

The Developing World of the Child

Seeing the Child



Preface

The Practice Notebook, *Seeing the Child* is designed to support anyone who is working with a child or young person in need, their supervisors and managers. It forms part of the pack of resources *The Developing World of the Child*. It provides some linked tools to use when working with children, young people and their families and using *The Assessment Framework for Children in Need and their Families* (Department of Health *et al.*, 2000), hereafter referred to as The Assessment Framework. The notebook aims to:

- support practitioners who work with children and young people;
- make links to *The Developing World of the Child* materials and offer some signposting for practice;
- stand alone as a practical and useful tool for practitioners;
- help practitioners who are assessing the child's development as part of their work with children and their families;
- summarise the key concepts which underpin *The Developing World of the Child* resources.

You may have been given a copy of the notebook at work, or as part of a training programme. This may have been before, during or after becoming familiar with *The Developing World of the Child* materials. Depending on the stage at which you come across the notebook, it can introduce you to the materials; help you to identify training needs; help you to link your practice to the resources or act as an aide-memoire to what you learned in a training event. Although the notebook can stand alone, your use of it will be much enhanced by reading the book, *The Developing World of the Child*, and participating in a training event which draws on the pack of exercises, including the DVD.

The full pack of resources is available from:

NSPCC Publications, Weston House, 42 Curtain Road, London EC2A 3NH Tel: 020 7825 7422.
You can also order online at www.nspcc.org.uk/inform

The book: Aldgate, J., Jones, D.P.H., Rose, W., and Jeffery, C. (eds.) (2006) *The Developing World of the Child*, is published by Jessica Kingsley and can be bought from any book retailer.

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Introduction

Welcome to the Practice Notebook

Seeing the Child is designed to support anyone who is working with a child or young person¹ in need. It forms part of the pack of resources titled *The Developing World of the Child* although it can stand alone and is available in print. It can also be downloaded from www.nspcc.org.uk. The purpose of *Seeing the Child* is to provide a practical tool for practitioners undertaking an assessment of a child's development and continuing work with a child and family.

The notebook can be used in the following ways:

- prior, during or following a visit where it is important that each child's stage of development is understood as fully as possible;
- to contribute to an initial or core assessment in line with the Assessment Framework, in particular the child's developmental needs;
- as a reflective tool for use in supervision between the practitioner and supervisor, and in team development;
- to contribute to analysis, planning, intervention and reviewing of a child's situation;
- to support knowledge-based practice, as a contribution to decision making in reports to child protection conferences, court hearings, reviews and in other situations.

Pages of the notebook can be photocopied and used during a meeting with a child, as a prompt, or completed as soon as possible afterwards. Sometimes it is possible to jot down notes in the car before returning to the office whilst impressions are still fresh. If it is introduced during work with a child (or parent or carer), you are urged **not to use it as a check-list**.

In some circumstances it may be used openly with the child, young person or family and they could contribute to the prompts. If you are going to use the material in this way, careful thought and preparation should form part of the planning for the meeting

Seeing the Child can be used by practitioners in adult or children's services, whose work brings them into contact with children or young people and/or contributes to assessments of their development.

1 The terms 'Child' and 'Young Person' are used inter-changeably.

The Developing World of the Child

1.1 Children, development and the environment²

Many influences shape the developing child and the outcomes for the individual throughout and beyond childhood. Some are within the child, such as genetic factors. Others are from outside such as physical, psychological and family influences, as well as the wider neighbourhood and cultural influences. Traumatic events, such as abuse or separation, can lead to disruption or delay in the developmental processes. Subsequent influences on a child can either be ameliorating or exacerbate the effect of early damage (from Jones and Ramchandani, 1999, p. 3).

Contemporary thinking about children's development allows for a diversity of inputs, transactions and outcomes. *The Developing World of the Child* resource materials, from which the notebook has been developed, have adopted a framework of development which acknowledges these different perspectives in what is called the *developmental-ecological* approach to child development. This framework gives scope for identifying and assessing the range of individual positive and negative influences that may have an impact on the way a particular child develops.

The key factors in the *developmental-ecological* model are as follows:

- each child is an individual with individual potentialities;
- children develop along different dimensions simultaneously;
- milestones are an important concept but should be used within a context that recognises each individual's potentialities;
- in relation to disabled children, milestones should be used not to emphasise difference but to identify strengths and facilitate access to services that will promote children's full potential;
- children themselves have a part in influencing their development through their behaviour and dynamic transactions with others;
- with help and support children can recover from abuse or other negative experiences but it is more difficult for those who have been seriously maltreated;
- cultural diversity is an important determinant in how individual children transact with the environment in which they live;
- children's development is influenced by many factors, including internal factors such as their temperament, and external factors such as input from parents and others, so that the circumstances in which children grow up will interact with their intrinsic capabilities.

This summary provides you with some key ideas from the resource pack that will enable you to consider the whole child in the context of his or her environment when assessing a child's development. However, you are strongly encouraged to read Chapters 1 and 2 of the book, *The Developing World of the Child*, where you can find a full discussion of this framework.

2 This is drawn from *The Developing World of the Child*, Chapter 1, Aldgate, J.

1.2 Developmental milestones

The purpose of this section is to help you observe and listen to a child or young person, taking account of the relevant dimensions on the accompanying chart (page 10). These dimensions are drawn from the field of developmental psychology and the Assessment Framework. Developmental milestones may be familiar to many practitioners. However, it is still important to keep yourself up to date with new research and clinical and practice developments in the field in order to understand the developmental needs of children as well as you can. *The Developing World of the Child* is specifically designed to help you do this.

Thoughtful use of the chart in this section will help you to identify situations where a child may not be developing as well as might be expected, taking into account age, ability or cultural context. Using the chart should also enable you to provide evidence for requesting further specialist assessment or asking for specific resources such as a nursery place, speech therapy or teenage counselling services as part of the child's plan. In order to make an in-depth assessment of the developmental progress of a disabled child, it may be necessary to call upon the help of someone who knows about the particular impairment, perhaps from the voluntary sector or adult services. As suggested earlier, using this notebook will help you to gather evidence for deciding about the need for further assistance or specialist advice.

When considering milestones and disability, you can consider the following:

There must be a clear understanding of what a particular child is capable of achieving successfully at each stage of development, in order to ensure that he or she has the opportunity to achieve his or her full potential'.

(Department of Health *et al.*, 2000, paragraph 2.3)

Assessment standards around developmental milestones should be used with great care. For example, 'early assessment of deaf children will enable access to language development, whether spoken or manual, as soon as possible following diagnosis' (p. 79).³

Using the chart and considering the dimensions involves close observation of a child and/or attentive listening. It is particularly important, therefore, that you are aware of what you yourself are bringing to the session. Assumptions you or others make may need to be challenged, in particular those relating to culture, gender, religion, disability or class, and attention should also be paid to the impact on you of the process of observation. Opportunity for reflection, possibly through supervision, is encouraged.

The accompanying chart is organised in such a way that it can be easily photocopied and used when working with an individual child. It is organised to cover all major elements of development. The questions along the top will prompt your thinking. For a more detailed chart, outlining children's progression from infancy, you are encouraged to read Chapter 9 in the book, *The Developing World of the Child*.

3 *Assessing Children in Need and their Families: Practice Guidance*, Department of Health, 2000.

1.3 Developmental progression chart

Name of child		Parental responsibility held by		
Age period	Principal aspects of change and growth.	What is this child's ability? What can he/she do?	Is this child achieving his/her optimal development? Is what I am seeing appropriate for his/her age, culture ability, etc?	Does this child need developmental help? If so, what can I suggest?
Infancy to pre-school	<p>Attachment to caregivers.</p> <p>Gross and fine motor skills.</p> <p>Communication and early language.</p> <p>Increasingly complex expressions of emotion.</p> <p>Differentiation of self from others.</p> <p>Self control and compliance.</p>			
Middle childhood	<p>Developing friendships with peers.</p> <p>Increasing complex physical capabilities and co-ordination.</p> <p>Capable of long periods of concentration.</p> <p>Moods becoming more stable, beginning of capacity for empathy and worry.</p> <p>Developing sense of values (right versus wrong, what is fair, etc).</p> <p>Beginning to regulate behaviour appropriately in different settings.</p> <p>Able to communicate ideas and expression of wishes.</p> <p>Literacy and numeracy skills become established.</p>			
Adolescence	<p>Forming a cohesive sense of self identity.</p> <p>Increasing ability to reason about hypothetical events.</p> <p>Forming close friendships within and across gender.</p> <p>Academic achievement (learning skills required for further education and work).</p> <p>Frequently questioning the belief system with which brought up.</p> <p>Period of experimentation.</p>			

1.4 Underpinning theories and frameworks

Whatever work you undertake as a practitioner with children and their families, you will be drawing from one or more theories for your work. Often the theories that practitioners use are organised into frameworks for practice (for example the chart in section 1.3). You may be using theories that you have learned while in training, or ones learned from your agency colleagues. Frameworks, models and theories can help you identify the single and cumulative influences on a child's developmental progress, and help to identify strengths and individual resilience that a child brings to identified problems or difficulties. It is important for ethical and accountable practice to be able to identify the theories and frameworks you use, and to continue learning about these as part of your continuing professional development. Chapter 2 of the book, *The Developing World of the Child*, provides a more detailed overview of the theories and frameworks that are summarised here.

Some theories and frameworks

Psychological theories about how individuals grow, develop and learn

- Psychodynamic theory offers a way of understanding how personality forms and develops through life and provides a theory for assessing emotional needs.
- Social learning theory offers a way to think about how individuals learn and adapt. Behavioural interventions and cognitive behavioural work have been developed from social learning theory.

Theories about family and relationships

- Family therapy offers a diverse range of psychological, behavioural and systemic approaches to address difficulties in family and group relationships.
- Family strengths approaches are useful to identify how families can successfully solve problems and support each other.

Sociological theories

- Explain how society decides what are 'problems', and constructs a view of childhood, the family and society. Sociology shows how ideas about disability, gender and many other significant factors including ideas about rights and responsibilities affect people's interactions.

Social policy

- Describes the way structural issues such as policies and economic disadvantages (such as poverty) affect children and their families.

Biological theory

- This is concerned with the physical and neurological make-up of the individual and the contribution this makes to their development.

Other frameworks have been developed for working with children and families such as:

- Crisis intervention – a method for practitioners to assist individuals or families to adapt to temporary periods of upset or disorganisation, building on strengths;
- Task-centred practice – a focused way of helping individuals or families to achieve identified goals working in partnership with an agreement about objectives and actions.

Ecological thinking, theories and frameworks

The ecological-developmental approach looks at the child within the context of his or her family and the environment. An ecological framework, such as the *Assessment Framework for Children in Need and their Families*, includes personal, intra-personal, inter-personal and sociological influences on development (see Chapter 2 of the book *The Developing World of the Child*)⁴. To underpin their assessment and intervention, practitioners can draw from the child's ecology (see section 2.7) to plan suitable actions or interventions.

1.5 Assessing a child and forming a judgement

This section summarises some of the frameworks and processes that can help in forming a judgement about a situation. Having such an understanding means that you can know what might be relevant and appropriate in a particular situation. In addition it is important to remember the impact of a wide range of influences on a child including the environment where they live. Consideration is then given to forming judgements about a situation, with a suggested approach that may help⁵.

The Framework for the Assessment of Children in Need and their Families (Department of Health, 2000 et al.) provides a systematic way of making sense of what is happening to a child within the context of his or her family and the community. The framework supports the gathering of data and information about children and families, and then their use to analyse, make judgements, plan, intervene and review. The *Integrated Children's System* (Department of Health, 2002) has built on the Assessment Framework in order to ensure a consistent approach for all children in need and the *Common Assessment Framework* (CAF) (HM Government, 2006a) applies this approach to all children with additional needs.

The way assessment is conducted – the **process** of gathering information – is as important as the information itself. Jones et al (2006) identify the advantages of having an open process on the grounds of:

- ethical considerations
- distinguishing data gathering from salience
- raising personal awareness
- allowing for scrutiny
- providing a framework for evaluating the outcome of intervention
- ensuring/supporting more equitable decision making

David Jones and his colleagues suggest the following sequential approach to decision making:

1. Data gathering – all positive and negative features, including gathering evidence from the child/young person.
2. Weigh relative significance – consider the interactions between factors in the child's life
3. Assessment of current situation – your evaluation of the current child welfare status

4 This material is drawn from Chapter 2 of *The Developing World of the Child, Frameworks and Theories* (Seden, 2006). Readers are encouraged to read the full chapter for an outline of the most commonly used frameworks that describe developmental processes.

5 This material is drawn from Chapter 15 of *The Developing World of the Child, Making plans: assessment, intervention and evaluating outcomes* (Jones et al., 2006).

4. Circumstances which may alter child's welfare – future circumstances that might increase or decrease risk of impairment to the child's welfare; proposed intervention strategies.
5. Prospects for change – estimate of likelihood for change in situation.
6. Criteria for gauging effectiveness – criteria for success or failure of plans.
7. Timescale proposed – compatible with developmental needs of child.
8. Child's plan which specifies:
 - roles and responsibilities of different professionals and agencies
 - who will notice changes and what action will be taken, when they do?
 - date and time of next review.

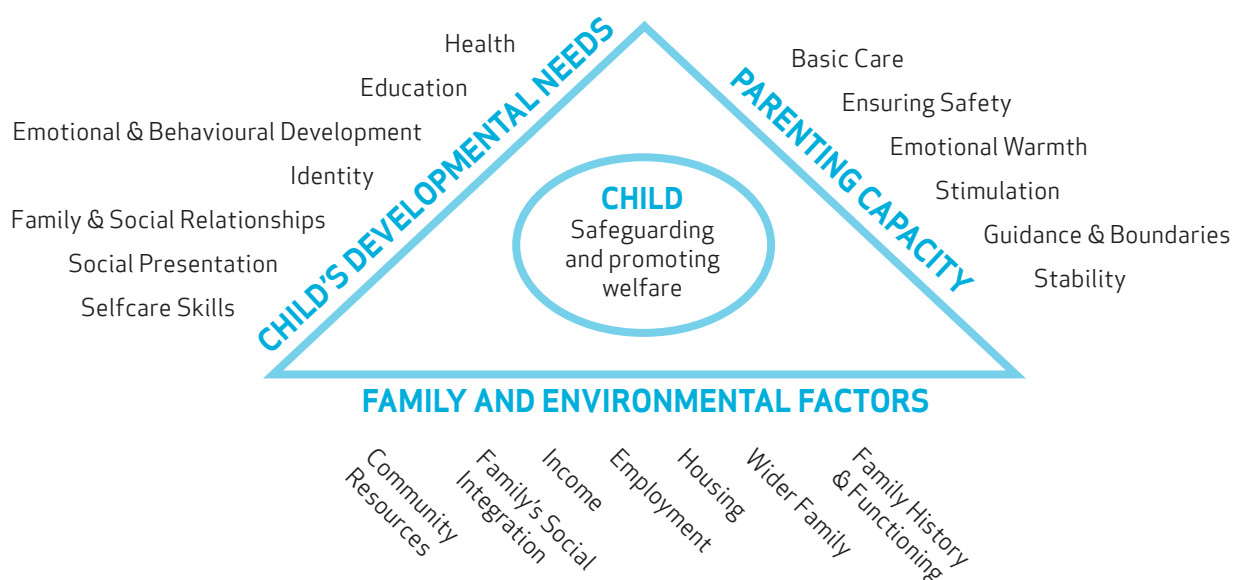
One of the most concerning aspects of assessments and decision-making processes in children's services has been the extent to which assessments have resulted in the gathering of large amounts of information, which have not been weighed and considered carefully before being used for planning. It is important to consider the meaning of information gathered, to place it in context and to analyse what it tells you about the child's needs and circumstances. The model here provides a stepped approach of thinking your way through from data gathering, weighing the significance of data and moving to a clearly linked plan with a built in review and timescales.

This material is drawn from Chapter 15 from the book *The Developing World of the Child*, but again it is highly recommended that you read it in full, as the 'process model' summarised here is discussed in depth.

1.6 The Assessment Framework (Department of Health, 2000)

The resources in *The Developing World of the Child* have been written to provide knowledge which links to the child, parenting capacity, family and environmental factors outlined in the Assessment Framework. The materials in the book, DVD and training exercises can all be used, when available to you as an individual and when explored further through training opportunities, to help you in contributing to an assessment using the framework. Chapters 4, 5, 6, 7 and 8 of the book are particularly useful here and will, alongside the guidance accompanying the framework, help you to develop your understanding of how to work with the Assessment Framework.

Figure 1 Assessment Framework



Dimensions of Child's Developmental Needs

Health

Includes growth and development as well as physical and mental wellbeing. The impact of genetic factors and of any impairment should be considered. Involves receiving appropriate health care when ill, an adequate and nutritious diet, exercise, immunisations where appropriate and developmental checks, dental and optical care and, for older children, appropriate advice and information on issues that have an impact on health, including sex education and substance misuse.

Education

Covers all areas of a child's cognitive development which begins from birth. Includes opportunities: for play and interaction with other children; to have access to books; to acquire a range of skills and interests; to experience success and achievement. Involves an adult interested in educational activities, progress and achievements, who takes account of the child's starting point and any special educational needs.

Emotional and Behavioural Development

Concerns the appropriateness of response demonstrated in feelings and actions by a child, initially to parents and caregivers and, as the child grows older, to others beyond the family. Includes nature and quality of early attachments, characteristics of temperament, adaptation to change, response to stress and degree of appropriate self control.

Identity

Concerns the child's growing sense of self as a separate and valued person. Includes the child's view of self and abilities, self image and self esteem, and having a positive sense of individuality. Race, religion, age, gender, sexuality and disability may all contribute to this. Feelings of belonging and acceptance by family, peer group and wider society, including other cultural groups.

Family and Social Relationships

Development of empathy and the capacity to place self in someone else's shoes. Includes a stable and affectionate relationship with parents or caregivers, good relationships with siblings, increasing importance of age appropriate friendships with peers and other significant persons in the child's life and response of family to these relationships.

Social Presentation

Concerns child's growing understanding of the way in which appearance, behaviour, and any impairment are perceived by the outside world and the impression being created. Includes appropriateness of dress for age, gender, culture and religion; cleanliness and personal hygiene; and availability of advice from parents or caregivers about presentation in different settings.

Self Care Skills

Concerns the acquisition by a child of practical, emotional and communication competencies required for increasing independence. Includes early practical skills of dressing and feeding, opportunities to gain confidence and practical skills to undertake activities away from the family and independent living skills as older children. Includes encouragement to acquire

social problem solving approaches, Special attention should be given to the impact of a child's impairment and other vulnerabilities, and on social circumstances affecting these in the development of self care skills.

Dimensions of Parenting Capacity

Basic Care

Providing for the child's physical needs, and appropriate medical and dental care. Includes provision of food, drink, warmth, shelter, clean and appropriate clothing and adequate personal hygiene.

Ensuring Safety

Ensuring the child is adequately protected from harm or danger. Includes protection from significant harm or danger, and from contact with unsafe adults/other children and from self-harm. Recognition of hazards and danger both in the home and elsewhere.

Emotional Warmth

Ensuring the child's emotional needs are met giving the child a sense of being specially valued and a positive sense of own racial and cultural identity. Includes ensuring the child's requirements for secure, stable and affectionate relationships with significant adults, with appropriate sensitivity and responsiveness to the child's needs. Appropriate physical contact, comfort and cuddling sufficient to demonstrate warm regard, praise and encouragement.

Stimulation

Promoting child's learning and intellectual development through encouragement and cognitive stimulation and promoting social opportunities. Includes facilitating the child's cognitive development and potential through interaction, communication, talking and responding to the child's language and questions, encouraging and joining the child's play, and promoting educational opportunities. Enabling the child to experience success and ensuring school attendance or equivalent opportunity. Facilitating child to meet challenges of life.

Guidance and Boundaries

Enabling the child to regulate their own emotions and behaviour and control of emotions and interactions with others, and guidance which involves setting boundaries, so that the child is able to develop an internal model of moral values and conscience, and social behaviour appropriate for the society within which they will grow up. The aim is to enable the child to grow into an autonomous adult, holding their own values and able to demonstrate appropriate behaviour with others rather than having to be dependent on rules outside themselves. This includes not over protecting children from exploratory and learning experiences. Includes social problem solving, anger management, consideration for others, and effective discipline and shaping of behaviour.

Stability

Providing a sufficiently stable family environment to enable a child to develop and maintain a secure attachment to the primary caregiver(s) in order to ensure optimal development. Includes: ensuring secure attachments are not disrupted, providing consistency of emotional warmth over time and responding in a similar manner to the same behaviour.

Family and Environmental Factors

Family History and Functioning

Family history includes both genetic and psycho-social factors. Family functioning is influenced by who is living in the household and how they are related to the child; significant changes in family/household composition; history of childhood experiences or parents; chronology of significant life events and their meaning to family members; nature of family functioning, including sibling relationships and its impact on the child; parental strengths and difficulties, including those of an absent parent; the relationship between separated parents.

Wider Family

Who are considered to be members of the wider family by the child and the parents? This includes related and non-related persons and absent wider family. What is their role and importance to the child and parents and in precisely what way?

Housing

Does the accommodation have basic amenities and facilities appropriate to the age and development of the child and other resident members? Is the housing accessible and suitable to the needs of disabled family members? Includes the interior and exterior of the accommodation and immediate surroundings. Basic amenities include water, heating, sanitation, cooking facilities, sleeping arrangements and cleanliness, hygiene and safety and their impact on the child's upbringing.

Employment

Who is working in the household, their pattern of work and any changes? What impact does this have on the child? How is work or absence of work viewed by family members? How does it affect their relationship with the child? Includes children's experience of work and its impact on them.

Income

Income available over sustained period of time. Is the family in receipt of all its benefit entitlements? Sufficiency of income to meet the family's needs. The way resources available to the family are used. Are there financial difficulties which affect the child?

Family's Social Integration

Exploration of the wider context of the local neighbourhood and community and its impact on the child and parents. Includes the degree of the family's integration or isolation, their peer groups, friendship and social networks and the importance attached to them.

Community Resources

Describes all facilities and services in a neighbourhood, including universal services or primary health care, day care and schools, places of worship, transport, shops and leisure activities. Includes availability, accessibility and standard of resources and impact on the family, including disabled members.

Working with the Child

It required nothing more than basic good practice being put into operation. This never happened.

(The Victoria Climbié Inquiry Report, Cm 5730, 2003, p. 4)

Introduction

So far, the notebook has provided a summary of links between *The Developing World of the Child* resources, the Assessment Framework and the work of practitioners. This section provides a slightly different input. It offers some tools, still based on *The Developing World of the Child* resources, which can be used by practitioners to organise their work and thinking while assessing children's needs using the developmental-ecological approach. It is arranged in five sections, each focusing on a different part of the process of gathering and assessing information and making a plan for the child.

The complexity of a visit or session with a child or young person inevitably gives rise to a range of different thoughts, feelings and responses that you need to consider. We have therefore arranged a series of boxes containing possible prompts or questions you may find useful. Next to these is space for you to write brief notes, either during or preferably soon after the visit or session. They are not presented in a chronological or linear form because sessions frequently follow diverse routes to the same end, depending on where the child takes you. However, there is logic to the themes presented and this may help to keep you 'on track' and cover all the necessary areas.

As an over-arching principle to any work with a child or young person, we should remember some of the conclusions of the Victoria Climbié Inquiry (Cm 5730, 2003, p. 4):

- do the simple things better;
- ensure basic good professional practice;
- listen to and observe the child;
- ensure accountability through organisations;
- maintain adequate and effective note-keeping and recording;
- provide effective supervision.

2.2 The visit or meeting with the child

Purpose of the visit.

Does the family/child understand why you are there?

Was the child seen alone?

What have I observed about the child/about the family?

How does the parent/carer behave towards this child?

Is there another significant adult (or more than one) in the household? How does he/she behave towards the child?

How does the child, young person or family talk about/describe their circumstances? How much do they know of the situation? How detailed is the information? If the child has an absent parent, does he or she know why this is so?

How does the child behave towards me? For example attention-seeking, over-familiar, friendly, relaxed, anxious?

What has changed since last time I saw them – is anything better or worse?

PRACTICE PROMPT

Remember to note the strengths as well as any difficulties

2.3 Reflecting on the meeting

Consider your first impressions and the information gained as well as considering your own values. Weigh the importance of what you saw and heard.

What is my first impression?

What assumptions am I making, e.g. about cultural matters, health or diet?

Am I worried? Why, what about? For example the father/mother/carer's attitude to me, to the child?

Am I worried about the physical and emotional care for this child? If so, why or why not?

How does the child/family make me feel? Am I scared, protective, vulnerable, defensive?

*How well can I communicate with this child and the family?
Am I engaging them adequately – is it a two-way process?*

*What would improve this situation for this child?
If not, why am I content with the situation?*

PRACTICE PROMPT

Do I need to take any immediate action? Is/are the child/children safe?

2.4 Analysing what you have seen

Using your knowledge of child development and considering the child's situation, how do you now understand the child's needs, parental responses and environmental factors?

How does this child compare with a similar child?

Have I obtained a history of the child and family? What else do I need to know?

What are the child's and carer(s)' strengths? Are there any factors that militate against each other? How far do family strengths compensate for difficulties/limitations?

Are there particular factors I need to think about for this family? e.g. are there any issues of the child's safety, welfare, health, education, disability, language, culture, race or religion?

Do I have a hypothesis about what is going on here?

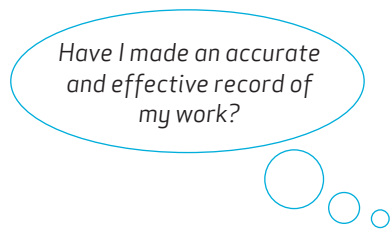
What did I learn from observing and communicating with the child?

Was what I observed and heard from the child consistent with what the parents told me?

Am I concerned? What is the evidence for my concern/s? What weight do I give to each of them?

What does child development theory tell me about any concerns I may have? Is there an explanation for these concerns?

Are the child's/ children's needs being met/not met? What needs to change to ensure the child is developing as well as she or he is capable of?



PRACTICE PROMPT

Have you seen/heard enough to analyse this child's situation? Does the environment support the child's developing needs? Are there parental or environmental factors that are hindering or assisting the child's development?

2.5 Planning

You have collected information, reflected on the meeting and begun to analyse the information that you have gathered. You now need to organise your material and begin the process of planning what to do next. You may decide that you do not need to do anything – why is this? If you have decided that further action is required, what is the basis for this and what is your evidence?

Have I communicated effectively with everyone? Have I maintained confidentiality appropriately, bearing in mind that if a child's welfare is at risk of harm, this may be superseded.*

Do I have the child's/ family's consent to seek or share information (informed written consent)?

Who else do I need to talk to? manager, supervisor, other agencies with specialist expertise?

Is there a risk of significant harm and/or is this a child in need of services? How quickly do I need to act?

* Refer to *Information Sharing: Practitioners' Guide* (HM Government, 2006b) for guidance on information sharing and the legal framework that governs it.

Does the family have enough support to bring up this child? If so, from where? If not, where might support be found?

Is there any support likely from the extended family or close friends?

What changes need to happen to ensure this child's welfare? What types of services might help this child, this family?

What resources are available? Which of these resources is the family most likely to be able to co-operate with?

What theories may help me plan my work? (see 1.3 and 1.4)

Which interventions might support strengths and help meet unmet needs? Which intervention is likely to produce the most immediate benefits and which might take time?

Have I shared my views with the family members; what were their reactions?

Are there any blocks or barriers to working with this family? How can they be overcome?

PRACTICE PROMPT

Have you considered the child’s developmental needs, parenting capacity and family and environmental factors?

How will you communicate the plan to the child and family?

Could you work in partnership on this plan?

Now consider whether any of the standardised approaches such as the Questionnaires and Scales may help with your assessment and planning (see Section 2.6)

2.6 Standardised approaches to assessment

This section considers how you might use standardised approaches to assessment to increase your understanding of a child's development and the influences on him or her.

Principles underpinning the use of the standardised approaches to assessment⁶

Clarity of purpose Clarity about aims is fundamental to all assessment. In practice these can be broad ranging or more focused, depending on timing and context, but in general there will be an intention to gather a range of relevant information in a manner that promotes, or sustains, a working relationship with the children and families being assessed: in most circumstances information is of limited use if collaboration has broken down.

Assessment is not a static process The process of assessment should be therapeutic. An assessment has many purposes. It should inform future work, and evaluate the progress of interventions. The way in which the assessment is carried out is also important. It should enable those involved to gain fresh perspectives on their family situation, which are in themselves therapeutic.

Partnership is informed by professional judgement It follows that, although partnership is a fundamental principle, this does not mean that every detail of information gained, or in particular the practitioner's judgement about that information, is shared immediately and in full with those being assessed. Sustaining partnership and positive therapeutic impact are overriding principles.

Assessment does not take place in a vacuum Assessments benefit from multiple sources of information, and multiple methods. Any one source used alone is likely to give either a limited or unbalanced view. This applies to all the main approaches: interviewing, observation, and the use of standardised tests and questionnaires. Limitation should be recognised. Contrasting data from different methods and/or sources is vital to develop a deeper and more balanced understanding of the situation.

Summary of Questionnaires and Scales⁷

The Strengths and Difficulties Questionnaires These scales are a modification of the very widely used instruments to screen for emotional and behavioural problems in children and adolescents.

The Parenting Daily Hassles Scale This scale aims to assess the frequency and intensity/impact of 20 potential parenting 'daily' hassles experienced by adults caring for children.

Home Conditions Scale This addresses various aspects of the home environment (for example, smell, state of surfaces in house, floors).

Adult Wellbeing Scale This scale looks at how an adult is feeling in terms of their depression, anxiety and irritability. The scale allows the adult to respond from four possible answers, which enables the adult some choice, and therefore less restriction.

The Adolescent Wellbeing Scale It involves 18 questions each relating to different aspects of a child or adolescent's life, and how they feel about these. The scale is intended to enable practitioners to gain more insight and understanding into how an adolescent feels about their life.

6 From Department of Health, Cox, A. and Bentovim, A. (2000) *The Family Pack of Questionnaires and Scales*. London, The Stationery Office.

7 From Appendix 3 *Working Together to Safeguard Children* (HM Government, 2006c).

The Recent Life Events Questionnaire This scale focuses on recent life events (ie those occurring in the last 12 months) but could be used over a longer time-scale. It is intended to assist in the compilation of a social history.

The Family Activity Scale These scales give practitioners an opportunity to explore with carers the environment provided for their children, through joint activities and support for independent activities. There are two separate scales; one for children aged 2–6, and one for children aged 7–12.

The Alcohol Scale Alcohol abuse is estimated to be present in about 6% of primary carers, ranking it third in frequency behind major depression and generalised anxiety. This questionnaire has been found to be effective in detecting individuals with alcohol disorders and those with hazardous drinking habits.

The HOME Inventory (Cox and Walker, 2002) assessment through interview and observation provides an extensive profile of the context of care provided for the child and is a reliable approach to assessment of parenting. It gives a reliable account of the parents' capacities to provide learning materials, language stimulation, and appropriate physical environment, to be responsive, stimulating, providing adequate modelling variety and acceptance. A profile of needs can be constructed in these areas, and an analysis of how considerable the changes would need to be to meet the specific needs of the significantly harmed child; and the contribution of the environment provided by the parents to the harm suffered. The HOME Inventory has been used extensively to demonstrate change in the family context as a result of intervention, and can be used to assess whether intervention has been successful.

The Family Assessment (Bentovim and Bingley Miller, 2001) The various modules of the Family Assessment which include an exploration of family and professional views of the current situation, the adaptability to the child' needs, and quality of parenting, various aspects of family relationships and the impact of history provides a standardised evidence based approach to current family strengths and difficulties which have played a role in the significant harm of the child, and also in assessing the capacity for change, resources in the family to achieve a safe context for the child, and the reversal of family factors which may have played a role in significant harm, and aiding the recovery and future health of the child. The Family Assessment profile provides it by its qualitative and quantitative information on the parents' understanding of the child's state, and the level of responsibility they take for the significant harm, the capacity of the parents to adapt to the children's changing needs in the past and future, their abilities to promote development, provide adequate guidance, care and manage conflict, to make decisions and relate to the wider family and community. Strengths and difficulties in all these areas are delineated, the influence of history, areas of change to be achieved, and the capacities of the family to make such changes.

In My Shoes This is a computer package that helps children and vulnerable adults communicate about their experiences including potentially distressing events or relationships. Extensive testing shows it can be used in a wide range of circumstances, including interviews with children who may have been abused⁸, or who have difficulties in expressing emotions, who are hard to engage or who have developmental delay or other difficulties. It has been used successfully in interviewing learning disabled adults (available from training course only: contact LizaMiller@btinternet.com).

8 *In My Shoes* incorporates the computer assisted version of SAGE, a special interview technique referred to in: *Achieving Best Evidence in Criminal Proceedings: Guidance for Vulnerable or Intimidated Witnesses, including Children*, 2002, page 50, para 2.143.

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2.7 The impact of the community

A model for analysing the impact of community on children and parents

Since the introduction of the *Assessment Framework* (2000) and its associated guidance, there has been concern that the third side of the triangle, which incorporates the wider family, community and environmental factors, is not always considered carefully enough in understanding what is influencing a child's development. In response to this, Jack and Gill (2003) have developed a useful framework for considering both the strengths and pressures in children's wider environments (reproduced overleaf by kind permission of Barnardo's).

2.8 Recording

Definition

A case record is 'a written account of all communications in relation to a case for the purposes of assessment, planning, intervention, review, evaluation and accountability both to the agency and the service user' (Jethwa, 2001).

By 2006, the Government expects that all Local Authorities will have electronic social care records. The introduction of the *Integrated Children's System* (Department of Health, 2002) requires children's social care records to be kept electronically and to include specific information relevant to the nature of the activity(ies) being undertaken, such as assessing, planning or reviewing.

Purpose of recording:

- to provide a chronology of the case
- to maintain a history and highlight issues for the child or young person
- to provide continuity for the child or young person
- to provide evidence of the actions of the worker
- to provide a tool for planning and intervention
- to provide the basis of evidence in court

The Missing Side of the Triangle

A model for analysing the impact of community on parents and children

The full publication, incorporating research and practice examples, is available from Barnardo's Childcare Publications.

PRESSURES			
Parents	Children	Parents	Children
1 Practical resources in the community			
<p>Employment (links to income and social integration)</p> <p>Good local shops (e.g. good quality/value food)</p> <p>Transport available (access to employment and leisure facilities)</p> <p>Anti-poverty resources (e.g. credit unions, welfare rights advice)</p> <p>Affordable local childcare (access to employment for parents)</p> <p>Social network development (e.g. drop-ins, community centres)</p>	<p>Anti-poverty resources (e.g. breakfast clubs, subsidised holidays)</p> <p>Good quality, accessible play resources</p> <p>Specific resources for black, other minority ethnic or dual-heritage children, and children with disabilities</p> <p>Social network development (e.g. clubs, playgroups)</p> <p>Local schools provide inclusive and supportive environment</p>	<p>High local levels of unemployment</p> <p>Inadequate local shops (including rural accessibility)</p> <p>Transport expensive, infrequent, unreliable</p> <p>No access to financial advice or services</p> <p>Expensive credit facilities</p> <p>Childcare resources inadequate (opening hours, location, cost)</p>	<p>Leisure facilities, outings and holidays not affordable or accessible</p> <p>Lack of safe, local play areas/facilities</p> <p>Few organised clubs and out-of-school activities</p> <p>No specific resources for black, other minority ethnic or dual-heritage children, or children with disabilities</p> <p>Local schools provide poor educational and social environments (e.g. low achievement, bullying)</p>
2 Natural networks in the community			
<p>Reciprocal 'helping' relationships in community</p> <p>Long-term residence of families</p> <p>Non-threatening relations with immediate neighbours</p> <p>Balanced community – mixed age structure</p>	<p>Established and supportive social networks</p> <p>Good contact with immediate neighbours</p> <p>Positive contact with significant adults from different generations in community</p> <p>Integration between school and community networks</p>	<p>Culture of people 'keeping themselves to themselves'</p> <p>High rates of mobility into and out of neighbourhood</p> <p>Lack of links between wider family networks and community networks</p>	<p>Lack of positive contact with range of people in community</p> <p>Children's networks disrupted by high mobility of residents</p> <p>Lack of links between school and community networks</p>
3 Child and family safety in community			
<p>Community members perceived as safe (people safety)</p> <p>Community activities are seen as safe (crime/ drugs safety)</p> <p>Community area is perceived as physically safe (e.g. roads, buildings)</p>	<p>Children perceive their immediate area to be safe, rather than threatening (people safety, crime/drugs safety, physical safety)</p>	<p>Parents see community as unsafe (people safety, crime/drugs safety, physical safety)</p> <p>Harassment from neighbours (including racial)</p>	<p>Children perceive local environment as threatening (people, crime/drugs, physical danger)</p> <p>Harassment from local adults and children (including racial harassment)</p>

4 Community norms around children and childcare			
Established positive community norms	Children experience stable and established community norms Positive sense of identity conveyed to all children	Lack of established positive community norms	Children do not experience stable and established community norms Negative sense of identity conveyed to certain children (e.g. teenagers, poor children, black, other minority ethnic and dual-heritage children, children with disabilities)
5 The individual family and child in the community			
Personal resources and knowledge to access available facilities Personal resources to develop and maintain supportive networks Perceptions that local facilities are accessible for their family	Developing confidence in using available facilities Developing confidence in local networks with other children Perception that facilities are accessible to them (e.g. disabled child and black or dual-heritage child sees facilities as accessible)	Lack of personal resources or knowledge to access available facilities Personal demands too high to develop reciprocal supportive relationships Alienates potential sources of support Networks produce demands rather than support Perception that facilities are not accessible for their family (e.g. black families) Experience of frequent house moves including homeless	Lack of personal resources to access available facilities and networks Alienates other children/other children bully or stigmatise them Family networks either very limited or difficult Child has had frequent moves (including homeless) Perceptions that facilities are not accessible to her/him
6 Cumulative impact of all of the above			
Low level of individual 'environmental stress'. Feel supported in the community in their parental role of bringing up children Community is perceived as a 'good place to bring up children'	Children feel their community is a good place to be living Children feel safe and valued in their community Development of positive identity, self-esteem, and security	High level of individual 'environmental stress' (e.g. poor quality housing, unemployment, lack of childcare) Parents feel unsupported, threatened, or frightened in their community (mental health issues, isolation) Parents ambitions are to leave the community	Children feel threatened, frightened, and unvalued in their community Anxiety, depression, anti-social behaviour, school failure/exclusion

(Reproduced from: Jack, G. and Gill, O. (2003) *The Missing Side of the Triangle*, Barking, Barnardo's Childcare Publications.)

- to provide evidence of statutory functions
- to provide information for others
- to assist with analysis of patterns of behaviour – for review purposes
- to provide information for an inquiry or research
- to highlight training and development needs.

The legal and practice framework

- Children Act 1989
- Data Protection Act 1998
- Human Rights Act 1998
- Freedom of Information Act 2000
- Framework for the Assessment of Children in Need and their Families (Department of Health, Department for Education & Employment and Home Office, 2000)
- Children Act 2004
- Working Together to Safeguard Children (HM Government, 2006c)
- The Common Assessment Framework (HM Government, 2006a)
- Information Sharing: Practitioners' Guide (HM Government, 2006b).

Checklist and principles for a good case record

- Is the type and purpose of contact clearly stated?
- Is the information written in a logical sequence and structured for easy access?
- Is it up to date, legible, clear and concise?
- Is it free from jargon and abbreviations?
- Is all (and only) relevant information included?
- Is it sensitive to issues of race, culture, disability and diversity?
- Does it separate fact from opinion?
- Does it show the assessment of the situation and the action plan?
- Does it demonstrate child centred practice?
- Does it reflect the service user's views and feelings?
- Does the evidence in the recording support the analysis and planning?
- Is it signed and dated?
- Are decisions reached with the supervisor clearly recorded?

From NSPCC Recording Skills course (Fisher, Newton and Jethwa, NSPCC) and from WriteEnough (www.writeenough.org.uk)

See also the Integrated Children's System Exemplars (www.everychildmatters.gov.uk/socialcare/ics)

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