
From policy to practice: the implementation of a new framework for social work assessments of children and families

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ABSTRACT

This paper describes a two-year study conducted in 24 English councils to evaluate the implementation of the *Framework for the Assessment of Children in Need and their Families*. The Framework promotes a holistic, multi-agency approach towards the assessment of children in need. The study was carried out in two phases. Phase one explored how councils implemented the Framework and accompanying assessment records. Phase two used a variety of methods to assess the impact of the Framework on practice, including an audit of completed assessment records, postal questionnaires to practitioners and managers in social services and partner agencies, and a qualitative study of 52 cases which included interviews with parents, children over 10 and social workers. A time record was used to gather information on the time social workers spent on the various elements of the core assessment process. The study suggests that councils had to overcome a number of organizational and other barriers in order to implement the Framework. However, the Framework and supporting materials appear to have provided the foundations to improve the quality of social work recording and promote interagency working, and have strengthened the involvement of children and families in the assessment process.

INTRODUCTION

Government policy on children in the United Kingdom is focusing on achieving good developmental outcomes for all children and reducing social exclusion through offering help, assistance and resources at an early stage in order to prevent the development of more serious long-term problems (see, for example, Home Office 1998; Department of Health *et al.* 2000; Children and Young People's Unit 2001; HM Treasury 2001; National Assembly for Wales 2001; Department of Health 2003). The challenge to service providers is to identify accurately and sensitively those children who may require services and to ensure an appropriate and timely service that results in good outcomes.

In the past, assessments of children in need led by social services had tended to focus primarily on issues of abuse and neglect in that they were incident driven rather than adopting a holistic focus that identified children's developmental needs and circumstances (Audit Commission 1994; Department of Health 1995; Gibbons *et al.* 1995). Such an approach was frequently experienced by families as traumatic and intrusive (Cleaver & Freeman 1995; Farmer & Owen 1995) and unless suspicions of abuse were substantiated rarely resulted in the provision of services (Department of Health 1995). Findings from a programme of research on child protection (Department of Health 1995) and a series of government inspections (Social Services Inspectorate 1997a,b) resulted in a policy-led debate on how best to re-focus children's social services from this preoccupation with

incidents of child maltreatment. What was wanted was a more holistic approach that considered the full range of children's and family's strengths as well as needs and difficulties, including the wider environment and circumstances in which they live.

The Assessment Framework was developed in response to these findings and provides professionals with a conceptual framework

... for gathering and analysing information about all children and families, but [which] discriminates effectively between different types and levels of need. (Department of Health *et al.* 2000, p. 17)

Assessments are to be undertaken in collaboration with the relevant agencies and involve children (wherever possible) and parents so that the overall assessment and subsequent plans and interventions include the contribution of them all.

This conceptual framework is based around three domains (see Fig. 1): the child's needs, the capacity of parents or carers to respond appropriately to those needs, and family and environmental factors.

The Assessment Framework identifies three stages in the assessment process. Each stage has a clear timescale to ensure children and families receive a timely response:

- *Referral*: is a request for services, by or on behalf of a child. Social services should make a decision about what response is required within one working day.

- *Initial assessment*: is a brief assessment to determine whether a child is in need (as defined by the Children Act 1989), whether any services, including further assessment, are required, and when and how these should be provided. An initial assessment should be completed within seven working days of a referral being received or an initial assessment being commenced on an open case. The Children Act 1989 defines a child to be in need if: (i) 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 of services; (ii) his health or development is likely to be significantly impaired, or further impaired without the provision of services; (iii) he is disabled.
- *Core assessment*: is a more in-depth assessment. Social services are the lead agency, although other relevant agencies are expected to contribute to it. A core assessment should be completed within 35 working days of the completion of an initial assessment, the initiation of child protection enquiries, or the decision being made that a core assessment is required on an open case.

A series of assessment records were developed to assist practitioners to collate, analyse and record the information gathered during an assessment (Department of Health & Cleaver 2000). The records comprised a referral and initial information record, initial assessment record and five age-related core assess-

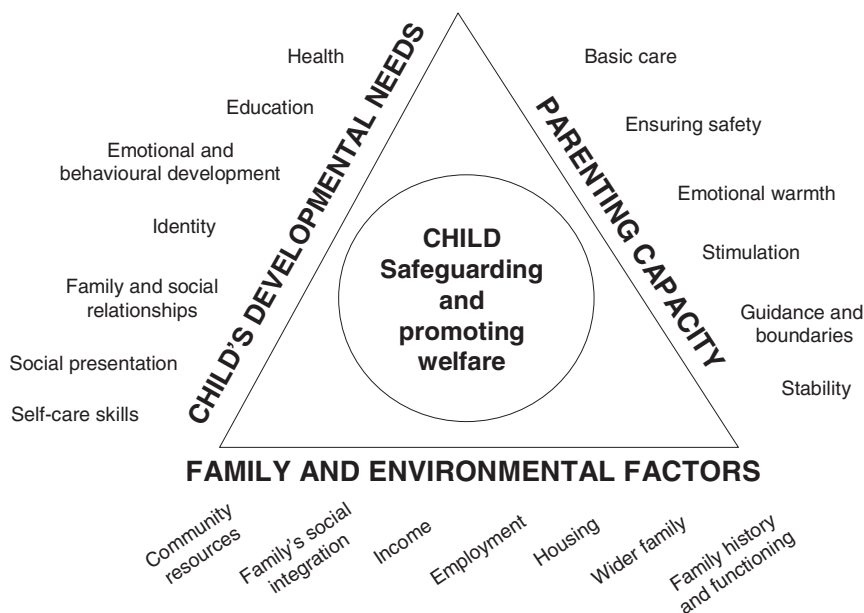


Figure 1 The Assessment Framework.

ment records. The records were informed by findings from research and best practice and were intended to operationalize the Assessment Framework.

AIMS AND METHODS OF THE STUDY

This paper examines the impact of the Assessment Framework on social work assessments of children and families and is based on a two-year study that involved 24 English councils (see Cleaver *et al.* 2003).

The study aimed to explore the implementation of the Assessment Framework and the accompanying assessment records, its impact on professional practice, the costs of assessments, and the experiences of children and families. Twenty-four English councils participated in the research. Because the authors were responsible for some of the research that informed the Assessment Framework and were involved in the development of the assessment records, this study does not purport to be an objective evaluation. The focus of the work was to understand the issues of implementing the Assessment Framework, refine the documentation, and inform the development of the Integrated Children's System (Department of Health 2002).

To understand how councils implemented the Assessment Framework, as well as explore its impact on social work practice, the research involved two phases. Phase one, which lasted for six months, focused on the process of implementation. Familiarization sessions for practitioners on the assessment records were provided for all councils, and to ensure consistency a training pack was developed and a copy was given to each council. In addition councils were provided with an electronic version of the assessment records, which automatically transferred common information between the records. Information on councils' resources, policies and procedures and implementation plans was gathered through telephone interviews and postal questionnaires, as well as through meetings with managers and staff.

Phase two of the research focused on the impact of the Assessment Framework on practice. A variety of methods were used to gather information, including:

- An audit of approximately 100 consecutive referrals and any subsequent initial or core assessment records in each of the 24 councils. This resulted in 2248 referrals, 866 initial assessments, and 68 core assessment records being included.
- Postal questionnaires sent to social services and partner agencies. Two hundred and sixteen social work practitioners, 93 social work managers, and

153 professionals from other agencies returned completed questionnaires.

- A qualitative study of 52 cases, in which 50 parents, eight children over 10, and 52 social workers were interviewed.
- A time record for social workers to record the time taken to carry out the various elements of a core assessment. Twenty-four social workers returned completed time records.

IMPLEMENTING THE ASSESSMENT FRAMEWORK

The context of implementation

At the point of implementing the Assessment Framework councils were facing a number of existing challenges. The first of these was the extent of organizational change. For example, during the five years prior to implementing the Assessment Framework only one social services department had not been re-organized in some way and seven council social services (29%) had experienced three separate re-organizations.

The second challenge was the recruitment and retention of staff. For example, in 12 of the 14 councils that provided information on staffing, 10% of posts were not filled by a permanent member of staff, and the average vacancy rate across the councils was 22%. Eight of the councils employed locum practitioners and managers to relieve staffing pressures on the organization. The difficulties experienced by councils in recruiting and retaining staff may explain why 18 of the 24 councils (75%) reported that they were experiencing difficulties in allocating cases. In 11 councils unallocated cases included children in need of protection or looked after children.

A third challenge facing council social services related to information technology. The ability to use the assessment records in an electronic format, such as that provided by the research team, offered a number of advantages to practitioners such as the automatic transfer of common information between records, and the aggregation of key data for management purposes. However, in only seven councils (29%) did social workers have their own computer.

The process of implementation

Previous research suggests that leadership, ownership, cross boundary working, training and technical capacity are key factors for the successful

implementation of new policies and practice initiatives (Ward 1995, 1998; Jones *et al.* 1998). The strategies used by councils to implement the Assessment Framework were examined in relation to these factors.

Implementing the Assessment Framework involved councils in changes at organizational, procedural and practice levels. Councils adopted different methods of leading and managing this process of change so that disruption to practitioners, organizations and service users was minimized. In seven councils (29%) a project officer was given specific responsibility for the process. In five of these councils an implementation group supported the project officer. In 15 (62.5%) an implementation group alone was used to direct implementation. Establishing an implementation group provided councils with the opportunity to widen involvement in implementation both internally and externally. Only two councils chose to manage the changes necessary to implement the Assessment Framework through using existing structures.

Staff at all levels in the organization need to feel a sense of ownership of new policies or practice initiatives for their implementation to be successful (Ward 1995, 1998; Jones *et al.* 1998). Senior managers are key, to demonstrate commitment to the desired change at an organizational level and ensure the necessary resources are available. In 21 (87.5%) of the 24 councils the director or assistant director was involved in the implementation process. First-line managers, the pivotal link between organizational objectives and practice outcomes, were involved in the process of implementation in 23 councils (96%). The involvement of trainers in the implementation process ensures that training is an integral part of a council's implementation plan. Trainers were involved in implementation in 18 councils (75%). Finally, practitioners must understand the reason and desired outcomes of any proposed change if new policies or practice initiatives are to be successfully implemented and sustained (Howe 1986; Bullock 1995). Social workers were involved in the implementation process in three-quarters (18) of the councils. These findings suggest that most councils sought to ensure all their staff developed a sense of ownership of the changes necessary to ensure the successful implementation of the Assessment Framework.

The Assessment Framework is based on an 'inter-agency model in which it is not just social services that are the assessors and providers of services' (Depart-

ment of Health 2000, p. 14). Assessing and meeting the varied and complex needs of children and young people requires collaborative working between all agencies working with children and families. Twenty councils (83%) had involved other agencies in some way in the implementation process. The Assessment Framework appears to have facilitated joint working between agencies and just under half the councils in the study reported that they had developed a joint initiative, such as an interagency referral record or protocol for joint working. The findings suggest that from an early stage councils recognized the importance of involving other agencies at a strategic level in the process of implementation.

Training can play a central role in supporting the implementation of new policies or practice initiatives. Many councils used initial training events and seminars to identify issues to be addressed during implementation, inform staff of proposed changes, and consult on new procedures and materials. Fourteen councils (58%) had training of some form in place from an early stage in the implementation process. In the remaining councils, training was still in the planning stages at the time the councils began implementing the Assessment Framework.

Training can also play an important role in achieving and maintaining the attitudinal changes needed for successful introduction of new policies and practice processes. Attitudinal change is difficult to achieve, and training must both inform staff about new guidance, procedures and recording formats and provide them with opportunities to reflect on the need for change and its implications for their practice (DiClementi 1991). However, only eight councils (33%) offered training at this level. The findings suggest that councils' approach to training was constrained by the staffing difficulties they were experiencing: high vacancy rates made it difficult to release existing staff for training.

Councils also underestimated the level of training required, because the implementation of the Assessment Framework revealed gaps in existing practice, particularly in relation to the analysis of information gathered during the assessment process.

A few councils adopted a flexible approach to training, for example through the use of practice mentors (who worked alongside practitioners), action learning sets, and regular practice workshops. Where these arrangements were in place councils reported lower resistance to the implementation of the Assessment Framework and improvements in the quality of assessments.

FAMILIES' ROUTES THROUGH THE SOCIAL WORK PROCESS

Referrals

Although gender did not differentiate the cases referred to social services, age did. Younger children accounted for proportionately more referrals than older children. Approximately a third of referrals related to children aged less than 5 years, a quarter to children aged 5–9 years, and a similar proportion to young people aged 10–14 years. Young people aged 15 years and more accounted for 14% of all referrals.

Practically a third (29.5%) of all referrals came from non-professionals, mainly parents seeking social work services. The source of the referral was associated with the type of case and generally reflected the groups of children the referrer had most contact with. For example, non-professionals accounted for the largest proportion of referrals for practically every age group of children, and those from both the black and white communities. Children under 5 years were more likely to be referred by health. Health was also responsible for referral of the largest proportion of children from Asian communities and children of mixed race. This may reflect the poor health experienced by Pakistani and Bangladeshi communities (Nazroo 1997) and the ignorance of what social work services have to offer within Asian communities (Qureshi *et al.* 2000). Referrals from education tended to involve young people aged 10–14 years and black pupils, reinforcing earlier evidence that black boys of this age group experience greater difficulties in school than their peers (Kundnani 1998).

Child protection concerns accounted for the largest portion (30.3%) of referrals. However, the percentage of referrals characterized as child protection varied considerably between councils. Councils that had lower rates of child protection referrals received higher rates of referral for domestic violence and other parenting issues. This suggests that councils may be operating different thresholds for accepting referrals which influences the way in which other professionals describe their concerns when making a referral to social services (Department of Health 1995). The reason for the referral was associated with the age and gender of the child. For example, the proportion of child protection referrals decreased as the age group of the children increased, disabled children fell equally between most age bands, and issues around parental control generally featured older children.

Initial assessments

Of the 2248 referrals audited, 866 (38.5%) progressed to an initial assessment. Cases were more likely to progress to an initial assessment when the reason for referral involved child protection concerns. Nonetheless, less than half (46.5%) of child protection referrals progressed to initial assessment, which raises questions over what happens to the remaining child protection referrals made to social services.

Two factors were associated with cases progressing from referral to initial assessment: the age of the child and the reason for referral. Referrals involving children under the age of 15 years, those where there were concerns about parental/drug and alcohol abuse, and those where there were concerns about parental mental illness were most likely to progress to an initial assessment. Referrals involving children over the age of 15 years, police referrals for domestic violence or referrals relating to financial or housing problems were least likely to progress to an initial assessment. This suggests that the impact of environmental factors, such as housing and financial problems, on children's health and well-being are not yet fully appreciated by many social work practitioners (see, for example, Aldgate & Tunstill 1995; Quilgars 2001; Ghate & Hazel 2002; Jack & Gill 2003).

Two-thirds of initial assessments identified difficulties in relation to family and environmental factors, half identified the child as having developmental needs, and a third difficulties in relation to parenting capacity. In addition, in three-quarters of cases the assessment record identified factors within the family that had an impact on parenting capacity, issues such as domestic violence, mental illness and parental drug and alcohol misuse. In 61 cases (7%) the research team classified the case as having multiple problems, in that the initial assessment identified severe difficulties in relation to (i) the child's developmental needs, (ii) parenting capacity, and (iii) family and environmental factors (see Note 1). These children and young people could be regarded as among the most vulnerable in our society and all were expected by the research team to require a more detailed, in-depth core assessment.

Social workers recorded that no further action should be taken in almost half the initial assessments (45%) – including 10 of the 61 multiple-problem cases. The most frequently recorded decision (29%) was the provision of a social work service to the child and family, or to refer the family on to another agency (25% of cases). The decision

to proceed to a core assessment was recorded in only 9.1% of cases.

Core assessments

Sixty-eight cases (3% of all referrals and 7.8% of all initial assessments) progressed to the in-depth, core assessment. Cases most likely to progress to this stage were child protection referrals and those where there were concerns about parental drug or alcohol misuse. The age or gender of the child was not related to whether the case progressed to a core assessment.

Only 46 of the 61 multiple-problem cases progressed to a core assessment. Thus a quarter ($n = 15$) of the children identified as experiencing severe developmental needs, where the parenting was inadequate, and where there were severe difficulties in relation to wider family and environmental factors received no in-depth assessment of their needs and circumstances. These findings suggest that the information gathered during the initial assessment may not always have been used to inform social work decision making. The findings are consistent with those of an inspection of recording in social services departments (Social Services Inspectorate 1999). The reports from social work practitioners and managers indicate that in some cases the absence of in-depth assessment reflected an organization-led approach to decision making. The decision to initiate an in-depth assessment was dictated by the availability of services or the legal duties placed on the organization rather than on the developmental needs and circumstances of children. Most core assessments (78.6%) were carried out because the child was considered to be at risk of significant harm. In two-thirds of cases the core assessments identified severe needs in all three domains: children's developmental needs, parenting capacity, and family and environmental factors. This suggests that an in-depth core assessment was required to fully understand a child's or young person's needs and circumstances. It is of concern that there was a proportion of cases where the information recorded on the initial assessment record would suggest that the child might have benefited from a core assessment, but did not receive one.

THE INVOLVEMENT OF CHILDREN AND FAMILIES IN ASSESSMENTS

Traditionally, social work assessments and those of other professionals have been imposed on children and families rather than carried out in a collaborative

manner. Previous research suggests that when professionals work in partnership with parents it leads to better outcomes for children (Aldgate & Bradley 1999; Cleaver 2000). The Assessment Framework is based on the principle of working together with families in order to identify both the strengths within the child, family and their community which can be built upon and the difficulties and problems that require outside assistance.

The findings from the questionnaires and interviews suggest social work managers held more positive views than their practitioners about the impact of the Assessment Framework and the use of the assessment records on the involvement of children and families in the assessment process. Three-quarters of social work managers reported that more families were involved, and the degree of involvement in the assessment process had increased. However, only 42% of practitioners reported an increase in the involvement of children and families. Discussions with managers suggested that the greater shift in their views is related to the increased prominence given to the views of children and parents in social workers' recording of assessments. Practitioners and managers also attributed the increase to:

- a more transparent and accountable relationship with the family;
- a more focused approach to assessment;
- increased consultation with the family;
- discussing issues where parents and professionals disagree.

Approximately a third of practitioners reported that the introduction of the assessment records had hampered the involvement of families. The responses of practitioners indicated that there were several reasons for this. These included:

- The records being perceived as bureaucratic tools introduced to regularize social work practice.
- Practitioners felt that the appearance and language of the records was not family friendly.
- Practitioners were unfamiliar with the style and content of the records.

The assessment records were developed to support social workers to record a summary of the key information gathered during the assessment, in a way that facilitated analysis, decision making and planning. For example, the records use prompts to guide practitioners to key areas and issues identified from research as significant for children, and each prompt is accompanied by a tick box to record the presence or absence of a factor. Space is included to enable practitioners to record any relevant contextual data.

This was a change from the narrative format for recording assessments used in many of the pilot authorities. Consequently, for some practitioners the records required a significant change to their recording practice. Research suggests that this level of change is difficult to achieve and sustain (Howe 1986; Bullock 1995), particularly where practitioners have received little or no training. Where practitioners were unfamiliar with the records some used them more rigidly than intended and the records dominated the practice, rather than practice dominating the record. As a result in some cases the records were administered as questionnaires to families:

‘Because of yes/no answers parents tend to give the one which they think we want to hear.’ (Social worker, long-term team)

‘People feel patronized, it is like administering a census. It is time consuming and does not facilitate discussion.’ (Social worker, children and families team)

These comments show how important it is for practitioners to understand the purpose of the assessment records. Training must cover not only their structure and content but also guide practitioners on when and how they should be used in practice.

However, although some practitioners may have believed that the records inhibited the involvement of children and families, the majority of parents (75%) interviewed reported very positive experiences, in that they felt consulted and involved in all stages of the social work process, from referral through assessment to planning.

‘We were happy at the way the assessment was done. It was much longer than we expected but we did not mind that. There were certainly a lot of questions but they needed to ask them. The social worker did explain everything so we are happy with the assessment.’ (Parent of disabled child)

Compared with earlier research on child protection enquiries, where parents felt disempowered, alienated and betrayed, parental views on the process of assessment have changed substantially (Cleaver & Freeman 1995; Sharland *et al.* 1996). Parents, in very similar circumstances, involved in the current study reported high levels of consultation, involvement and participation.

However, parents were less certain about the efficacy of the plan. The level of parental satisfaction with the plan was related to:

- a shared perspective, between parents and social workers, on the difficulties families were facing;
- involvement in the choice and development of the plans;

- agreement with, and commitment to, the plan;
- the plan coming to fruition.

THE IMPACT ON SOCIAL WORK PRACTICE

Social workers and managers reported that the implementation of the Assessment Framework and the introduction of the assessment records had increased their workloads. Part of the increase in the workloads of social workers arose from the need to bring local practice into line with the Assessment Framework. For example, in some councils it had not been standard practice for social workers to see the child as part of their initial assessment, or to separately assess and record the needs of individual children in the same family. This emphasis on direct work resulted in social workers spending more time with children and families during the process of assessment than they had previously. For managers additional workloads related to the implementation of a new system rather than anything inherent in the Assessment Framework itself.

Two-thirds of managers and over half of the practitioners reported an improvement in the quality of assessments. Managers found that the assessment records improved the quality of social workers’ record-keeping, which resulted in them having greater confidence in their own decision making and planning for children.

A considerable proportion of social workers expressed anxiety about their ability to carry out assessments, particularly over how to analyse the information they collected during the assessment, and collaborative working with colleagues from other agencies. These concerns reinforced the importance of taking a flexible approach to training that was able to address the gaps in practitioners’ knowledge that the Assessment Framework may reveal.

THE IMPACT ON INTERAGENCY PRACTICE

A key principle of the Assessment Framework is that collaborative working between agencies provides a better understanding of children and young people’s needs and circumstances and ensures an effective service response. The findings indicate that interagency collaboration increased to some extent. Approximately a third of professional staff from agencies other than social services and a similar proportion of social work practitioners reported that collaboration over assessments had increased.

When collaboration was thought to have increased this was attributed to a number of factors including:

- the structured way information was recorded;
- a more holistic understanding of the child's needs and circumstances;
- greater clarity over the roles and responsibility of agencies;
- a greater willingness to share information.

Factors that hampered collaborative work included:

- a lack of agreement over the definition of children in need;
- the failure of communication between agencies;
- unavailability of resources identified as necessary by the assessment;
- increased paperwork through having to record the assessment in a structured and systematic way (without the benefit of an adequate electronic recording system);
- general difficulties related to introducing a new system.

Once again the importance of relevant training was highlighted. When joint training between professionals from social services and staff from other relevant agencies had taken place, this was valued, as was training that addressed issues that traditionally impeded collaborative work.

THE COST OF CORE ASSESSMENTS

A key task of the research was to estimate the cost of undertaking a core assessment. Detailed information about the time taken to complete a core assessment was received from 24 participants in four authorities. This was supplemented by qualitative information from other participating authorities.

The time and cost of completing a core assessment varied according to the complexity of the case and whether more than one child in the family was being assessed. The average time taken to complete a core assessment was 21¾ hours and the median time was 21¼ hours, suggesting that the average was not distorted by exceptionally high or low readings. Where more than one child in a family was the subject of a core assessment there were economies of scale, so that completing core assessments on three children in the same family did not take three times as long.

On average the cost to social services of a core assessment was £760. An additional cost of £140 represented the cost to other agencies of the time they spent communicating with the social worker in relation to the assessment. It does not include the time professionals in other agencies spent pursuing their

own enquiries; this was not the subject of the research. The findings suggest that the cost to social services of undertaking a core assessment is not substantially more than the cost of working with children in need supported in their families, or living independently (Department of Health National Statistics 2002).

Caution, however, must be applied to these data since they are based on some of the first core assessments to be carried out since the implementation of the Assessment Framework; further exploration needs to be carried out once the system is fully embedded.

CONCLUSIONS

The research found that at the time of the implementation of the Assessment Framework most councils were facing major problems in recruitment and retention of staff, organizational change, and poor information technology. In spite of this, councils were able to make considerable progress in implementing the Assessment Framework. The findings suggest implementation was most successful when strong leadership at a senior level was combined with a clear plan for implementation that involved practitioners and managers at all levels of the organization, and when implementation was supported by a flexible approach to training that responded to the needs of practitioners and managers.

Practitioners and managers in all agencies working with children and families have welcomed the Assessment Framework. Even from the early point when the research took place it was clear that the Assessment Framework had had a profound influence on policy and practice in relation to children's services. In particular it provided an opportunity and focus for agencies and practitioners to review current interagency policies and practice, and both these areas were strengthened as a result.

The research indicates that at a practice level the Assessment Framework, as operationalized through the assessment records, has provided a foundation for strengthening the assessment of children in need and their families. The research found that the introduction of the assessment records did not increase the level of in-depth assessments being carried out and a minority of practitioners felt unfamiliar and uncomfortable with their structure. However, it is in relation to the involvement of families that the Assessment Framework has had its most significant impact. In contrast to the experiences of families in earlier studies (Cleaver & Freeman 1995; Department of Health 1995) the Assessment Framework has contributed to

an increase in the involvement of children and families at all levels of the assessment process. Professionals' views of increased family involvement were substantiated by parents' accounts of the assessment process. Parents expressed satisfaction with the process of assessments and felt that they had been consulted and involved at all stages. The Assessment Framework has provided a structure for the assessment that has children and families at its heart, and in which children and families themselves have confidence.

'They have helped me a lot. They kept me informed. I dread to think what would have happened if they had not intervened. They have been very helpful.'

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NOTE

1 Severity was defined as:

- a child identified as experiencing developmental needs in three or more dimensions (such as health, education, and family and social relationships);
- parenting capacity identified as inadequate in three or more areas (such as basic care, emotional warmth, and guidance and boundaries); and
- difficulties identified in relation to two or more of the family and environmental factors (such as family history and functioning, and income).