4 (11)	16 (25)	4 (10)
Totals*	55	40	45	35	65	40

percentages in brackets

* - Total number of responses (ie. no. of respondents x no. of questions):

Authority A: 11 x 5 = 55 responses
Authority B: 8 x 5 = 40 responses
Authority C: 9 x 5 = 45 responses

Senior Managers: 7 x 5 = 35 responses
Front line Managers: 13 x 5 = 65 responses
Social Workers: 8 x 5 = 40 responses

.....

Analysis of the responses to section D has confirmed that impediments associated with assessments are not confined to their process or practice. The context within which the assessment takes place is highlighted by again applying the impediments that have been identified to the adapted ecological framework. The significance of this is considered further below.

Diagram 6.5: Impediments associated with the practice of 'assessment'

Personal systems environment	Inter-personal systems environment	Local systems environment	Socio-political systems environment
	Assessment practice	Conceptual frameworks; Importance of training	

- **Study findings**

This study built on Chapter Four's conclusion that 'Authorities A and B' shared a common 'formalised approach' (Howe, 1986) and were dissimilar from 'Authority C' which had adopted a 'centralised approach'. Although there was some evidence to

support this, it was largely inconclusive. However, the findings did confirm that none of the authorities had adequately defined 'need' in a way that their staff apparently understood. This by itself is a key impediment to the implementation of systems for the assessment of children in 'need'.

This and other impediments identified by the 'reported study' are summarised below under the two broad headings of 'need' and 'assessment'. They are then added to the framework developed in Chapter Five that not only linked the impediments to particular eco-systems, but also to the five potential sources of impediments identified within the literature review and developed in the hypothesis in Chapter Three. Diagram 6.6 below, distinguishes those that corroborate the findings from the 'observed study' from those that have only been identified within this study.

(i) 'Need':

Failure to adequately define 'need' meant that many confused it with the term 'in need' and in turn the legislative concept of a 'child in need'. This suggested that most respondents had a narrow understanding of 'need'. This issue is central to the following specific impediments:

- **Significance of being a 'child in need'**
  Although the term 'child in need' was used more frequently, the evidence suggested that it was likely to be used inconsistently. Unless there is a common understanding, distinctions about whether children in 'Authorities A and B' are eligible to be assessed as a 'child in need', or only eligible to be referred as a 'child in need' in 'Authority C', are irrelevant.

- **Acceptance of 'need'**
  The 'reported study' confirmed that some failed to recognise 'need' as an essential concept because it was not seen to produce positive outcomes. This will affect the likelihood of implementing a system for assessing individual's 'needs'.

- **Language of 'need'**
  'Need' was blurred with other factors such as risks, wants or services. Staff felt safer defining risks rather than assessing 'needs' and management appeared to tacitly support this. Consequently, assessments did not always focus on the child and 'needs' that were identified often related to other individuals.

- **Commitment of senior managers**
  The thematic analysis suggested that front line staff were more likely to hold similar views about 'need' and that, by contrast, senior managers often had opinions that were dissimilar from both their peers and others within their authority. This had implications for their commitment to implementing policies consistently.

- **Resourcing levels (actual and perceived)**
  The study confirmed that assessments were influenced by both perceived and actual resourcing levels. However, the effect of resourcing levels appeared to reflect reduced expectations rather than actual availability. For example, it was easier to blame a lack of resources than a lack of confidence.

- **Alternative support systems and points of reference**
  Commitment of social workers and front line managers was affected by a lack of effective leadership from senior staff. This encouraged staff to seek support and reference from within their own teams and local cultures, rather than from legislation and guidance.

- **Acceptance of change/Image of social work**
  Some respondents appeared reluctant to face new challenges because of their previous experience. For example, blaming resourcing difficulties meant that they could avoid confronting personal issues, or the criticisms levelled at their profession, or its practice.

The 'reported study' shows that issues around 'need' and a 'child in need' are not just about definitions. They were also about whether respondents accepted the validity and appropriateness of the concepts themselves. The extent of this problem is illustrated by the following comments:

> *"I think that there is little, if any, agreement of 'need' within social work practice." (Front Line Manager)*

> *"The description* [of need] *is fluid and unclear and often children do not get the service they need" (Social Worker)*

(ii) Assessment:

Respondents were clearer about both the 'process' and 'practice' of assessment. Although there was a reluctance to use procedures to help them understand 'need', they did use the guidance when assessing 'children in need'. However, further impediments were identified:

- **Participation of service users**
  Children and their families were not routinely involved in assessments, even though they were recognised as the main beneficiaries. This supports the earlier finding that it was not always accepted that individuals should participate in their own assessment.

- **Impact of legislation and guidance**
  Although staff referred to appropriate guidance when assessing 'children in need', the evidence was that there was still widespread individual interpretation and inconsistency.

- **Use of 'tools' of assessment**
  There was little understanding about how assessment 'tools' could be used to gather evidence, or add to the process. Responses suggested that assessments were achieved with a mix of pragmatism, personal values and a knowledge of resources and budget constraints.

- **Conceptual frameworks**
  The evidence suggested that there was no broad understanding of the key concepts involved in the assessment process, and described in the guidance from the three authorities. For example, although they had incorporated the 'Hardiker' grid into their guidance, no respondents from 'Authorities A and B' referred to it.

- **Assessment practice**
  Although the goal of an holistic assessment was the aim, most seemed to have accepted a lower standard. This supports the 'observed study's' finding that a quality assessment was seen as one persuasive in its arguments, rather than one that accurately identified 'needs'.

- **Importance of training**
  The analysis underlined the role and importance of training in the implementation of change. Although this was identified as a solution to some of the problems identified, training was part of an on-going process that could both influence and be influenced by, the change involved.

The study suggested that assessment 'practice' was driven not by the 'purpose' (ie. to assess whether a child is a child 'in need' with 'needs' that should be met), but instead by the 'process' (ie. to determine what the consequences are of assessing this child). The impediments associated with 'need' may have made this more likely as they related to difficulties in defining and working with the concepts themselves. This had led to a friction between social workers and staff of other agencies. Sadly, some respondents appeared resigned to this reality. For example:

> *"Assessment as a child in need does usually lead to a service for the child and family. However the provision of a service may only satisfy the statutory agency and not the long term perceived needs of the child." (Front Line Manager)*

(iii) Corroboration

The purpose of the triangulation was to seek corroboration from the 'reported' and 'evidenced studies' for impediments identified within the 'observed study'. As outlined at the start of this chapter, the additional aim of the 'reported study' was to provide broader corroboration by seeking contrasting evidence from two other authorities.

However, the 'reported study' has identified additional impediments not observed within the earlier study. These are included below, in diagram 6.6, in normal script whilst those impediments identified in the 'observed study' that evidence from the 'reported study' has corroborated are highlighted in italics. The diagram also illustrates the link between the impediment and the potential source, identified within the hypothesis, as well as showing the eco-systemic environment within which it was located.

Diagram 6.6: Potential impediments identified within the 'reported study' located within the eco-systemic framework

	Personal systems environment	**Inter-personal systems environment**	**Local systems environment**	**Socio-political systems environment**
Need	Acceptance of 'Need' *Definition of 'unit of need'*	Significance of being a 'child in need'; *Language of need*	Impact of legislation and guidance; Conceptual frameworks	
Assessment	Participation of service users	Assessment practice	Impact of legislation and guidance; Conceptual frameworks;	
Practical considerations		Use of 'tools' of assessment; *Perceived resourcing levels*	*Actual resourcing levels*	
Cultural and ideological differences		*Acceptance of change (individuals)*	Alternative support systems/points of reference; Importance of training	*Image of social work*
Structural tensions			Commitment of Senior Managers	
Bureaucracy v. professionalism		*Defensive attitude towards outcomes of assessments*	*Management style of the organisation*	

The inference is that most impediments are again located within the *inter-personal* and *local systems* and implies that these areas should be the focus of any effort to ensure the successful implementation of policies such as the ASC system. The conclusion to Chapter Five suggested that it may be easier to manage these areas than the more unpredictable *personal* or *socio-political systems.* This has been partially confirmed by respondents who recognised the issues involved and the need to resolve them, through better training and closer adherence to procedures and guidance. For example, one respondent suggested:

> *"The fact that assessment is dynamic and on-going leaves it open to many pitfalls. The person assessing has to be trained in an assessment methodology and inter-personal relationships etc. They need an ability to analyse information they have gathered and behaviours that they have observed.*
> *(Front Line Manager)*

Chapter Seven - 'Evidenced use of need' study

- **Rationale**

Observations of practice and the reported comments of practitioners and managers will not necessarily show how social work impacts on its potential beneficiaries. The impediments identified by the previous two studies relate to the experiences of staff and the organisation and provide little insight into the experience of children and families. The problem is that social work is not a static process. The 'observed study' was a glimpse of practice at a fixed point in time, whilst the 'reported study' was a collection of views at a particular moment.

The ASC system, as outlined in Chapter One and in the ASC Manual included at Appendix Four, was, like all social work practice, a dynamic process. The third study thus looked at the evidence of what happened in individual situations. For example, had the difficulties in formulating, implementing and interpreting the policy, highlighted by the earlier studies, impacted upon children 'in need' and their families?

As described in Chapter Three, data for the 'evidenced study' was only obtained from 'Authority A'. This was because it was concerned with how the ASC system, rather than other assessment processes, had been implemented. The evidence was drawn from the casefiles that contain the official version of the transaction between the social worker and the child or family. However, because the ASC system impacted primarily upon the early stages in the process, only data about the referral, or screening, and assessment stages was used. The significance of these stages was emphasised by the accompanying guidance:

> The primary purpose of the Screening stage is to establish whether the Directorate potentially has a legal obligation to provide a service.
>
> The purpose of the Assessing stage is to consider within a system of professional decision making and accountability, the information which has been provided or subsequently obtained; the 'need(s)' which that information identifies; whether subsequently those 'need(s)' can or should be met by the Directorate, other agencies, or within the family; and if a Directorate response is required, whether it can or should be made.
> (Authority 'A', ASC Manual, 1997 – included at Appendix Four)

- **Study experience**

As described in Chapter Three, the aim was to gather data from 90 casefiles of children who were referred to 'Authority A' during the period within which the 'observed study' took place. For reasons beyond the control of the researcher, 'Authority A's' performance and management information team, who were responsible for identifying the sample, identified a cohort of cases that were referred about six months after the observations were completed. However, as this was approximately eighteen months after the ASC system's introduction throughout 'Authority A', it meant that staff should have been familiar with the system and that consistent practice should have emerged. Further details of how the sample were selected are given on page 44.

Apart from some data about the subsequent status of the case, which was acquired from 'Authority A's' database, the researcher obtained all the relevant data by reading the casefiles concerned. However, significant obstacles meant that not all 90 casefiles were available. The identification of the sample had failed to distinguish referrals received directly by, or immediately transferred to, two specialist teams dealing with child and adolescent mental health, or children with disabilities. The files located with these teams proved impossible to obtain. The audit co-incided with a relocation of the children with disabilities team from a number of different offices to two central points, and in spite of repeated assurances, five casefiles were not made available. The child and adolescent mental health team is jointly provided by social services and the health service. Concerns about confidential health information within the casefiles meant that in eight cases access to the social services information, which is also held in these files, was denied. 'Ownership' of the content of the CAMHS team casefiles was unresolved at the time the data was obtained. A further four casefiles could not be located by the area offices concerned. Consequently, of the 90 casefiles requested, evidence from only 73 was included in the study.

- **Study findings**

Tables 7.1 and 7.2 show the breakdown of the sample by age and gender.

Table 7.1: Breakdown of sample by age

0 - 2 years	13
3 - 4 years	7
5 - 9 years	16
10 - 14 years	29
15 + years	8

Table 7.2: Breakdown of sample by gender

Unborn	2
Male	36
Female	35

These tables broadly demonstrate that there was no inherent bias within the sample relating to age or gender. Similar studies have revealed similar patterns (Cleaver & Walker with Meadows, in press).

Table 7.3: Breakdown of sample by reason for referral

		No.	%
a	Cause for concern	21	29%
b	Request for care/ accommodation	1	1%
c	Severe family dysfunction	1	1%
d	Child beyond parental control	6	8%
e	Parental substance misuse	1	1%
f	Parental mental health	1	1%
g	Domestic Violence	4	6%
h	Child Protection concerns	24	33%
i	Disability/Special needs	2	3%
j	Other	7	10%
k	Not known	1	1%
	Not recorded	4	6%

Neither 'Authority A's management information system, nor the ASC referral form included an adequate system for classifying the reason for referral. Those included in Table 7.3, above, were devised by the researcher for the purpose of the current study and reflected the information that practitioners recorded on the referral forms. As such, they imply an overlap between 'need' and 'service', which is itself a potential impediment to the introduction of the ASC system.

The table shows that concerns about risks to children (ie. 'h' above) were the single largest reason for referral. However, this only minimally supports the belief of many practitioners and staff from other agencies that social services only respond to referrals under Section 17(10)(b) of the Children Act 1989 (ie. a child whose *health or development is likely to be significantly impaired, or further impaired, without the provision for him of such services*); when taken as a group, substantially more (54%) referrals (ie. 'a' - 'f' and 'i' - 'j' above) were received because of more general concerns under Section 17(10)(a) of the Children Act 1989 (ie. a child who *is unlikely to achieve or maintain or to have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for him of services by a local authority*) or Section 17 (10) (c) Children Act 1989 (ie. a child who *is disabled).*

Table 7.4: Breakdown of sample by method of referral

	No.	%
Phone	46	63%
Office visit	9	12%
Letter	4	5%
Not known	10	14%
Not recorded	4	6%

The data in Table 7.4 supports the conclusion of Chapter Five, that the reason that there was limited opportunity to observe any actual client contact was that most referrals were received by telephone.

Table 7.5: Breakdown of sample by response to referral

	No.	%
Immediate Basic Assessment	10	14%
Delayed Basic Assessment	49	67%
No action needed	2	3%
No 'needs' identified	1	1%
Not known	5	7%
No information available	6	8%

The ASC system allowed for both immediate and delayed assessments. For example, assessments of children identified as at risk of significant harm, or imminent separation, had to be commenced within 24 hours, whilst others could be delayed for up to three weeks. Table 7.5 shows that most referrals were recorded as leading to one or other of these two basic assessments. However, subsequent findings showed that an assessment record was not completed in all these cases.

Table 7.6: Cross-tabulation of sample showing type and source of referral

	Health	School / LEA	Police	Child	Parent	Other family	Other	Not known
Cause for concern	6		2		2		11	
Request for care/ accommodation					1			
Severe family dysfunction						1		
Child beyond parental control	2				4			
Parental substance misuse							1	
Parental mental health					1			
Domestic Violence			2				2	
Child Protection concerns	1	2	11		1	3	6	
Disability/Special needs	1				1			
Other	1		1	1	2	1	1	
Not known								5
TOTAL	11	2	16	1	12	5	21	5

Table 7.6 shows that the referrals were received from a number of different sources and for a variety of reasons. Contrary to the commonly held belief that families are unlikely to refer themselves, they were the source of a quarter of referrals (n = 18).

Whilst the Police were responsible for the largest group of referrals most of these were for child protection concerns.

However, whilst this evidence shows the characteristics of the sample and potentially challenges some commonly held assumptions about the nature of referrals to social services, it does not demonstrate what system was being applied to the assessment of the children involved. Consequently, other data was gathered from the casefiles to explore the following questions:

(i) had the ASC system been implemented?

(ii) had it been implemented mechanistically, and had the underlying concepts been understood?

(iii) had practice subsequently changed?

(iv) what were the consequences for families or service users?

- **Study Analysis**

(i) The ASC system: had it been implemented?

As noted above, recording on the referral form suggested that most referrals (81%)[15] resulted in an assessment. Information for the remaining cases was largely not known or not available. This implied that the principle within the ASC system that the provision of services would be linked to an assessment of 'need' had been implemented and that the policy, noted in Chapter Four, that all children were eligible to be assessed as a child 'in need' had been introduced. However, whilst there was evidence that an assessment had subsequently been carried out in all these cases, the appropriate record had not always been completed.

This finding does not show whether an assessment of 'need' was always strictly necessary. Some referrals will not require an assessment. This may be because it is immediately evident that the child is not potentially 'in need', or because what is required is the provision of information or advice, or a referral to a more appropriate agency. However, the analysis showed that other agencies were not routinely consulted as part of the referral taking process. Except where they made the referral, such consultation occurred in only 34% of cases. Without this contact, appropriate onward referrals are less likely to be made and some referrals may be inappropriately assessed by social services.

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[15] : The analysis on which statistics are quoted was of 73 referrals, of which 59 resulted in an assessment.

In fact, the high incidence of re-referrals (66%) suggested that the purpose of assessments may have been unclear. Of the 43 referrals that were re-referred, 90% were re-referred for a similar reason to the earlier referral and 31% were actually 'open' cases at the time of the subsequent referral. The pattern was not affected by the reasons for the referral. For example, 79% of the 24 referrals that were referred for child protection concerns were re-referrals, as were 73% of those referrals that were referred for other reasons. This echoes the finding in Chapter Six that the purpose of assessment is less clearly understood than the process. It also implies that the consequence of this lack of clarity is an increased likelihood that the assessment will be repeated and further underlines the impediment that will result from a failure to achieve an adequate *definition of 'need'*.

Whilst it may have been expected that the reason for the referral would affect the likelihood of an assessment being completed, this study showed that throughout 'Authority A' age and gender may also have been important factors. For example, although not statistically significant, it was noticeable that 86% of referrals for girls resulted in assessments, compared with 75% for boys, and that more children in the age groups 0 - 5 (85%) and 10 - 14 (83%) were assessed than in the age groups 5 - 9 (75%) and 15 - 17 (75%.). These differences may have been due to such perceptions as young children being more likely to be 'in need' of protection; early teenagers being more likely to be beyond parental control; and that girls are more vulnerable than boys. However, these differences have not been observed in similar studies (Cleaver & Walker with Meadows, in press). Nevertheless, within the current study they tend to support the earlier observation that even though any subsequent assessment may consider a child's 'needs', the likelihood of them being assessed at all was affected by the characteristics of the referral, including their age and gender. The evidence is that the ASC system and the principles that drive it, were not implemented as thoroughly as other information would suggest. The potential for the lack of a common understanding about the *practice of assessment* to impede implementation is highlighted below.

Evidence from Chapters Four and Six demonstrated that 'Authority A' had developed what Howe (1986) termed a 'programmed response' and had begun to move from what he had further called a 'formalised' to a 'centralised' approach. For example, the Authority's guidance, reviewed in Chapter Four, was largely prescriptive and

although staff could continue to exercise professional judgement, greater compliance and consistency were sought. For instance:

> At each stage of the process, (ie. Screening, Assessing, Planning; Reviewing), the factors listed should help the member of staff to identify whether a child is eligible to receive a service; the extent of that eligibility; their longer term or continuing eligibility; and a determination of whether their eligibility has ceased as their needs have been met. It is worth emphasising that the process should be applied to all referrals or requests for services, regardless of their apparent status. In other words, no assumptions should ever be made as to the most appropriate service.
> (Authority 'A', ASC Manual, 1997 – included at Appendix Four)

It was an important finding therefore, that referral forms were invariably well completed, particularly the parts relating to basic information about the child. However, the study revealed that the separate assessment forms were rarely used. For example, in 49% of the 59 referrals that were subsequently assessed there was no evidence of a form being completed. This supports the previous finding that the failure to use *assessment tools* was an impediment to the introduction of ASC. However, whilst the failure to complete a form did not mean that there had been no assessment, its absence meant that it was difficult to determine if one had been undertaken and what had been covered. This may be indicative of the issue noted in the 'observed study', that some staff felt that assessment was an intuitive process that did not always need to be recorded and supports the view that *reluctance to accept change* is an important impediment. Such resistance to using 'new' forms has been reported with the introduction of other new systems. For example:

> There were resentments as some staff asked why it was necessary to make changes when the tried and tested system was 'good enough' and in any event skilled staff would be 'doing it all anyway'. Some sceptics remarked that a form remains a form and, however useful, paperwork still represented another stigmatising feature of the care system for young people.
> (Jones, 1995, p.140)

ASC introduced a system where assessments were prioritised according to the immediacy of the 'need' and could be commenced within one day, one week or three weeks. Although these targets were recorded, in practice this system did not appear to have been implemented. For example, although the evidence was that 31% of the 59 assessments were commenced within 7 days, the start date did not appear to be affected by the reason for the referral. Of the 24 assessments that resulted from child protection concerns, only 38% were started within 1 day. This suggests that the 'immediacy of need' was not the only factor that determined when an assessment

started and that the availability of staff and resources were as likely to affect the ability to complete the task on time. It also re-inforces the view that an assessment is more likely to be driven by the process than by its purpose. In fact, as suggested above the lack of a common understanding about the *practice of assessment* was a real impediment to the implementation of the ASC system, as was the availability of *actual resources*, which this discussion also highlights.

The influence of the process was also observed in a closer examination of the nine cases where the assessment commenced within one day. Perhaps inevitably, and certainly in line with procedures, all but one of these had been referred because of child protection concerns. However, although this may suggest that the prioritisation system was being correctly implemented, it also implies that immediacy was being equated with 'risk' rather than 'need'. This is supported by staff comments reported in Chapter Six:

> *"Children can be assessed as being in need of services but priority is given to children who are suffering significant harm to their development." (Social Worker)*

Ongoing concerns about 'risks', rather than 'needs', were also found to affect the allocation of services. For example, cases that had resulted from a child protection referral were more likely to receive services than those referred for any other single reason. In addition, 48% of the 31 cases still 'open' six months after the date of the referral, had originally been referred because of child protection concerns. Ironically, some practitioners, observed in Chapter Five, were concerned that focusing on 'need' obscured their ability to recognise the danger of 'risks'. This study, however, suggested that this concern was not reflected in practice.

The basis of the concern, supported by views of respondents reported in Chapter Six, was that some staff felt that their practice was being compromised by the emphasis on 'needs'. This concurs with the findings of others. Harris (1998), for example, has argued that social workers have striven to preserve a level of technical control over their practice, whilst allowing themselves to become 'ideologically subordinated'. In other words, they are less concerned with why they do what they do, than they are with what they do and how they do it. Harris also argues that the growth of the managerialist culture within social services departments has resulted in practice being increasingly prescribed. For example, he suggests:

> Computerisation has undermined social workers' discretion, subjecting social workers' recording to standardised procedures for information processing. Managerial control is enhanced through on-line recording bypassing the need for retrospective accounts in parochial professional supervision sessions.
> (Harris, 1998, p.857)

The current study supports this. Although not computerised, ASC was an attempt to introduce prescription into a process where previously social workers had enjoyed extensive latitude to undertake and record the assessment task. However, this analysis highlights that the failure to accept the *language of 'need'* as the basis for assessments was a real impediment to the success of the ASC system.

The ASC system had anticipated the Department of Health et al's (2000) Assessment Framework by encouraging the involvement of service users in the process:

> We will work in partnership with families to safeguard and promote the well-being of their children. We believe that parents and other people with parental responsibility should be given every opportunity and encouragement to make plans and decisions for their children. We will ensure that the voice of the child or young person is heard and their views are fully considered when plans for their well-being are being made or reviewed.
> (Authority 'A', ASC Manual, 1997 – included at Appendix Four)

However, although basic information was generally well recorded, evidence of consultation with key players, including the child or family, was less encouraging. This information was not recorded on a third of all referrals, whilst in a further 38 cases the recording did not show whether key players agreed with the action that was proposed. This implies that neither the guidance nor a key principle of the ASC system were being complied with. However, some consultation was taking place and where forms had been completed they were likely to include evidence of both consultation and of agreement with the proposed action.

Another key principle of the ASC system was the concept of 'need'. It was therefore a particular concern that two thirds of the 59 assessments that were audited contained no evidence that any specific 'needs' had been identified or recorded. Whilst supporting the impediment about the *language of 'need'*, this may again highlight a refusal to comply with the ASC system's prescribed recording processes, rather than a failure to do the job. Audits of other processes have raised similar concerns (Nicholson and Ward, 1999). However, it may also be evidence of what Harris (1998)

felt may be the consequence of the technical subordination of practice. He speculated that alliances may be formed between social workers and service users to challenge what he called 'the hegemony of the managerialist approach'. Indeed, the literature review in Chapter Two noted the risk of collusion between staff and service users over the delegation of responsibility to define 'need'. If this were the case it would be a major obstacle to the implementation of policies such as the ASC system. However, such challenges can be overcome by the effective management of the implementation process (Jones, 1995). Therefore, the impediment that this obstacle revolves around is about the *management style of the organisation*. This is developed further below.

Chapter Five noted the potential for collusion between operational managers and front line staff when faced with the perceived intransigence of other agencies over the way that they made referrals, their refusal or inability to provide services, or their unwillingness to change their practice. This was echoed by comments in Chapter Six, which suggested that the effort by social services to change practice and become more 'needs' focused, following earlier initiatives (Department of Health, 1995a; 1995b), had not always been matched by other agencies. One front line manager in 'Authority A' noted for example:

> *"The non-participation of other key agencies in the assessment process and/or their lack of commitment to it and poor understanding of their role." (Front Line Manager)*

However, the data from the 'evidenced study' was inconclusive. It showed that staff were no more likely to consult with other agencies than they were with families. Whilst this may have been because other agencies were seen as incidental to the process or that they were unlikely to deliver, unless they are involved, such perceptions will be unjustifiable.

There was no evidence to support the perceived view, noted in the 'observed study', that health visitors were responsible for making a significant number of inappropriate referrals. Of the seven referrals that they had made that were included within the sample, none were deemed to be inappropriate. Although such referrals may well exist, on the basis of this study they do not seem to be as common as their reputation would suggest. However, failure to address the mythology of such referrals is evidence that the *management style of the organisation* neither recognised nor challenged such issues. This is a real impediment to the successful introduction of its policies.

Rather than identifying additional impediments, the analysis of the 'evidenced study' has supported a number of those identified by the earlier studies. This emphasises the value of the triangulated approach. The impediments highlighted so far are included in Diagram 7.1, where they are also located within the adapted ecological framework. This again emphasises the importance of *inter-personal systems.*

Diagram 7.1: Impediments associated with the evidence about the introduction of the ASC system

Personal systems' environment	Inter-personal systems environment	Local systems environment	Socio-political systems environment
Definition of 'need'	Practice of assessment; Language of 'need'; Acceptance of change; Use of assessment tools	Actual resourcing levels; Management style of the organisation	

(ii) The ASC system: had it been implemented mechanistically, or had the underlying concepts been understood?

The literature reviewed in Chapter Two suggested that assessment involves a dynamic rather than a step-by-step process, that responds to the nuances of a particular case and the 'needs' that are identified. This was also specified in the ASC guidance (see Appendix Four). The evidence from this study suggested that this approach was being used, though perhaps not as may have been envisaged. For example, of the 24 child protection referrals as many resulted in no further action as led child protection enquiries, whilst 9 of the child protection enquiries that were carried out in fact resulted from non-child protection referrals. Child protection referrals were also no more likely to receive services, with just under a fifth of both child protection and non-child protection referrals resulting in such assistance. This evidence contradicts the belief of staff within social services and those from other agencies, noted in the 'observed study', that referrals had to be phrased as child protection concerns in order to receive services. In fact, the only observed difference was that child protection referrals appeared to be more likely to be in receipt of services over a longer period.

Given the consequences of making errors of judgement in child protection work, it is perhaps ironic that staff were apparently as willing to be flexible in their approach to child protection referrals as they were to other cases. However, this may be due to

the impact of greater levels of training and familiarisation in child protection work. Certainly up until the introduction of ASC there had not been the same emphasis in training on the assessment of non-child protection cases.

However, there was less evidence that the ASC system as a whole had been implemented as dynamically and responsively. For example, although 82% of the 73 referral forms that were audited were either fully or mostly completed and in only 8 cases was there no information recorded, by contrast and as noted above, the assessment form was rarely used and data about both the method and result was often absent or incomplete. Of the 59 assessments, only 10 had a form on the file and in only three of these was it completed in full. In 29 cases the assessment was not formally recorded. Given the importance of the concept of 'need' within the ASC system, it was a concern that only 31% of assessments (n = 18) recorded evidence of 'need', whilst 48% made no reference to 'need' having even been considered. Although the absence of evidence is not evidence of absence and the issue may be one of poor recording rather than the non-identification of 'needs', this failure to use the assessment process as envisaged by the ASC system, supports the previously identified impediment associated with the *practice of assessment.*

Although this analysis could not show why assessment forms were not being completed and 'needs' not recorded, there are likely explanations. Firstly, as has been suggested previously and highlighted as a potential impediment, staff may have had difficulties in understanding the concepts employed. Secondly, as others have suggested (Garrett, 1999), whilst referral forms may be accepted as part of a bureaucratic process, assessment was seen as a professional task that could be completed without the need to fill out forms. Thirdly, at the time of the study staff may have still been learning how to use the assessment form, whilst they were already familiar with referral forms. Regardless of the reason, the inference is that the assessment form's introduction had challenged practice and required further training and management support to consolidate its use. This was recognised by one individual, previously noted in Chapter Six, who highlighted the need to retain the integrity of an individual's professional practice, whilst ensuring more accurate and purposeful recording.

> *"The fact that the assessment is dynamic and on-going leaves it open to many pitfalls. The person assessing has to be trained in assessment methodology, interpersonal relationships etc and needs an ability to analyse information they have gathered and the behaviours they have observed." (Front Line Manager)*

The evidence also suggested that some individuals and teams were more likely to use the assessment form than others. This further emphasises the importance of local cultures as *support systems and points of reference* for practitioners. This also highlights the potential impediment that such systems can create.

The ASC system stressed the importance of reviewing plans and services to assess whether the 'needs' that were originally identified had been met. This required that plans were linked to the findings of the first assessment so that the extent to which 'needs' had been met could be measured. The lack of accurate recording of 'needs' in over half of the cases studied meant that this could not be achieved. This further supported the impediment associated with the *definition of 'need'*, identified earlier. It may also support the finding of the earlier studies that some staff were confused about the purpose of the assessment. If the perception was that this was to assess whether the child was a 'child in need', rather than to assess what the child's 'needs' were, then staff may be less likely to record the necessary detail. This possibility was supported by the fact that 59% of the 73 referrals studied were actually re-referrals for similar reasons, which suggests that objectives, relating to 'needs', were not identified or met by earlier assessments.

However, it was encouraging that of the 22 cases where plans had been produced, 73% were directly related to the results of the assessment. In these cases, 'needs' were more likely to be recorded against the developmental dimensions used by the ASC system, which would allow any subsequent review something to measure progress against. Given the earlier findings about the flexible approach to child protection cases, it was noticeable that only 7 of the 16 were originally child protection referrals. In three other child protection cases the plan did not seem to be related to the assessment; whilst in the remainder there was no evidence of a plan. It was thus unlikely that a child protection review could effectively monitor whether a child's 'needs' had been adequately met, even though the child may have been protected.

At the time of the study there was no formal requirement in 'Authority A' to review cases, other than children on the child protection register, or those who were looked after. Although the ASC system contained a review element, it was felt that staff needed time to adjust to the introduction of the formal assessment process. Consequently it had been decided to delay the launch of the review component.

Ironically, the fact that the assessments were not reviewed as had been intended may have affected the willingness of some practitioners to complete the assessment form and to record 'needs'. This would mean that the decision to suspend the review element may have impeded the implementation of the ASC system as a whole. This may also explain why, of those cases still open six months after the date of referral, more (48%; n = 15) were originally referred for child protection concerns than for any other reason. As these cases were subject to formal review processes they could only be closed following a review meeting where progress towards meeting 'needs' would be on the agenda. For cases without a formal review mechanism, closure remained an arbitrary decision of the local manager and evidence from the other two studies showed that this was influenced by the pressure to prioritise resources rather than a review of whether 'needs' had been met. Without a formal review process the principles of the ASC system were unlikely to be implemented. This underlines the importance of the *commitment of senior managers* to implement policies such as the ASC system and the impediment that is created where they do not fulfil their obligations and implement policies in full.

The ASC system recognised the importance of the family and assumed that children should remain cared for by their parents or carers, unless this was clearly unsafe. The guidance added an eighth dimension, 'environment', to the seven developmental dimensions (see page 21) incorporated within the LAC system (Parker et al, 1991). It also made clear that assessments should identify services that support the child to remain at home by enabling the parent to meet their 'needs'. However, within the sample audited, only one assessment had recorded 'needs' against the 'environment' dimension. Where 'needs' were explicitly noted they were more likely to be related to the child itself, for example under the 'emotional and behavioural development' dimension. Although in evolutionary terms the ASC system was relatively unsophisticated, this study suggests that assessments were restricted to the child, rather than their broader family and environment. It also highlights the extent of the change in practice that the introduction of the ASC system necessitated.

The other two studies within the triangulation have shown that the importance of the family's role in meeting the child's 'needs' had been recognised. In the 'reported study', for example, respondents noted that involving service users was an essential part of the process, with one commenting that:

"Yes. Some needs will be adequately or well met by carers. Only areas of shortfall may need services and family strengths should still be recognised and encouraged." (Front Line Manager)

The evidence from this study was therefore disappointing. It showed that consultation with families at the referral stage was only likely to be recorded where they were also the referrer. In fact, consultation was usually undertaken either with the referrer (30%), or with other agencies (22%) and it was discouraging that evidence of consultation with all main parties was only recorded in 12% of the 73 referrals studied. However, although referral forms were generally better completed than assessment forms, there was more evidence of consultation at the assessment stage. 59% of the 59 assessments (n = 35) recorded that all main parties had been consulted. Where consultation had been restricted, it was more likely to have been limited to the family themselves (17%). This was also the case in the recording of agreement with the assessment's recommendations. This suggests that recognition of the need to involve service users increased as the process of the assessment developed. The impediment created by the failure to fully involve service users is discussed further below.

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This discussion has re-inforced concerns about two impediments, the *practice of assessment* and *definition of* 'need' identified in the previous section of this analysis. However, its focus on implementation has usefully identified evidence of two other important impediments within the *local systems* environment.

Diagram 7.2: Impediments associated with the evidence about how the ASC system had been introduced

Personal systems environment	Inter-personal systems environment	Local systems environment	Socio-political systems environment
		Alternative support systems/points of reference; Commitment of senior managers	

(iii) The ASC system: what practice had resulted?

This study has suggested that there was a difference between the way that ASC had been implemented and what the guidance had envisaged. For example, the assessment form was rarely used and it was difficult to understand whether 'needs' had been identified, or whether they influenced subsequent plans. This appears to support the findings of the 'observed study' that the implementation of the ASC

system had assumed that common conceptualisations of 'need' and assessment already existed, and therefore that assessment practice would be influenced by the purpose of the assessment rather than the process by which it was undertaken.

However, unlike the findings from the 'reported study', which suggested that process issues, such as prioritisation and resourcing levels, were increasingly important, those from the 'evidenced study' were less conclusive. For example, whilst the recording of factual information about the case was generally good, key information about decisions and recommendations, particularly at the assessment stage, was less well recorded. This made it difficult to determine what was influencing the practice of assessment. For instance, it was suggested in Chapter Five that unqualified staff were more likely to be compliant and to complete forms accurately. However, without sufficient data this could not be confirmed, and the limited evidence available suggested that there was no discernible difference in the practice between these two groups of staff. This underlines the importance of being able to monitor practice if policies such as the ASC system are to be successfully implemented. An analysis of the assessment material was equally inconclusive. The available data suggested that the purpose of the assessment was clear in those cases where the forms had been well completed. However, for the majority of assessments (68%) the lack of evidence on the file meant that it was impossible to determine what had affected practice.

What had been implemented therefore remained unclear. Even though the evidence was that the ASC system was being used, the amount of missing data, particularly with regard to assessments, meant that it was impossible to gauge the extent to which this had been achieved. As suggested, an inability to monitor the change process required by such policies as the ASC system is itself an impediment. However, if the necessary information is to be available staff must first be convinced of the worth of the system and accept its goals. These are issues that are probably best addressed by recognising the *importance of training*, both before and after qualification, as well as by a thorough support and training programme associated with the policy initiative itself.

.....

The paucity of evidence reduced the ability to identify further impediments. However, this in itself highlights that a failure to recognise the *importance of training* will be an impediment to the implementation of policies such as the ASC system.

Diagram 7.3: Impediments associated with the evidence about the practice that had resulted from the introduction of the ASC system

Personal systems environment	Inter-personal systems environment	Local systems environment	Socio-political systems environment
		Importance of training	

(iv) The ASC system: what were the consequences for families or service users?

The final part of this analysis looks at the impact of the ASC system on the involvement of service users. Anecdotal evidence in Chapter Five suggested that most referrals came from health visitors or schools and that families rarely referred themselves. However, the 'evidenced study' challenged this assumption. Table 7.6, above, showed that, in total, families were responsible for 25% of referrals, with only 10% being received from health visitors and only 1% from schools. Although this does not show what families expect from social services, it does show that they are willing to engage with them.

Table 7.6 also showed that families made referrals for a variety of reasons, including child protection concerns. By contrast, the police, who were the second largest source of referrals, mostly referred child protection concerns. Evidence from the other studies has shown that different types of referral were likely to elicit different responses. Yet it is important that the system remains capable of providing the same service, an assessment of 'need', in response to a variety of situations and circumstances. If it fails to do this families' expectations are unlikely to be met and they may then be deterred from making referrals.

As already noted, the data showed that families were generally involved in the assessment process. For example, in 53% of the 59 assessments the recording showed that the child had been seen. Although there was evidence that other agencies and the referrer would be seen or consulted with, it was encouraging that if only one of these key parties was involved, it was invariably the child and family. However, the 'evidenced study' revealed that where 'needs' were recorded on assessment forms they were likely to be restricted to the child rather than the parents or family. This was in contrast to the 'reported study', which had suggested that assessments were likely to highlight parent's 'needs', or even the professional's 'needs'. For example:

> *"The description reflects the current situation but 'needs' are seldom defined in terms of individual specific needs - they are usually family needs." (Social Worker)*

"Often not the needs of the child but more the needs of carers and professionals." (Senior Manager)

Although the available data from the 'evidenced study' suggested that the ASC system was impacting upon service users, the paucity of information in many cases again underlined the necessity for accurate recording, something that the system had encouraged. Without it, it is very difficult to gauge whether the implementation of ASC was having an impact on families' expectations.

The 'evidenced study' could not reveal, however, whether staff had appreciated that families were willing to share personal information about themselves. For example, practitioners did not always consult families during the referral phase, even when they were the referrer, although this may have been due to time constraints. Certainly the greater likelihood that families would be contacted during the assessment phase may have been because staff had more time to undertake and complete the task. The role of the family at this stage is also more easily understood. However, there is clearly room for developing the role of families in the referral and assessment process. Although there will be issues about consent and information sharing if full participation is to be achieved, the limited data available suggests that the involvement of families is more likely to lead to responses that will meet assessed 'needs'.

.....

This section has concentrated on the *participation of service users* and has highlighted that a failure to appreciate the contribution that they can and do make will be an impediment to the implementation of a policy such as the ASC system. It has also provided further evidence of the impact of other impediments.

Diagram 7.4: Impediments associated with the evidence about the consequences of the introduction of the ASC system for service users

Personal systems environment	Inter-personal systems environment	Local systems environment	Socio-political systems environment
Participation of service users			

- **Study findings**

In contrast to the 'observed' and 'reported' studies which used subjective interpretation and opinion to consider how the ASC system had been implemented, the 'evidenced study' has drawn on hard data from within casefiles.

The chapter has confirmed that although there was evidence that the ASC system had been implemented, what had resulted was in fact a corruption of what was intended. For example, the way in which information was recorded implied that the process, rather than the purpose, had determined the way that assessments were undertaken. Secondly, apparent resistance to such features of the ASC system as the assessment form supported an earlier conclusion that local culture, rather than the published guidance, had affected the way that key concepts were applied. Thirdly, variations in the way that forms were completed and assessments recorded suggested that individuals had responded differently to the level of change required. This in turn implied that the extent of change achieved within the organisation will be dependant upon the willingness and ability of individuals to adapt to new procedures.

Corroboration was provided for some of the impediments identified by the earlier studies. However, this study has also provided evidence that the effect of some of these was being overcome by the experience of implementation. Consequently, not only are the impediments identified by this study summarised below, but also this more positive evidence is highlighted. Within Diagram 7.5, which follows, the impediments for which there is counter-evidence are shown with a shaded background to distinguish them from those that continue to corroborate earlier studies.

(i) Impediments identified by the 'evidenced study'

- **Definition of 'need'**
  In the case of re-referrals, the failure to identify 'needs' in earlier assessments demonstrated the lack of, or difficulty in understanding, a common definition of 'need'.

- **Practice of assessment**
  The reason and necessity for the assessment were often unclear, suggesting that process issues were determining whether or not to carry it out. The evidence for this included the number of re-referrals arising from previous failures to identify 'needs'.

- **Language of 'need'**
  There was evidence that, particularly following child protection referrals, assessments and/or service provision were more likely to be associated with 'risks' than 'needs' and the principle of an assessment of 'needs' preceding services was not routinely implemented.

- **Acceptance of change**
  Although referral forms were generally well completed, assessment forms were not. For some practitioners assessment appeared to be intuitive and did not need to be written down and implied that ASC had constrained them in how they undertook and recorded assessments. However, whilst the absence of this information may make the management of the case difficult, it was not evidence that the task itself had not been completed.

- **Use of assessment tools**
  The assessment form was rarely used. Consequently, in just under half of all assessments, there was no evidence that 'needs' had been considered and the failure to record this key information represented a challenge to the principles of the ASC system.

- **Actual resourcing levels**
  Although referral characteristics were similar between the six teams, evidence suggested some inconsistency in the way that they were dealt with. This was probably indicative of differing resourcing levels, including staffing.

- **Management style of the organisation**
  Managers had neither tackled the perception that particular agencies were responsible for making erroneous referrals, nor had they resolved the non-compliance with recording accurate data, even though it would help build a more accurate picture of performance. This suggested that they were not actively involved in the implementation process.

- **Commitment of Senior Managers**
  The failure to implement the formal requirement to review progress in all cases discouraged recording and consequently impeded the development of the link between the assessment, the plan and measurable outcomes.

- **Alternative support systems/points of reference**
  The evidence that some practitioners were flexible in their approach to child protection cases suggested that they were more at ease with the concepts involved. Similarly, variations in the way that the ASC system had been implemented implied that the local culture was more influential than departmental procedures.

- **Importance of training**
  The introduction of ASC required staff to understand new concepts that were a potential challenge to individual practice. The evidence suggested that these had not been embraced and that there was a need for further training.

- **Participation of service users**
  The failure to consult with families about referrals (except as referrer) suggests that their role was not fully recognised. By contrast, the evidence showed that they were more likely to be involved in assessments.

(ii) Evidence that the impact of the anticipated impediments was being overcome

- **Language of 'need'**
  Contrary to what the earlier studies implied, child protection concerns were not the only reason for referral. This suggested that the aim of re-focusing the department's eligibility criteria was being achieved, thus broadening the language of 'need'.

- **Practice of the assessment**
  There was some evidence that the assessment process was seen as dynamic rather than static. However, as much of this related to child protection cases, it was difficult to extrapolate widely.

- **Use of assessment tools**
  The low incidence of the use of the assessment form may merely demonstrate that staff take longer to adjust to adopting new methods.

- **Alternative support systems/points of reference**
  Evidence that plans had been produced that related to the assessment illustrated that some practitioners had adjusted to the concepts involved. However, these were invariably within particular teams, re-inforcing the importance of recognising the role of local cultures.

- **Participation of service users**
  In spite of social work's public image, families were likely to make referrals. The data showed that where the ASC system and the forms had been used, families were likely to be more closely involved.

Diagram 7.5: Potential impediments corroborated by the 'evidenced study'
(nb. Those for which counter-evidence was found are shown with a shaded background

	Personal systems environment	Inter-personal systems environment	Local systems environment	Socio-political systems environment
'Need'	Definition of 'need'	Language of 'need'		
Assessment	Participation of service users	Practice of the assessment		
Practical considerations		Use of 'tools' of assessment	Actual resourcing levels	
Cultural and ideological differences		Acceptance of change (individuals)	'Alternative support systems/points of reference Importance of training	
Structural tensions			Commitment of Senior Managers	
Bureaucracy v. professionalism			Management style of the organisation	

This process thus identifies a residual group of impediments that are most likely to have impacted upon the implementation of the ASC system and to have affected social work practice. However, they have been derived from a limited study of the implementation of the ASC system in 'Authority A' and this analysis has not identified whether these have wider implications for similar policy initiatives, or change processes in general. These issues are considered in the concluding chapter.

Chapter Eight - Conclusion

The aims of this final chapter are simple. Firstly, to draw together the findings from the three separate studies and to identify the impediments that affected the planning and implementation of the ASC system within 'Authority A'. Secondly, to consider actions that could have avoided or reduced their impact. Thirdly, to determine whether the findings related solely to the introduction of the ASC system, or whether they have wider relevance.

- **Summary of findings**

The initial hypothesis suggested six potential sources of impediments. These were:

- use of different conceptualisations of 'need'
- differences in the understanding of both the purpose and process of assessment
- impact of practical considerations
- constraints presented by cultural and ideological differences
- conflicts arising from structural tensions
- conflict between bureaucracy and professionalism within organisations

These were used in the three triangulated studies, as a basis for identifying impediments. The resulting impediments were then located in the adapted ecological framework described in Chapter Three (see pages 48 - 49). The findings have confirmed that most of the impediments were concentrated within the *inter-personal* and *local systems* and were likely to be related to cultural and ideological differences.

Impediments identified by the study

Five impediments were identified by all three studies. These were:

Impediment	Source	Eco-system
1. Definition of 'Need'	Need	Personal
2. Language of 'Need'	Need	Inter-personal
3. Actual resourcing levels	Practical considerations	Local
4. Acceptance of change (individuals)	Cultural & ideological differences	Inter-personal
5. Management style of the organisation	Bureaucracy and professionalism	Local

The latter three impediments (ie. actual resourcing levels, acceptance of change and management style) are unlikely to be restricted to the implementation of the ASC system and unless they are addressed will impact upon any change process. By contrast, the first two may seem more specific. However, because they were the intellectual pre-requisites for the implementation of the ASC system, they are intrinsically linked to the other three and their resolution is as necessary. By themselves, effective management, staff motivation and adequate resources would be unlikely to ensure that the ASC system was successfully introduced.

Eight other impediments were identified in two of the three studies. These were:

Impediment	Source	Eco-system
6. Participation of service users	Assessment	Personal
7. Practice of assessment	Assessment	Inter-personal
8. Perceived resourcing levels	Practical considerations	Inter-personal
9. Alternative support systems/points of reference	Cultural & ideological differences	Local
10. Importance of training	Cultural & ideological differences	Local
11. Image of social work	Cultural & ideological differences	Socio-political
12. Commitment of senior managers	Structural tensions	Local
13. Defensive attitude towards outcomes of assessments	Bureaucracy v. Professionalism	Inter-personal

These impediments related more to how 'Authority A' and its practitioners had implemented the ASC system, rather than to the policy's underlying concepts, but may also be related to the time period within which ASC was implemented.

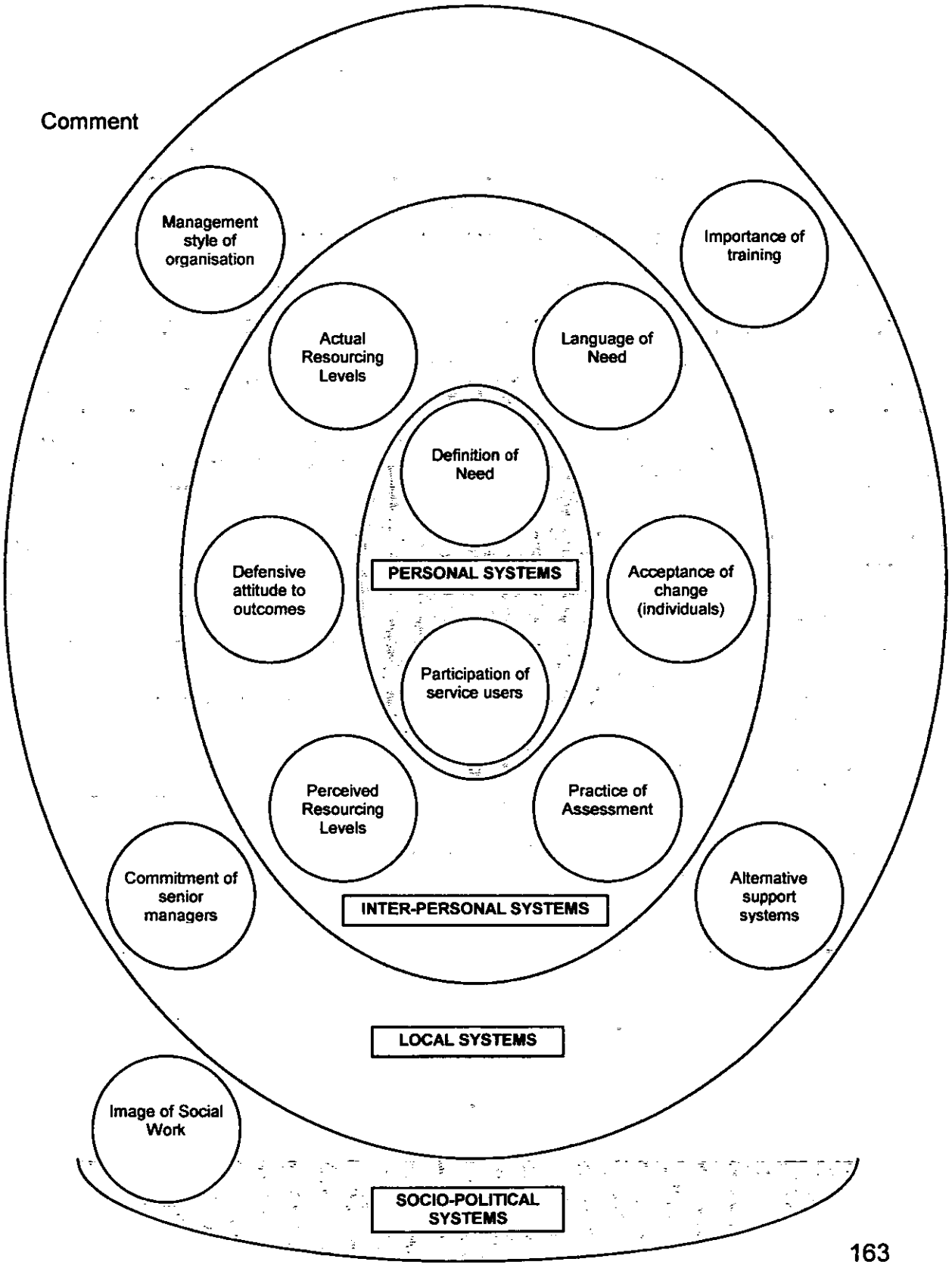
The impediments within the ecological framework

The ecological framework, used throughout this study, was adapted from a model developed by Bronfenbrenner (1979). This had suggested that an individual's interactions could be studied by locating them within one of four eco-systems, displayed diagrammatically as concentric circles. This would demonstrate how each interaction that was observed related to, or was impacted upon, by others and would highlight areas that needed to be addressed in order to resolve those aspects of an individual's behaviour that were causing them most concern.

This model is incorporated within diagram 8.1 below. All thirteen impediments, highlighted above, are also included and located within the particular eco-system to which they were previously assigned. This usefully demonstrates that most impediments impact upon the *inter-personal system* and that the probability is that

most change is required at this level. However, it also shows that change at this level would be insufficient if structural issues associated with wider *local* and *socio-political systems*, are not addressed.

Diagram 8.1: The impact of the identified impediments on the implementation of the ASC system.



Causal factors contributing to the impediments

The analysis, of the 'observed study' in particular, also identified a number of factors that contributed to the existence of the impediments. These were:

- **Personal development under-valued**
  Reluctance to challenge personal thinking, to keep abreast of new ideas and to maintain an up-to-date knowledge base. Although a skills deficit was recognised, low resourcing levels meant that additional training could be seen as a luxury.

- **Narrow perspective**
  Concept of 'need' was not universally accepted or understood. Efforts to develop improved awareness were not always supported by managers, as studying theory was de-prioritised whilst 'firefighting'. The consequence was that some felt ill-equipped to cope with further change, or react to external influences.

- **Restrictive policy development**
  Low expectation about involvement in policy development or change. Policies perceived as being reactionary or unclear were unlikely to be supported whereas those that staff had contributed to were more likely to be successfully implemented.

- **Ineffective links between senior staff and front line staff**
  Prior to ASC, the local culture had determined local solutions. Although this expectation still lingered, practice was increasingly constrained by factors beyond local control. However, the physical distance between managers and staff, as well as what were perceived as management inconsistencies, affected the likelihood of compliance.

- **Front line staff under-valued**
  Some felt geographically and structurally isolated and inadequately trained and skilled to do the job, with insufficient resources. Management's responses were seen as unacceptable and some staff felt better supported by service users. Some felt that the lack of support for front line staff would increase inconsistency.

Evidence from the studies of Smith (1980) and Kemshall (1986), which have been an inspiration for the current work, confirms that these factors were not unique to the introduction of the ASC system within 'Authority A'. Smith, for example, noted that Seebohm, the architect of modern social services in England, recognised that welfare organisations were characterised by inadequate knowledge, services based on administrative categories and by staff who were likely to have independent views about the concept of 'need'. Smith found that the consequence was that social workers related an individual's 'needs' to their own ideologies rather than to their organisation's philosophies and that organisations had little interest in developing staff practice. Kemshall found a similar lack of concern about the categorisation of clients and the provision of certain resources to particular groups. Such distinctions were invariably seen as absolute, rather than being socially constructed. These earlier findings demonstrate that the failure by social welfare organisations to understand the concepts with which they were working, as identified in the current study, is part of a long-standing tradition.

The current study replicates Kemshall's finding that much of the planning and development of both organisational philosophies and specific services is conducted in isolation from practitioners. For example, she observed that:

> Planners have failed to recognise that the rules, practices and definitions of the organisation have to be known, accepted, interpreted and implemented by the organisation's workers. New administrative procedures are often undermined by existing work practices, which rather than change with re-organisation often work against its success. (Kemshall, 1986, p.33)

Both the earlier studies re-inforce the importance of understanding the environment within which policies are developed and implemented. The authors also underline the necessity to give attention to such factors as office organisation, traditions, culture and history when estimating the probable success of change. For example, they suggest that managers need to build and maintain links within their organisation before being able to implement organisational change. They found that staff responded to their lack of involvement in the planning process by applying their own informal rationing when coping with concerns about insufficient resources. The message was that practice facilitates policy just as much as policy informs practice.

These findings recur throughout the 'observed' and 'reported' studies, undertaken nearly twenty years later. This suggests that the conditions witnessed by the current research are not specifically related to the introduction of the ASC system and that consequently neither are the impediments that have been identified.

- **Impact of the impediments**

The picture is one of imprecision and confusion. Although a number of impediments were identified within the *personal* and *socio-political systems*, these are of secondary importance compared with those within the *inter-personal* and *local systems*. For example, erudite discussions about the conceptualisation of 'need' will be irrelevant if more fundamental issues, such as whether there are adequate numbers of social workers able to use the resulting conceptualisation, are not resolved. However, this study would suggest that such impediments were neither considered, nor their potential impact anticipated during the planning and development stage of the ASC system. The reason for this may once again be found in the previous studies.

For example, Smith (1980) argued that too often change is developed from perceived truth, what he called the 'context of assertion', without an adequate appraisal of the overall environment. He emphasised that whilst change might be right, this does not indicate why it should be implemented. If staff are either unaware of the argument for change, or are not convinced by it, then they are unlikely to embrace it. Smith suggested that successful implementation of change depended upon 'criteria of rationality'. If any individual, or group, does not feel that there is a credible rationale for change, failure, or at best, only partial implementation is likely to follow.

Evidence from the current research suggested that this was the case in 'Authority A' following the implementation of the ASC system. For example, some respondents in the 'reported study' clearly resisted what they perceived as the confines of the system and with it the change that it entailed:

> *"The ASC assessment form makes it nigh on impossible for a child to be deemed 'in need'. Workers need to be creative in completing them!" (Social Worker)*

Whilst a few comments suggested that the broad principles within the ASC system had been accepted, others suggested that they did not always have a sense of how these principles were to be operationalised:

> *"Workers own value base can affect the way in which the concept of need is applied, particularly where the agency has not made a clear policy statement." (Front Line Manager)*

Some respondents remained disillusioned and lacked faith in their organisation's ability and commitment to implement the policy. For them, Smith's 'criteria of rationality' had not been met:

> *"Resourcing in assessment services is not there, including the human resource issue, time needed to provide quality assessments and subsequent services." (Front Line Manager)*

In short, staff were not fully aware of their role within the delivery of the organisation's business and the likelihood was that this contributed to many of the impediments to the implementation of the ASC system.

A further issue was whether individuals can control impediments if, as suggested previously, they are centred on the *inter-personal* and *local systems*. This study would imply that they could: senior managers are able to control impediments relating to resources, whilst all parties may address those associated with knowledge and skills. However, the evidence was that an individual's ability to overcome such

impediments was compromised by the culture of the organisation. The 'observed' and 'reported' studies highlighted how the culture of the organisation is, in effect, a product of the attitudes of those who work within it, a point also made by other authors (Lipsky, 1980) and it would appear that this applies equally to all levels of the organisation. For example, separate impediments were identified relating to the attitude of senior managers and to the commitment of front line staff to change, which suggests that to change the culture of the organisation requires the co-operation of all staff. Without it, residual elements of the former culture are likely to continue to influence subsequent practice and the successful implementation of further change will be impeded.

However, the responsibility to change is invariably seen as lying with others. This was demonstrated by one respondent within the 'reported study'. She recognised that the term 'child in need' meant different things to different people. Contrary to the definition within the ASC guidance (see Appendix Four), she herself defined it as *'a child in need of protection and/or accommodation'* and she did not recognise the need to change her own views, implying that that onus was on others. The net effect of such attitudes is that those impediments that challenge the culture of the organisation will be hard to resolve.

The message appears to be becoming clearer: whilst the planning of change must and apparently does, take into account issues associated with 'what', 'when' and 'how', there is, if anything, a greater necessity to address issues related to 'why'. However, such issues are likely to be ignored if senior staff do not demonstrate their own enthusiasm and front line staff are not 'sold' the policy changes required.

- **Implications of the study's findings**

The initial hypothesis was that the implementation of a consistent and structured approach to the identification and assessment of 'need' would be impeded by both the approach itself and by weaknesses in the system within which it was to be implemented. The evidence from the three studies has identified impediments within each of the six areas where it was suggested that they might be found. Whilst these were associated with the situation in 'Authority A' at the time that the ASC system was implemented, they have also been seen to be indicative of a wider problem. This is the failure to recognise the potential impact of an organisation's culture on its

ability to implement change in general, and specific policies in particular. The learning points are therefore relevant beyond 'Authority A' and the implementation of the ASC system.

One important finding is that whilst previous studies (Smith, 1980; Kemshall, 1986) have observed similar factors, their lessons appear to have been ignored. This is probably because, as has been seen, some organisations and individuals apparently have a low expectation that anything will change. The difficulty is that organisations attempting to implement change must first address the prevailing culture. The final part of this chapter therefore looks at how this difficulty may be overcome. It identifies specific learning points for organisations planning to implement new policies and for individuals facing the challenge of applying them in practice.

Implications for organisations

The implementation of any new policy initiative has the potential for significant costs and is a time-consuming operation. Consequently, planning must not be restricted to the strengths and weaknesses of the policy itself and the change process required. It must also consider the strengths and weaknesses of the environment within which change is being implemented and the impact that it is likely to have. This study has suggested that false assumptions may be made about that environment. The danger is that a conventional risk analysis is more likely to look at what may arise during the process of implementation, rather than pre-existing conditions. Comments from senior managers in the 'reported study' suggested that they had adopted what Smith (1980) called 'a truism perspective' and had not considered the factors that may impede the process. For example, their belief in the policy itself meant that they had apparently not considered whether implementation was achievable.

However, all staff have daily responsibilities to manage the existing service. Their time and effort is often directed at coping with the pressures of new referrals, staff shortages and resource constraints. With regard to the development of new policies, the initial tasks often rest with an organisation's planning and development section. It is incumbent upon them to predict where impediments may arise and to identify the conditions that may foster their development. In the case of the ASC system, this might have highlighted, as this study has suggested, that there was a lack of connectivity between senior and front-line staff and that there was a need for a more positive approach to individual learning. It might also have shown how other

impediments developed because staff were unaware of the effect of their own unchallenged values and attitudes on the culture of the organisation.

What are the potential solutions? The individual players within the implementation process, such as planners, senior and operational managers and front-line staff need to work hand-in-hand and to recognise their separate functions. Planning and development staff can assess the environment within which implementation is to take place, including an appraisal of the conditions. They are best placed to highlight, consider and resolve the more theoretical or conceptual impediments. For the implementation of the ASC system this would have included the need to address issues relating to the conceptualisation of 'need' and of assessment. Operational managers must ensure that the organisation has the capacity to deliver the policy. As such, they need to identify and address the more practical impediments that are likely to be faced. They must consider whether an inability to resolve some or all of these may threaten the initiative itself. For example, issues relating to perceived as well as actual resourcing levels impeded the implementation of ASC, and yet these could have been readily addressed. However, front-line staff must equally recognise that they are not passive by-standers within the implementation process. They are not simply the recipients of policy. Only they can ensure that implementation ultimately takes place. In fact, Lipsky (1980) goes as far as to suggest that their actions are the visible policy of the organisation. They must therefore understand and if necessary make allowances for not only their own inadequacies, but also the environment within which they are working. This would include recognising the effect of partially or unresolved impediments and reporting these to the other players.

This analysis suggests that there are three clear and separate perspectives affecting the implementation of policies such as the ASC system. These are:

- Ability to implement change
- Capacity to support change
- Recognition of the change environment

Whilst each is the responsibility of a particular group within the organisation, as outlined above, they are fundamentally inter-twined and failure to consider them as a whole will affect the likelihood of successful implementation. If, however, effort from the three groups of key players is co-ordinated the sorts of impediments identified within this study are likely to be discovered and addressed.

Implications for practitioners

Smith (1980) concluded that it was relatively futile to try and characterise social 'need'. The problem, he believed, was that 'need' was confused as something to be both studied and something to measure or analyse that study by. The current study's evidence of the confusion between 'need' and 'in need' would support this. Smith argued that by concentrating on how 'need' is characterised, it was possible to overlook how organisations and individuals within organisations, produced, or managed 'need'. He argued that 'need' was subject to a series of constraints and impositions that meant that it would clearly mean different things to different people. It was, he believed, the objectification of subjective phenomena and dependant upon the:

- personal influences of practitioners;
- organisational structures that establish its nature and existence;
- contextual dimension in which it is used.

In short, Smith highlighted the necessity to consider the environment within which 'need' was assessed. Comments of respondents in the 'reported study' would support this. They suggested that it was necessary to look beyond the three domains of the Department of Health et al's (2000) Assessment Framework, namely the child, the family and their environment, when considering the assessment of a child's 'needs'. This study implies a re-construction of the conceptual framework that underpins the assessment process. Both the ASC system and the Assessment Framework, are essentially practical methodologies for achieving the assessment of 'need'. They both start from the premise that there is broad agreement about some of the key concepts involved and that assessments are subsequently undertaken on almost level playing fields.

This analysis has shown that such assumptions are probably misplaced. For example, even though Chapter Four demonstrated that 'Authorities A and B' both utilised a common conceptual framework (ie. the 'Hardiker grid'), it had apparently had little impact upon practice. There were no references to it in the responses of staff from either authority within the 'reported study'. In one sense, neither should there have been, as this framework is primarily about providing a rationale for service provision. However, both authorities had incorporated it into guidance for their staff about the assessment of children in 'need' and the failure to identify the 'Hardiker grid' may imply that staff lacked a clear conceptual framework for undertaking

assessments. The result was that staff were working in a partial vacuum. Although they were unlikely to be working completely independently of the organisation or its policies, they were, as the 'observed study' showed, less likely to take into account the effect of its structure and the contextual dimension of the assessment. They were more likely to be reliant on their personal values. The problems that this creates relate to the *inter-personal* and *local systems* that have been identified as being the main sources of impediments.

Practitioners need to be familiar with the conceptual framework of their organisation, where this is articulated. They must also be aware of the impediments within their own practice environment and how these may affect their work. This study, for example, has identified five main impediments and eight supplementary ones. These were illustrated in Diagram 8.1, above, which demonstrated how all thirteen were likely to affect assessments carried out under the ASC system. This device could be used to demonstrate the impact of impediments on the implementation of other policies, such as the Department of Health's forthcoming Integrated Children's System (Department of Health, 2003).

The recognition of the importance of the assessment environment and its impact on practice is not new. Kemshall (1986) alluded to it when noting how practitioners undertook assessments:

> Social Workers in their assessment of 'need' construct and apply explanatory models. The application of these models is itself a social action and as such should be studied and explained in terms of the situation in which it occurs, and the meaning it has for the actors concerned.
> (Kemshall, 1986, p.14)

Practitioners need to become more conscious of the factors that lead them to construct such models and be able to understand and interpret the results. It is clearly insufficient to focus solely on the interaction that is the assessment of 'need' itself.

Options

This study has identified a series of impediments to the implementation of policies such as the ASC system. It has also suggested potential strategies for how they may be avoided. Firstly, the conditions that may inhibit the implementation process need to be recognised. Secondly, organisations must understand the relationship between their practitioners' ability to implement the policy change, their own capacity to

support their practitioners to do this, and the environment within which it is implemented. Thirdly, individuals should recognise that they do not operate in isolation. They must understand how their personal values and the organisational structure combine to affect the way that they practice.

In addition to these three overall strategies, the study has identified a number of measures that would have increased the likelihood of the ASC system being successfully implemented, if they had been developed. These are:

- **A review of the role and contribution of training**
  The analysis suggested that the implementation of the ASC system had not recognised the importance of developing a flexible training programme, capable of both influencing and being influenced by the impact of the change. This flexibility also needed to be applied to pre-qualification training. No assumptions should have been made about the training 'needs' of students, practitioners, managers or groups of staff as these varied dependant upon the environmental conditions within which ASC was being implemented and the extent to which the impediments were recognised.

- **Involvement in development (ie. ownership)**
  The 'observed study' provided evidence that some practitioners lacked faith in the ASC system, whilst the 'reported study' highlighted the tendency for senior managers to hold independent views. This highlighted the necessity for collective ownership and for all involved in the implementation of ASC to have unequivocally signed up to the concepts involved. This applied equally to the planners who developed it, the senior managers who sanctioned it and the practitioners who implemented it.

- **Connectivity between senior staff and front line staff**
  The 'observed' and 'reported' studies demonstrated that different groups of staff held different views. For example, in spite of the emphasis on 'needs-led' assessments, some senior managers continued to equate good practice with giving service users what they wanted. Collective ownership will not be achieved unless there is more interaction and shared understanding between all levels and groups of staff.

- **Value 'thinking'/conceptual development**
  Impediments to the implementation of the ASC system often related to differences in the way that key concepts were defined or understood. Agencies implementing such change need to be perceived as and encouraged to be, 'thinking' organisations and to stimulate a healthy debate about the issues involved.

- **Identify eco-systems where impediments are located**
  One result of being a 'thinking' organisation would be the ability to share in the identification and resolution of impediments. This study has suggested that to achieve this, a model, such as the adapted ecological framework, would be invaluable.

- **Identify, monitor and review potential impediments and their likely effect**
  Using the ecological framework would have created the potential for identifying impediments and for locating the responsibility to tackle them. For example, all staff could have responded to those identified within the *personal* and *inter-personal systems*, whilst the organisation had a duty to respond to those within *local systems.*

In short, what is being proposed is a radical re-examination of the way in which social work policy is implemented. It is clearly futile for researchers to periodically identify the difficulties in establishing systems for the assessment of 'need', if collectively

social work does little to respond. Policy makers, organisations and individuals must understand the culture within which social work is practiced and the environment surrounding it.

This thesis began with an anecdote that suggested that reading a textbook was not seen as working. This incident occurred in 1980, the year that Smith's study was published. The conclusions to the current study imply that it could still occur. Consequently, change is required and staff must feel able to develop their knowledge and to adopt a more pro-active and positive approach. If they do not, then other policies that have succeeded the ASC system, such as the Department of Health et al's (2000) Assessment Framework, as well as the forthcoming Integrated Children's System (Department of Health, 2003), will not be successfully implemented. More importantly, any 'needs' that are met are as likely to be those of other key players involved as they are of the child. Schmideberg's prophetic words from 1948, must be heeded:

> The care of children should be planned according to their individual needs and not be left to chance impulses of generosity or charity or to red tape; also that there should be more co-ordination between those trying to help the children.
> (Schmideberg, 1948, p.145)

Chapter Nine: "Whose research is it anyway?" – a critical study of the thesis and its methodology

> Research has shown time and again how resistant people are to changing their mind. Once they have formed a judgement, they become very attached to it and avoid seeing or accepting any evidence that challenges it. (Munro, 2002, p.141)

- **Introduction**

During the late 1990s initiatives such as the Looking After Children project (Department of Health, 1995a) and the Assessment Framework (Department of Health et al, 2000), were, some (Stepney, 2000; Garrett, 2003) have argued, part of the government's drive to introduce prescriptive and routinised processes into social work decision-making. In 1996, a Joint Review[16] of one English local authority, subsequently referred to as 'Authority A', concluded that it did not have effective criteria for assessing 'children in need'. This led to the development of an assessment model known as Access to Services for Children, or ASC[17], which consequently pre-dated both the Quality Protects Initiative (Department of Health, 1998a) and the Assessment Framework (Department of Health et al, 2000).

Using three triangulated studies, the research behind this thesis looked at how the implementation of ASC was subsequently impeded. The three studies were: an 'observed study' of 'Authority A's' assessment teams; an 'evidenced study' of a sample of its casefiles; and an 'reported study' based on questionnaires completed by its staff. Comparative data from two other authorities, referred to as 'Authorities B and C', was included in the 'reported study' and in a fourth study which compared guidance documents from all three authorities and helped to contextualise the data from the other studies. Subsequently, impediments identified by at least two of the triangulated studies were presented within a framework adapted from Bronfenbrenner's (1979) eco-systemic model of human development (see page 163).

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[16] : Joint Reviews were undertaken by the Audit Commission and the Social Services Inspectorate between 1996 and 2004. They were intended to provide an independent assessment of how well the public was being served by social services locally. The reviews identified what authorities did well, and highlighted those areas that could be improved.

[17] : The ASC Manual, which was published within 'Authority A', is included at Appendix Four.

Although it had much in common with Best Value Reviews, the research was commissioned prior to the Local Government Act 1999, which introduced them and consequently its goals were not as broad. The main aim was to consider how the implementation of ASC might benefit the introduction of similar initiatives. However, the danger is that the study's findings may be seen as too specific and time-sensitive as they reflected the experience of practitioners who were wrestling with the ASC model. The conclusions may also be challenged because the researcher had been responsible for developing the ASC model and was employed by 'Authority A'.

Consequently, this chapter critically addresses four key questions about the research and its methodology and the thesis and its conclusions:

- What are the implications for the thesis' findings and conclusions of devising a narrow research question that focussed purely on the impediments to the implementation of an assessment framework?
- How could the research methods that were used and the way in which the data were collected and analysed, have influenced the findings?
- What were the issues associated with evaluating the impediments to the implementation of a model developed by the researcher?
- What was the possible impact on the findings of the researcher being employed in a managerial role within the organisation where the study was undertaken?

The discussion also considers such issues as the impact of the researcher being employed by the organisation that he was studying; how those involved in the 'observed study' were prepared; and the potential pitfalls of studying casefiles. A supplementary bibliography of government guidance and literature that relates to this review and that was not used in previous chapters can be found at page 197.

- **What are the implications for the thesis' findings and conclusions of devising a narrow research question that focussed purely on the impediments to the implementation of an assessment framework?**

'A mix of events, literature and existing theory' (Becker & Bryman, 2004) combined through the influence of external contacts, earlier research in the same area (Smith, 1980; Kemshall, 1986) and an existing theoretical framework (Bronfenbrenner, 1979; Gilgun; 1989) to ensure that the research question focussed on what had impeded ASC's implementation.

Evolution of the research question

Although it was initially anticipated that the research would evaluate the ASC model against other approaches and the local authority's statutory responsibilities, 'Authority A' agreed that it should instead look at the barriers to the model's implementation. This recognised that the model was rooted in a particular time and context and would have little resonance outside the authority. It also acknowledged that developments in the area of assessment were moving rapidly with implications for ASC's lifespan. For example, when the study began in 1998, the authority was involved in the early development of the Department of Health's Assessment Framework. This evolutionary process recognised, as Munro (2002) notes, that there are limitations to research evidence derived where concepts have changed rapidly.

Moreover, looking at the obstacles to ASC's implementation was in line with other research into the Children Act 1989 that explored why the Act had not produced a professional culture where children's needs were routinely assessed. As others (Reder, Duncan & Gray, 1993; Thorpe 1994; Aldgate & Statham, 2001) have noted, in the absence of a model for organising and analysing information about 'children in need', such as ASC, social workers continued to focus on the perceived risks to the child rather than their actual needs. Looking at what had impeded ASC's implementation would, it was felt, add to an understanding of the wider issues involved and like the major research programme that culminated in the publication of *The Children Act Now: Messages from Research* (Aldgate and Statham, 2001), consider why key goals of the Children Act 1989 were not being achieved.

The research in the broader environment

The early years of the Labour government were a time of considerable change for many welfare policies, including children's services (Garrett, 2003). However, ASC was, as already noted, developed prior to the election of 1997 and in response to the Joint Review undertaken in 1996 and earlier initiatives such as Messages from Research (Department of Health, 1995b). Consequently, the study did not set out to look at how Labour's programme had impacted upon ASC's introduction and as a result there was a risk that the effect of external factors may be overlooked.

In fact, the use of both qualitative and quantitative methods and the triangulated approach were designed to compensate for this. For example, impediments were only included if they were identified by at least two of the studies. In a limited way the experience from 'Authority A' was also contextualised by the comparative data from

the two other authorities. The documentary study, for instance, highlighted how the changes that Labour was introducing were being anticipated.

Research interest in identifying impediments

Others have also identified obstacles to the assessment of 'children in need'. For example, a weakness in social workers' analysis skills (Munro, 2002; Cleaver & Walker, 2004b); social workers' use of supervision (Evans & Harris, 2004); the dichotomy between 'children in need' and those 'in need of protection' (Thorpe, 1994; Munro, 2002); the impact of individual and group cultures (Thorpe, 1994; Evans & Harris, 2004); ineffective legislative guidance (Thorpe, 1994; Colton, Drury & Williams, 1995; Munro, 2002); a perceived lack of resources (Colton, Drury & Williams, 1995; Parton, Thorpe & Wattam, 1997; Cleaver & Walker, 2004b); ineffective managerial support to practitioners (Reder, Duncan & Gray, 1993); and most significantly, an inconsistency between practitioners and agencies about assessment practice (Thorpe, 1994; Reder & Duncan, 1999).

However, these findings were in effect bi-products of these studies as none of them set out to identify impediments. The strength of the current research was that it not only uncovered many of the same obstacles but also developed a framework that could be used to identify impediments to subsequent similar initiatives.

Identifying strengths as well as impediments

The purpose of this study was to identify what future projects could learn from the experience of introducing ASC about impediments to their own implementation. However, although it did not look at what had enabled implementation many factors were nevertheless highlighted, as they were either the explicit or implicit antonym of the impediment itself. For example, practitioners reported that their ability to do their work was related to their morale and staffing levels on the one hand and their perception of resourcing levels on the other (see pages 74 – 75). For instance, where confidence was high and management seen as supportive, staff were not as concerned about resourcing levels. Others (Cleaver & Walker, 2004b; Evans & Harris, 2004) have also recognised the importance placed on resources by staff working in increasingly process-driven environments.

In another example (see page 87), one area of the authority had been temporarily sub-divided so that it could be managed by its two neighbouring areas. The value placed on the encouragement that one of the sub-divided areas received from its

mentor, highlighted the importance that staff placed on support when introducing new ideas. This is a common theme in other studies (Thorpe, 1994; Munro, 2002). However, examining such factors in depth was neither within this project's scope nor its resources and whilst additional strengths to balance against the impediments may have been identified, they would not necessarily have added to the study.

- **How could the research methods that were used and the way in which the data were collected and analysed, have influenced the findings?**

The selection of the triangulated approach resulted from Smith's (1980) earlier work, whilst discussions with senior staff in 'Authority A' and the researcher's supervisor, which suggested that the study should be about understanding ASC from a practitioner's perspective, led to the use of mainly qualitative methods.

Mixed research methodology

In fact, qualitative and quantitative methods are not necessarily irreconcilable and are increasingly combined (Alston & Bowles, 1998; Becker & Bryman, 2004). In this study quantitative methods, such as those used in the analysis of casefiles in the 'evidenced study', were incorporated into the methodology. The advantage is that data obtained by one approach may be cross-checked with that obtained by the other and for this study the findings could be strengthened to give them resonance beyond the implementation of ASC.

According to Gould (2004), the triangulated approach has two principal advantages. These are that each element may reveal insights not revealed by others, whilst each also acts as a check upon the others. This was demonstrated when the data from the questionnaires used in the 'reported study', which reflected the *"values, assumptions and 'social constructions' of the researcher, rather than the perspectives of the people being researched"* (Alston & Bowles (1998), p.10), were analysed against that from the 'observed study' where staff were more able to express their own opinions. This showed that although the questionnaire's respondents recognised a difference between a 'child's needs' and their need for services, the way their answers were framed related to their position within the organisation (see pages 112 – 114).

However, where methods are combined one issue is how to report statistical data. Where extensive tables of data or comparisons using percentages are included (Thorpe, 1994) they usually relate to precise factors such as the number of casefiles

examined. In fact, tables showing this type of data were included in the analysis of the 'evidenced study' (see pages 141 – 144). However, as others have noted (Carmel, 2004) a statistical analysis of data derived from observations, as in the 'observed study' is more difficult (see page 68). For example, although six teams were observed, the number of practitioners per location ranged from two to nine. The difficulty in reporting what was observed as in 'x% did this' or 'a majority did that' was that an undue emphasis may have been given to certain groups who may not have been representative of all those observed or their colleagues who were not present during the observations. This was resolved by adding the notes from the observations to a composite table, as suggested by Bell (1993), before making comparisons between the teams. The proxy terms in chapter five, such as 'some' or 'many' indicate the relative importance of particular findings from this analysis rather than a statistical significance. For example, 'some' shows that the views were found in more than one team, whilst 'many' implies they were found in most. These comparisons revealed, for example, impediments associated with the influence of resources (see page 76) and the importance of local cultures (see pages 88 - 89).

Carmel (2004) also highlights the difficulty in ensuring that key concepts, such as 'need' and 'assessment', which were central to this study, have the same meaning amongst all participants. The research methods addressed this by, for instance, developing the questionnaire, included at Appendix Three, used in the 'reported study' with two front line managers to both ensure that the concepts were understood (see page 42) and to allow respondents to record their own opinions.

Role of the researcher

Like Smith (1980), the researcher anticipated that on a participant-observer continuum, his role in the 'observed study' would be that of *'complete observer'*. This was explained in briefings sent to each team. Ground rules were also developed in advance which indicated that the researcher would not comment on what he observed and would withdraw if anyone felt it was inappropriate to continue the observation. However, in some circumstances it was difficult to maintain a 'complete observer' role. For example, the researcher did ask direct questions where observations were not revealing significant data, whilst on one occasion, although direct engagement with service users was not anticipated, the researcher, who is a qualified social worker, was asked to accompany an unqualified practitioner on an urgent home visit as no other qualified staff were available.

Others (Thorpe, 1994; Alston & Bowles, 1998) have identified how the presence of a researcher in structured observations, like the 'observed study', may restrict what participants disclose about what is important to them, and that a more casual approach, including for example observing informal conversations, may reveal data that would otherwise have been overlooked. To address this, a number of structured recording tools (see pages 40 – 42 and 68 – 69) that were capable of recording both the situation being observed and unforeseen events, were developed in consultation with the researcher's supervisor and local managers. This approach recognised that not only was it important to anticipate the researcher's role, but also that his presence might affect the data itself. As Alston & Bowles have noted:

> Qualitative researchers maintain that this [having minimal or no effect on what they are researching] is impossible, arguing that instead, the researcher should acknowledge their own values, biases and position in relation to the researched. (Alston & Bowles, 1998, p. 9 – 10)

It was also recognised that the observations might be affected by the fact that the researcher was also an internal manager. For example, participants might have suppressed any critical comments about ASC. This is discussed in the fourth part of this chapter.

Selection and design of research methods

A triangulated approach, as used by others researching this area (Smith, 1980; Kemshall, 1986; Colton, Drury & Williams, 1995), was chosen because it provided both three different insights into the same subject and also a means of corroborating the data. According to Gould (2004) such an approach may also increase the amount of data where a more in-depth single study is not possible.

The selection of the three studies was influenced by the researcher's role in developing ASC and by the earlier work of Smith (1980) and Kemshall (1986). The 'observed' and 'evidenced' studies were designed to look at the effect of ASC's introduction, whilst the 'reported study' considered how staff attitudes had been affected by ASC and other factors. The aim of extending the 'reported study' to 'Authorities B and C', was to look at how others were responding to the same issues and to provide a contextualisation that would give the findings a resonance beyond 'Authority A' and the experience of introducing ASC.

Extending the 'reported study' also created an opportunity to re-inforce the triangulation and thus the study's relevance beyond 'Authority A'. This additional

'documentary study' (see chapter four) looked at the similarities and differences within the guidance documents published by the three authorities about the assessment of 'children in need'. Using a comparative research approach (Carmel, 2004), similar to that used by Colton, Drury & Williams (1995), the study concluded that although the documents were in different formats they contained broadly similar information and were all based on the principles of the forthcoming Assessment Framework (Department of Health et al, 2000).

According to Thorpe (1994):

> One of the zones where the 'work' is made visible is the case file, the written record of events which make visible some aspects of social work practice and Pithouse notes that written records are a 'universal feature of contemporary organisations'. In social work they contain that which is visible and accountable to the agency. (Thorpe, 1994, p.41)

Consequently, casefiles contain the only official record of the contact between the organisation and the service user and are therefore a significant event in the service delivery process (Thorpe, 1994; Parton, Thorpe & Wattam, 1997). However, others (Cleaver & Freeman, 1995; Munro, 2002; Evans & Harris, 2004) have identified concerns about the reliability of the data that they contain and have concluded that generalisations cannot be drawn from it. This provided justification for incorporating the 'evidenced study' within the triangulation and for deciding that impediments that it identified must be corroborated by at least one of the other studies.

As described in chapter seven (see page 140) information for the 'evidenced study' was taken from the referral and assessment forms within the casefiles and recorded on a pro-forma based on one designed for a similar study (Peel & Ward, 2000), for which 'Authority A' had acted as a comparison site. However, it was often necessary, particularly in relation to information about the assessment (see page 151), to use other material within the file to clarify what had been recorded.

The selection and design of the research methods were ultimately determined by the researcher's own ability. Although other approaches could have been used they would have required additional time or investment. For example, instead of ad-hoc meetings with key stakeholders, a formally constituted advisory group could have assisted the researcher to check progress, comment on the emerging findings and ensure that data which challenged the ASC model itself was not overlooked. It may, for instance, have suggested including unresolved issues from earlier research.

However, it might also have tried to extend the project's aims beyond what 'Authority A' required and what the researcher could accomplish.

Undoubtedly the research would have developed differently if greater resources had been available. For example, particular methods, such as the questionnaire, could have been piloted more extensively whilst there may have been opportunities to extend the 'evidenced study' to look at longitudinal data. However, the study was inevitably constrained by considerations of time, resources and the expectations of 'Authority A' which was funding it.

Value of the research findings

A key aim of the study was to ensure that the findings would not just be of value to 'Authority A', but also to others implementing similar initiatives. As already suggested, the choice of a triangulated methodology and the use of Bronfenbrenner's (1979) ecological framework to present the findings, were about ensuring the study's wider application.

Perhaps one surprise for external readers therefore was that the research did not identify more socio-political impediments. There are two potential explanations for this, both of which would be relevant if the approach were replicated. Firstly, although they may been expected to identify socio-political impediments, the purpose of the 'reported' and 'documentary' studies was to benchmark the data from the other two studies rather than exploring the impact of factors such as the new Labour government's modernisation agenda (Department of Health, 1998b).

The second possible explanation is concerned with the methodology's ability to identify such impediments. The danger is, as Alston & Bowles noted:

> One of the major criticisms of these methodologies is that they ignore larger social structures and forces that influence existence, by concentrating only on the microcosm of human experience. (Alston & Bowles, 1998, p.11)

In fact, the current study recognised this potential weakness. For example, the analysis of the 'observed study' (see page 89) considered how practitioners talked about their professional activities outside their working life in order to explore the potential impact of socio-political impediments on both local and inter-personal systems.

As noted earlier a number of studies have looked at the development of child care practice as a result of the Children Act 1989. However, unlike others this study examined what had impeded the implementation of a particular approach rather than evaluating the approach itself. Consequently, although many of the findings are similar to those found by other researchers, many of the impediments identified by this research were not noted by the other studies.

According to Garrett (2003) there is a danger with so-called 'evidence based practice', that unless practitioners accept its transferability they will not use such evidence and will continue to rely on their intuitive judgement (Munro, 2002). Although this study's findings were related to its methodology and were primarily concerned with the introduction of ASC, their value lies in their potential to influence the implementation of similar initiatives and care was taken to ensure that they had a resonance beyond 'Authority A'.

- **What were the issues associated with evaluating the impediments to the implementation of a model developed by the researcher?**

A number of authors (Thorpe, 1994; Thorpe & Bilson, 1998; Baldwin, 2000; Evans & Harris, 2004; Robson, 2004) have highlighted the necessity for organisations to evaluate the introduction of new policies. It can make them more accountable, demonstrate the impact of the initiative and help them to understand the difference between their policy intentions and the practice of their staff. Fleet argues that:

> With the development of evidence-based practice in social work and other professions evaluation is no longer viewed as an optional extra. Evaluation provides the opportunity to review what has occurred and to note the outcomes. It is a unique vehicle for powerful intervention in that it provides real evidence of the consequences, positive or disastrous, of what has been done and therefore offers fruitful ground for potent change, affirmation or learning. (Fleet, 2000, p.90)

Even though this study was limited to what was inhibiting the implementation and impact of ASC, it was therefore nevertheless a type of evaluation.

Rationale for the research

According to Robson (2004) there are two types of evaluation: 'instrumental', which studies the efficiency of the policy being evaluated; and 'interpretative', which by studying processes and relationships, focuses on its impact. Some (Alston & Bowles, 1998; Evans & Harris, 2004) argue that it is essential that policy-makers undertake

interpretative evaluations, such as the current research, to look at how the policy and its implementation can be improved. For example:

> ... the authors of a policy cannot determine the way in which their statements are interpreted. Policy, like any text, is not fully under the control of its authors. The intended content of any document (what the authors mean) is not necessarily the same as its received content (what the document's audience reads). Even if the author takes for granted a certain context of interpretation, the audience(s) does not necessarily share it. (Evans & Harris, 2004, p.886)

In spite of issues about the relationship between the researcher and those being studied, which are discussed later, it was therefore invaluable that the researcher who had been closely involved in developing the ASC model should be associated with its evaluation.

Objective evaluation

Evaluations by a policy's author are particularly likely in small-scale studies, like this one, where time and resources are limited (Robson, 2004) and the funder needs confidence that the researcher fully understands the purpose of the initiative and is thoroughly familiar with the issues surrounding its introduction. In fact, even major programmes such as the introduction of the LAC Materials (Ward, 1995), the Assessment Framework (Cleaver & Walker, 2004b) and most recently the Integrated Children's System (Cleaver et al, forthcoming) have all been evaluated by those involved in their development, although some (Cleaver & Walker, 2004a) make it clear that their studies are not an objective evaluation.

Becker & Bryman (2004) suggest that researchers who were previously the authors of the policies that they are evaluating may remain objective by using 'reflexivity' to separate evidence from emotion. For example:

> ... reflection by researchers on the social processes that impinge upon and influence data. It requires a critical attitude towards data, and recognition of the influence on the research of such factors as the location of the setting, the sensitivity of the topic, and the nature of the social interaction between the researcher and the researched. In the absence of reflexivity, the strengths of the data are exaggerated and/or the weaknesses under-emphasised. (Becker & Bryman, 2004, p.404)

Reflexivity was important in the current study because the researcher had been so closely involved with the development of ASC and was aware of the need to remain objective, particularly in the interpretation of findings. For example, knowledge that the Assessment Framework would shortly supercede ASC meant that the researcher

could look at it in a broader context rather than attempting to provide an objective evaluation of the model itself. A similar reflection during the design phase led to the inclusion of two comparison sites within the 'reported study'.

The objectivity of the study was also strengthened by ensuring that the senior managers who oversaw the research were different from those who had been involved in ASC's development, whilst the sites where the model had evolved were excluded from the 'observed study'. In addition, the use of the triangulated approach sought to reduce, if not eliminate, the effect of the researcher's own values on the analysis of the data and the identification of the impediments. Indeed, as Smith (1980) suggests:

> ... if several research strategies are used together they may then be employed to compensate for the weakness of any one alone.
> (Smith, 1980, p.116)

Commissioning an independent researcher or academic institution to undertake the study may also have increased its objectivity. However, this would not necessarily have been guaranteed. For example, Robson (2004) argues that the interests of those funding research into the impact of key initiatives, such as Surestart (Carpenter, Griffin & Brown, 2005) or Information Sharing and Assessment (Cleaver, Barnes, Bliss & Cleaver, 2004), are so intertwined with the study's outcomes that its objectivity may be compromised. The objectivity of studies undertaken by independent researchers may also be affected by the fact that they may not share the same values and beliefs as the funder, or that they may not be familiar with the background to the programme being studied.

In fact, at the time that the current study was commissioned by 'Authority A' an external researcher had recently completed a study into youth homelessness. However it was felt that this had neither increased its objectivity nor its value. Whilst this effectively curtailed the option of obtaining independent verification of ASC, managers nevertheless agreed that the programme should be evaluated. Consequently it was decided that the study should be undertaken as an M.Phil thesis, as part of the researcher's personal development, rather than as a straightforward piece of internal research. It was felt that because the university had not been involved in the development of ASC, the independent supervision that would be provided would increase the likelihood that the findings would be interpreted objectively.

- **What was the possible impact on the findings of the researcher being employed in a managerial role within the organisation where the study was undertaken?**

Commissioning an internal manager to undertake the current study had two advantages. Firstly, the researcher knew the organisation and its staff (Alston & Bowles, 1998), whilst secondly he was aware that the rationale for the development of ASC had been the Joint Review in 1996 and the discussions that followed it, rather than subsequent influences such as Quality Protects (Department of Health, 1998a), or the Assessment Framework (Department of Health et al, 2000).

Undertaking research from the inside

As already noted commissioning an external evaluation of ASC was not feasible. Similarly, other options such as conducting parallel research with authorities that had created comparable models or appointing an organisation to complete at least some of the work with service users[18], were also considered as impracticable. By contrast, and supported by earlier studies that have shown how important it is that social work practice is not invisible to managers (Thorpe, 1994), it was felt to be invaluable that the study should be undertaken by the researcher who had been closely involved in ASC's development. This approach is also supported by research findings that suggest that there is a tendency for practitioners to devise their own versions of policies and for local managers to pragmatically accept these (Evans & Harris, 2004).

However, there are potential drawbacks to studies being undertaken by internal managers. In particular, there is a difficulty in guaranteeing that their research role, as distinct from their managerial role, is clearly understood by those being studied. The researcher addressed this by meeting with social work practitioners, as well as first line and senior managers, to ensure that expectations about the research and his role were clear. In the 'observed study' the meetings were followed by written communication to all teams being studied. Subsequently each observation session began with a discussion with the individuals present about the study and included an opportunity not to participate. However, the written consent of those involved was not sought, which in retrospect may have been an oversight. Nevertheless, it

[18] : 'Authority A' had used this approach in two other studies into services for young people leaving care and for children with disabilities. On both occasions, the costs compared to the results were comparatively high. At the time of the current study there was no support for the further use of this model although it was used again within a number of subsequent Best Value Reviews.

acknowledged the fact that the researcher, regardless of whether he is an internal manager or an external academic, cannot remain unobtrusive and that the data obtained will echo his values as much as those of those being studied (Alston & Bowles, 1998). This was addressed by the fact that each team was observed from five different angles and on two separate occasions (see pages 68 – 69). This meant that those involved had a number of opportunities to communicate their views.

During the development of ASC, the researcher was responsible for implementing the model in conjunction with key managers and practitioners in two of 'Authority A's' six operational teams. The reaction of many front line staff to the involvement of a centrally based manager in understanding the pressures and realities that they faced was extremely positive and many stated that the model would be strengthened as a result. Nevertheless, although this earlier association meant that the researcher was well received, it was anticipated that his position as an internal manager might have influenced the responses of those being studied. However, the number of critical comments, noted in chapter five, suggests that there was little evidence of this and instead that the individuals concerned had trust in the researcher. For example, some were concerned that insufficient resources (see pages 74 – 76 and 80 – 81), or their scepticism about the process (see pages 78 – 79 and 91 – 92), would compromise their ability to use the ASC model, whilst even team managers criticised both the model and the organisation's commitment to it (see pages 85 – 88). In short, the fact that the researcher was an internal manager seems neither to have affected the responses of those being studied, nor to have induced the 'Hawthorne Effect'[19], by increasing their productivity.

Relationships between practitioners and managers

Some authors (Howe, 1986; Howe, 1991; Harris, 1998; Garrett, 2003) argue that social work is increasingly a controlled profession. Whilst they maintain that social workers have little discretion, others (Evans & Harris, 2004) suggest instead that practitioners are able to practice freely but within clear parameters. This is an important distinction that was considered within the 'documentary study'. This showed, for example, that the guidance issued to staff in 'Authorities A and B' was less prescriptive than that issued in 'Authority C'. This was an important finding for the researcher in his role as a manager within 'Authority A'.

[19] : The 'Hawthorne Effect' was first reported by Elton Mayo in his study of staff behaviour in a US factory during the 1930s. (Mayo, E. (1933) *The Human Problems of an Industrial Civilisation*. New Basingstoke: Macmillan.)

Thirdly, this chapter has demonstrated how the objectivity of studies undertaken by those who have developed the programmes that they are evaluating may be compromised. However, in the current study this risk was minimised by a combination of the triangulated approach and the mixed research methods. For example, there was evidence that the researcher's identity had not prevented those being studied voicing their concerns about the ASC model or the context within which it was implemented.

Fourthly, this chapter has shown how the researcher's role, as distinct from his managerial role within 'Authority A', was clarified amongst those being studied and how the potential impact of his dual role was addressed. It has also shown that the potential drawbacks of him undertaking the research were outweighed by the advantages to the organisation of him studying front line practice and that the alternative of commissioning the research externally was not an option for 'Authority A' at the time. There were also a number of other advantages for the organisation. For example, the researcher was able to use the experience and evidence from the study in firstly project managing the implementation of the Assessment Framework and secondly in being involved in its national evaluation (Cleaver & Walker, 2004b).

This thesis opens with an anecdote from the researcher's early experience in practice. This suggested that social workers that kept up-to-date with current developments were frowned upon by some of their colleagues. There is evidence that even twenty-five years later the value of learning from research is still not fully accepted. This thesis and the research that under-pinned it have sought to address this. However, it has also shown how the culture must be changed and open-minded reflective thinking needs to be encouraged. As Munro notes:

> Good critical thinking needs to be supported by the work environment. The culture has to welcome and encourage time spent on thinking and allow for this. (Munro, 2002, p.160)

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[20] : A copy of the ASC Manual is included at Appendix Four.

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Appendix One : Observed Study - Prompts used to explore the impact of potential impediment sources at each observation point

Potential impediment source and prompts:	**Observation point:**				
1. Conceptualisation of 'need'	Retrospective observation	Team dynamics	Referral taking	Referral assessing	Team arrangements
Do staff seem to be empowered to make decisions about defining 'need'?			✓	✓	
Who do they feel empowers them?		✓			
How do they feel empowered?		✓			
How do staff view 'need' conceptually?		✓			
Is it a global concept or a specific concept?		✓			
Is it being used in order to include or exclude individuals?			✓	✓	
What do staff seem to think the Directorate's view of 'need' is?		✓			
How long has this been the prevailing view?		✓			
What view of 'need' did it replace?		✓			
Was the previous view more or less effective?		✓			
Can an 'academic' conceptualisation of 'need' ever be applied in practice?		✓			
What sort of conditions would make it more or less likely that it could be applied in practice?		✓			✓
2. Development of assessment practice	Retrospective observation	Team dynamics	Referral taking	Referral assessing	Team arrangements
Why are individuals assessed?		✓	✓	✓	
What is the purpose of an assessment and what does the outcome represent?			✓	✓	
What is the link between assessing and deciding what services (if any) should be provided?	✓			✓	

Potential impediment source and prompts:	**Observation point:**				
2. Development of assessment practice (cont.)	Retrospective observation	Team dynamics	Referral taking	Referral assessing	Team arrangements
What, if any, 'tools' are used (eg. LAC dimensions)?	✓			✓	
Is the way assessments are carried out able to identify need?				✓	✓
Are vulnerable children protected or hindered by the assessment process?	✓	✓		✓	
Does the process affect the way their 'needs' are identified and/or met?	✓			✓	
3. Practical considerations	Retrospective observation	Team dynamics	Referral taking	Referral assessing	Team arrangements
Is the way the assessment is undertaken affected by the way 'need' is used?				✓	✓
If so, is this due to operational costs, infrastructure etc.?				✓	
Is 'need' used at all within the assessment?			✓	✓	
How are conflicting indicators within the assessment resolved (eg. looking at 'here and now' in a wider context)?	✓	✓		✓	
How is the appropriate unit of 'need' determined?	✓		✓	✓	✓
Who/What is the unit of need?			✓	✓	
4. Cultural and ideological differences	Retrospective observation	Team dynamics	Referral taking	Referral assessing	Team arrangements
What are the organisational objectives?		✓			✓
How do individuals view these, including applying them in practice?		✓			✓
What does the organisation see as its core business?		✓			✓
How does the organisation ensure compliance?	✓	✓			✓

Potential impediment source and prompts:	**Observation point:**				
4. Cultural and ideological differences (cont.)	Retrospective observation	Team dynamics	Referral taking	Referral assessing	Team arrangements
How do staff respond to compliance?		✓			✓
How do staff view their role, within the organisation?		✓			✓
How have staff responded to change in the socio-political arena (including, re-interpretation of need; 'needs' v. wants; 'needs' v. rights)?		✓			
How do staff see their role within the broader society and how do they respond to society's views of them?		✓			
5. Structural tensions	Retrospective observation	Team dynamics	Referral taking	Referral assessing	Team arrangements
How clear is the purpose of an assessment?		✓	✓	✓	
How able are key players to affect the outcome of an assessment?		✓	✓	✓	
Are inconsistencies in assessments recognised?	✓	✓		✓	
If so, what causes them and how are they resolved?				✓	
How is managing 'need' and managing the organisation reconciled?					✓
How are priorities created (eg. in meeting competing needs)?					✓
How are outcomes to assessments presented which are not supported by all key players?				✓	
6. Bureaucracy v. professionalism	Retrospective observation	Team dynamics	Referral taking	Referral assessing	Team arrangements
How is 'change' presented within the organisation?		✓			
Is identification of 'need' using eligibility criteria a unifying factor?		✓			
If not has it been a cause of friction and strain?		✓			

Potential impediment source and prompts:	Observation point:				
	Retrospective observation	Team dynamics	Referral taking	Referral assessing	Team arrangements
6. *Bureaucracy v. professionalism (cont.)*					
How readily can the organisation and its staff adapt to change (including changes in tolerance levels within society.)?		✓			✓
How readily can the organisation and its staff adapt to cope with unpredictable needs?		✓			✓
How readily can the organisation and its staff respond to meeting 'need' when it/they don't control all resources?		✓			✓

Appendix Two : Reported study - Main points and key themes identified from the responses to each question within the questionnaire

Question number	Question	Key theme	Main point
QA1a	What does the term 'children in need' mean to you?	*Legislation and policy:*	• Children Act definition • Children's Services Plan definition • Children with disability • Children 'in need' of protection • Social Services Department definition • Eligibility Criteria
		Provision of services:	• Child needing assistance to meet potential • Family needing assistance to meet potential • Child needing assistance to achieve average expectations • Children needing a service • Children needing an assessment to access services
		Situational:	• Children whose life chances are affected by external factors • Children 'in serious need' following an assessment • Children disadvantaged by current care • Children limited by comparison to their community • Disadvantaged and vulnerable children
QA1b	What do you think the term 'children in need' means for the work of the Social Services Department?	Determining and clarifying responsibilities (macro):	• Defines client group • Emphasises statutory duty • Children Act definition • Defines core business and determines allocation of resources • Emphasises legal duty

Question number	Question	Key theme	Main point
QA1b (cont.)		*Determining and clarifying responsibilities (personal):*	• Threshold between assessments and provision of services • Narrows children to be worked with to child protection and children looked after • Planning timely and appropriate services • Interpretation of threshold • Defines individuals who need services/core assessment • Gatekeeping those children not in need of protection
		Enabling planning:	• Allows data to be collected for planning services
		Situational:	• Redressing the balance for those most in need • Vulnerable/at risk of significant harm • Other agencies off-loading their responsibilities • Children whose parents cannot cope
		Services/resource availability:	• Enabling assessments to be uncontaminated by resource availability • Limiting client group due to lack of resources • Those 'in need' of services/in touch with the department
		Partnership working:	• Enables/encourages working together with families and service providers
QA1c	What do you think the term 'children in need' means for social workers working within Social Services Departments?	*Policy: determining and clarifying responsibilities (macro):*	• Lack of consistency within SSD • Providing clarity from government and from the SSD • Children Act definition • Poor relation of Section 47 and legal proceedings

Question number	Question	Key theme	Main point
QA1c (cont.)		*Organisation/administration:*	• Defines and prioritises caseload/clients
		Procedural: determining and clarifying responsibilities (personal):	• Assess according to 'need' rather than constraint • Narrows children to be worked with to child protection and children looked after • Threshold between assessment and provision of services • Assess and plan services according to needs • Children with unmet 'needs' after an assessment • 'Children in need' of a service • 'Children in need' of a service to prevent actual/potential harm/neglect • Determining which children we should work with • Children and families needing assistance to improve opportunities • Focus on assessed 'need' and services required • Not always needs-led
		Personal:	• Uncertainty owing to newness of emphasis on 'needs-led' not child protection led service • Different things dependant upon social worker's background, team culture, community served • Confused with special needs, Section 17 budget • More labour intensive than Section 47 • Being aware of and not accepting poor standards for clients • Alternative to child protection (child protection not seen as part of children in need)
		Situational:	• Children whose parents cannot cope, unable to meet needs, expose to risk

Question number	Question	Key theme	Main point
QA2a	Putting social work practice to one side, describe what you understand by the concept of need.	*Social Work practice:*	• Something which the meeting of enables good enough parenting/caring • Minimum required to protect the child • A wish or want matched by a definable resource • Children with limited opportunities/life chances • Someone needing a service
		Fundamental requirements:	• Deficit that needs to be met to reach potential • Something which affects the quality of life • Basic human rights • Not 'wants'! • Necessity to overcome a deficiency • Gap between what someone has and what they require • Something which enables development not deterioration • What's necessary to survive • To be worthwhile, loved and have purpose • Something lacking • Something needed to achieve an outcome • Essential rather than desirable
		Academic:	• Bradshaw's taxonomy of need
QA2b	However, how is the concept of need, as you have described it, used within social work practice?	*Philosophical*	• Needs to be conceptualised – not adequate at present • Relative to well being of family and community • Child with problems relating to development *and/or* significant harm • No agreement

Question number	Question	Key theme	Main point
QA2b (cont.)		*Procedural:*	• Via an assessment • Minimum service required • Services provided to assist quality of life • Assessment frameworks, thresholds, eligibility criteria etc. • Linked to keeping child at home/protected • Bench mark for intervention • Dependant upon referral • Related to outcomes • Yardstick affecting access to resources
		Practical:	• Limited by resource availability • Reactive (as opposed to pro-active) response • Labels clients for social workers
		Political:	• Reflection of socio-political and cultural context of social work • Defines services/resources required/needing to be developed
QA2c	In your opinion, what if anything, affects the way that the concept of 'need' is applied within social work practice and in determining which children are children in need?	*Procedural:*	• Inconsistency • Raising of thresholds to limit client group • Unclear policies • Organisation's definition of need • Risk • Non-standardised assessments • Eligibility criteria • Vulnerability • Gateway to services

Question number	Question	Key theme	Main point
QA2c (cont.)		*Practical:*	• Perceived resource base • Financial factors/constraints • Heavy caseloads • Assessment skills
		Philosophical	• Confusion between 'needs' and services • Confusion between risk and need
		Personal:	• Personal values • Professional standards • Theoretical understanding
		Political:	• Political influences/issues • Societal norms • Visibility of need • Government guidance • Part 8 Reviews
QA3a	When using the term children in need, is there a difference between identifying a child's 'needs' and identifying their need for particular services? If so, what?	*Practical:*	• Deficit/shortfall • Inconsistency in service provision levels • Resource availability • Control of services • 'Fitting' to available services • Affected by service development, budgetary pressures and management arrangements • Resources are not infinite • Service overload

Question number	Question	Key theme	Main point
		Procedural:	• Matching services to assessed needs • Meeting 'needs' does not imply providing services • Not all 'needs' can be met by services • Specificity of 'needs' rather than services
		Philosophical:	• Confusion between 'needs' and services • Tackling symptoms not causes • Understanding the difference
QA3b	In your experience, how are a child's 'needs' usually described. What does this description reflect?	*Agency:*	• Service/resource led • Other agencies descriptions • Child protection • Shortfalls
		Child:	• Child's descriptions • Unmet needs • Not the child's description • Whole child • Not individual needs
		Family:	• Carers needs • Family's descriptions • Family's needs
		Professional:	• Professional values • Prejudices
		Societal:	• Comparison to normality • Society's expectations

Question number	Question	Key theme	Main point
QA3b (cont.)		*Conceptual:*	• More specific with Assessment Framework • Assessment Framework dimensions

Question number	Question	Key theme	Main point
QB1a	Does being described as a 'child in need' lead to a child receiving services? If so, how?	*Positive structural/procedural:*	• An assessment • Policy framework • Individual service from a social worker • Eligibility/benchmark criteria • Partnership with family • Service availability • Partnership with other agencies • Linked to parent's needs • Demand
		Positive conceptual:	• Not unless linked to risk of harm • Tiers of assessment relating to complexity of need
		Negative structural/procedural:	• No! • No – insufficient variety/breadth of services
		Negative conceptual:	• No – decision making doesn't always equal actual support • No – as a label it means nothing

Question number	Question	Key theme	Main point
QB2a	Do you think that the legislation, regulations and guidance makes clear what a 'child in need' is and what it means to be a 'child in need'? If so, please describe how.	*Procedural:*	• Broad legislative definition • Not all need resources • Explicit only insofar as the law ever is • Subsequent guidance • Clear! • New Assessment Framework • Distinction between vulnerable and children in need
		Personal:	• Prioritisation via experience • Dependant upon value judgements
		Negative - conceptual	• No – 'need' and want are personal concepts • No – may define child 'in need' but not to understand it • No – woolly and vague • No – too specific; more flexibility required • No – 'needs' outweigh resources available • No – definition is fluid
		Negative - procedural	• No – Regulations are too ambitious; the Children Act is outdated • No – different thresholds but same guidance! • No – no agreement internally let alone inter-agency • No – guidance not used

Question number	Question	Key theme	Main point
QB2b	In your opinion, in the history of social work, has 'need' always been used to help decide which children should receive welfare services? If you think it has, can you describe how you think its use has evolved? Alternatively, if you think that it has not always been used, can you describe what you think it replaced and from when?	*Has not always been used:*	*Policy:* • Resource model • Societal/community model • Wants model • 'Problems' model *Theoretical:* • Influence of personal views • Influence of vociferous customers • More generalised welfare term • Become 'needs-focused' using outcomes based research • Can avoid labelling • Re-focusing equals a clearer definition • Less judgmental • Putting children at forefront *Historical time-line:* • Nothing pre-1990 • More objective post Children Act • Deserving/undeserving (Poor Law) • 60s/70s/80s: poverty/offences/abuse to 90s needs • See-saws between harm and support • More objectivity • Replaced child protection

Question number	Question	Key theme	Main point
QB2b (cont.)		*Has always been used:*	*Theoretical:* • Nothing changed, just presentation • 'need' has undermined practice *Historical:* • 'needs' change with society's expectations (eg. abuse) • But become more targeted
QB3a	In your opinion, what is likely to happen once a child has been described as a 'child in need' and what are the longer-term consequences likely to be?	*Positive for child/family:*	• Better outcomes • Clear focus/less drift • 'needs' met • Safety/welfare promoted • Family gaining independence
		Positive for agency:	• Provision of service to meet agency rather than child's needs • Via aggregated 'need' better planning and development • Prioritisation
		Consequential/procedural	• Eligibility proved = entitlement to service • Obligation to do something • Depends on category of 'need'(eg. children looked after, disability) • Signposting • Not a static process
		Negative for child/family:	• Dependant upon child/family • Short term = 'needs' met; long term = drift • Negative consequences as more information acquired • Labelling/stigmatisation

Question number	Question	Key theme	Main point
QB3a (cont.)		*Negative for agency:*	• Dependant upon individual social worker defining 'in need' • We don't know because we don't record outcomes • Dependant upon availability of services • Little may change

Question number	Question	Key theme	Main point
QC1a	In your experience, who is involved in deciding whether a child is a 'child in need' and how they may best be helped?	-	• Multi-agencies • Social Worker, Team Manager • Child • Family • Case Conference • Agencies providing services • Those in contact with the child • Social Services Departments • Management
QC2a	How is the task of deciding whether a child is a 'child in need' actually achieved in practice?	*Structural:* *Personal:* *Process:*	• Access Teams • Network meetings/case conferences • Supervision • Influence of individual teams/cultures • Influence of individual's values • Pragmatic considerations (eg. budgets) • Analysis of information

Question number	Question	Key theme	Main point
QC2a (cont.)		*Procedural:*	• ASC system • Assessment • Assessment of 'risk' v. promotion of welfare • Screening • Guidelines/procedures • Identity of referrer and how they make the referral
QC2b	In your experience, what, if any, tools (eg. Forms, Guides, Scales etc.) are used to help to decide whether a child is a 'child in need'?	*Actual:*	• Hedy Cleaver Forms • Eco-maps • Genograms • Orange Book
		Frameworks:	• ASC/local frameworks • Assessment Framework and Forms
		Forms:	• Child protection checklist • Check lists • Communication aids
		Procedural:	• Procedures/guidelines • Internal thresholds
		Theoretical:	• 'needs' assessment processes • Risk assessment processes • Child development theory

Question number	Question	Key theme	Main point
QC2b (cont.)		*Sceptical:*	• Experience of staff • Don't know • Tools not useful
QC2c	What, if anything, is the effect of using any tools on the outcome of the process of deciding whether a child is a 'child in need'?	*Positive - all:*	• Greater consistency • Equity • Structure • Objectivity • Continuity • Validates opinion • Transparency • Shared understanding • Monitor improvement
		Positive - agency:	• Gatekeeping finite resources • Signposting
		Negative - practitioner:	• Rigidity and prescriptiveness • Social Worker creativity (ie. to make a child eligible) • Don't know • Mechanistic • Social Worker initiative curtailed
		Negative - child/family:	• Marginalisation of the family • Not looking at dynamics
		Negative - all:	• Open to personal interpretation • Not enough analysis

Question number	Question	Key theme	Main point
QD1a	If the process of deciding whether a child is a 'child in need' is referred to is an assessment, what in your opinion, does that process involve; how long should it take; and what should it lead to?	*Holistic:*	• Statement of 'needs' and how to be met • Measuring child's 'needs' and services/signposting to meet them • Holistic approach to reflect need/risk leading to a timely and measured response • Involves the family: it's their process not ours; they need to understand what's needed • Review positive as well as negative aspects • Create ways of bringing about sustained change • Assessment is an on-going process • Flexible enough to respond to and meet 'needs' of the case
		Process:	• Dependant upon urgency of need to protect • Structured information gathering dependant upon complexity • Dynamic process leading to positive outcomes • Very focused and time limited matching 'needs' to available resources
		Timescales:	• DoH timescales too short • Time = as long as it takes/is necessary • Two stage assessment process with own timescales

Question number	Question	Key theme	Main point
QD1b	Who benefits, both directly and indirectly, from the assessment process?	-	• Child • Family • Agencies • Service Planning • Community • SSD • Service Providers • Relatives • Carers • Individual with the problem
QD2a	In your experience, are appropriate services usually provided in response to 'needs' identified during the assessment process?	*Consequential:*	• Variable • Usually - except therapeutic and accommodation needs • Usually - but not always timely enough • Often left using services that 'will do' rather than 'should do' • Usually - if child protection; less so in longer term chronic 'need' cases • Usually - for younger children; more difficult for over 8's • Usually - but Social Workers not creative enough; fitting 'needs' to services
		Resource driven:	• Knowledge of what's available • Affected by service provision which varies around county • Budgetary pressures force us to be creative
		Pessimistic:	• Don't know • No

Question number	Question	Key theme	Main point
QD2a (cont.)		*Optimistic:*	• Yes
		Practical:	• Experience of Worker • Don't know what works • Dependant upon family's willingness to accept services • Affected by open-ended assessments
QD2b	Again in your experience, do the longer-term consequences of providing services affect the process and outcome of an assessment? If yes, please give examples.	*YES - Resources:*	• Yes - Cost of services inevitably influences outcome • Yes - Provision of services can pre-determine needs • Yes - alternative is to admit the 'need' can't be met • Yes - SSD may be unable to access services required (ie. from another agency)
		YES - Consequential:	• Yes • Yes - if consequences don't influence assessment, has it been correct?
		YES - Procedural:	• Yes - Eligibility Criteria will affect outcome • Yes - Changes in Worker, transfer of case etc.
		YES - Theoretical:	• Not enough measurement of success of outcomes • Yes - Balancing such as removing child against leaving them at home • Yes - Need to reduce risk of over-dependency
		NO - Consequential:	• No - but assessment needs to take account of consequences • No - Don't know • No - Don't think so

Question number	Question	Key theme	Main point
QD2c	Apart from longer term consequences are there any other factors which can stop the outcome of the assessment from adequately reflecting any 'needs' identified during the process?	*Resources:*	• Perceptions of resource availability • Resource led processes • Demoralisation amongst assessors • Variable resource availability across county • Pressure of time • Inability to transfer cases • Paperwork
		Knowledge (positive and negative):	• What is believed to work • Where Social Workers are unsure about how to meet needs • Skills deficit in Social Workers • Little emphasis on validity/reliability • Lack of ability amongst Social Workers
		Compliance:	• Lack of commitment to process • Non participation of other agencies
		Immediacy:	• Child protection issues • Being 'nice' to children and families so they get something
		Policy:	• Change in role of Social Worker from advocate to gatekeeper • Change in role of social work from community work to casework • Political constraints
		Procedural:	• Failure to engage with family • Lack of monitoring/reviewing • Inability to reflect parents needs

Appendix Three: The 'Reported Study' Questionnaire

HOW ARE THE TERMS 'NEED' AND 'ASSESSMENT' UNDERSTOOD AND USED IN WORK WITH CHILDREN AND FAMILIES, WITHIN SOCIAL SERVICES DEPARTMENTS

Name : Date of completion :
Local Authority:
Current post:
Date of qualification:
Length of time in current post:
Please describe any involvement which you may have had in policy development within an SSD:

A. The Children Act 1989 requires local authorities to develop services for children in need. The following questions are designed to look at the concept of 'need' as it is used in relation to children by social services departments.

1a.	What does the term 'children in need' mean to you?

1b.	What do you think the term 'children in need' means for the work of social services departments?

1c.	What do you think the term 'children in need' means for social workers working within social services departments?

2a.	Putting social work practice to one side, describe what you understand by the concept of 'need'.

2b.	However, how is the concept of 'need', as you have described it, used within social work practice?

2c.	In your opinion, what, if anything, affects the way that the concept of 'need' is applied within social work practice and in determining which children are 'children in need'?

3a.	When using the term 'children in need', is there a difference between identifying a child's 'needs' and identifying their need for particular services? If so, what?

3b.	In your experience, how are a child's 'needs' usually described? What does this description reflect?

B. The Children Act 1989, required social services departments to assess children in need and to develop services for them. The gateway to services is therefore to be assessed as a child 'in need'. These questions look at what it means to be a 'child in need'?

1a.	Does being described as a 'child in need' lead to a child receiving services. If so, how?

2a.	Do you think that the legislation, regulations and guidance makes clear what a 'child in need' is and what it means to be a 'child in need'? Please describe how.

2b.	In your opinion, in the history of social work, has 'need' always been used to help decide which children should receive welfare services? If you think it has, can you describe how you think its use has evolved? Alternatively, if you think that it has not always been used, can you describe what you think it replaced and from when?

3a.	In your opinion, what is likely to happen once a child has been described as a 'child in need' and what are the longer term consequences likely to be.

C. Finding out whether a child is a 'child in need' will meet only part of the local authority's duty to safeguard and promote the welfare of 'children in need'. It is also necessary to determine how they may best be helped and subsequently to consider whether such help has had a positive outcome for the child. The next set of questions look at the process for deciding how to help 'children in need' and for assessing the outcomes.

1a.	In your experience, who is involved in deciding whether a child is a 'child in need' and how they may best be helped?

2a.	How is the task of deciding whether a child is a 'child in need' actually achieved in practice?

2b.	In your experience, what, if any, 'tools' (eg. Forms, Guides, Scales etc) are used to help to decide whether a child is a 'child in need'?

2c.	What, if anything, is the effect of using any 'tools' on the outcome of the process of deciding whether a child is a 'child in need'?

D. The process of deciding whether a child is a 'child in need' is generally referred to as an assessment and services which may be subsequently provided are often said to be provided in response to 'assessed needs'. The following questions are designed to look at the concept of 'assessment', as it is used in social services departments to decide which children are 'children in need'.

1a.	If the process of deciding whether a child is a 'child in need' is referred to as an assessment, what in your opinion, does that process involve; how long should it take; and what should it lead to?

1b.	Who benefits, both directly and indirectly, from the assessment process?

2a.	In your experience, are appropriate services usually provided in response to 'needs' identified during the assessment process?

2b.	Again in your experience, do the longer term consequences of providing services affect the process and outcome of an assessment ? If yes, please give examples.

2c.	Apart from longer term consequences are there any other factors which can stop the outcome of the assessment from adequately reflecting any needs identified during the process?

access to services for children manual

'AUTHORITY A' COUNTY COUNCIL
Social Services Directorate

Access to Services for Children

INTRODUCTION

Contents

1. Eligibility Criteria
2. Values and Principles
3. Process towards receiving services
4. Outcomes
5. Planning framework

Access to Services for Children

INTRODUCTION

1

ELIGIBILITY CRITERIA

Eligibility Criteria for the receipt of services are the essential means by which it is determined whether or not someone who is either referred by another person or agency, or who refers themselves, should subsequently receive services provided either by or on behalf of the Directorate.

There are a number of key stages which the referral needs to go through before it can be decided whether or not the service should be provided, or should continue to be provided. These are:

- Screening
- Assessing
- Planning
- Reviewing

These stages and the work which is required to be undertaken during each of them, are outlined in more detail within this Guide.

This Guide seeks to emphasise that Eligibility Criteria are not merely a set of statements describing the circumstances which an individual must fit into, before they may receive a service. It is recognised that an individual's eligibility is subject to constant change as their needs change, both due to the change in their personal circumstances and the effect of any service which they are provided with. Consequently Eligibility Criteria is as much about periodically re-assessing an individual's continuing eligibility, to the services planned in response to the assessment following first referral, as it is to conducting that first assessment.

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VALUES AND PRINCIPLES

Services for children in need and their families are based on the principles and requirements of the Children Act 1989. shire County Council and shire Health also support the principles behind the UN Convention on the Rights of the Child.

The key principles behind our policies for children and their families are as follows:

- Most children are best cared for in their own families. We will provide a range of services to children and families in need to assist in protecting them from harm and to promote their health, development and well-being.
- We will work in partnership with families to safeguard and promote the well-being of their children. We believe that parents and other people with parental responsibility should be given every opportunity and encouragement to make plans and decisions for their children.
- We will always treat the welfare of children as the paramount consideration in all of our planning and decision making.
- We will ensure that the voice of the child or young person is heard and their views are fully considered when plans for their well-being are being made or reviewed.
- We will aim to provide services which take account of the child or young person's ethnicity, culture, language, religious beliefs, disability, gender or sexuality. We will try to meet the individual needs to promote a young

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person's well-being within equal opportunities.

- We will promote the right to live in safe communities and we will promote services which divert young people from offending.

- When children or young people cannot live with their families, we will plan to meet their needs for their individual care in a family setting. This will normally be in foster care as a first choice. However, for some young people, care in a group setting will be the first and positive choice.

- We will ensure that the welfare of children we look after away from home is properly safeguarded as regards their health, education and general quality of life.

- The quality of service we offer children and their families is greatly dependant on the quality of our staff. We are committed to recruiting the highest quality of staff and carers and providing them with the support, training and supervision to enable them to meet the needs of young people.

- We are committed to providing equal opportunities and developing non-oppressive practice both as an employer and as a provider of services to the public.

- We will work with other agencies as well as with families to protect the well-being of children at risk of significant harm.

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- We will involve users of our services, other agencies (statutory, voluntary and independent), in assessing local needs and developing services, within the agreed priorities published in the Children's Services Plan.

- We will ensure that young people and their families have access to the information held about them according to our individual agency's policies on access to records and will ensure they have appropriate help and support when seeing their records.

[Extract from shire Children's Services Plan 1997 - 2000]

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PROCESS TOWARDS RECEIVING SERVICE

All children who meet the definition of a 'child in need' (as defined in the Children Act 1989 and clarified within the Children's Services Plan [See 'Assessing' Section 2]) are eligible to be assessed as to whether the provision of any services are appropriate to meeting their need(s). Thus the service(s) which they may ultimately receive are dependant upon the outcome of a process which will seek to establish:

- whether the Directorate has a duty to provide a service
- the extent of that duty
- what the childs wishes and feelings are
- what the wishes and feelings are of those with parental responsibility or other significant adults
- what the actual needs of the child are
- whether those needs can be met without the provision of direct services
- if direct services are required, what the lowest level of provision which will meet the needs of the child is

At each stage of the process, as outlined earlier (i.e. Screening; Assessing; Planning; Reviewing), the factors listed above should help the member of staff to identify whether a child is eligible to receive a service; the extent of that eligibility; their longer term or continuing eligibility; and a determination of whether their eligibility has ceased as their needs have been met.

It is worth emphasising that the process should be applied to all referrals or requests for services, regardless of their apparent status. In other words, no assumptions should ever be made as to the most

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appropriate service. Even an apparently serious Child Protection referral should not be assumed as leading for example to an eventual Care Order, without the full process having been worked through.

It is not acceptable practice for children to be 'fitted' in to a particular service. It is essential that before a service is offered or provided, there must be an understanding of whether that service is best placed to meet the child's needs; what the expected outcomes are; and how those outcomes will be measured.

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OUTCOMES AT THE END OF EACH STAGE OF THE PROCESS

At each stage of the process, there will be a number of potential outcomes. Briefly stated, these will either see the eligibility confirmed and the next stage of the process engaged, or eligibility denied and the alternative options considered.

Alternative options may include services which the Directorate has facilitated (i.e. by means of funding to other agencies) but which it does not control; services provided by other agencies within their own statutory framework; or on occasions, no service at all.

Even where eligibility is initially confirmed, there can be no guarantee of service without a full assessment and a subsequent commitment to providing a service. The factors peculiar to each case will inevitably affect the priority which is given to the provision of services in some cases over others. This may mean that 'need' is identified, but is not provided for. Where this is the case, the 'unmet need' should be recorded and reviewed regularly in order to assess whether it still applies or whether it can be met by other means.

Criteria for helping to determine which outcome should apply in a particular case are outlined under the particular stage.

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PLANNING FRAMEWORK

The principal focus for planning services for children is the Children's Services Plan (CSP). From 1997, the CSP must be devised on a multi-agency basis involving in particular Health, Education and Housing. The discussions towards the CSP have centred on services to children in need being planned for and provided on four levels. This approach, sometimes referred to as the 'Hardiker Model', after work originally undertaken by Pauline Hardiker at Leicester University, envisages that Social Services will be primarily concerned with Services at Levels three and four. Levels one and two are more likely to be provided by other agencies though they may be grant aided by Social Services. This model seeks to emphasise that those services provided directly by or on behalf of Social Services are better targeted at a smaller group of children who are most 'in need' and most able to benefit from those services.

Implicit therefore is an assumption that not all children referred to the Directorate will be assessed as 'in need'. There will always be a number for whom it is assessed the Directorate has no immediate responsibility, though they may be able to be referred to other services which broadly fall within the overall planning framework for services.

The framework is shown in more detail on the next page.

A FRAMEWORK FOR THE PROVISION OF SERVICES FOR CHILDREN IN NEED AND THEIR FAMILIES IN SHIRE

- *Children in need are broadly defined as children whose health, development and welfare may suffer significantly without the support of Local Authorities, and also children with disabilities*

Level	Purpose	Objective	Target Group	Intended Outcomes	Agencies involved
1	**Assisting Families and their communities** *To promote the well being of children within their families and avoid the need for additional intervention.*	To ensure: • equality of access to universal provision • communities in need receive targeted services • safe communities	Whole Population and/or particular communities	Families and communities to: • be safe • have healthy well developed children • have an improved environment • have equality of opportunity • realise their full potential	LCC; Health; District Councils; Police; Independent Sector; Employers; Benefits Agency
2	**Responding to children in need and their families** *To provide services which enable change in personal and/or social circumstances and avoid the need for additional services.*	To address: • parenting difficulties • family relationships • child's health and welfare • practical needs • offending behaviour	Assessed children in need and their families	Children in need to: • be safe within their own families • have their health, development and welfare needs met • have a child in need Care Plan, if in receipt of direct services	LCC; Health; District Councils; Police; Independent Sector; Benefits Agency; Probation
3	**Preventing further harm to, or medium or longer term separation of, children in need from their families** *To reduce the risk of harm by effecting change in individuals and families and to maintain families with a high level of need*	To address: • risk factors • individual behavioural difficulties • alternative family and community options • comprehensive support packages	Assessed children in need and at risk, and their families	Children in need and at risk to: • have their needs met by means which avoid care or custody • be maintained safely within their families if at all possible • be protected by means of a Child Protection and/or child in need Care Plan as required	LCC; Health; Police; Independent Sector; Probation; Courts; CPS; Solicitors.

4	**Caring for children in need looked after away from their families** *To restore children to their families or to ensure that a positive, alternative choice is available.*	To ensure: • such children's full potential is developed • all alternatives are considered in respect of such children • plans for such children avoid delay and drift • such children retain links with their communities and cultural identities	Specific assessed children in need and at risk, and their families	Specific children in need and at risk to: • be re-habilitated to their families wherever possible • be provided with a permanent substitute alternative where re-habilitation is not possible • have any deficits in their health, development and welfare needs addressed • have a LAC Care Plan as well as any Child Protection and/or child in need Care Plan	LCC; Health; Independent Sector; Courts; Solicitors.

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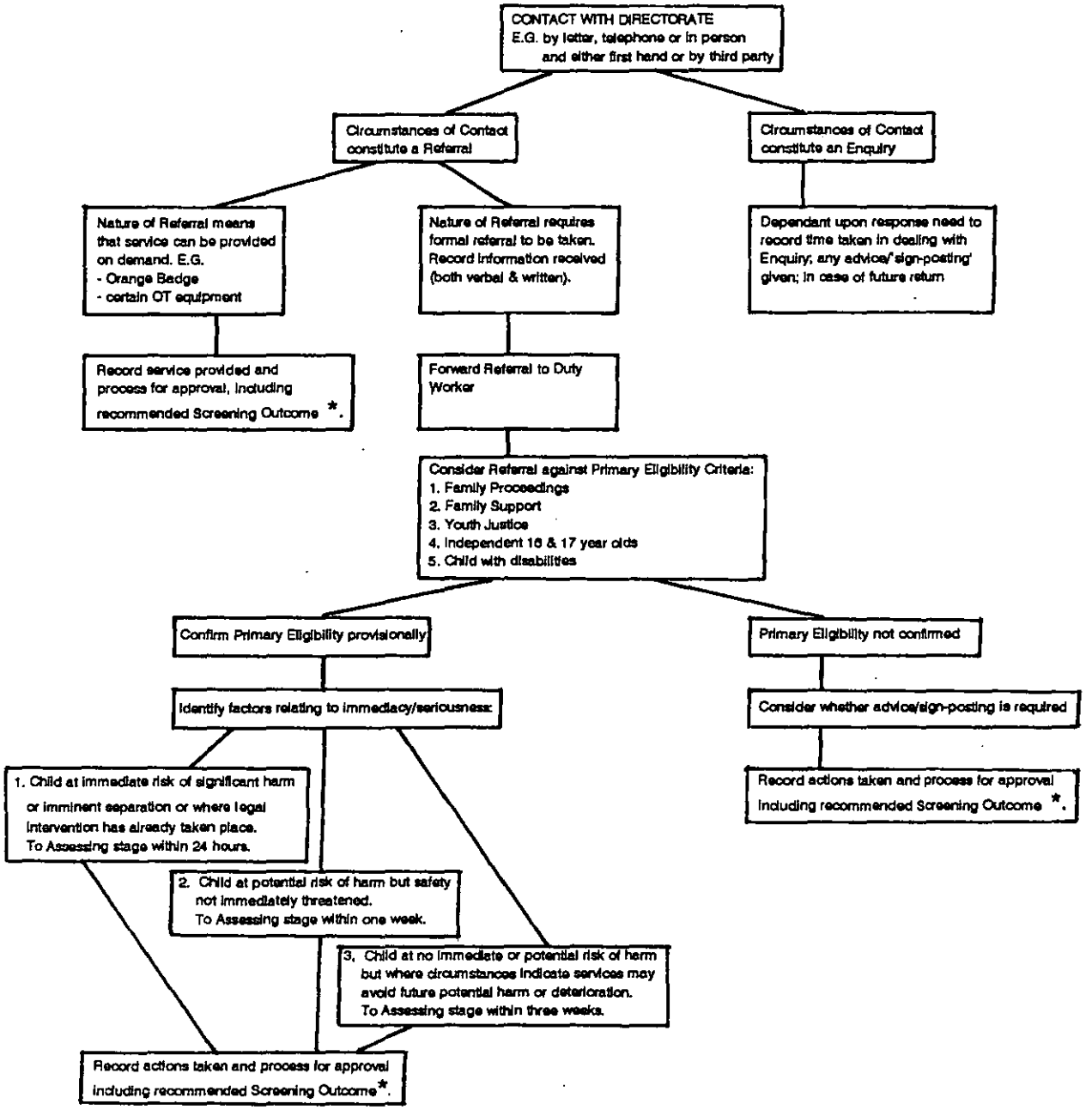
PROCESS DURING SCREENING STAGE FOR REFERRALS FOR CHILDREN'S SERVICES



* : SCREENING OUTCOME 1 : ELIGIBILITY ESTABLISHED, REFERRAL ALLOCATED FOR FULL ASSESSMENT.
SCREENING OUTCOME 2 : ELIGIBILITY ESTABLISHED BUT SERVICE MORE APPROPRIATELY PROVIDED BY ANOTHER AGENCY, OFFER ONWARD SIGN-POSTING.
SCREENING OUTCOME 3 : NO ELIGIBILITY ESTABLISHED BUT SIGN-POSTING OFFERED TO MORE APPROPRIATE AGENCY.
SCREENING OUTCOME 4 : NO ELIGIBILITY ESTABLISHED, NO HELP IDENTIFIABLE OR NO HELP REQUIRED.

Access to Services for Children

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REFERRALS AND ENQUIRIES

Children in need and their families may come to the Directorate's attention via a number of routes. On occasions they may refer themselves. On other occasions they may be referred by a third party, which may be a friend, a relation or another agency, or information offered about them. In addition children and young people and/or their families may approach the Directorate regarding the availability of services of more general information. There is consequently a distinction to be drawn between Information, Enquiries and Referrals.

- ***Enquiries and Information sought:***
  Local Social Services Offices are seen by the general public as sources of information. This may be information which the Directorate is obliged to keep (e.g. Lists of Childminders e.t.c) or more general community information (e.g. addresses of local facilities such as Doctors, Benefits Offices e.t.c). Where Enquiries are received for such information, they should not be treated as Referrals unless the individual specifically asks for it to be treated as such. However in order to record the level of work undertaken by Receptionists in dealing with such enquiries, they should be recorded on the Screening Log and invariably given a Screening Outcome 4.

- ***Enquiries requiring assistance:***
  Occasionally Enquiries for information will be seen by the Duty Worker, either because the individual asked for the Enquiry to be treated as a referral as outlined above, or because the

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circumstances of the referral were unclear and were subsequently found to be of a nature which did not require further assessment. In these cases the Enquiry will initially be recorded as a Referral and an SS1/1 plus Children's Services Request Form Supplement completed. However invariably following 'sign-posting' to a more appropriate agency the Referral will be recorded as a Screening Outcome 4.

- ***Referrals resulting in an immediate service:*** *In certain cases requests for services may be dealt with on demand and without further assessment. These would include for example Orange Car Badges and certain OT equipment. Existing procedures should apply to these circumstances, though if the subject of the referral is a child or young person, care should be taken to ensure that the referral is properly recorded as a Children's Services referral. In addition except where the child or young person is an 'open' case, it would be preferable for their circumstances to be fully assessed, as it is likely that they may have more complex needs. In such cases the matter should be referred to the Duty Worker.*

- ***Referrals:***
  A Referral will in most cases arise when the Directorate is approached for the provision (it's) services or those of a partner agency. It is likely that such an initial approach to the Directorate will result in a Referral being made. As noted this may be both in person, by the child's parent or carer or by a third party. In all

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cases it should be recorded on an SS1/1 by the Duty Worker who will in turn complete a Children's Services Request Form Supplement. Where the information is given by a third party, the referrer should be asked whether they are making a referral. If they are not, then 'information' should only be recorded in respect of 'open' cases. There is no means of recording information in respect of non-open cases other than as a referral, though clearly the Social Worker needs to use their professional judgement in respect of allegations of abuse.

- ***Referrals on 'open' cases***
  Where information received apparently identifies a different need (e.g. an incident of abuse; or a new request for an additional or different service), this should be recorded as a new referral by the Duty Worker, though it is likely that the assessment will be carried out by the existing allocated Social Worker. Where the information refers to an existing service or arrangement, it should be recorded as a message for the allocated Social Worker.

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PRIMARY ELIGIBILITY

The primary purpose of the Screening stage is to establish whether the Directorate potentially has a legal obligation to provide a service. The Directorate accepts that there are five identified categories which imply that a child will potentially be entitled to a service. These are:

- *Family Proceedings:* Situations where a Court directs that a local authority must investigate the circumstances of a child and decide whether to apply for a Care or Supervision Order, or that it must advise, assist and befriend anyone, including the child, involved in the proceedings.

- *Family Support:* Circumstances when support from the Directorate's services may assist with or alleviate crises in the care of children by their own families. For example this may include a need for help with pre-school care, after school care, financial concerns, problems in caring for or coping with children with behavioural difficulties, or other situations leading to potential family breakdown.

- *Youth Justice:* Situations either where a child may be at risk of offending, or occasions where a child has offended and either the Police or a Court require the Directorate to become involved with the child.

- *Independent 16 & 17 year olds:* On occasions some 16 & 17 year olds will attempt to live independently. As they are still children under the Children Act they may require assistance from the Directorate in their own right.

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- *Children with Disabilities:* A child with disabilities will almost certainly automatically meet the primary eligibility criteria on the basis of their disability alone, as disability is a pre-defined category in the Children Act definition of a 'child in need' . However they will still require to be assessed in order to establish what specific need(s) they may have and whether the support of the Directorate will meet any such specific and assessed need.

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HOW DECISIONS ARE MADE

There are a number of individuals who will be involved in the initial assessment or Screening of the referral. These will principally be the Receptionist, the Duty Worker and the Team Manager. Each has a different role to play in the way in which the referral is handled. Similarly they will each have a role in the decision-making process which follows the determination of the initial eligibility. This is outlined below:

- ***Role of the Receptionist***
  The Receptionist is responsible for ensuring the smooth and efficient intake of work. This will be achieved by receiving information from a variety of sources, telephone, letter, fax and office callers. The Receptionist will record all Children's Services Enquiries and Referrals on the Screening Stage Log. Receptionists are able to deal with Enquiries for information and Referrals resulting in an immediate service. in the case of all other Referrals, the Receptionist should ensure that the available information is passed to the Duty Worker as soon as possible

- ***Role of the Duty Worker***
  The Duty Worker's role is twofold. Firstly to receive Referrals requiring action from the Receptionist. They will then complete an SS1/1 and a Children's Services Request Form Supplement. Their initial assessment should conclude whether the child has identifiable need(s) and whether that need(s) require further assessment. In some cases there will be no identifiable need(s) in which case a Screening Outcome 4 will be appropriate; whilst in others there may be needs but

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which do not require further assessment and may be met by 'sign-posting' to another agency. This will result in Screening Outcome 3. Where the Duty Worker concludes in their initial assessment that there are needs which should be further assessed then the referral should be passed to the Team Manager prior to the Assessing Stage being undertaken. During the Screening stage, the Duty Worker will need to conduct an initial assessment. This will involve checking the information received with the referrer and other individual's or agencies who may be able to verify or support the information. The second crucial role of the Duty Worker is to identify which of the five Primary Eligibility Criteria categories applies to any referral proceeding to the Assessing stage and the priority which the Referral should have for proceeding to the Assessing stage. They should liaise with the Team Manager before any Referral proceeds to the Assessing stage.

- ***Role of the Team Manager***
  The Team Manager is responsible for liaising with the Receptionist and ensuring that decisions are taken appropriately in respect of all enquiries and referrals recorded on the Screening Stage Log. They should also liaise with the Duty Worker with regard to the process of Referrals which Duty Workers are dealing with and ensure that those requiring a subsequent assessment are processed swiftly.

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HOW DECISIONS ARE RECORDED

The Screening stage must end with a formal decision as to the action required. After considering the referral and any subsequent information supplied, the child's situation and the resulting needs should be reviewed on completion of the SS1/1 and the Children's Services Request Form Supplement. The potential outcomes of the *Screening* stage are:

- *Screening Outcome 1*: Eligibility within one of the five categories established and the referral allocated to a Social Worker for a full immediate or early assessment (i.e. on the same day/within 24 hours, or within one week.).

- *Screening Outcome 2:* Eligibility within one of the five categories established, but initial assessment suggests that the needs do not require an immediate or early assessment. The assessment ~~may be deferred for up to~~ three weeks and/or there is a likelihood that a service may be more appropriately provided by another agency. Onward 'sign-posting' or referral to another agency may be offered as an alternative to a deferred assessment.

- *Screening Outcome 3:* No eligibility within one of the five categories is established However, help may be offered by 'sign-posting' to another more appropriate agency in order to assist in meeting non-eligible 'need(s)'.

- *Screening Outcome 4:* No eligibility established. No help identifiable or no help required.

Where the proposed Outcome is One or Two, the decision making process should be aware of, but not

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governed by a view as to the range of services which may be required. The Directorate's services may be broadly described as either 'Family Support Services' or 'Children Looked After Services'.

Where the circumstances of the referral or the subsequent information, indicate either Child Protection or Youth Justice issues, these should be highlighted within the decision shown, in order that the assessment may proceed appropriately using LACPC or Youth Justice procedures if necessary. However those referrals which are seen as being Child Protection or Youth Justice will still require to be subsequently considered once the Assessing stage is completed, for either 'Family Support Services' or Children Looked After Services' before a particular service can be provided. **There can be no assumptions based on the presenting information at the time of the referral, that particular services will be ultimately provided.**

All decisions as to outcomes on referrals must be sanctioned by a Team Manager before being processed. This must include sight of the referral information (i.e. SS1/1 and the Children's Services Request Form Supplement, together with any additional information or recordings (e.g. SS1/4's).).

The referrer and/or child or young person should be informed of the decision and if necessary should be consulted as to the timescale and method for undertaking the Assessing stage, where this is agreed. Where the decision is to either offer advice/'signposting' or no service, following the Screening stage, the referrer and/or the child or young person should be informed of their right to use the complaints procedure if they disagree with the outcome.

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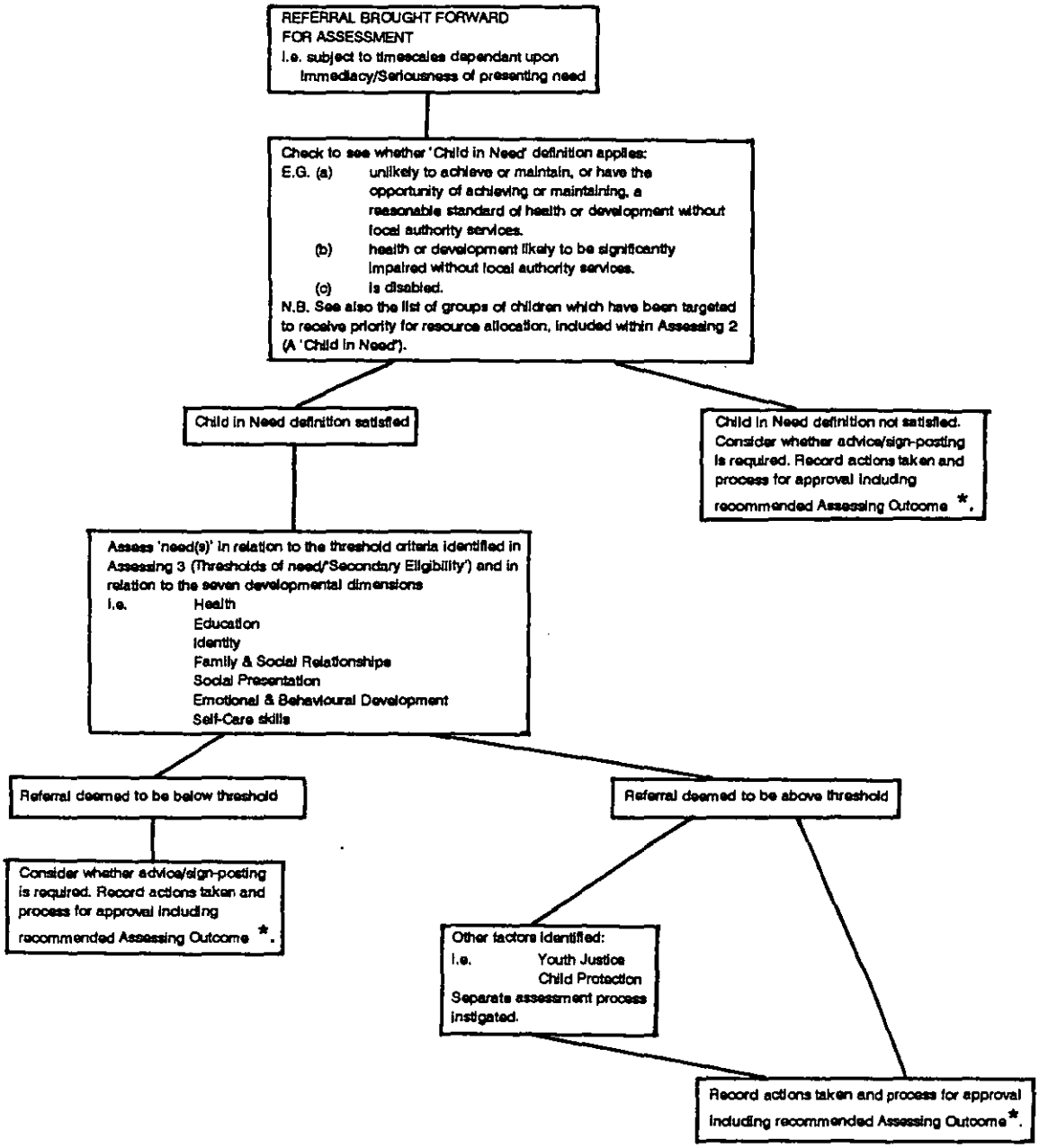
PROCESS DURING ASSESSING STAGE FOR REFERRALS FOR CHILDREN'S SERVICES



* : ASSESSING OUTCOME 1 : ELIGIBILITY CONFIRMED AND THE NEED IS SO SERIOUS THAT WITHOUT IMMEDIATE SUPPORT HEALTH OR DEVELOPMENT LIKELY TO BE SIGNIFICANTLY IMPAIRED.

ASSESSING OUTCOME 2 : ELIGIBILITY CONFIRMED BUT NEED IS NOT SO SERIOUS TO REQUIRE IMMEDIATE SUPPORT.

ASSESSING OUTCOME 3 : ELIGIBILITY IS NOT CONFIRMED THOUGH THE CHILD IS A 'CHILD IN NEED'. WILL REQUIRE ONWARD REFERRAL TO LEVEL ONE OR TWO SERVICE PROVIDED BY ANOTHER AGENCY.

ASSESSING OUTCOME 4 : NO ELIGIBILITY CONFIRMED FOLLOWING ASSESSMENT AS NO IDENTIFIABLE NEED. HOWEVER ASSISTANCE MAY BE OFFERED BY SIGN-POSTING IF APPROPRIATE.

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PURPOSE

Once an approach to the Directorate has been recorded as a Referral, in other words it has satisfied one of the five Primary Eligibility criteria which apply at the Screening stage, it must be fully assessed before any service or resource may be offered or proposed. It is not acceptable to 'fit' referrals into services without taking into account the needs of the child or young person and their family situation.

The assessment is likely to be undertaken either by the Duty Officer shortly after the referral is received or within an agreed timescale of up to 3 weeks (see Screening 3 'Immediacy/Seriousness'). The decision as to the timescale for an assessment to be undertaken may only be taken by the Team Manager, by completing Section B3 of the Basic Assessment Form..

The purpose of the assessment is to consider within a system of professional decision making and accountability, the information which has been provided or subsequently obtained; the 'need(s)' which that information identifies; whether subsequently those 'need(s)' can or should be met by the Directorate; Other Agencies; or within the family, and if a Directorate response is required, whether it can or should be made.

The purpose of the assessment is not to pre-determine that a particular referral will receive a particular service. The identification of resources may only be addressed once the assessment is complete. In other words the assessment should be 'needs' led rather than 'resource driven'. However where a resource is not

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immediately available, consideration may be given within the assessment as to whether meeting the need may be deferred until a later date.

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THRESHOLDS OF NEED/'SECONDARY ELIGIBILITY'

In undertaking the assessment the Worker will by necessity receive an amount of information. They will use this information to assess the need(s) which the child may have and ultimately to assess whether the child is a 'child in need'. If they assess that the child is a 'child in need', then they must also assess whether the 'need' is present to an extent that it must be met immediately in order to avoid the risk of further, or more significant intervention at a later date.

The Basic Assessment Form should be completed for all Referrals proceeding to the Assessing Stage. It will help to determine whether any need(s) which are identified are above or below a particular threshold, which, dependant upon the circumstances, may mean that the failure to provide a service is not acceptable. For those cases where it is felt that that threshold has not been reached and yet the child is still a 'child in need', the more appropriate course of action is likely to be to refer the child or young person to a Level One service or to promote a solution to the need within the family. For those cases which are felt to be around the threshold, the outcome is likely to be dependant upon immediate availability of resources. In other words where a resource is available it may be used. Where no resource is currently available then a referral to an appropriate Level One service will be the likely outcome.

In completing the Basic Assessment Form, the Duty Worker will be assessing the variety of 'needs' which an individual child may have. The Worker must make judgements about the risks to the child, or the lack of opportunities the child has of achieving a reasonable standard of health and development, balanced against the extent to which those 'needs' are adequately being

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met by those currently caring for the child.

As stated in the 'Values & Principles' (see Introduction 2: 'Values & Principles') within the Children's Services Plan, the Directorate is firmly of the view that parents and carers are the most appropriate people to meet a child's needs. There should be an assumption in favour of any assessment concluding that the child should remain cared for by their parents or carers and that where services are to be provided they should be to support the child within it's family/home environment, unless it is clearly unsafe to do so.

Children's 'needs' are many and complex and there is no easy means to measure them. However the 'Looking After Children' Project (or LAC) commissioned by the Department of Health, successfully identified seven developmental dimensions along which children need to make satisfactory progress if they are to achieve satisfactory well-being in adulthood. These are:

- Health
- Education
- Identity
- Family & Social Relationships
- Social Presentation
- Emotional & Behavioural Development
- Self-Care Skills

Although these dimensions were initially defined in relation to the care careers of children looked after, they do have the potential, with the addition of the further dimension of 'Environment', by considering alternative indicators (see Matrix below), of assisting in identifying the needs which may be above or below the threshold for the provision of services.

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The progress or lack of it, of a child along each of these dimensions, is likely to indicate the level of the 'need(s)' and the urgency of a response. The Matrix below gives examples of circumstances which will suggest that the 'threshold' is likely to have been reached or not, with regard to each of the above dimensions. This Matrix is provided as a guide only for use in the completion of the Basic Assessment Form and should not replace professional judgement. However it will help to indicate which families require the services of the Directorate because their child's 'needs' are so extensive that they cannot be adequately met with only the support from universal welfare services (i.e. Level One); which require services provided by other agencies; and which have needs which nevertheless can be met within the family.

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	Circumstances likely to be below the threshold	Circumstances likely to be above the threshold
Health	*Some aspects of health or development not being met; occasional poor health; unsatisfactory accommodation*	*Life endangered by significant or serious illness or injury; considerable disability; chronically sick; lack of basic survival needs (i.e. shelter, food, clothing, warmth); unhealthy, unhygienic or inappropriate living conditions; actually homeless and no housing agency able or willing to assist*
Education	*Poor School attendance*	*Excluded from school; chronic non-attendance at school*
Identity	*No or few opportunities to play with other children; experiencing difficulties in relationships with peers*	*Scapegoating or victimisation causing emotional harm; stress, conflict & tension causing instability and insecurity*
Family & Social Relationships	*Demands of caring for another person undermining aspects of health or development*	*Practical & emotional demands of caring for another person inhibiting normal standards of health & development; relationships strained; damaging history of separations*

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	Circumstances likely to be below the threshold	Circumstances likely to be above the threshold
Social Presentation	*Inhibited development opportunities in own home/community*	*Persistent/serious offending; serious injury /harm/abuse to self or others*
Emotional & Behavioural Development	*Inappropriate age-related behaviour which is difficult to handle*	*Behaviour reflecting unmet developmental needs and/or developmental delay; seriously challenging behaviour; risk of long term psychological damage/deprivation*
Self-Care Skills	*Poor standard of physical care or health causing concern; 'unhealthy' diet*	*Serious or life threatening Substance misuse; insanitary or dangerous living environment*
Environment	*Isolated housing; Limited social contacts; Recent changes of main carer*	*Very rural/ extremely isolated living conditions; living conditions which prohibit any social interaction; no regular main carer; frequent changes of main carer*

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A 'CHILD IN NEED'

The first and foremost task on completing the Basic Assessment Form is to confirm whether in fact the child is a 'child in need'. The Social Services Directorate together with its partner agencies have defined within the Children's Services Plan:

" Local Authorities have a duty under the 1989 Children Act to identify and provide services to children in need. Other statutory agencies have responsibilities for providing appropriate support in fulfilment of that duty. A child means a child or young person under the age of 18.

Children in need are:

(a) Those who are unlikely to achieve or maintain, or have the opportunity of achieving or maintaining, a reasonable standard of health or development without local authority services, or

(b) Those whose health or development is likely to be significantly impaired without such services, or

(c) Those who are disabled.

The following groups of children have been targeted to receive priority for resource allocation to develop services for children in need. They are not in priority order.

- Children who are suffering or are likely to suffer physical, sexual, emotional abuse or neglect and who are in need of protection.

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- Children subject to Care or Supervision Order.
- Children looked after by the local authority.
- Children whose parents are unable to care for them for whatever reason.
- Children where there is a strong risk of family breakdown.
- Children who have been looked after and qualify for After Care support under Section 24 of the Children Act 1989.
- Children who are known offenders or who are at serious risk of offending and those subject to legal intervention due to offending.
- Children who misuse drugs or other substances likely to cause them serious harm.
- Children who have life threatening medical conditions.
- Children whose lives are substantially affected by a disability or severe learning disability.
- Young people aged 16 or 17 years who are homeless.
- Children in high mobility families.
- Children who have caring responsibilities for others. "

[Extract from the shire Children's Services Plan 1997 - 2000]

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The Basic Assessment Form should confirm the category which applies. Where this is that the child is suffering or is likely to suffer physical, sexual or emotional abuse, or neglect and is in need of protection, then the Duty Worker should liaise immediately with the team Manager and if agreed, should commence a Child Protection investigation by starting to complete a 'Key Steps Document'.

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ADDED INFORMATION

As described, there will be occasions when the Assessment reveals need(s) which will necessitate the case being dealt with slightly differently. The two situations which this most applies to will be, as already indicated, Child Protection and in addition, Youth Justice.

In addition, it is likely that some Assessments will reveal concerns as to the level of risk inherent in the case. This may be due to actual or potential violence; an unsafe or unhealthy living environment; current service deficiencies; personal mobility; a reluctance or refusal to receive assistance; or where those subsequently providing a service or other service users may be subsequently placed at risk as a result of factors identified during the Assessment. Where this is the case then, following consultation with the Team Manager, it may be appropriate to complete an Assessment and Risk Management Plan. Reference may also be made to the Risk Management Guidance attached in the Appendices.

It is expected however, that all referrals will proceed to a Basic Assessment before any variation in the process occurs. This is in order to achieve consistency in the way in which referrals are dealt with. However this does not necessarily suggest delay as all processes may be undertaken within a matter of hours. Thus if on completion of the Basic Assessment Form, the Duty Worker conducting the assessment considers that the case requires an additional investigation in line with either ACPC Child Protection Procedures or Youth Justice Protocols then this should be undertaken following agreement from the Team Manager. The circumstances where this is likely to be the case are as follows:

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Child Protection

"ACTION BY AGENCIES IN CIRCUMSTANCES OF SUSPICION OR KNOWLEDGE OF CHILD ABUSE

1 INITIAL ACTION BY STAFF OF ALL AGENCIES IN CIRCUMSTANCES OF SUSPICION, OR KNOWLEDGE, OF ABUSE.

To be taken by any member of staff from all agencies who may become aware of any form of suspected or actual child abuse including all allegations.

A INTRODUCTION

IN ALL CASES THE FIRST PRIORITY MUST BE THE SAFETY AND WELFARE OF THE CHILD

(i) Allegations of child abuse made to you and including those by close relatives, friends or neighbours, or by children or parents, should be regarded as serious and must be brought by you immediately to the attention of either the Social Services or the Police for investigation. The protection of the child must in all cases override requests from third parties for information to be kept confidential.

Inter-agency procedures must be brought into action at the earliest possible stage and in respect of every allegation including those made against strangers, whether the child is living at home, with foster parents, in residential care or in any other situation.

(ii) The Social Services and the Police have a policy of joint investigation into all allegations of child abuse. See Section D2 [of LACPC Code of Practice] for description of joint investigation procedures.

(iii) STAFF MAKING/RECEIVING REFERRALS TO/FROM OTHER AGENCIES SHOULD BE CLEAR ABOUT:

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(a) the reasons for making the referral;
(b) any special needs of the child and family including cultural, physical, psychological, medical or other factors;
(c) their expectations of the agency to which they refer;
(d) the action(s) which will be taken by both the agency receiving the referral and the referrer;
(e) the need to urgently clarify any possible ambiguities regarding the details of the referral or subsequent actions

ALL STAFF MAKING REFERRALS SHOULD CONFIRM IN WRITING WITHIN 24 HOURS, REPEATING ALL RELEVANT INFORMATION, AND AGREED ACTIONS.

[EXTRACT FROM ACPC CODE OF PRACTICE]

▣ Youth Justice

From October 1996, responsibility for young offenders and Youth Justice concerns has been transferred to the Youth Justice Service. The primary functions of the Youth Justice Service are to provide equal access to high quality consistent services which help to stop young people becoming involved or further involved in offending and to provide services to help young people remain wherever possible in their own community and with their own families.

[n.b. uncertain as to whether this is what is required here - thus subject to amendment.]

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ROUTING THE REFERRAL

During the process of the assessment it will be likely that as an indication of the 'need(s)' within the case emerges, the type of service required will become apparent. **The temptation to propose a particular resource, prior to the completion of the Assessing stage, should be avoided in all but the most extreme circumstances (e.g. where the child's life is at immediate risk).** This is in order to consider whether any identified need(s) may be most appropriately met by the Directorate, by other agencies or within the family or wider community. If either of the latter two are felt to be appropriate, the support or referral process necessary should be identified and whether assistance is required to achieve this.

Where it is identified that there is a need which may be most appropriately met by the Directorate, then it should be recognised that broadly the Directorate's services may be described as either Family Support Services or, Children Looked After Services. They each have their own access procedures, which are outlined below and in the Section Planning 2. However it is important to consider which of these two routes is best able to meet the identified 'need(s)' of the child, by reference to their basic aims as embodied in their Service Statements. These are:

- Family Support Services

Family Support Services are those services provided by a range of agencies that enable families to meet the needs of their children. The Social Services Directorate's Family Support Services are those services which are provided to enable families to live together and meet their children's development and

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welfare needs on the principle that most children are best cared for in their own families. They are provided in response to a request from the family or in response to information from other parties, if the need identified is within the Directorate's criteria for eligibility for services which focuses resources on children in need. These criteria ensure the targeting of services to those children most at risk of separation from their family, where their welfare is at risk from neglect or abuse, where there is a special developmental need or where they may be returned home to their family. They may be provided by the Directorate as a single agency or in partnership with other agencies.

- Children Looked After Services

Children's Homes and Family Placements will provide a range of complimentary and supportive services to ensure good parenting and good outcomes. Looked after children and young persons will be cared for in a way which meets their assessed needs, having taken into account their wishes. Services will provide stability, security and opportunities for personal growth and development. Effective care planning is an essential component of services for looked after children and will include consideration of a return to the family of origin or community alternatives.

Following an outline decision to consider either Family Support Services or Children Looked After Services as the likely outcome, it will be necessary to ensure that the assessment provides sufficient information to ensure that the necessary Planning stage may commence. In basic outline this will involve:

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- Family Support Services

Where the need is identified for Family Support Services, a Family Support Services Referral Form should be completed. The Form, in addition to carrying basic information about the family, enables the classification of the family's needs into one or several 'needs' groupings. It also enables the early identification of desired outcomes from an intervention.

Needs and desired outcomes codings are provided to assist the process of identifying needs and desired outcomes. There is scope for submitting needs and desired outcomes that do not fit within the codings.

The Family Support Services Referral Form also enables the identification of the level of the need referred (i.e. Levels 1 - 4).

The purpose of the referral process is to enable the provision of Family Support Services to be led by need.

The completed Family Support Service Referral Form should be passed to the Family Support Co-ordinator or Assistant Co-ordinator. A Family Support Care Planning Meeting will be convened to plan an intervention. A Family Support Service may only be provided without a Plan and prior to a Care Planning Meeting in an emergency. In such emergency situations the Care Planning Meeting must be held within five working days of the commencement of the service.

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- Children Looked After Services

Where the need is identified for shire Social Services to provide accommodation for an individual child or young person, following a Basic Assessment by the Area Social Worker, a Care Planning Meeting must be convened and chaired by the Area Team Manager. Only in exceptional circumstances, for example an urgent requirement for placement in cases of abandonment, significant harm e.t.c., may a placement occur without a Care Planning meeting. Even in these cases, a Care Planning Meeting must be convened within five days of the placement occurring. No actual placement though can be offered or provided without reference to the Resource Allocation Panel or in the case of exceptional circumstances, the Directorate's Duty Manager.

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HOW DECISIONS ARE MADE

As at the Screening stage there will be a number of individuals who will be involved during the Assessing stage following the receipt of a referral. These will principally be the Duty Worker or other Social Worker undertaking the assessment, the Team Manager and in certain cases the Area Manager. In addition, as the outcome of the Assessing stage, will have a bearing on any commitments the Directorate may subsequently have to provide services, the way in which decisions are made at this stage will be governed by the Directorate's Professional Scheme of Delegation.

- ***Role of the Duty Worker/Social Worker:***
  The Worker undertaking the assessment should use the Basic Assessment Form to help determine what need(s) the child may have and whether they are likely to be assisted by the provision of services by the Directorate. The Assessing process should also seek to identify the role of other agencies and/or the family and wider community in meeting the child's needs. The process of the assessment will involve the Worker in liaising with all relevant individuals and agencies able to assist in providing further information for use in completing the assessment. The Duty Worker's primary duty is to assess 'need' rather than define service outcomes.

- ***Role of the Team Manager:***
  The Team Manager's role is to manage the allocation of referrals for assessment and to supervise and approve the outcomes. They will also maintain an Assessing Stage Log which will ensure that all Referrals identified as

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Screening Outcome 1 or 2 are processed for assessment. The Team Manager is responsible for ensuring that the services which may be proposed following the completion of an assessment are appropriate and feasible and should be aware of the likely impact on resources of what is proposed. In certain exceptional circumstances this will involve liaison with the Area Manager.

- ***Role of the Area Manager:***
  The Area Manager may become involved in the Assessing Stage either as a result of the Team Manager's absence or in respect of cases which require an approval of service plans or liaison with senior management before services can be approved.

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HOW DECISIONS ARE RECORDED

Again as with the Screening stage the process must end with a formal decision as to the action required. As the purpose of the Screening stage is to establish primary eligibility, then the purpose of the Assessing stage is to confirm that eligibility and to identify the level of 'need(s)', which in turn should indicate the type or range of services which may subsequently be planned for. Thus the potential outcomes of the Assessing stage are:

- *Assessing Outcome 1:* Eligibility is confirmed as the 'need(s)' identified are so serious that without immediate support, either the child or young person is unlikely to achieve a reasonable standard of health or development, or their health or development will be significantly impaired.

- *Assessing Outcome 2:* Eligibility is confirmed, but that the 'need(s)' identified are not so serious as to require immediate support. However the provision of services is seen as likely to, either help a child or young person achieve a reasonable standard of health or development, or to prevent their health or development being significantly impaired and thus allocation will be offered if the availability of resources permit. Where no resources are available a deferred service may be offered, or assistance with 'sign-posting' or referral to another offered.

- *Assessing Outcome 3:* Eligibility to receive services from the Directorate is not confirmed, though it is recognised that the child or young person is a 'child in need' and that they have

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'need(s)' which require to be addressed. In such cases the expectation is that the 'need(s)' can be met by a referral to a Level One Service or in some cases a Level Two Service.

- *Assessing Outcome 4:* Although the child or young person was confirmed as having primary Eligibility at the Screening stage, the Assessing stage has revealed no identifiable 'need(s)' with regard to their health or development and they are thus not deemed to be a 'child in need'. In such cases however assistance may be offered by 'sign-posting' to another more appropriate agency.

Where the decision is Outcome 1 or 2, a decision in principle should be made as to whether 'Family Support Services' or 'Children Looked After Services' are the most appropriate means of meeting the assessed 'need(s)'.

All decisions as to outcomes on assessments must be sanctioned by the Team Manager by completing Section E of the Basic Assessment Form and before the Planning stage is commenced or before referrals or 'sign-posting' assistance is offered. This must include sight of all information obtained during the assessment. The child or young person and their parent or carer should be informed of the decision. Consideration should be given to also informing the original referrer and any other individual or organisation consulted during the process of the assessment, as to the outcome of the assessment. The child or young person and their parent or carer should be consulted as to the process for commencing the Planning stage.

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'need(s)' which require to be addressed. In such cases the expectation is that the 'need(s)' can be met by a referral to a Level One Service or in some cases a Level Two Service.

- *Assessing Outcome 4:* Although the child or young person was confirmed as having primary Eligibility at the Screening stage, the Assessing stage has revealed no identifiable 'need(s)' with regard to their health or development and they are thus not deemed to be a 'child in need'. In such cases however assistance may be offered by 'sign-posting' to another more appropriate agency.

Where the decision is Outcome 1 or 2, a decision in principle should be made as to whether 'Family Support Services' or 'Children Looked After Services' are the most appropriate means of meeting the assessed 'need(s)'.

All decisions as to outcomes on assessments must be sanctioned by the Team Manager by completing Section E of the Basic Assessment Form and before the Planning stage is commenced or before referrals or 'sign-posting' assistance is offered. This must include sight of all information obtained during the assessment. The child or young person and their parent or carer should be informed of the decision. Consideration should be given to also informing the original referrer and any other individual or organisation consulted during the process of the assessment, as to the outcome of the assessment. The child or young person and their parent or carer should be consulted as to the process for commencing the Planning stage.

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Where the decision is either Outcome 3 or 4, following the Assessing stage, the child or young person and their parent or carer should be informed of their right to use the complaints procedure if they disagree with the outcome.

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LEVELS OF SERVICE

As indicated in Introduction 5 (Planning Framework), services are provided within four Levels. Broadly these are:

- Level One: Assisting families and their communities.
- Level Two: Responding to children in need and their families.
- Level Three: Preventing further harm to, or medium or longer term separation of, children in need from their families.
- Level Four: Caring for children in need looked after away from their families.

Following the decision in principle at the end of the Assessing stage that the identified 'need(s)' may be best met by either Family Support Services or Children Looked After Services, it is necessary to identify which of the four Levels of service may be most appropriate. Reference may need to be made to the Framework included at Introduction 5, as this indicates the broad objectives and intended outcomes for each of the four Levels.

It is likely that any case which has reached the stage of requiring services to be planned will be most appropriately addressed by either Level 3 or Level 4 services, though on some occasions Level 2 services will nevertheless be the appropriate option. Each Area

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will be aware of precisely what services are available within its locality or networks. However the table below provides an indication of the types of service provided under Family Support Services or Children Looked After Services at Levels 2, 3 & 4. This table may be used as a guide to planning services in response to the assessed 'need(s)', though not all services shown will be available in all Areas or at all times.

	Family Support Services	**Children Looked After Services**
Level Two	*Casework;* *Child development assessments;* *Child & Adolescent Mental Health Services;* *Support services for families with 'children in need';* *Targeted day care;* *Domiciliary Support Services;* *Youth Justice Services;* *Respite/Short Term care;* *Domestic Dispute resolution;* *Out of School Clubs;* *Education Welfare Service;* *Special Educational Needs Service;* *Substance Misuse Services;* *Befriending Scheme.*	

Access to Services for Children

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	Family Support Services	Children Looked After Services
Level Three	*Casework Services;* *Planned Respite Care;* *Whole Family Assessments;* *Therapeutic programmes;* *Youth Justice Services (Remand & bail facilities);* *Youth Justice Services (Community Sentences);* *Substance Misuse Services;* *Child Protection Services.*	*Resource Allocation Panel for planned placements re:* *- Foster Care (task centred)* *- Residential Care* *- Other accommodation;* *Accommodation for unplanned placements;* *Through-placement care*
Level Four		*Resource Allocation Panel for planned placements re:* *- Foster Care (task centred)* *- Residential Care* *- Other accommodation;* *Accommodation for unplanned placements;*

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CARE PLANNING

The concept of Care Planning has historically been associated with looked after children or with legal proceedings. As a concept it actually represents no more than what is 'good practice' in the way in which services are planned in response to assessed 'need(s)'. The development of a comprehensive Strategy for Family Support Services has led to the adoption of a care planning process in relation to these services as much as that introduced by the Looking After Children Materials (LAC) for Children Looked After Services. Both systems are intended to ensure that no service is provided without the full participation of the child or young person and their parent or carer and that the service which is provided is the one best able to meet the child or young person's 'need(s)'.

It is thus necessary to be aware of the Care Planning requirements of both systems prior to targeting a particular resource option. Those requirements are:

- Family Support Services

  Family Support Services interventions should normally be preceded by a Family Support Services Care Planning Meeting. This is except in emergencies when the Meeting must be held within five working days of the commencement of the provisional service. The Care Planning Meeting should include the family and child (if old enough)/young person, the referring Social Worker &/or Team Manager; the Family Support Co-ordinator or representative; other significant agencies

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(e.g. School, Health Visitor); and other significant others involved in the situation.

The Family Support Services Plan and the Family Support Services Referral Form, are complimentary. Together, they enable the information which is shared by the whole group to re-clarify the needs and the desired outcomes and, on the basis of evidence of effectiveness, identify services to be provided (using codings).

The services in response to any Level 1 needs would normally be provided by other agencies or individuals within the community. The Directorate's direct contribution to the Plan will normally be at Levels 2 to 4 and even then whenever possible, in partnership with other agencies. The roles should be guided by where the skills are to provide the services that evidence informs the meeting are required to achieve the desired outcomes.

All Plans should relate to specific achievable aims. The Family Support Services Plans should be detailed and include specific commitments by individual participants. All participants should receive a copy of the Plan. The Plan will also specify timescales and review dates.

- *Children Looked After Services*

Where the proposed service, is to accommodate the child or young person,

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consultation must take place with professionals from other agencies prior to a Care Planning Meeting where this did not happen during the Assessing Stage.

A Care Planning Meeting should be held prior to any admission. The Meeting should be chaired by a Team Manager and must establish that the need for accommodation is appropriate and that no suitable alternative accommodation (e.g. extended family, friends e.t.c) exists.

An LAC Care Plan must be completed to ensure that the child or young person has a plan which clearly states the overall objectives for their long term care and the strategy for achieving them.

Whilst the other LAC Forms may be commenced at this stage, a resource is only offered after the Care Plan has been presented to the Resource Allocation Panel.

Once a placement has been confirmed the LAC Essential Information Record Part One and the Placement Plan Part One must be completed before the placement commences. Where possible Part Twos of these Forms should also be completed before the placement commences. In any event they must be completed within 14 days of the placement commencing.

In the case of unplanned placements, which

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should only occur in urgent cases (e.g. abandonment, significant harm e.t.c.) and must be sanctioned by the Directorate's Duty Manager, the placement may take place without a Care Planning Meeting. In these cases, a full Care Planning Meeting must be held within five days.

Full procedures outlining the Care Planning process and Resource Allocation Panel are contained within the Children's Services Manual in Section F7a and F7b respectively. A copy of the Care Planning (LAC) flowchart is included on the next page, for information.

LOOKING AFTER CHILDREN - THE PROCESS

Referral

Allocation

Assessment — Decision to provide support

Decision that child or young person may need to be looked after

Opportunity to plan care package

Placement required at begining of careplanning process

Planned Placement

EIR 1

Admin: LAC 1a Invitation to Care Planning Meeting

Care Planning Meeting Chaired by Team Manager

Care Plan

TM: EIR Part 2

Admin: LAC 1b Outcome of Care Planning Meeting

TM: FP1 or Res1

Admin: LAC 2a Invitation to placement planning Meeting

Placement Planning Meeting Chaired By Team Manager or SW

TM: Placement Plan Part 1

TM: Placement Plan Part 2

Admin: LAC 2b Outcome of Placement Planning Meeting

Admin: Medical SS2/11

Parental Contribution Forms

Movement Form SS1/3

Admin: Notification of Placement under relevant regulations

PLANNED PLACEMENT BEGINS

Unplanned Placement

SW: EIR 1 — *Before admission*

SW: Placement Plan Part 1 — *Before admission*

SW: FP1 or Res1

UNPLANNED PLACEMENT COMMENCES

SW/Admin: Medical SS2/11 — *Straight after admission*

SW/Admin: LAC 1a Invitation to Care Planning Meeting

Care Planning Meeting Chaired by Team Manager — *Within 5 days of placement*

TM: Care Plan

SW/TM: EIR Part 2 — *Within 14 days from placement*

SW/Admin: LAC 1b Outcome of Care Planning Meeting

SW/TM/Admin: Placement Plan Part 2

SW: Parental Contribution Forms

SW: Movement Form SS1/3

SW/Admin: Notification of Placement under relevant regulations

SW will visit placement within 7 days of child or young persons admission and this and subsequent visits will be recorded on the Review of Arrangement Form

REVIEW PROCESS COMMENCES

SW/Admin: LAC 3 Invitation to Review

SW/Admin: SS2/10e to Education

SW/Admin: SS2/10h to Health

SW/Admin: Consultation Papers to: Child/Young Person; Parent/Person with Parental Responsibility; Foster Carer/Residential Worker

SW: Review of Arrangements Form Commenced

Statutory Review

Chair: Review of Arrangements Form Completed

Chair/Admin: LAC 4 Distribution of Review Information

First Review to take place within 28 days of placement
Second Review 3 months after Initial Review
Subsequent reviews at 6 monthly intervals

NB If Placement changes new review cycle commences Unless there is a change in the Care Plan no new Care Plan will be required but a new Placement Plan Part 2 will be produced and new signatures required for Placement Plan Part 1

ASSESSMENT AND ACTION RECORDS

Within 10 Months of Initial Placement a decision will be made during Statutory Review to commence completion of AAR. This will then form basis for discussion at subsequent Reviews.

Responsibility for ensuring completion of AAR files with Social Worker in conjunction with Child or Young Person and Carers where appropriate

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PLANNING/RESOURCE ALLOCATION SYSTEMS

- *Family Support Services*

  The Family Support Services Care Planning Meeting will be responsible for agreeing the allocation of resources in response to the needs identified and agreed. There is no additional stage in the process of accessing Family Support Services.

- *Children Looked After Services*

  Following a Care Planning Meeting decision that the most appropriate response is that the child/young person should be looked after by the local authority, a copy of the completed LAC Care Plan and a completed SS2/4 'Applications to Panel for accessing Placements' should be submitted to the either the North or South Resource Allocation Panel, depending upon the child's home address. The Panels meet weekly and are responsible for allocating all residential and family placements, including out of county and specialist placements, though permanence issues (i.e. long term fostering and adoption) are still dealt with by the Family Placement Panel. For further information on Resource Allocation Panels, refer to Section F6b in the Children's Services Procedures Manual.

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OUTCOME/OBJECTIVE MEASUREMENT

It is imperative that when services are provided to a child, young person or their family, that that service is closely matched to the 'need(s)' identified during the Assessing stage. Consequently there is a requirement during the Planning stage to consider what outcomes or objectives are sought in response to those 'need(s)'. These must be addressed within the Care Plan and consideration given to how they are to be measured. As part of an agreed measurement process all parties must have a common understanding of when objectives have or have not been reached and whether the outcomes are positive or not. This is clearly part of the process of working in partnership with service users and with those responsible for providing services.

At the same time consideration should be given to whether objectives may need to be set for the service itself as well as for the service user. Where this is the case, this should be discussed with the service user as part of the Care Planning process.

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HOW DECISIONS ARE MADE

As with previous stages, there are a number of individuals who will be involved at the Planning stage. These will principally be the allocated Social Worker, the Team Manager, the Worker/Manager responsible for providing the service and in certain cases the Area Manager. The role of each of these individual's is crucial in the effective process of meeting the assessed 'need(s)' of the child or young person. In addition, access to the Directorate's looked after resources are controlled by the Resource Allocation Panel.

- ***Role of the allocated Social Worker:***
  Following the completion of a Basic Assessment Form and the agreement by the Team Manager that the provision of services by the Directorate is appropriate, the 'referral' will be allocated to a Social Worker and become a 'case'. At this stage the Social Worker is responsible for either ensuring that the referral process for Family Support Services is commenced and pursued through to a Care Planning Meeting, or that an LAC Care Planning Meeting has been arranged and the necessary LAC Forms commenced. This will include possible negotiation for particular resources or services and liaison with other agencies as appropriate in order to pull together a package of services which are best able to meet the child/young person's needs as previously identified. However the Social Worker should not commit the Directorate's resources prior to a decision of a Family Support Services Care Planning Meeting or a Looked After Services Resource Allocation Panel.

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- ***Role of the Team Manager:***
  The Team Manager is responsible for ensuring that all decisions are taken appropriately. In particular this should include overseeing the process of identification of resource(s) in order that the total resources which are available to the Area are used most efficiently. This can be achieved by verifying all proposals and participating in the resource finding process, particularly where there may be significant cost implications. This may also include attendance at Care Planning Meetings and liaison with the Area Manager to seek sanction for the use of resources, including any residential or family placement.

- ***Role of the Worker/Manager responsible for providing the service:***
  There is an expectation that those responsible for the provision of services should actively participate in the development of care packages, though any commitment to the use of particular resources may only be made after agreement of a Family Support Services Care Planning Meeting or Resource Allocation Panel.

- ***Role of Area Manager:***
  The Area Manager remains ultimately responsible for the operational decisions made within their Area in relation to the use made of resources. In particular this requires that they have oversight of the decision making process with regard to looked after placements and must support all requests for such placements. In addition the Area Manager is responsible for

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liaison with senior management in respect of those cases which require the approval of a Senior Manager before a service can be provided. Area Managers need also to be aware of those cases involving legal proceedings and also of the position of their Area in relation to Child Protection Registrations.

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HOW DECISIONS ARE RECORDED

The Planning stage must end with a formal decision as to the services which are to be provided. Such services will be planned in response to the assessed 'need(s)' and will be identified within the appropriate Level of Service and type of service. However in some cases packages of services will be devised which may mean that children receive services on two different levels. This should ultimately enable the level of service required to be reduced as positive outcomes are achieved. However no child should receive services on a higher level than those originally planned for, without a further assessment, following a Review of their continuing eligibility and identified 'need(s)'.

The outcome of the Planning stage must be fully recorded using the appropriate Family Support Services documentation, Minutes of Case Conferences or LAC paperwork. The decision as to the outcome of the Planning stage must be sanctioned by a Team Manager. Where they have not participated in the care planning process, the child or young person and their parent or carer should be informed of the outcome to the Planning stage (i.e. the service(s) to be provided.). Consideration should be given to also informing the original referrer and any other individual or organisation consulted during the process of the Assessing or Planning stage of the service to be provided. The child or young person and their parent or carer should also be informed of the Reviewing process and the requirements to re-assess the original decisions at the necessary stages, in addition to any formal or statutory Reviews, including timescales. Where they are unhappy with the outcome to the Planning stage, the child or young person and their parent or carer should be informed of their right to use the complaints procedure.

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CONTINUING ELIGIBILITY

The receipt of services and deployment of resources to meet an assessed need should be subject to on-going review. This both recognises that an individual's needs are always subject to change and that it is necessary to review the appropriateness of the particular services and resources agreed at the Planning stage. Thus all children and young people who receive the support of the Directorate with services provided at Level 2, Level 3 or Level 4 should have their needs and continuing eligibility assessed at the Reviewing stage. Some children will be subject to existing mechanisms such as Child Protection or Looked After reviews. In all cases however, there is a need to review the continuing eligibility as distinct from the success of the service. This will usually be done within the process of line management of the case (i.e. between Social Worker and Team Manager) and will be undertaken either after six months or following significant changes. The Team Manager is responsible for determining the precise timing. Such Reviews should be undertaken by completing a Review of Eligibility Assessment Form, though the views of the child or young person, their parent/carer and those who have been involved in providing the resource(s), should be obtained and considered.

The Reviewing stage should on all occasions consider whether the circumstances which made the child eligible for assessment still exist (i.e. the Screening stage.); whether the circumstances of the case are still above the threshold (i.e. the Assessing stage); and whether the level of services agreed is still appropriate (i.e. the Planning stage). There should never be any assumptions that the circumstances which applied at the time of the original referral still remain. Indeed it is highly unlikely that they will. In addition, the Review

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OUTCOME ASSESSMENT

In order to measure whether the services provided have been successful in meeting the assessed 'need(s)' of the child or young person, it is necessary, as is emphasised in Planning 4 (Outcome/Objective measurement), to define the outcomes which it is intended should be achieved. These will reflect the 'need(s)' of the individual and also the ability of the services or resources deployed. Consequently it is not possible to list here all potential outcomes for all combinations of circumstances and of resources. However, in broad terms, 'Outcome Assessment' may be said to be the process of deciding how far improving a child or young person's experiences, or them having fewer unmet needs, is reflected in their improved or enhanced developmental progress. With regard to children looked after this may be seen as: How far does the experience of being looked after away from home make a difference to the developmental progress and therefore the long term quality of life for children and young people in care or accommodation?

Within each of the two service areas, suggested indicators which may help to define the outcomes, are listed below:

- Family Support Services

  To follow

- Children Looked After Services

  - *Are the child or young person's health needs being adequately met?*
  - *Does the experience improve the child or young person's educational chances?*

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- *Are the child or young person's racial, religious and cultural needs being adequately met?*
- *Does the child or young person receive adequate help with emotional/behavioural difficulties?*
- *Does the child or young person learn how to develop and sustain family and social relationships?*
- *Is the child or young person aware of the messages given by their behaviour and appearance?*
- *Is the child or young person able to learn the skills needed to cope independently in adulthood?*

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EFFECT OF SERVICES

At the same time as considering the continuing eligibility, it is necessary and in some cases is a statutory requirement to consider the effect of services. There are various means available to do this. These may for example include:

- Case Conferences;
- Service User participation (e.g. Questionnaires, User Groups e.t.c);
- Advocacy schemes;
- Independent Visitors;
- Consultation;
- Line management support;

A combination of any of these, or other means, may be the most appropriate methods in a particular case. The purpose of them all though, is to contribute to an overall evaluation of the services offered and the specific resources provided. That evaluation must be a participative process and cannot be carried out in isolation from the child or young person and their parent or carer.

Any reviewing exercise must also be recognised as a process, not a point in time (e.g. a Review meeting). Where existing procedures or Regulations require a formal meeting (e.g. Child Protection or a Looked After Child) these should be the culmination of the exercisee.

It is essential within the review exercise, of the effect of the services, to consider:

- Does the Social Worker and the service user have a common understanding of the Care Plan?

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- Does the Plan contain identified outcomes?
- Are those outcomes being measured?
- If so, who by, and are the results of that measurement contributing to the formal decision making process?
- Is the case being regularly reviewed within a Line Management/Supervision process (including by completing a Review of Eligibility Form at least every six months)?
- If the 'need(s)' of the case are changing are these being properly re-assessed (i.e. by completing a Review of Eligibility Assessment Form when significant changes are identified)?

There are specific 'tools' to measure the effect of services and the on-going 'need(s)' of children and young people and their families. These are:

- Family Support Services

  To follow

- Children Looked After Services

  Assessment & Action Records: *The Assessment & Action Records (AAR) were introduced by the LAC Materials and are an innovative means of identifying the aims which a reasonable parent may make for a child at each age and stage of development. They assess progress across the seven developmental dimensions and examine how far the child is being offered the type of*

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experiences and quality of care which research has identified as necessary for their long term well-being. The AARs make it clear that the progress of children and young people is dependant upon the quality of care they receive. Clearly, for those in public care, the relationship between the two is potentially complex and numerous factors may intervene to impede progress even when children and young people receive a high standard of care. The AARs are divided into six separate booklets which relate to age and development stages from birth to independence. Each AAR is designed to assess the quality of care that children receive and their progress across the seven dimensions. The AARs can be used as Discussion documents; Planning Tools; Data gathering instruments; sources of outcome evidence.

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THRESHOLDS OF CONTINUING NEED

As outlined, any review of services must include a re-evaluation of whether the circumstances of the case still meet both the primary eligibility (see Screening 2) and secondary eligibility (see Assessing 3). In other words is it still appropriate for the child or young person to be receiving services from the Directorate at all. As one of the fundamental aims of any intervention, is that only the least amount of service provision required, should be offered, in order to avoid over-dependence upon services and also 'drift', it is imperative that the focus during the Reviewing stage should be on 'continuing need' as much as on the 'service' itself. This will be achieved by completing the Review of Eligibility Assessment Form as outlined in Reviewing 1.

The completion of the Review of Eligibility Assessment Form will address:

1. Does the child or young person still qualify under any of the Primary Eligibility categories, or have their circumstances changed so that they may qualify under another category?

- ▣ *Family Proceedings*
- ▣ *Family Support*
- ▣ *Youth Justice*
- ▣ *Independent 16 & 17 year olds*
- ▣ *Children with disabilities*

2. Are the original circumstances of the child still such that they are likely to be above the

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threshold or have new circumstances been identified which continue to place them above the threshold?

Except where the obvious 'need(s)' of the case have changed (e.g. where the circumstances which initially placed the child 'at risk' are no longer present), a further assessment of the circumstances may be required. As suggested the Matrix included at Assessing 2, may again be used to help determine whether the circumstances are still such as to require the continued services of the Directorate or whether the case may be closed or referred to another agency, for an alternative service.

In cases where it is unclear whether the circumstances have changed and thus whether the continued provision of services are necessary, the following questions may help determine, in relation to each of the dimensions, where circumstances were previously identified as being above the threshold, whether those circumstances are such that the child continues to have identified 'need(s)' which need to be met (n.b. Specific examples of questions which may be asked in relation to the Health dimension are given). These are only intended as examples. Professional judgement should allow Social Workers to identify relevant questions to pose with regard to each of the dimensions. Thus:

- What are the needs of the general population compared to the needs of those currently receiving services? What are the needs of the individual concerned and where do these fit alongside those of the general population or those receiving services?
  Health : Does the child have any on-going health condition/disability?

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- What would be the objective of continuing intervention in relation to the child or young person's 'need(s)'?
  Health : Would the child receive the type of service appropriate to their needs without continuing intervention (e.g. routine immunisations, developmental reviews)? Are they sufficiently aware of the risks associated with 'unhealthy lifestyles'?

- How appropriate is the current service to meeting any current or outstanding 'need(s)'?
  Health : Does the Care Plan address the current or outstanding 'need(s)'?

- How is the child or young person expected to progress in the immediate future?
  Health : Is the child or young person at risk without further services (e.g. from illness, accident, pregnancy)?

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HOW DECISIONS ARE MADE

There are again a number of individuals who will be involved in confirming the outcome of the Reviewing stage. These will principally be the allocated Social Worker, the Team Manager, the Worker/Manager responsible for providing the service, the Child Care Co-ordinator and in certain cases the Area Manager. Each will have a different role to play in determining whether the services which have been provided continue to meet the needs of the child; whether they should be changed, or whether there is in fact no longer any 'need(s)' which can be appropriately met by the provision of services from the Directorate.

Guidance to follow here will include:

- ***Role of the allocated Social Worker:***
  As the worker responsible for the day-to-day management of the case, the allocated Social Worker has a duty to assess on-going needs and changes to the original assessment. This may be achieved by remaining involved with the child or young person and their family as well as maintaining close links with other interested parties and agencies. In addition to preparing for any statutory or other service review processes, the allocated Social Worker will also be responsible for completing a Review of Eligibility Assessment Form as directed by the Team Manager. This will be used during the line management of the case to help determine the Directorate's continuing commitment to provide services in response to the assessed need(s) of individual children and their families.

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5

- ***Role of the Team Manager:***
  The Team Manager has a responsibility through the line management process, both in terms of the supervision of staff and of ensuring the best use is being made of available resources, to maintain an on-going awareness of the needs within the case. They should ensure that an effective Care Plan is maintained in respect of all 'open' cases and that the Directorate's commitment to provide services within that Care Plan is feasible and appropriate. This will be assisted by ensuring that a Review of Eligibility Assessment Form is completed at least every six months and more regularly where it is known that there has been significant changes to the circumstances of the child or young person. The Team Manager will also need to maintain close links with the Area Manager, particularly where high cost resources are being used, and also with Child Care Co-ordinators where statutory responsibilities are involved.

- ***Role of the Worker/Manager providing the service:***
  The key contribution of those providing services to the review process is in helping to determine whether the outcomes which were identified within the Care Plan, have been or are being met. They should ensure that where outcomes have been achieved, or where circumstances have changed and the original outcomes are no longer appropriate, that the Care Plan and/or the Directorate's on-going commitment to provide services is properly reviewed. This will be achieved by their

REVIEWING

participation in statutory and/or service reviews as well as through contributing information to the Review of Eligibility Assessment conducted by the allocated Social Worker).

- ***Role of the Child Care Co-ordinator/ Reviewing Officer:***
  The Child Care Co-ordinator/Reviewing Officer's primary role is with regard to statutory review requirements, particularly in respect of children looked after and those on the child protection register. With regard to these children they remain key individuals in determining the continuing provision of services and thus they should ensure that any concerns or comments they may have are given to the allocated Social Workers or Team Managers. This may be in addition to 'chairing' the actual review meeting. Issues which they may wish to raise in particular would be around unmet need or the continuing necessity to provide services where outcomes appear to have been achieved.

- ***Role of the Area Manager:***
  The Area Manager retains overall responsibility for the management of 'cases' within their Area. This will necessitate that they remain aware of the commitment to provide services by the Directorate in certain types of case, in particular those involving 'high cost' resources. They are responsible for ensuring that the Team Managers are ensuring that the best use is made of the resources available to the Area. The Area Manager should also liaise closely with senior management in certain cases.

REVIEWING

HOW DECISIONS ARE RECORDED

As with the previous stages the process must end with a formal decision as to the action required. The purpose of the Reviewing stage is to confirm whether the case continues to meet the criteria of both primary eligibility and secondary eligibility and to re-assess the level of 'need(s)'. In turn this should indicate the type or range of services which may subsequently be provided if it is agreed that services should continue to be provided. Thus the potential outcomes of the Assessing stage are:

- *Reviewing* Outcome 1: Eligibility is re-confirmed and the child remains eligible to receive the direct support of the Directorate and it remains a priority that the package of resources previously agreed, or augmented, remain appropriate.

- *Reviewing* Outcome 2: Eligibility is re-confirmed and the child remains eligible to receive the direct support of the Directorate. But, following a re-assessment it is acknowledged that significant change has taken place since the original referral or last review, which means that the level of service and package of resources should be amended.

- *Reviewing* Outcome 3: Eligibility to receive services from the Directorate is no longer confirmed. Although the child is no longer eligible to receive the direct support of the Directorate, further support may be more appropriately provided by another agency. Thus onward 'sign-posting' or referral to other agency should be offered.

REVIEWING

- *Reviewing* Outcome 4: Eligibility is no longer confirmed and following a re-assessment, the child no longer has a need which requires the support of the Directorate's services, or that they or their parent/carer have declined the further support of the Directorate and there are no grounds for compulsory intervention.

The outcome of Service Reviews must continue to be recorded using the appropriate Family Support Services documentation, Minutes of Case Conferences or LAC paperwork. The decision as to the outcome of the Reviewing stage though, must be recorded on Section C of the Review of Eligibility Assessment Form and sanctioned by a Team Manager. The child or young person and their parent or carer should be informed of the outcome to the Reviewing stage (i.e. whether the child/young person remains eligible to receive service(s).). Consideration should be given to also informing any other individual or organisation consulted during the process of the Reviewing stage as to whether services will continue to be provided. The child or young person and their parent or carer should also be informed of the continuing Service Review process and the requirements to re-assess the original decisions at the necessary stages, including any statutory timescales.

Where they are unhappy with the outcome to the Reviewing stage, the child or young person and their parent or carer should be informed of their right to use the complaints procedure.

APPENDICES

1. ASCM Forms - Guidance on Completion
2. Children's Services - Request Form Supplement
3. Screening Stage Log
4. Children's Services - Basic Assessment Form
5. Assessing Stage Log
6. Children's Services - Review of Eligibility Assessment Form

Appendix 1

ASCM Forms - Guidance on Completion

Children's Services Basic Assessment Form: Section A to be completed by the Duty Worker in all cases where Screening Outcome 1 or 2 is proposed following completion of a Children's Services Request Form Supplement. Section B to be completed by the Team Manager before the referral is processed for an assessment. Sections C & D to be completed by the Social Worker undertaking the assessment. The Form with Sections A - D completed, together with any SS1/4 Forms which may have been used, should be passed to the Team Manager before any further action is taken. Section E will then be completed by the Team Manager before the process towards the provision of services is commenced. This will usually involve the 'referral' being formally allocated as a 'case' to a Social Worker and a casefile opened.

Assessing Stage Log: To be completed and 'managed' by the Team Manager in respect of all referrals where an assessment is to be undertaken (i.e. those referrals where Screening Outcome 1 or 2 is supported). The purpose of the Log is to check that the number of referrals proceeding to an assessment corresponds to the number of referrals recorded on the Screening Log with an Outcome 1 or 2. The Team Manager is also responsible for ensuring that decisions have been taken appropriately in all cases during the Assessing Stage.

Children's Services Review of Eligibility Assessment Form: To be completed by the case-holding Social Worker. The Form's usage is intended to be in addition to Statutory Review Forms or Service Reviews, which should focus more specifically on the outcome in relation to the success or failure of the provision of specific services, rather than eligibility per se. The point at which the Form should be used is at the Team Manager's discretion, but should ideally be used in all cases where services have been provided for a period of six months or more and should be completed at least once in every twelve months. Factors which will affect when the Form is completed will include: where there have been many or rapid changes in the child's circumstances; where the costs of the services provided are relatively high and/or their value is in question; where the placement is settled and the plan is permanent. The completed Form should be used within the Supervision/Line Management process to assist in caseload management and Team workload management, as well as confirming an individual's continuing eligibility.

Appendix Two

Access to Services for Children

CHILDREN'S SERVICES - REQUEST FORM SUPPLEMENT

A

To be completed by the Duty Worker in addition to an SS1/1 in respect of a referral of a child.

1. **Name of Child:**

2. Describe the initial assessment of the presenting needs/circumstances:

3. Do the presenting needs/circumstances meet the primary Eligibility Criteria? YES NO

4. If No, has assistance been given in directing the subject of the referral, to an alternative agency able to assist with the presenting needs/circumstances? YES NO

If assistance has been given to make such a referral: to which agency, how and when:

5. If Primary Eligibility Criteria are met, which category?

FP FS YJ 16/17 CD

ACCESS TO SERVICES FOR CHILDREN
SCREENING STAGE LOG

Date referral rec'd	Surname + initial of subject	Method of referral	Primary Elig. confirmed					Sign-posting given		Screening Outcome				Who involved in outcome decision?			
														Rec.	Duty	TM	AM
			FP	FS	YJ	16	CD	Y	N	1	2	3	4				
			FP	FS	YJ	16	CD	Y	N	1	2	3	4				
			FP	FS	YJ	16	CD	Y	N	1	2	3	4				
			FP	FS	YJ	16	CD	Y	N	1	2	3	4				
			FP	FS	YJ	16	CD	Y	N	1	2	3	4				
			FP	FS	YJ	16	CD	Y	N	1	2	3	4				
			FP	FS	YJ	16	CD	Y	N	1	2	3	4				
			FP	FS	YJ	16	CD	Y	N	1	2	3	4				
			FP	FS	YJ	16	CD	Y	N	1	2	3	4				
			FP	FS	YJ	16	CD	Y	N	1	2	3	4				
			FP	FS	YJ	16	CD	Y	N	1	2	3	4				
			FP	FS	YJ	16	CD	Y	N	1	2	3	4				
			FP	FS	YJ	16	CD	Y	N	1	2	3	4				
			FP	FS	YJ	16	CD	Y	N	1	2	3	4				

Appendix four

Access to Services for Children

CHILDREN'S SERVICES - BASIC ASSESSMENT FORM

A

TO BE COMPLETED BY THE DUTY WORKER WHERE A REFERRAL HAS BEEN SCREENED AS OUTCOME 1 OR 2. THIS FORM SHOULD BE PASSED TO THE TEAM MANAGER TOGETHER WITH THE COMPLETED SS1/1 AND THE CHILDREN'S SERVICES REQUEST FORM SUPPLEMENT.

NAME OF CHILD/YOUNG PERSON:

DATE OF BIRTH: --/--/--

AGE:

ADDRESS:

POSTCODE:

PRIMARY ELIGIBILITY CRITERIA: FP FS YJ 16/17 CD

AGREED SCREENING OUTCOME: 1 2

PRIORITY NEED TO ASSESS:

SAME DAY/WITHIN 24 HOURS 1

WITHIN ONE WEEK 2

WITHIN THREE WEEKS 3

OUTLINE OF REFERRAL (including reasons for priority code):

DUTY WORKER: DATE: TIME: AM PM

B

TO BE COMPLETED BY THE TEAM MANAGER AFTER CONSIDERATION OF THE REFERRAL AND AGREEMENT AS TO THE SCREENING OUTCOME.

REFERRAL ALLOCATED FOR ASSESSMENT: YES NO

IF REFERRAL NOT ALLOCATED, PLEASE GIVE REASONS:

REFERRAL ALLOCATED TO:

DATE ASSESSMENT TO COMMENCE BY: --/--/--

TEAM MANAGER: DATE: TIME: AM PM

TO BE COMPLETED BY THE DUTY WORKER/SOCIAL WORKER UNDERTAKING THE ASSESSMENT

Record any identifiable need(s) which the child may have using the eight dimensions shown and indicating those needs which the Directorate may be able to plan to meet; those needs which may be met by other agencies; and those which may be met within or by the family. Refer to ASCM (Assessing 2) for guidance on completion of this part of the Form. However the assessment should be of the circumstances of the individual and their family. No attempt should be made to make the child's need(s) conform to the examples given. Indicate by a ✓ in the relevant Column whether the need(s) may be most appropriately met by the Directorate; other Agencies; or within the family.

	Identified need(s) to be met by:		
	SSD	Other Agencies	Family
TH			
CATION			
ITY			
Y/SOCIAL RELATIONSHIPS			
L PRESENTATION			
ONAL & BEHAVIOURAL DEVELOPMENT			
ARE SKILLS			
NMENT			

ASE USE ADDITIONAL COPIES OF THIS PAGE IF REQUIRED AND ATTACH TO THE COMPLETED FORM

CHILD IN NEED CATEGORIES

Following completion of the Need Assessment opposite, indicate which 'child in need' categories apply (if any). Tick as many categories as may be relevant.

Suffering/likely to suffer abuse & in need of protection **(see Note 1 below)**	☐	Offender/or at risk of offending &/or subject to legal intervention	☐
Currently subject to Care or Supervision Order	☐	Misuse of Drugs or other substances	☐
Currently looked after by a local authority	☐	Life threatening medical condition	☐
Parents unable to care for the child	☐	Substantial disability or severe learning disability	☐
Strong risk of family breakdown	☐	Homeless young person (aged 16 or 17 years old)	☐
Previously looked after by a local authority after their 16th birthday	☐	High Mobility Family	☐
		Caring responsibilities for others	☐

WHERE ONE OR MORE TICKS ARE RECORDED ABOVE, THIS WILL INDICATE THAT THE CHILD/YOUNG PERSON IS LIKELY TO BE A 'CHILD IN NEED'. WHERE THIS IS THE CASE THE SUMMARY OF NEEDS BELOW SHOULD BE COMPLETED WITH A VIEW TO PLANNING FOR THOSE NEEDS WHICH MAY BE MET BY THE DIRECTORATE AND OTHER AGENCIES.

NOTES:

1. If the child is identified as suffering or likely to suffer abuse, the immediate application of the Child Protection Procedures should be considered in conjunction with the Team Manager, and if necessary the completion of a Key Steps Document should be begun.

2. If during the Assessment it is identified that the child/young person is currently subject to a degree of risk due to actual or potential violence; an unsafe or unhealthy living environment; current service deficiencies; personal mobility; or through their reluctance or refusal to receive assistance, then after consultation with the Team Manager, the completion of a separate Assessment & Risk Management Plan should be considered. This should also be undertaken where those subsequently providing a service or other service users may be subsequently placed at risk as a result of factors identified during the Assessment.

SUMMARY OF NEEDS IDENTIFIED WHICH NEED TO BE MET BY:

SSD:

Other Agencies:

Family/Community:

a.	Have Child Protection Procedures been applied during this assessment?	YES	NO
b.	Has the Child been subsequently registered?	YES	NO
c.	If the Child has been registered does the Summary of Needs above reflect the Protection Plan?	YES	NO
d.	If the child has not been registered does the Summary of Needs above reflect any outstanding needs which the Enquiry/Conference identified?	YES	NO

TO BE COMPLETED BY THE DUTY WORKER/SOCIAL WORKER UNDERTAKING THE ASSESSMENT ON COMPLETION OF THE ASSESSMENT

PROPOSED ASSESSING OUTCOME | 1 | 2 | 3 | 4 |

IF OUTCOME 3 OR 4, HAS A REFERRAL BEEN MADE TO ANOTHER AGENCY IN ORDER TO MEET ANY OTHER NEEDS IDENTIFIED? | YES | NO |

IF A REFERRAL HAS BEEN MADE, STATE TO WHICH AGENCY AND WHEN THE REFERRAL WAS MADE:

IF OUTCOME 1 OR 2, WHERE ASSESSMENT INDICATES THAT SOME IDENTIFIED NEEDS MAY BE MET BY OTHER AGENCIES, IDENTIFY WHICH AGENCIES AND WHETHER CONTACT/REFERRAL HAS BEEN MADE:

WHERE ASSESSMENT INDICATES THAT SOME IDENTIFIED NEEDS MAY BE MET BY FAMILY/ COMMUNITY, DESCRIBE HOW THIS MAY BE ACHIEVED:

IF OUTCOME 1 OR 2, WHERE ASSESSMENT INDICATES THAT SOME IDENTIFIED NEEDS MAY BE MET BY THE DIRECTORATE, DESCRIBE THE SERVICES REQUIRED:
Family Support Services:

Looked After Services:

DUTY WORKER:	DATE: - - / - - / - -	TIME: AM PM

TO BE COMPLETED BY THE TEAM MANAGER FOLLOWING COMPLETION OF THE ASSESSMENT

RECOMMENDATIONS AS OUTLINED AT D2, D3 OR D4 AGREED | YES | NO |

WHERE RECOMMENDATIONS/ACTION NOT AGREED, PLEASE GIVE REASONS:

AGREED ASSESSING OUTCOME | 1 | 2 | 3 | 4 |

IF RECOMMENDATIONS FOR SERVICE SUPPORTED, CONFIRM:

FAMILY SUPPORT SERVICE REFERRAL FORM COMPLETED: DATE: - - / - - / - -

LOOKED AFTER CHILDREN CARE PLANNING MEETING ARRANGED: DATE: - - / - - / - -

TEAM MANAGER:	DATE: - - / - - / - -	TIME: AM PM

ACCESS TO SERVICES FOR CHILDREN
ASSESSING STAGE LOG

Date referral processed for assess	Surname + initial of subject	Child in Need confirmed		Secondary Elig. confirmed: above or below threshold		Child Prot or Youth Justice instigated		Sign-posting given		Assessing Outcome				Who involved in outcome decision?		
														Duty	TM	AM
		Y	N	A	B	CP	YJ	Y	N	1	2	3	4			
		Y	N	A	B	CP	YJ	Y	N	1	2	3	4			
		Y	N	A	B	CP	YJ	Y	N	1	2	3	4			
		Y	N	A	B	CP	YJ	Y	N	1	2	3	4			
		Y	N	A	B	CP	YJ	Y	N	1	2	3	4			
		Y	N	A	B	CP	YJ	Y	N	1	2	3	4			
		Y	N	A	B	CP	YJ	Y	N	1	2	3	4			
		Y	N	A	B	CP	YJ	Y	N	1	2	3	4			
		Y	N	A	B	CP	YJ	Y	N	1	2	3	4			
		Y	N	A	B	CP	YJ	Y	N	1	2	3	4			
		Y	N	A	B	CP	YJ	Y	N	1	2	3	4			
		Y	N	A	B	CP	YJ	Y	N	1	2	3	4			
		Y	N	A	B	CP	YJ	Y	N	1	2	3	4			
		Y	N	A	B	CP	YJ	Y	N	1	2	3	4			

Access to Services for Children

HILDREN'S SERVICES -
EVIEW OF ELIGIBILITY ASSESSMENT FORM

To be completed by the case holding Social Worker in respect of all cases where services have been provided following an assessment of need. This Form should be completed in addition to any statutory review process (e.g. LAC Review) or other service review process (e.g. Family Support), following the completion of those processes.

Name of child/young person

Date of original referral or previous eligibility review -- / -- / --

Previous Primary Eligibility Criteria

FP	FS	YJ	16/17	CD

Original Assessing or previous Reviewing Outcome

1	2

Summary of needs identified at Assessing Stage or at previous Reviewing Stage

Summary of Services provided in response to identified need on the previous Care Plan:

Family Support Services:

Looked After Services:

Other Agencies:

7. Summary of Services provided direct to the child/young person (i.e. independent of the Care Plan (e.g. GAL, Official Solicitor e.t.c):

8. Summary of agreed outcomes which services have been working towards

9. Have the services provided met the original or previous needs? Outline any needs which have not been met or have only been partly met

10. Describe any outcomes which have not been achieved or have only partly been achieved

11. What additional needs does the child have, if any, which need to be met (n.b. the matrix contained in the Basic Assessment Form, may be used to identify further needs)?

12. Summary of outstanding or additional needs identified, which need to be met:

Directorate:

Other Agencies:

Family/Community:

12. Does any need identified above, indicate that the child is suffering or likely to suffer abuse? YES* NO

* If the child is suffering or likely to suffer abuse, the immediate application of Child Protection Procedures should be considered in conjunction with the Team Manager.

13. Does any need identified above, indicate that the child/young person is currently subject to a degree of risk due to actual or potential violence; an unsafe or unhealthy living environment; current service deficiencies; personal mobility; or through their reluctance or refusal to receive assistance, or where factors identified, may place those subsequently providing a service or other service users at risk? YES¤ NO

¤ If an unacceptable level of risk is identified then after consultation with the Team Manager the completion of a separate Assessment & Risk Management Plan should be considered.

B **To be completed by the Social Worker undertaking the Review of Eligibility on completion of the Assessment**

1. Primary Eligibility Criteria still met FP FS YJ 16/17 CD

2. Proposed Reviewing Outcome 1 2 3 4

3. If Outcome 3 or 4 has a Referral been made to another Agency in order to meet any other needs identified Y N

4.

If a Referral has been made state to which Agency and when the Referral was made

If Outcome 1 or 2:

a. where needs may be met by other agencies, identify which agencies and whether contact/referral has been made:

b. where needs may be met by Family/Community, describe how this may be achieved:

c. where needs may be met by the Directorate, describe the services required:
Family Support Services:

Looked After Services:

Social Worker:	Date: - - / - - / - -	Time: AM PM

To be completed by the Team Manager following completion of Review of Eligibility

Recommendations as outlined at B3, B4 or B5 agreed YES NO

If recommendations for continuing/new services not supported, please give reasons:

Agreed Reviewing Outcome 1 2 3 4

If recommendations for continuing/new services are supported, confirm:

Family Support Care Plan amended to include new services and outcomes Date: - - / - - / - -

LAC Review confirms new services and outcomes Date: - - / - - / - -

Team Manager:	Date: - - / - - / - -	Time: AM PM