



# UNOCINI

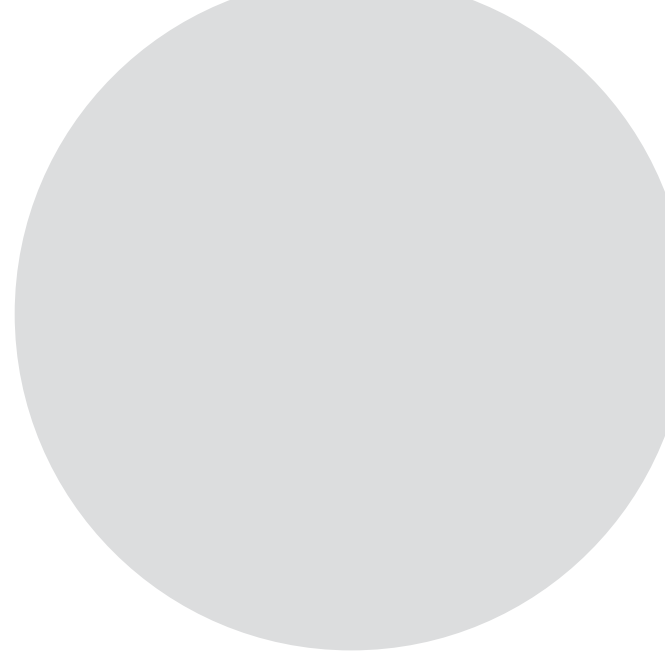
& The Comprehensive  
Assessment for Children in Need

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Understanding the Needs of  
Children in Northern Ireland

August 2006





# UNOCINI

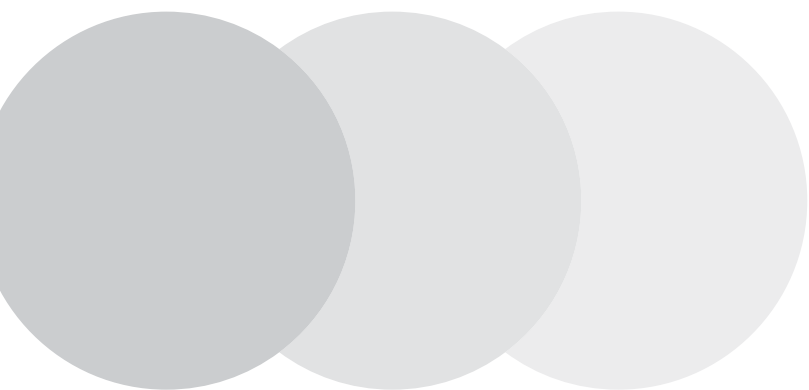
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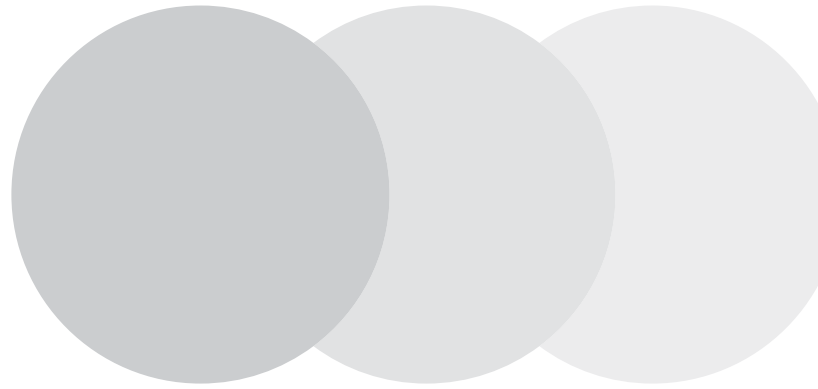
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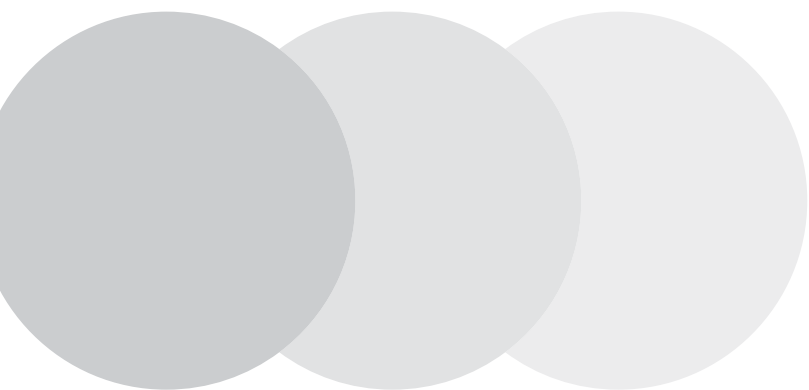


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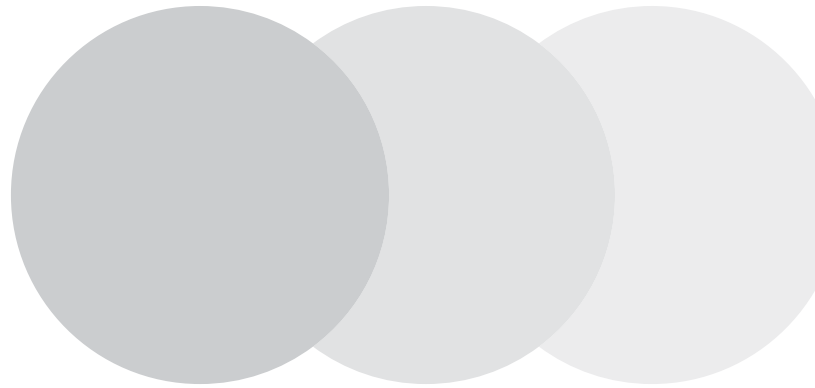


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# I Introduction



This paper introduces and describes a suite of documents which comprise the Assessment Framework for understanding and meeting the needs of vulnerable children and children in need in Northern Ireland. These documents have been devised by a small consultancy team consisting of John Richards, David Mason and Jansy Kelly. The consultancy team worked with a local project team of nominated staff from DHSSPS, Boards and Trusts. The Framework is now ready for wider consultation and for piloting in at least two Trust areas.

# Overview

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## **Principles**

Consideration was given by members of the two teams to the principles which should underpin the assessment framework. These were agreed as follows:

- Promoting the UN Convention on the Rights of the Child
- Child centred and rooted in child development
- Building on the strengths of the family
- Involving children and carers in the assessment of their needs
- Being evidence and knowledge-based
- Assessment being a continuing process and not just an event
- Full Inter-agency involvement
- Facilitates more specialist assessments
- Based on shared values
- Allied to DoH Framework
- Deliverable in NI and drawing on existing practice

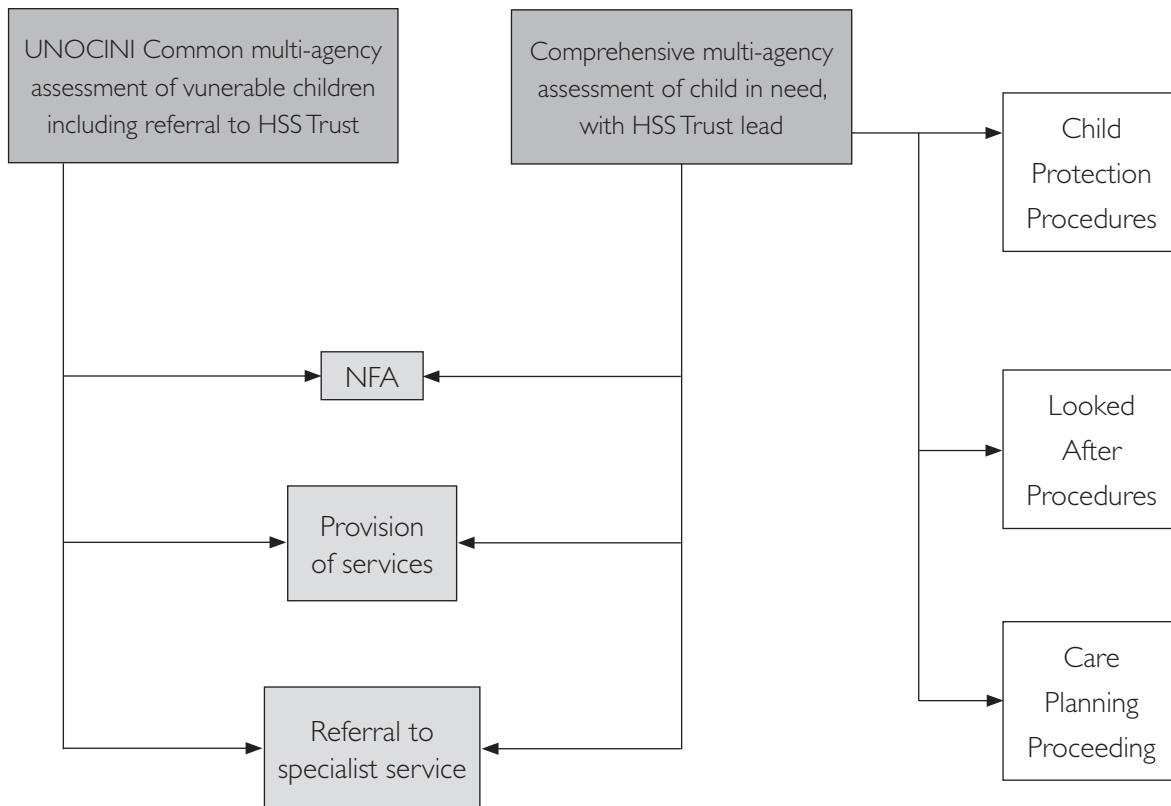
## **Features**

The features of the framework were also agreed as follows:

- A transparent and manageable process with clear milestones
  - Two stage process: a multi agency common assessment tool, called UNOCINI (Understanding the needs of Children in Northern Ireland); and a comprehensive assessment tool
  - Family format with separate sections for each child
  - Balance between data collection, analysis and conclusions
  - Single universal set of documentation to be used in NI
  - Forms and guidance separated
  - Capable of migration to an e-system (PCIS)
  - Incorporates risk assessment
  - Aligned with court processes
  - Supported by other key agencies i.e. education and criminal justice
  - Captures unmet need
  - Facilitates managerial oversight
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## A 2-Part Process of Assessment

As stated above, the Framework consists of a 2-part process. The model for this process is shown below:



The 2-part process starts with the completion of UNOCINI. It leads to: no further action, to the provision of services or a referral to a specialist service (eg Health and Social Services Agency). If the specialist services accepts the referral, they may go onto undertake a specialist assessment. For social services, this specialist assessment would be the comprehensive assessment for children in need (see page 29) UNOCINI is described further on page 7.

The process, as described, simplifies and streamlines the referral pathways used for children in Northern Ireland.

## Assessment Framework, Domains and Definitions

The assessment Framework consists of 12 domains which appear under 3 main headings as shown below:

### Child's Needs:

- Health and Development
- Education and Learning
- Identity, Self-Esteem and Self-Care
- Family and Social Relationships

### **Parents' or Carers' Capacity to Meet the Child's Needs:**

- Basic Care and Ensuring Safety
- Emotional Warmth
- Guidance, Boundaries and Stimulation
- Stability

### **Family and Environmental Factors:**

- Family History, Functioning and Well-Being
- Extended Family and Social & Community Resources
- Housing
- Employment & Income

These domains have been specifically designed for Northern Ireland's unique system of providing services to children and families. The framework is underpinned by Hardiker's levels of needs and interventions<sup>1</sup>.

Definitions have been developed for use by all staff using the Assessment Framework. By way of example, the following elements are included under the domain heading of Health and Development:

- Health
- Emotional and social development
- Speech, language and communications development
- Behavioural development
- Physical development
- Cognitive development

Running as a theme throughout all of these elements is the issue of risk assessment which is rooted in Gregg Kelly's work (University of Queens in Belfast).

## **UNOCINI**

The 2-part assessment process starts with the completion of UNOCINI. This includes:

- Basic details (children, families, agencies involved, etc)
- Assessment summary (based on the 12 domains)
- Strengths, needs, risks and evidence
- Conclusions, solutions, recommendations and actions

If a referral is to be made by professionals outside of HSS, as much information will be included as possible, linked to the competence and knowledge of the referrer. Health and Social Services staff (or any agency receiving a UNOCINI) will be responsible for ensuring that those domains not addressed are completed. Should the referral come from a member of the public or a family member, only the basic information will be required. The expectation is that this form will be commonly used by all

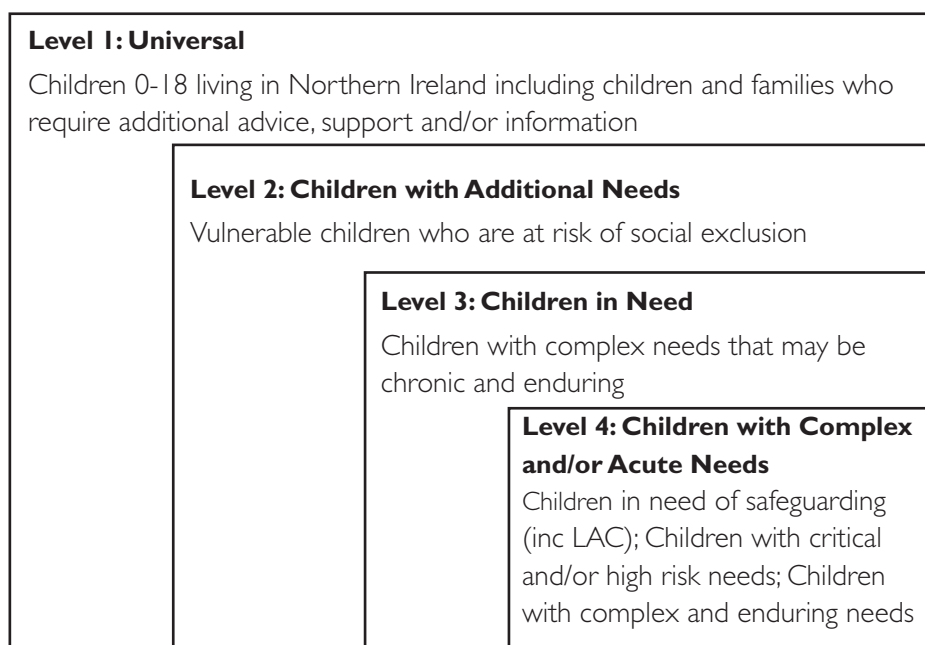
professionals and agencies. In addition, in the event of social services staff referring onwards, the same form will be used. These 2 complimentary actions will have the effect of familiarising all relevant parties with UNOCINI and the progressive model. Outcomes from the analysis of the information from the UNOCINI will be either: no further action; the provision of services; referral on for specialist assessment; referral into the CiN Assessment process (using the Comprehensive Assessment).

A guide has been produced for all staff using UNOCINI. This is included in Chapter 2. This should be available widely in all agencies, schools, primary care settings and other places in which children are likely to be identified as having needs.

### Threshold Matrix of Needs

In order to be able to describe the different levels of children's needs, a multi-agency group of professionals from across Northern Ireland have worked together with the consultant team to develop the Threshold of Needs Matrix. This is based upon the domains and dimensions of the Northern Ireland Assessment Framework and UNOCINI.

The diagram below provides a useful way of conceptualizing the levels of need:



Children will obviously move between these levels of vulnerability according to their particular circumstances and so it is essential that service responses can be flexible and able to address these changing needs. The aim of early identification, referral and service provision (i.e. through use of UNOCINI) is to ensure that children are prevented from moving to a higher level of need and wherever possible concerns reduced so that their levels of need reduce. The division between the levels should not be conceived of as 'hard and fast'. There will need to be some flexibility around the boundaries to ensure that children are properly assessed and appropriate services arranged.

All agencies will need to be familiar with the matrix so that their staff can be guided in the most appropriate response to the need children and families. The Threshold Matrix is included in full in Chapter 3.

### **Comprehensive Assessment**

The second stage (when necessary) of the assessment process is the completion of a comprehensive assessment for children in need. This builds upon UNOCINI. It uses the same 12 domains and is partly populated by information contained in it.

The assessment framework has been developed as a tool to gather disparate pieces of information about a child, their family and environment in order to develop a conceptual map which can be used to understand what is happening to children in whatever circumstances they may be growing up.

Throughout all elements of the assessment framework, and reflected in the comprehensive assessment documentation, four common themes are identified to ensure a comprehensive overview of the child's current circumstances:

1. Needs - deficits in any aspect of the child's life, which have an impact upon their well-being and development
2. Strengths - aspects of the child, their life, the family circumstances and the environment, which are positive
3. Risks - matters which may impair or endanger the child's safety and development
4. Protection - relationships and structures that promote the wellbeing of the child

### **Final Comments**

Understanding and meeting the needs of children in a comprehensive, holistic and consistent way is one of the great challenges facing social care, health and education agencies today. Many enquiries have brought to the fore, failings in staff being equipped to meet the fundamental requirements of good quality assessments.

This suite of documents provides the potential for staff in Northern Ireland to move to the forefront of the assessment of children. The consultation on these documents, along with the piloting should bring lasting benefits to vulnerable children and children in need.

# 2

# Understanding the Needs of Children in Northern Ireland (UNOCINI)

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## Guide to Using UNOCINI

### Why Use UNOCINI?

When you have concerns about a baby, child, or young person, it's not always easy to know what to do. You may not be sure what the problem is. Even if you are reasonably sure of the problem, your service may not be able to help. You may not feel confident that you can get other services to help.

- UNOCINI can help you to identify the needs of the child.
- UNOCINI can be used to communicate these needs clearly and concisely to professional colleagues, including those from outside your organisation.
- UNOCINI offers a structure for recording information that you collect in conversation with the child, young person or family.
- UNOCINI can assist in getting other services to help, because they will recognise that your concern is based on evidence.

You don't have to be an expert to use UNOCINI, nor do you have to fill in all the boxes, simply complete those boxes with the information you have.

Increasingly other services in your area will be using UNOCINI themselves and so will identify with the framework and language you are using to understand and express the needs of children.

### Why are the UNOCINI being introduced?

UNOCINI will be used to make referrals to social services. Using UNOCINI will ensure that children being referred come with the wealth of information that has already been collected by professionals working with them. This will mean that children and their families will not need to go through the same questions with the social worker that others have already asked.

If you think a child is a **child in need of protection** (i.e. a child who you believe to be at risk of significant harm), **you should follow the established ACPC procedures immediately**. If you are a professional working with the child and/or family, make your referral using UNOCINI, with all sections being completed as fully as your knowledge allows, after you have made the immediate emergency referral by telephone.

UNOCINI is not just about making more informative referrals to social services. It is hoped that it will be used by all professionals working with children as a tool to help them identify the needs of children at an earlier stage so that they do not require a referral to statutory services at a later date. We all want better lives for children. Most children do well. Some don't, but don't get help until things are really bad. We want to identify such children earlier and help them before things reach crisis point. The most important way of doing this is if every person whose job involves working with children shares the responsibility for their general well-being, and is prepared to help if something's going wrong.

The DHSSPS are introducing a new assessment process for children in need within all Health and Social Services Trusts. It has been developed alongside UNOCINI and so uses the same framework for understanding children's needs and the same language for communicating these needs to others. This will mean that children in need who require a comprehensive assessment may already have a UNOCINI that can form the basis of this assessment.

It is intended that, with the combined use of UNOCINI and the CiN comprehensive assessment, children in need will be able to receive services that make a positive difference to the quality of their lives.

### **When to use UNOCINI**

You can use UNOCINI at any time. It can be completed for unborn babies and new babies, and it can be used with children or young people. It is designed for use when:

- you are concerned about how well a child (or unborn baby) or young person is progressing. You might be concerned about their health, welfare, behaviour, progress in learning or any other aspect of their well-being
- the child's needs are unclear, or broader than your service can address
- UNOCINI would help identify and clarify the child's needs, and/or engage other services to help meet them
- you think that a referral to a specialist agency (eg Health and Social Services) is appropriate

Whether to use UNOCINI is a decision you should make jointly with the child and/or parent. If a child is old enough to understand, and competent to make a decision, he/she should be the one to decide with you. Always encourage children to discuss things with their parents.

**N.B.** *If you are using UNOCINI for children who you think may be at risk of significant harm, it may not be appropriate to involve the child and/or the parent/carer: for example if involving the child and/or parent/carer may place the child at further risk.*

### **HOW TO USE UNOCINI**

#### **Step 1 - Preparation:**

You talk to the child/young person and their parent. You discuss the issues and what you can do to help. You talk to anyone else you need to - your manager, colleagues, other staff - including staff in other agencies - already involved with the child. When using UNOCINI you seek the agreement of the child/young person and their parent as appropriate.

## **Step 2 - Discussion:**

You talk to the child, parent or family and undertake UNOCINI with them. You make use of information you have already gathered from the child, family or other practitioners so they do not have to repeat themselves. If there is already a UNOCINI you add to or update it with the family. At the end of the discussion you understand better the child and family's strengths, needs, and what can be done to help. You agree actions that your service and the family can deliver. You agree with the family any actions that require others to deliver. You record this on the form.

## **Step 3 - Service Delivery:**

You deliver on your actions. You make referrals or broker access to other services, using UNOCINI to demonstrate evidence of need. You monitor progress. Where the child or family needs services from across a range of agencies, one professional should be identified to oversee the services – for example, when social services are involved, it is likely that they would take the lead in co-ordinating services.

## **How to Undertake UNOCINI with Families**

The UNOCINI FORMS are just a way of recording your conversation, with the child and/or their parent/ carer, and your other knowledge and observations. The process of UNOCINI is far more important – i.e. the identification of needs, strength and risks and the referral or co-ordination of services to meet these.

The discussion does not have to be highly formal or presented as a “big event”. You will want to use a method and style that suits the child/parent, the situation and you. Key points to remember:

- the interview is collaborative – you are working with the family to find solutions – they will often know better than you;
- if the child, young person or family do not want to participate, you can't force them. If that happens you may wish to use the UNOCINI to structure information that you do have, in order to aid you and your agency in decision-making. But you will need to record clearly that agreement to undertake UNOCINI has been refused. Before sharing any information you have gathered you will then need to consider carefully whether for example the public interest in sharing the information overrides the lack of consent;
- if you are worried about a child's welfare or safety or your own safety, act accordingly. If you're not sure, seek immediate advice.

UNOCINI discussions should have 7 main parts:

- I. Explain the purpose of UNOCINI, why you are recording information and what will happen to it, to the child and parents. Make sure they understand that UNOCINI is a resource to help them access services. There is no stigma attached. Check they consent to what is proposed. If the child is old enough to understand what you are proposing, they should give consent themselves. Do not assume that children with a disability or learning disabilities are not capable of understanding.

2. Complete the basic details as fully as possible.
3. Go through the main areas. You should consider each of the three broad groups separately:
  - child's needs;
  - parents' or carers' capacity to meet the child's needs; and
  - family and environmental factors

Consider each of the elements in turn, as appropriate in the circumstances. You do not need to comment on every element. Concentrate on the presenting issues. But you should consider the whole child, not just your own agency focus. You should also focus on areas of strength in the family, not just needs. The interview should not be threatening.

Don't be put off by the language in which some of the elements are expressed. A quick explanation of what each element means in plain English is attached.

Wherever possible, you should base the interview and your comments on evidence, not just opinion. Evidence would be what you have seen, what the child has said and what the family members have said.

4. **Record, with the child or parent, your overall conclusions** and the evidence behind them. Agree what you say with the child or parent and record any major differences of opinion.
5. **Identify solutions and actions.** Try to focus on what the child and family can do for themselves. If they need more, see if you can provide it. Or see if targeted support is provided within your agency.
6. **Clearly record issues of consent.** Record the child or parent's consent to share the UNOCINI information and any limitations on that consent.

***N.B. There may be times when it will be appropriate to undertake UNOCINI without consent from the child and/or their parents/carers:***

- a. ***If you have concerns that the child is at risk of significant harm and that you believe gaining consent could increase this risk.***
  - b. ***If you have concerns that the child may be at risk of significant harm and the child and/or parents/carers are withholding consent. In this instance it is good practice to inform the child and/or parents/carers of your intention to undertake UNOCINI and to endeavour to work in partnership with them.***
7. **Agree who will do what and when you will review progress.** Give a copy of the UNOCINI to the child or family and explain that they can show it to other professionals if they wish to, so they don't have to keep repeating their stories.

## **What happens next?**

The most likely outcomes of UNOCINI are that you will have:

- resolved your concerns – no additional action required; or
- agreed some actions for you or your agency and or the child/family: you undertake your actions, set a date for review, and monitor progress; or
- as well as your actions, identified actions required by other agencies: you undertake your actions, refer to or broker actions by other agencies, you (or another identified professional) monitor overall progress; or
- where there is nothing further you or your agency can do, referred to another agency or practitioner: you discuss the referral with the receiving agency and share your information with them.

Since resources to pay for services are finite, UNOCINI cannot offer a guarantee that services will be delivered. However, it should increase considerably the likelihood that services will be delivered, because decisions will be backed up by evidence and more referrals will be directed to the right place. If you are concerned that your service or another service is not responding to the needs identified, take the matter up through your manager or through any local partnership arrangements in which you are involved.

## **WHAT THE DOMAINS IN UNOCINI MEAN**

### **CHILD'S NEEDS**

#### **Health and Development:**

- How far the child appears healthy and well, is growing and developing normally and is accessing health services (such as GP, dentist or optician) appropriate to their age.
- Are there any factors which have implications for the safety and welfare of the child? If so, please specify.
- How far the child's physical skills seem to be developing normally for their age, for example whether they are crawling, walking and running as expected and whether their vision and hearing seems normal.
- How far for their age the child seems able and willing to speak, communicate, read and write, and express their feelings.
- How well the child copes with everyday life, e.g. their disposition, attitudes and temperament, any phobias or psychological difficulties.
- How well behaved the child is and, e.g. any anti-social or aggressive behaviour.

#### **Education and Learning:**

- The extent, to which the child has opportunities for play and interaction with other children, has access to toys and books and opportunities for gaining a range of skills and experience.
- How far the child is engaged in and attending learning appropriate to their age, whether through play, early years settings, school or college/employment. Does the child/young person receive extra support to enable them to participate fully?
- The child's educational and/or other achievements and progress, including ability to read and write, compared with what would normally be expected from someone of their age. Include consideration of educational/training sporting, hobby and volunteering achievements etc.

**Identity, Self-Esteem and Self-Care:**

- How far the child seems to be developing the right measure of confidence and self-assurance, and how far they have a sense of belonging.
- How independent the child is for their age – how far they can do routine tasks for themselves and make their own decisions.
- The extent to which the child has a sense of individuality: race, religion, age, gender, sexuality and disability may all contribute to this.

**Family and social relationships:**

- How far the child is building stable and affectionate relationships with others, including family, household members, significant others, peers and the wider community.

**PARENTS' OR CARERS' CAPACITY TO MEET THE CHILD OR YOUNG PERSON'S NEEDS****Basic Care and Ensuring Safety:**

- How far the child is safe from harm or sexual exploitation, well-fed and cared for, and living in a safe, warm and clean home.

**Emotional warmth:**

- How far the child is loved and in contact with those who are important to him/her.
- How far the child has a sense of being valued and has a positive sense of their own racial and cultural identity.

**Guidance, boundaries and stimulation:**

- How far the child is subject to and provided with appropriate guidance and discipline at home and elsewhere, and helped to learn.
- The degree to which the child is stimulated and encouraged to learn.

**Stability:**

- How stable the child's environment is, ensuring secure attachments are not disrupted, there is consistency in responses to similar behaviour that develop over time as the child progresses.
- What are the things that provide the child with a sense of stability (e.g. secure attachment to parent/ carer; school, friends, community)?
- Is the child able to maintain contact with important family members or significant others, including friends.

**FAMILY AND ENVIRONMENTAL FACTORS, WHICH IMPACT ON THE CHILD OR YOUNG PERSON AND THE PARENTS' OR CARERS' CAPACITY TO MEET THEIR NEEDS****Family history, functioning and well-being:**

- Who lives in the household and how they relate to the child, including any changes since the child's birth; family routines; and anything about the family history, such as family breakdown, illnesses (physical or mental) or problems with alcohol or other substances that are having an impact on the child's development.

**Extended family and Social & Community Resources:**

- Whether there is an appropriate level of help for the child, or parents/carers from relatives and others, and is this help utilised?
- Impact on the child of the local area: including crime levels, availability and quality of shops, schools/colleges, leisure activities etc. This includes how well the child/young person fits in with neighbours, friends and others.

**Housing:**

- Whether the accommodation has everything needed for living safely and healthily, including basic amenities of water, heating, sanitation, cooking facilities, sleeping arrangements and cleanliness.
- Security of tenure and the frequency of moves

**Employment and Income:**

- The effect on the child of the work and financial situation of the family or household.
- Income over a sustained period - is the family in receipt of all its benefit entitlements?

# 3

## Threshold of Needs Matrix

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### **DEFINING NEED IN CHILDREN**

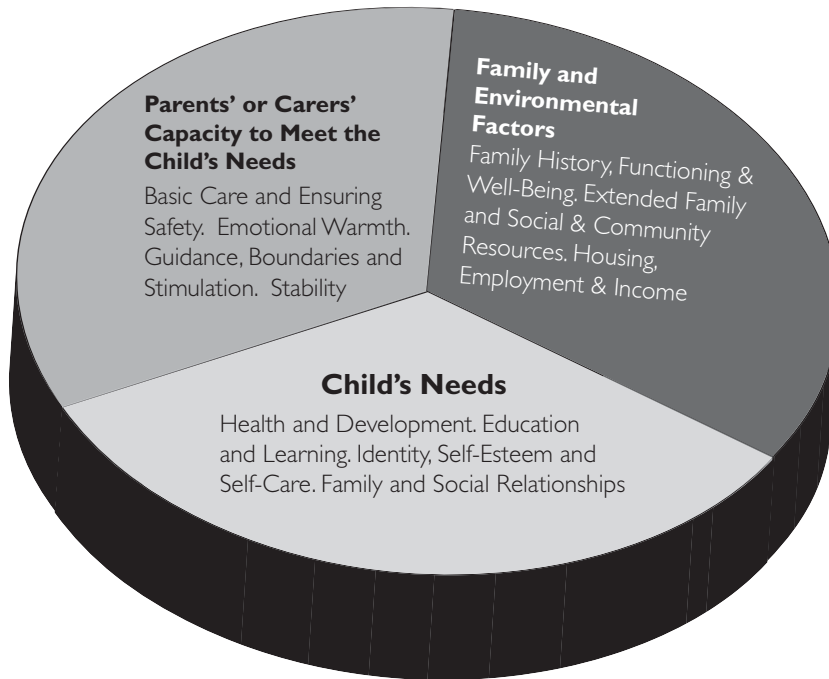
#### **Who Are Children in Need?**

This is not an exhaustive list, but children in need will include:

- Children who are failing at school
- Children who have offended
- Children experiencing behavioural difficulties
- Children who are in need of protection (i.e. those for whom there are concerns about neglect and/or abuse)
- Children with ill health, either physical or psychological
- Children who are having difficulties accessing services
- Children who are homeless
- Children who are unaccompanied and seeking asylum
- Children who are suffering family breakdown
- Children who are exposed to domestic violence
- Children who are misusing substances
- Teenage parents
- Children with caring responsibilities
- Children deemed to be at risk of any of the above
- Children who are disabled

## Children in Need Thresholds

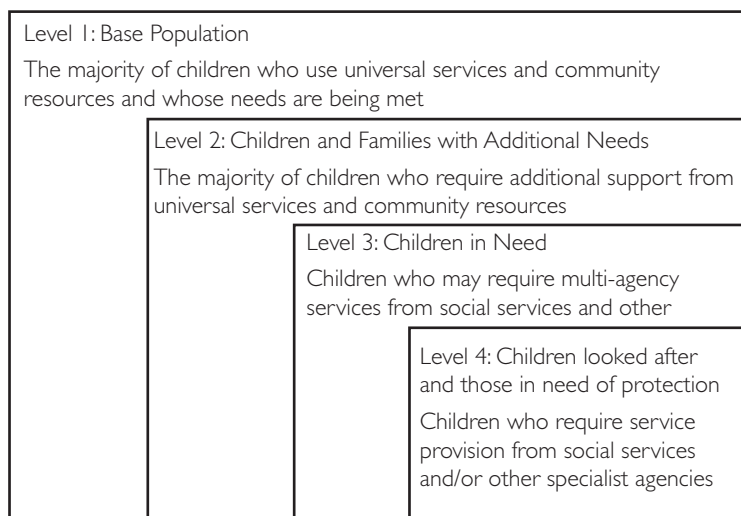
In order to be able to describe the different levels of children's needs, a multi-agency group of professionals from across Northern Ireland have worked together to develop the Threshold of Needs Matrix (see below). This is based upon the domains and dimensions of the Northern Ireland Assessment Framework and UNOCINI. These are shown in the diagram below:



The child's needs, parent's capacity and family and environmental factors and the way in which they interact with, and influence each other; must be carefully analysed in order to gain a complete picture of a child's unmet needs and how to identify the best response to them.

## Four Levels of Need

The diagram below provides a useful way of conceptualising the levels of need and service response:



Children will obviously move between these levels of vulnerability according to their particular circumstances and so it is essential that service response can be flexible and able to address these changing needs. The aim of early identification, referral and service provision (i.e. through use of UNOCINI) is to ensure that children are prevented from moving to a higher level of need and wherever possible concerns reduced so that their levels of need reduce. The division between the levels should not be conceived of as 'hard and fast'. There will need to be some flexibility around the boundaries to ensure that children are properly assessed and appropriate services arranged.

### **Limitations of the Threshold of Needs Matrix**

It is intended that the matrix should be used as a tool to enable agencies to communicate their concerns about children using a common format, language and understanding of the levels of needs, concern or risk for all children across Northern Ireland. It is also intended as a tool to enable practitioners to complete a needs 'map' to assess children and articulate the needs and strengths of the child and the family and the risks and protection issues that may exist.

The matrix cannot be an exhaustive list of all likely or possible needs, concerns or risk factors. It is indicative and should not be rigidly applied. The presence of single or multiple combinations of factors, the age and resilience of the child and protective factors will all need to be taken into account.

The matrix is also not intended to replace sound professional judgement and assessment of the child's circumstances by the agency representatives concerned: this degree of professionalism is of paramount importance in identifying the appropriate response.

## **THRESHOLD CRITERIA - DEFINITIONS OF LEVELS OF NEED**

### **Level One: Universal**

The majority of children and families in NI whose needs are being met. They utilise universal services and community resources as required.

### **Level Two: Children with Additional Needs**

Children and families, who require additional support from universal services, community and voluntary sectors to promote social inclusion and to reduce the levels of vulnerability within the family.

### **Level Three: Children in Need**

Children whose health and development may be significantly impaired without the provision of social services, which will work alongside other agencies to provide the best support for the child and family.

### **Level Four: Children with Complex and/or Acute Needs**

Children who are suffering, or likely to suffer, significant harm without the provision of social services. This includes children who are looked after, those at risk of being looked after and those who are in need of safeguarding. Services from social services may be provided alongside service provision from other agencies to provide the best support for the child and family.

## CHILD'S NEEDS

### LEVEL ONE

#### Health & Development

- Physically well
- Adequate diet / hygiene / clothing
- Health appointments are kept / developmental checks / immunisations up to date
- Regular dental and optical care
- Developmental milestones met, or being attended to appropriately (including speech and language)
- Feelings and actions demonstrate appropriate responses
- Good quality early attachments
- Able to adapt to change
- Able to express and demonstrate empathy.
- Child with disability: care package/support meets child's needs

#### Education & Learning

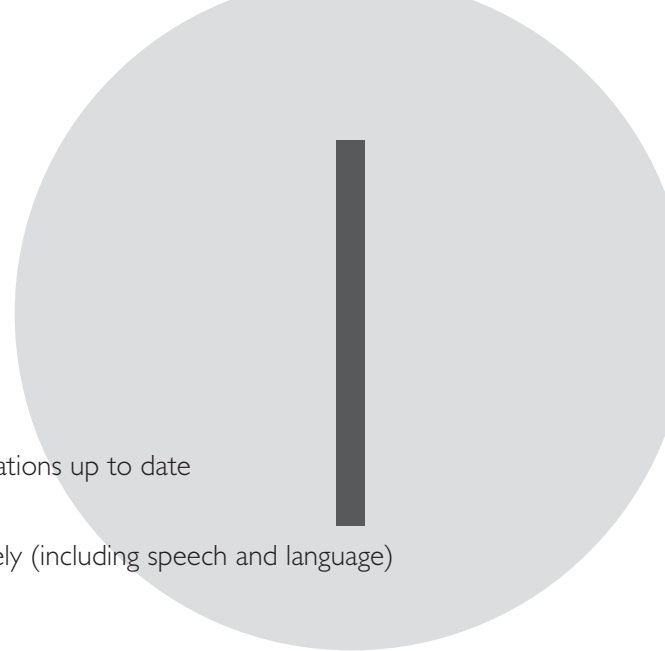
- Attends school regularly
- Acquired a range of skills/interests (including sports, hobbies etc)
- Experiencing success/achievement (including sports, hobbies etc)
- Access to books/toys, play

#### Identity, Self-Esteem & Self-Care

- Positive sense of self and abilities
- Demonstrates feelings of belonging and acceptance
- A sense of self and an ability to express needs
- Appropriate dress for different settings
- Good level of personal hygiene
- Growing level of competencies in practical and emotional skills, such as feeding, dressing and independent living skills

#### Family and Social Relationships

- Stable and affectionate relationships with caregivers
- Good relationships with siblings
- Positive relationships with peers





## **LEVEL TWO**

### **Health & Development**

- Emotional and behavioural difficulties but not significantly impairing health or development
- Susceptible to minor health problems
- Minor concerns re diet / cleanliness / hygiene / clothing
- Defaulting on health appointments / immunisations / checks
- Not registered with GP/Dentist
- A&E attendance giving cause for concern
- Slow in reaching developmental milestones
- Signs of disruptive or challenging behaviour
- Difficulties with peer group relationships and with adults
- Can find managing change difficult
- Starting to show difficulties expressing empathy
- Disabled child requires additional care
- Early sexual behaviour
- Low level substance misuse

### **Education & Learning**

- Poor punctuality / occasional school absences
- Truants with peers, or being disruptive in class
- Sudden or sustained drop in achievement (including sports, hobbies etc)
- Not thought to be reaching his / her educational potential
- Not always engaged in learning e.g. poor concentration, motivation and interest
- Has statement of educational needs
- Reduced access to toys and books

### **Identity, Self-Esteem & Self-Care**

- Some insecurities around identity expressed e.g. low self-esteem
- May experience bullying discrimination or harassment due to ethnicity sexual orientation, disability or religion
- Previously happy child becomes sad, withdrawn, quiet, argumentative, aggressive
- Can be over friendly or overly fearful with strangers
- Can be provocative in appearance and behaviour
- Not always adequate self care e.g. poor hygiene
- Some delay in developing age appropriate self-care skills

### **Family and Social Relationships**

- Some support from family friends
- Has some difficulties sustaining relationships
- Child has caring responsibilities which has some impact on education or development



## **LEVEL THREE:**

### **Health & Development**

- Moderate mental / emotional health or behavioural difficulties (including self-harm)
- Behaviour impacting on health and development
- Concerns re diet, hygiene, clothing, overweight/underweight
- Missing routine and non-routine health appointments
- A&E attendance causing concern
- Concerns re enuresis / encopresis
- Developmental milestones delayed and not being attended to
- Finds it difficult to cope with anger, frustration and upset
- Disruptive challenging / offending / anti social behaviour at school or in neighbourhood and at home, involvement of agencies, police and Youth Justice Agency
- Persistent difficulties in relationships with peer group and adults
- Finds change particularly difficult to manage
- Unable to demonstrate age appropriate empathy
- Child young person with permanent & substantial disabilities requires support/care package
- Some evidence of inappropriate sexual activities
- Substance misuse potentially damaging to health and development

### **Education & Learning**

- Poor school attendance and punctuality e.g. less than 80%
- Serious disaffection with learning and underachievement and significant truancy (less than 80% attendance) and EWO involvement
- No exams / tests result, record of achievement
- On schools Special Educational Needs Register
- Has a statement of educational needs
- Some fixed term exclusions
- Not achieving key stage benchmarks / identified learning needs
- No interest / skills displayed (including sports, hobbies etc)
- Toys and books absent from environment

### **Identity, Self-Esteem & Self-Care**

- Demonstrates significantly low self-esteem in a range of situations
- Subject to discrimination e.g. racial, sexual or due to disabilities
- Child has few (if any) positive relationships and can be hostile to others
- Is provocative in behaviour / appearance
- Hygiene problems
- Child previously able to care for self regresses
- Poor self care for age including hygiene

### **Family and Social Relationships**

- Lack of positive role models / deteriorating parental relationship
- Misses school or leisure activities
- Peers also involved in challenging behaviour
- Involved in conflicts with peers / siblings
- Regularly needed to care for another family member impacted on education / development
- Young person living independently and not coping



## **LEVEL FOUR:**

### **Health & Development**

- Has severe mental or emotional health problems or behavioural difficulties which affect development
- Severe and / or multiple disabilities or serious health problems affecting development
- Self harming or suicide attempts linked to periods of depression
- Appears undernourished / obese / dirty / infested / very poor standard of clothing
- Child has suffered or may have suffered physical, sexual emotional abuse or neglect
- Multiple A&E attendances causing concern / suspected non-accidental injury
- Developmental milestones unlikely to be met / failure to thrive
- Regularly in anti social/criminal activities, which places self or others at significant risk
- Offending behaviours likely to lead to custody / remand
- Puts self or others in danger e.g. regularly going missing, violence towards others, relationships dysfunctional
- Demonstrates disregard for others' feelings
- Disabled child or young person with permanent & substantial disabilities requires support package to meet needs significantly in excess of that normally
- Early teenage pregnancy where there are concerns about young person's ability to parent
- Frequent inappropriate sexual activities
- Substance misuse or self harming damaging health and development

### **Education & Learning**

- Permanently excluded from school
- Without a school place or not attending school
- Parental prosecution pending

### **Identity, Self-Esteem & Self-Care**

- Experiences persistent discrimination, placing the child at risk or is adversely affecting the child's health and development
- Is socially isolated and lacks appropriate role models, placing the child at risk
- Regularly seen in inappropriate / inadequate clothing
- Hygiene problems causing isolation affecting child's self-esteem and development
- Child repeatedly presenting as being hungry
- Neglects to use self care skills due to alternative priorities e.g. substance misuse

### **Family and Social Relationships**

- Concerns about a child who is or was previously looked after
- Family breakdown related in some way to child's behavioural difficulties
- Peers / siblings engaged in criminal / high risk activities
- Child has caring responsibilities that impact significantly on child's education / health / development
- Young person living independently, but homeless

## **PARENTS' OR CARERS' CAPACITY TO MEET THE CHILD'S NEEDS**

### **LEVEL ONE:**

#### **Basic Care & Ensuring Safety**

- Provide for child's physical needs, e.g. food, drink, appropriate clothing, medical and dental care
- Protect from danger or significant harm, in the home and elsewhere

#### **Emotional Warmth**

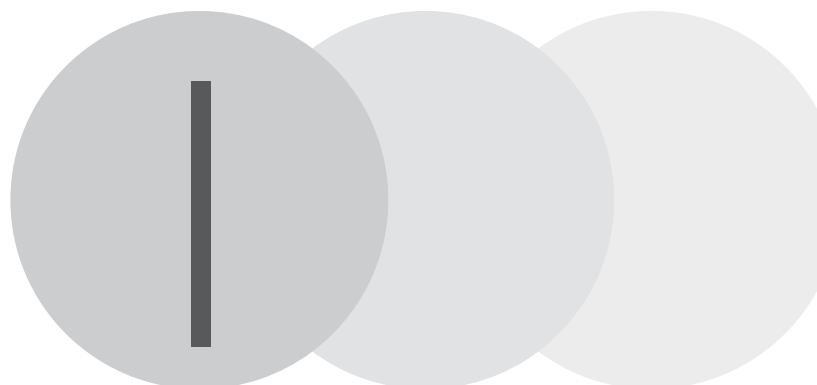
- Shows love, praise and encouragement

#### **Guidance, Boundaries & Stimulation**

- Provide guidance so that child can develop an appropriate internal model of values and conscience.
- Facilitates cognitive development through interaction and play
- Enable child to experience success, or cope with disappointment
- Consistent parenting providing appropriate guidance and boundaries

#### **Stability**

- Ensure that secure attachments are maintained
- Provide consistency of emotional warmth over time



## **LEVEL TWO:**

### **Basic Care & Ensuring Safety**

- Poor maternal health / not accessing post/ antenatal care
- Inability to recognise health care needs for self or child
- Parent requires ongoing advice on parenting issues
- Parental engagement with services is poor
- Professionals are beginning to have some concerns around child's physical needs being met
- Mental or physical health needs, substance misuse or other health problems but they do not appear to significantly affect the care of the child
- Some exposure to dangerous situations in the home or community
- Parental stresses starting to affect ability to ensure child's safety
- Condoned absence from school
- Misplaced anxiety regarding child health

### **Emotional warmth**

- Poor parent/child relationships
- Inconsistent responses to child by parent(s)
- Child able to develop other positive relationships

### **Guidance, Boundaries & Stimulation**

- Child behaves in anti-social way in the neighbourhood e.g. petty crime
- Inconsistent parenting - difficulties setting boundaries
- Limited parental guidance in relation to appropriate emotional responses
- Child spends considerable time alone e.g. watching television.
- Child is not often exposed to new experience or activities

### **Stability**

- Key relationships with family members not always kept up
- May have different carers
- Starting to demonstrate difficulties with attachments
- Irregular pattern of emotional interactions



## **LEVEL THREE:**

### **Basic Care & Ensuring Safety**

- Inadequate care not meeting physical needs
- Inability to put child's need before own needs
- Inability to recognise health needs for self or child such that child's health and development is likely to be significantly impaired
- Difficult to engage parents with services
- Professionals have serious concerns
- Parent is struggling to provide adequate care
- Mental or physical health needs, substance misuse or frequent health problems leading to the majority of parenting responsibilities not being undertaken and child's health and development is likely to be significantly impaired
- Child perceived to be a problem by parents
- Parental stresses affecting ability to ensure child's safety
- Child may be subject to neglect e.g. exposed to dangerous situations in the home or community; experiencing unsafe situations
- Child regularly left alone or unsupervised
- Child previously looked after

### **Emotional Warmth**

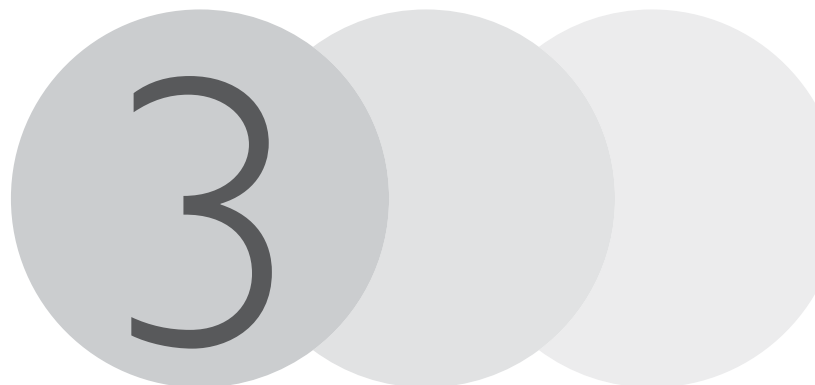
- Child / parent relationship at risk of breakdown
- Receives erratic or inconsistent care
- Has no other positive relationships
- Parental instability affects capacity to nurture

### **Guidance, Boundaries & Stimulation**

- Parent does not offer a good role model e.g. by behaving in an anti-social way
- Erratic or inadequate guidance provided
- No parental guidance in relation to appropriate emotional responses
- Not receiving positive stimulation; lack of new experience or activities

### **Stability**

- Child has multiple carers
- Child has been looked after
- Parent has withdrawn from emotional interaction



## **LEVEL FOUR:**

### **Basic Care & Ensuring Safety**

- Failure to access adequate health care resulting in serious risk to child's health (includes unborn child)
- Concerns about parenting of child
- Severe mental or physical health needs, substance misuse or other health problems such that vital parenting roles cannot be undertaken and child at risk of significant harm
- Persistent serious domestic violence such that child is at risk of significant harm
- Parents involved in crime which is affecting parents capacity to provide care or is significantly impacted on child's development
- Parents unable to keep child safe
- Young child left alone or unsupervised
- Concerns about a child in a family where parents were unable to care for previous child and child has been removed
- Concerns about parenting of a child who is / or has been looked after or is at risk of becoming looked after
- Child refusing to return home
- Allegation or reasonable suspicion of serious injury / abuse or neglect
- Currently or previously on Child Protection Register

### **Emotional Warmth**

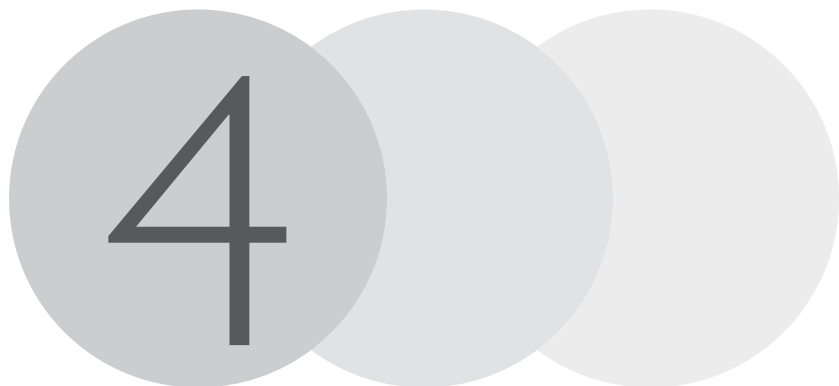
- Parents inconsistent, highly critical or apathetic towards child / concerns of emotional abuse. 'low warmth high criticism'

### **Guidance, Boundaries & Stimulation**

- Frequently behaves in an anti-social way in the neighbourhood leading to risk of criminal prosecution
- No effective boundaries set by parents leading to child being beyond parental control
- Parental disinterest in child's emotional development
- No constructive leisure time or guided play which significantly impacted on child's development

### **Stability**

- Child is beyond parental control
- Child has no parent or carer / abandoned child or unaccompanied minor
- Parent / carer has rejected child from home or is threatening to reject child from home



## **FAMILY AND ENVIRONMENTAL FACTORS**

### **LEVEL ONE:**

#### **Family History, Functioning & Well-Being**

- Good relationships within family, including when parents are separated
- Few significant changes in family composition

#### **Extended Family and Social & Community Resources**

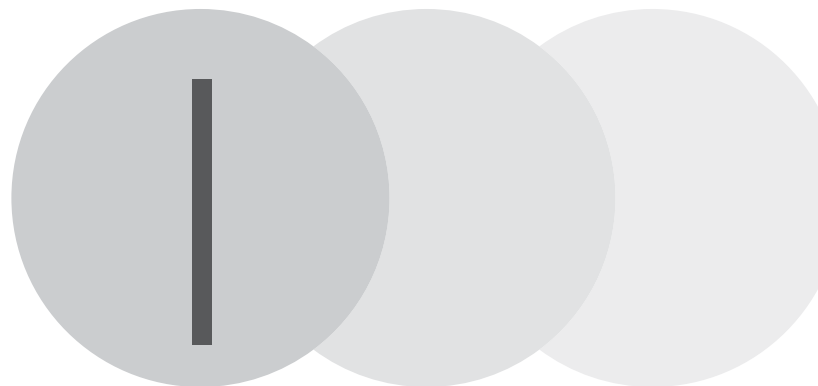
- Sense of larger familial network and good friendships outside of the family unit
- Family is integrated into the community
- Good universal services in neighbourhood

#### **Housing**

- Accommodation has appropriate facilities
- Security of tenure and absence of harassment

#### **Employment & Income**

- Parents able to manage the working or unemployment arrangements and do not perceive them as unduly stressful
- Reasonable income over time, with resources used appropriately to meet individual needs



## **LEVEL TWO:**

### **Family History, Functioning & Well-Being**

- Parents have some conflicts or difficulties that can involve the children
- Child has experienced loss of significant adult through separation or bereavement
- Child has caring responsibilities
- Parent or sibling has received custodial sentence
- Parent has physical/mental health difficulties
- Sibling with disability or significant health problem
- Refugee/asylum seeking family

### **Extended Family and Social & Community Resources**

- Limited support from friends and family
- Some social exclusion experiences
- Family may be new to the area
- Family experiencing harassment or discrimination or are victims of crime
- Adequate universal resources but family may have access issues

### **Housing**

- Adequate / poor housing without some basic amenities
- Uncertain tenure / rent arrears

### **Employment & Income**

- Parents have limited formal education affecting ability to find employment
- Periods of unemployment of the wage earning parents
- Low income from work or welfare benefits
- Some early concerns regarding debt



## **LEVEL THREE:**

### **Family History, Functioning & Well-Being**

- Incidents of domestic violence between parents
- Acrimonious divorce / separation
- Child is principle carer for parent, sibling or other family member
- Parent or sibling is in custody
- Family have serious physical and mental health problems
- Refugee / asylum seeking family refused the right to remain

### **Extended Family and Social & Community Resources**

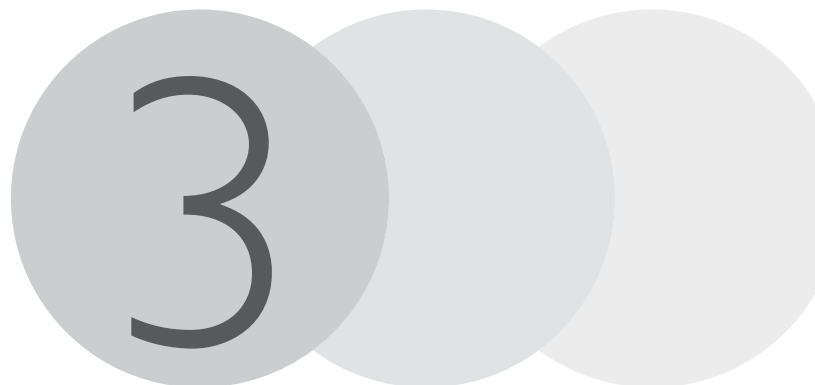
- Family has poor relationships with extended family or little communication
- Family is socially isolated and limited support from extended family
- Parents socially excluded
- Parents experience stress without support network
- Poor quality universal resources and access problems to these and targeted services

### **Housing**

- Poor state of repair; inadequate temporary or overcrowded housing
- Eviction in process / awaiting temporary housing

### **Employment & Income**

- Parents find it difficult to obtain employment due to poor basic skills
- Parents experience stress due to unemployment or overworking
- Sustained low income
- Serious debts / poverty impact on ability to have basic needs met



## **LEVEL FOUR:**

### **Family History, Functioning & Well-Being**

- Significant parental discord
- Violence from siblings / parents
- Imminent family breakdown and risk of child becoming looked after
- Schedule One offender is living in the family Wider Family
- Family have serious physical and mental health problems that pose a significant risk to the child's well-being and development

### **Extended Family and Social & Community Resources**

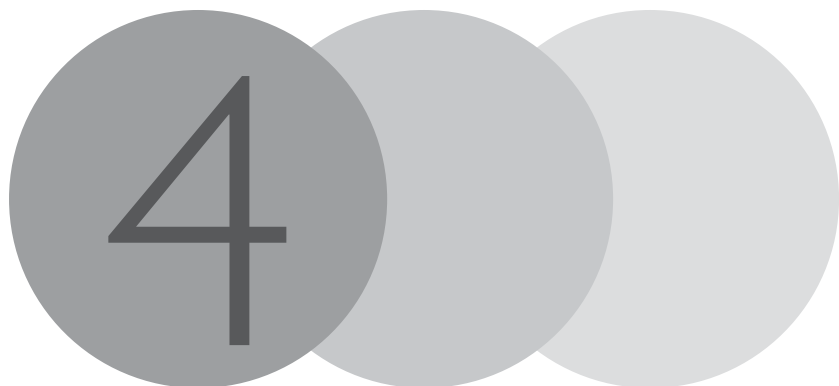
- Destructive / unhelpful involvement from extended family
- No effective support from extended family
- Family chronically socially excluded
- Poor quality services with long term difficulties with accessing target populations

### **Housing**

- Physical accommodation places child in danger
- Homelessness is not eligible for temporary housing

### **Employment & Income**

- Family unable to gain unemployment due to significant lack of basic skills or long term difficulties e.g. substance misuse which affects their ability to provide basic care and parent (see parenting domain)
- Chronic unemployment that has severely affected parents own identities and has seriously impacted on their ability to parent (see parenting domain)
- Family / young person not entitled to benefits with no means of support
- Extreme poverty / debt impacting on ability to care for child and have basic needs met; food, warmth, essentials, clothing



# 4

## Professionals Guide to the Comprehensive Assessment

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There is likely to be a complex interplay between the factors identified across the three domains of the assessment framework. A community study of almost 400 children and their families concluded:

It is likely to be the interaction between a number of factors rather than any specific characteristic that leads to parenting difficulties. Thus most families are able to overcome adversities and provide their children with a sufficiently nurturing environment, although they may fall down in one or two areas. Only a very small proportion are unable to provide a sufficiently consistent standard of care across all (child development) dimensions, but it is they who form the group where children are most likely to be admitted into care of accommodation.<sup>2</sup>

The assessment framework has therefore been developed as a tool to gather disparate pieces of information about a child, their family and environment in order to develop a conceptual map which can be used to understand what is happening to children in whatever circumstances they may be growing up.

Throughout all elements of the assessment framework, four common themes must be identified and analysed to ensure a comprehensive overview of the child's current circumstances:

1. Needs: deficits in any aspect of the child's life, which have an impact upon their well-being and development
2. Strengths: aspects of the child, their life, the family circumstances and the environment, which are positive
3. Risks: matters which may impair or endanger the child's safety and development
4. Protection: relationships and structures that promote the wellbeing of the child

The analysis of information and evidence in comprehensive assessment is essential in order to gain a holistic understanding of the child and family's circumstances. Research tells us that analysis is a relative weakness in assessments of children in need, completed by social workers and others. It is therefore critical to take the time to consider and analyse all the information and evidence available in order to fully consider appropriate actions and interventions.

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<sup>2</sup>Ward, 1995, p.85



## CHILD OR YOUNG PERSON'S NEEDS

Assessment of what is happening to a child requires that each aspect of the child's development and progress is examined, in the context of the child's age and stage of development. This includes knowing whether a child has reached his or her expected developmental milestones. For example, in the early years, there is an emphasis on achieving physical milestones. In middle childhood, social and academic capacity becomes more prominent although the physical development continues<sup>3</sup>, while the adolescent strives to reconcile social and emotional dependencies and independencies<sup>4</sup>.

Attachment and resilience are key concepts to consider and explore throughout this section of the assessment. Account must also be taken of any particular vulnerability such as learning difficulty, physical disability or a physically impairing condition, and the impact this may be having upon progress in any of the developmental dimensions.

Consideration should be given to any socially and environmentally disabling factors which have an impact on the child's development. For example, limited access for those who are disabled and subject to other forms of discrimination.

Children who have been maltreated may suffer impairment to their development as a result of injuries sustained and/or the impact of the trauma caused by their abuse. 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.

Children's own perspectives on their experiences are an important source of knowledge. Increasingly, the validity of children's views on their lives is acknowledged in research. Children have views about what is happening to them. They attach meaning to events. They have wishes and feelings which must be taken into account and they will have ideas about the direction of decisions and the way in which those decisions are executed<sup>5</sup>.

### Health and Development

This section includes consideration of growth and development as well as physical and mental well-being. The impact of genetic factors and or any impairment should also be considered.

<sup>3</sup>Rushton *et al*, 1998

<sup>4</sup>Department of Health, 1996

<sup>5</sup>(for example, Butler and Williamson, 1994; Shaw, 1998; Brandon *et al*, 1999, Department of Health, 2000)

Research has shown the link between poverty and ill-health and there is a strong correlation between the physical health of children of all ages and adverse social and economic conditions. This is particularly apparent in the infant mortality rate, which is directly affected by factors such as economic status, type of accommodation, access to basic amenities and access to preventative and supportive health care.

There is an increasing recognition of the importance of promoting the mental health and emotional well-being of children and young people. Emotional well-being relates to the ability of the child in responding to change, adjusting to stress, coping with the demands placed upon them and maintaining a good level of personal and social functioning. The extent to which a child's speech, language and communications are developed may have a significant impact upon social integration and social development. Consideration should be given to current emotional and mental health needs, emotional maturity, and emotional attachments.

Particular groups of children such as those seeking asylum and those who have suffered significant harm from chronic abuse can suffer post-traumatic stress syndrome. This can be directly attributed to the past experiences of these children who may have experienced violence or witnessed death, violence and war.

The behavioural development of children and young people is a significant factor in relation to their education, friendships and peer groups, health, welfare and degree of social inclusion. Anti-social behaviour, offending and misuse of substances can create serious barriers to learning: problematic behaviours such as substance misuse are associated with poor educational achievement and low aspiration, the exclusion (self or enforced) of young people from school, study or training, mental ill-health and criminal behaviour.

## **Education and Learning**

The cognitive development of a child begins at birth and this section seeks to explore all issues relating to this area of development, from early play and interactions with people through to developing a range of interests and skills and experiencing success and achievement. Young people's aspirations and an appraisal of the realism of these should also be considered within this section.

Participation and the degree to which the child has access to and is engaged in education, training and/or employment is key to successful transition to adulthood later in life. Lack of engagement in education, through truancy or exclusion has been identified as one of the major risk factors for involvement in offending behaviour during adolescence. Other barriers to participation may be institutional, or may involve the lack of transport, lack of flexibility over the delivery of courses and poor physical and educational access for people with learning difficulties and/or disabilities.

Achievements relate not only to academic achievement, but also to wider achievements of children and young people. For example sporting or volunteering achievements, overcoming particular barriers to success, engaging in a hobby.

In order to pursue and achieve goals, it is often necessary to persevere and demonstrate personal resilience. For all children, it will be important to identify these motivating factors so that they can achieve their potential. This will be particularly important in the case of children who are vulnerable or disadvantaged.

## **Identity, Self-Esteem and Self-Care**

Identity is important for all children: there are close links between the development of a child's identity and their emotional and behavioural development. Children who have emotional and behavioural difficulties often have a poor self-image and low self-esteem.

Identity is difficult to define, yet it is central to every child's growing sense of their own individuality, place in society and value as a person. This includes issues relating to self-image and self-esteem, a sense of belonging and acceptance by those around them and whether the child has a positive view of him/herself. This element also concerns the child's understanding of the way in which their appearance and behaviour are perceived and the impressions being created. Consider appropriateness of dress for age, gender, culture and religion; cleanliness and personal hygiene and availability of advice from parents and caregivers about presentation in different settings.

A key point to consider here is the degree to which the child's self-image may be affected by bullying or discrimination due to their race, religion, age, gender, sexuality and disability. This element is closely related to emotional well-being and has been identified as a protective factor around issues such as anti-social and offending behaviours and substance misuse.

Consideration of self-care skills relates to the acquisition by a child of practical, emotional and communication competencies acquired for increasing independence. This includes early practical skills such as feeding and dressing, opportunities to gain confidence and practical skills to undertake activities away from the family, and independent living skills as older children. Consider the encouragement provided 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.

## **Family and Social Relationships**

Family and social relationships are central to every child's life. Early experiences of parenting and social relationships can construct a blueprint for later social interactions.

Children depend upon the specific care and attention of at least one significant adult who is able and willing to respond to the child's needs for both physical and emotional care. Children are vulnerable, particularly in their early years and attachment to a significant adult fulfils a basic function to ensure their survival and wellbeing.

The formation of good attachments develops out of a relationship which is worked at by both baby and adult over time. This relationship requires the participation of both parties, in that secure attachments are formed out of reciprocal relationships, in which there is a high degree of communication, matched by responsiveness and consistency<sup>5</sup>. The impact of separation and loss, where relevant, should also be considered within this element.

Building successful family and social relationships is dependent upon the child's ability to empathise and build stable relationships and affectionate relationships with those around them. This includes consideration of relationships with family, peers, significant others and the wider community.

## **Parents' or Carers' Capacity to Meet the Child or Young Person's Needs**

Children's chances of achieving optimal outcomes will be dependent on upon their parents' capacities to respond appropriately to their needs at different stages of their lives. There are many factors in parents that may inhibit their responses to their children and prevent their providing parenting to a level necessary to promote optimal outcomes in children.

The number of parents who set out to cause harm to their children is very small. The majority of parents, including most of those who neglect or maltreat their children, want to do the best for their children and have their interests at heart. However, 'Good parenting requires certain permitting circumstances. There must be the necessary life opportunities and facilities. Where these are lacking even the best parents may find it difficult to exercise these skills'.<sup>7</sup>

In families where a parent is not living in the same household as the child, it is important to identify what role that parent has in the child's life and the significance to the child of the relationship with that parent. It cannot be assumed that parents who live apart are estranged. This arrangement may be by mutual agreement.

In all family situations, particularly where there is cause for concern about what is happening to a child, it is imperative to gather information about how the parenting tasks are being carried out by each parent or caregiver in terms of:

- Their response to a child and his or her behaviour or circumstances
- The manner in which they are responding to the child's needs
- The areas where they are experiencing difficulties in meeting their child's needs or failing to do so
- The effect the child has upon them
- The quality of the parent-child relationship
- Their understanding of the child's needs and development
- Their comprehension of parenting tasks and the relevance of these to their child's development needs
- The impact of any difficulties they may be experiencing themselves on their ability to carry out parental tasks and responsibilities (distinguishing reality from aspiration)
- The impact of past experience on the current parenting capacity
- Their ability to face and accept their difficulties
- Their ability to use support and accept help
- Their capacity for adaptation and change in their parenting response

## **Basic Care and Ensuring Safety**

Critically important to a child's health and development is the ability of parents or caregivers to ensure that the child's development needs are being appropriately and adequately responded to, and to adapt to his or her changing needs over time. Basic care relates to the extent to which the child's physical needs are being met by their parent or carer. These include the provision of dental and medical care, food, drink, warmth, shelter, clean and appropriate clothing and adequate personal hygiene. It also relates to the additional physical needs a child may have, for example as a result of health problems or disability.

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<sup>7</sup>Rutter (1974)

It is important that parenting capacity be considered alongside the context of the family's structure and functioning, to ensure everyone who contributes to the care of the child is included. It may be that the majority of all the child's needs are met by a lone parent, but in many families there may be a number of important caregivers in a child's life (e.g. parents, grandparents, child minders, baby sitters), each playing a different part which may have positive or negative consequences. A distinction has to be clearly made between the contributions of each parent or caregiver to a child's well-being and development.

The child needs to be protected from harm and danger, but within an environment that also provides challenge and the opportunity to develop and take risks appropriately. However, some parents may be directly responsible for maltreating their children. There is an important distinction between significant harm and abuse<sup>9</sup>.

*Significant harm* needs to be understood separately from child abuse or neglect, although the two may coexist. The two can be differentiated by the idea that child abuse describes *acts* and *omissions*, significant harm describes *effects*... Ill treatment may lead to the impairment or likely impairment of health and development... Some children may need protection to prevent the recurrence (of ill treatment); any child whose health or development has been impaired may need services to deal with the consequences of this.<sup>9</sup>

Where a child has suffered significant harm, or there are concerns that they may suffer significant harm, it is particularly important to distinguish between the capabilities of the abusing parent/care giver and the potentially protective parent/care giver. This information can also contribute to an understanding of the impact the parents' relationship with each other may have upon their respective capacities to respond appropriately to their child's needs. The quality of the inter-parental relationship, which has an impact upon the child's well-being, will be considered more explicitly within the following section on family and environmental factors.

It is not only parent figures or caregivers who maltreat children. Additionally, children may be abused by siblings. Outside their families, children may also be at risk of encountering other perpetrators. Utting<sup>10</sup> has drawn attention to the particular dangers of child sexual abuse for children living away from home. It is important to understand why adults or other children maltreat children. Social workers should inform themselves about the characteristics of personality and behaviour; profile and methods of perpetrators of different forms of child maltreatment, including physical, sexual and emotional abuse, both where children are living with their families and elsewhere<sup>11</sup>.

### **Emotional Warmth**

Ensuring the child's emotional needs are met and giving the child a sense of being specially valued and a positive sense of their own racial and cultural identity are central to this element.

Consideration should be given to the extent to which the parents or caregivers ensure the child's requirements for secure, stable and affectionate relationships with significant adults are met. These relationships should include appropriate sensitivity and responsiveness, appropriate physical contact, comfort and cuddling sufficient to demonstrate warm regard, praise and encouragement.

Some parents and caregivers, particularly those who are experiencing their own difficulties, may find it difficult to prioritise the needs of their children over their own. The extent to which this may be occurring and the potential impact upon the child will require further exploration.

### **Guidance, Boundaries and Stimulation**

Providing guidance and limits helps children learn to regulate their own emotions and boundaries and assists in providing a stable home environment.

The key parental tasks can be viewed as demonstrating and modelling appropriate behaviour and control of emotions and interactions with others. It is critical to provide guidance, which involves setting boundaries, so that the child is able to develop an internal mode of moral values and conscience, and social behaviour appropriate to the society within which he/she 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.

Some parents may find it difficult to enable their child to engage in exploratory and learning experiences as their desire would be to over-protect them from any potential danger or hurt. The extent to which parents are able to set appropriate boundaries that enable children and young people to grow and learn, whilst taking small risks and experiencing new and challenging situations may require sensitive exploration.

### **Stability**

To ensure optimal development, it is essential to ensure that the child grows up within a sufficiently stable family environment that enables the child to develop and maintain a secure attachment to the primary caregiver(s).

Increasingly many families have experienced some form of disruption, whether it is through parental separation, reconstitution of families or death of a significant person. The significant factors are that secure attachments are not disrupted and that the caregiver(s) provide a consistency of emotional warmth over time and that they respond in a similar manner to the same behaviour. This should also allow for parental responses changing and developing according to the child's developmental progress.

It is also important to ensure that children and young people are enabled to maintain meaningful contact with important family members and significant others despite changes in other aspects of their life.

## **FAMILY AND ENVIRONMENTAL FACTORS WHICH IMPACT ON THE CHILD OR YOUNG PERSON AND THE PARENTS OR CARERS CAPACITY TO MEET THEIR NEEDS**

Evidence suggests that the families of many children in need who are most disadvantaged are those living in poverty, in poor housing, without adequate social supports and in the poorest, hostile neighbourhoods. These families face multiple stresses which are interlinked<sup>12</sup>.

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<sup>12</sup>(McAuley, 1999)

## Family History, Functioning and Well-Being

Exploring the impact of family situations and experiences can assist in developing an understanding of current circumstances within a family. This includes consideration of both genetic and psycho-social factors. For example, a child may have a genetic condition or pre-disposition, such as sickle cell disorder or Huntington's chorea, which may affect current or future physical or mental health and the need for services. The relationships between family members (including siblings, parents and separated parents) may require substantial exploration in order to gain insight and clarity. Generating a Genogram, an ecogram and/or a chronology of significant family events will help provide an overview for this section.

An understanding of how the family usually functions and how it functions when under stress can be very helpful in identifying what factors may assist parents in carrying out their parenting roles. Of particular importance is the quality and nature of the relationship between a child's parents and how this affects the child. For example, sustained conflict between parents is detrimental to children's welfare. The quality of relationships between siblings may also be of major significance to a child's welfare. Account must be taken of the diversity of family styles and structures, particularly in consideration of who is identified as 'family' and who is important to the child.

The impact of multiple caregivers will need careful exploration in order to gain a full understanding of the context in which the care is being provided. Cleaver writes:

Children can be protected from adverse consequences of parenting problems when someone else meets the child's developmental needs.<sup>13</sup>

She adds that it is important to record where there is evidence that no one is responding appropriately to the child. In some circumstances, children who have a number of caregivers may be more vulnerable to being mistreated. Special attention should be given to the needs of disabled children who experience multiple caregivers as part of their regular routine, and to their need for reasonable continuity of caregivers.

Parents and/or significant others may be experiencing problems of their own which have an impact upon their own behaviour and their capacity to respond appropriately to the child. This could cover a variety of situations. For example it could be that the parents are not able to read or write and are therefore unable to respond to notes sent home from school; some parents may have serious health problems or impairments which may place responsibilities upon the child that are inappropriate to their years unless informal support and appropriate services are provided for the family<sup>14</sup>. It is therefore necessary for social workers to understand what may inhibit parental responses to children and what the consequences of that inappropriate response may be for children of different ages.

It may also be that the lifestyles of parents and caregivers pose a risk to the child. For example, a child may be traumatised by witnessing her mother being regularly assaulted by her father; the parents may have mental health problems that make the care they provide unpredictable, insufficient and/or dangerous; the parent may use drugs and/or alcohol to the extent that it has an impact upon their child's safety and welfare; the parent may be involved in criminal activities that engage the local neighbourhood in ways that leave the child vulnerable to harm and/or social isolation.

It is important that practitioners understand the impact of parental responses on the particular child. For example, a two year old may be at risk of significant harm from a parent whose practical caring skills are diminished by a misuse of drugs or alcohol, but a sixteen year old in a similar situation may be able to remain relatively unharmed. Understanding the interaction between parents' responses and capabilities and children's needs is a key principle underpinning effective assessment and intervention. As Cleaver points out, not all children are equally vulnerable to adverse consequences of parental problems.

### **Extended Family, Social & Community Resources**

The care and upbringing of children does not take place in a vacuum. All family members are influenced both positively and negatively by the wider family, the neighbourhood and social networks in which they live. The history of the child's family and of individual family members may have a significant impact on the child and parents. Some family members, for example, may have grown up in a completely different environment to the child, others may have had to leave their country of origin because of war or other adverse conditions, and others may have experienced abuse and neglect as children.

The role of the wider family can be a significant source of support. Conversely, extended families may not always be supportive. Sometimes, even when families live nearby, links are not maintained<sup>15</sup>. Thoburn<sup>16</sup> *et al* (2000) found that, at times, the stresses within the whole family were such that grandparents and other relatives could not find a way to help, or were too caught up in their own problems. Some parents do not always wish to acknowledge to their wider family that they are not coping with a burgeoning problem. However, when problems became serious, extended family members are likely to rally round to provide protection and care<sup>17</sup>.

The narration and impact of family histories and experiences can play an important role in understanding what is happening currently to a family. Reder and Duncan (1999) suggest that parents' own childhood experiences may spill over into adult life. For instance, experiences of rejection, abandonment, neglect and feeling unloved as a child may be associated with excessive reliance on others for fear of being left, or excessive distancing from others and fear of dependency in adulthood. An adult's capacity to care for their child(ren) may be crucially related to his or her childhood experiences of family life and past adult experiences.

Exploration of the wider context of the local neighbourhood and community and the extent to which the family are socially engaged and integrated within them is a crucial element of the assessment. Social isolation, through an absence of both physical and emotional support, is an important factor in limiting adults' sense of well-being over their lives<sup>18</sup>. Research from HomeStart has also suggested that social isolation is one of the major reasons for referral for befriending support<sup>19</sup>. Therefore the extent to which the family have peer groups, friends and social networks must be considered. Additionally, the impact upon the child of the neighbourhood and community must be considered.

Where social isolation is combined with fears for personal safety because of a hostile neighbourhood, cumulative negative factors can have an impact on parents' mental and physical health. Additionally, the part the wider family and others may play in organised abuse needs to be understood<sup>20</sup>. This includes threats to children from dangerous individuals and unsafe communities.

The range and availability of community resources (universal services of primary health care, day care and schools, places of worship, transport, shops and leisure activities) and the extent to which the family

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<sup>15</sup>Aldate and Bradley, 1999; <sup>16</sup>Thoburn et al, 2000;

<sup>17</sup>Brandon et al (1999); <sup>18</sup>Argyle 1992; Coohy, 1996; Aldate and Bradley, 1999;

<sup>19</sup>McAuley, 1999; <sup>20</sup>Cleaver, 1996

are engaged with, and utilise them, provides useful information. For example a family who are new to an area, or who are socially isolated and in need of support may not be making full use of the local services available.

## **Housing**

Accommodation that is below an acceptable standard may contribute to a child's ability to thrive. For example damp, infested and overcrowded accommodation may contribute to a baby's failure to thrive, or may lead to chronic health difficulties such as ear, nose, throat and chest problems.

For those families who move house regularly, it will be important to explore the issues underlying these decisions. It may be that they are experiencing difficulties with their neighbours; their employment may be uncertain or changeable; the family may be in transition (e.g. asylum-seeking families); they may lead chaotic lifestyles that provide little opportunity for stability. All these factors require exploration to ascertain the potential impact upon the development of children and young people.

In considering the housing element of this framework, include assessment of the interior and exterior of the property and its immediate surroundings; ascertain the level of basic amenities - water, heating, sanitation, cooking facilities, sleeping arrangements and cleanliness, hygiene and safety. The degree to which all these factors are impacting, or may impact, upon the child's upbringing should be considered.

It will also be relevant to consider the degree to which the child's accommodation may present a barrier to them. It may be that due to a learning difficulty and/or physical disability the accommodation requires disabled access or specific adaptations to ensure the child is not restricted in their lifestyles by their physical surroundings at home.

## **Employment and Income**

The patterns of employment within the family should be considered: who is working; what hours household members are working; the stability of employment; the impact unemployment may be having upon the family; the impact of others' employment on the child; the impact their own working may have on the child.

For example, a main carer may be working more than one job, or working very long hours that takes them away from their caring role with the child; the child may be required to work within a family business, thereby limiting their time for social interactions and play with their peers or reducing the time available to them for completing schoolwork; one or both parents may be unemployed and this could be the cause of a significant amount of stress within the family.

In relation to income, it is important to consider income over a sustained period of time, in addition to focussing on what may be any significant immediate difficulty. Families who experience low income over many years, and families in which the parents have difficulty managing on a low income, can increasingly experience a general deficit in the standard of living within a household. This can have a significant impact upon the well-being of its members. For example, children may become bullied at school for not having the 'right' clothes and equipment.

Ensure the family are in receipt of their full benefit entitlement and explore the degree to which the family's income meets the family's need. Explore issues with the family such as the prioritising of resources and the extent to which any financial difficulties may have an impact upon the child.

Research studies have shown that there is a strong link association between economic disadvantage and living conditions and the chances that children will fail to thrive<sup>21</sup>. At a conference in 1998, Holman put it starkly: 'Poverty undermines parenting'. It has also been demonstrated that the cumulative effect of disadvantage can dramatically increase a child's chances of coming into the care system<sup>22</sup>.

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<sup>21</sup>Utting, 1995; Iwaniec, 1996

<sup>22</sup>Bebbington and Miles, 1989

# 5

## Assessment Framework - Definitions

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### **CHILD'S NEEDS**

**Health and development,** including general health, mental health, emotional and social development, behavioural development and physical development.

General health - The child's current health condition, including growth, development, physical and mental wellbeing.

- health conditions or impairments which significantly affect everyday life functioning, whether chronic or acute, including mental health and obesity
- are there any factors which have implications for the safety and welfare of the child? If so, please specify
- a sufficient balanced and nutritious diet
- access to and use of appropriate health services, such as those provided by a GP/dentist/optician
- immunisations and appropriate developmental checks
- number and frequency of hospital admissions and accidents (including attendance at treatment rooms and Accident and Emergency Departments)
- access to and use of appropriate health advice and information, for example diet, sexual health and management of any health condition such as diabetes or asthma

Emotional and Social Development, Speech, language and communications development - the emotional and social response the child has towards parents/carers and others; and the ability to communicate effectively, confidently and appropriately with others.

- the importance of being special to someone, being able to express feelings, developing healthy dependence, developing healthy independence
  - nature and quality of early attachments
  - temperament, coping and adjusting abilities e.g. after experiencing domestic violence, bereavement or family relationship breakdown
  - disposition, attitudes and motivation to change
  - phobias or psychological difficulties
-

- self-harm or risk of self-harm
- preferred means of communication; fluency of speech and confidence; vocabulary and comprehension; any visual, hearing or other disability which impacts upon communication
- ability to gain attention make and sustain contact, access positive relationships, be with others, encourage conversation
- ability to communicate meaning, thoughts and feelings, influence others, negotiate and make choices, understanding of others
- appropriateness of social and communications skills, including body language, excessive use of expletives or inappropriate language

Behavioural Development - the social adjustment and behaviour exhibited by the child.

- development of age-appropriate behaviours
- sleeping and eating patterns
- behaviour in class or other environments where the child comes into contact with their peers
- lifestyle and self-control (including participation in reckless activity and need for excitement)
- substance abuse/misuse
- anti-social behaviour e.g. destruction of property, aggression towards others, harm or risk of harm to others
- sexually inappropriate behaviour and/or attempts to manipulate or control others
- violent or aggressive behaviour/bullying at home or school
- offending behaviour and risk of (re) offending; attitudes to offending; awareness of victims and victimisation

Physical development - the child's level of physical and sexual maturity and/or delayed development, and mobility.

- being active, rested and protected, acquiring physical skills and control of the body
- achieving milestones (height and weight)
- sexual maturation, puberty
- fine and gross motor skills, including
- crawling or walking, running and climbing
- ability to use a pen to write/pencil or draw
- ability to do puzzles and manipulate small objects
- co-ordination development: hand-to-eye, hand-to foot, (e.g. ability to catch a ball, play a racquet game, play football)

**Education and Learning**, including participation in play, learning, education and employment, achievements and aspirations.

Participation in learning, education and employment - the degree to which the child has access to, is engaged in play, education and / or work based training and any reasons for non-participation.

- opportunities for play, education and interaction with other children; with opportunities for gaining a range of skills and experience
- attendance and stability of provision (e.g. change of schools, disruption due to long journey)
- the degree to which prior non-participation has led to current needs and circumstances (e.g. non-attendance at school)
- access to appropriate and consistent adult support
- participation in community activities e.g. in sports, arts or vocational training, career guidance or work experience

Achievements and aspirations in learning - the child's educational achievements and ambitions; any barriers to the child achieving his/her aspirations.

- basic skills and achievements in learning, including Northern Ireland curriculum levels achieved, reading, writing and speaking and using mathematics at a functional level
- progress in learning, including any special educational needs identified, including
- remedial support to catch up when education has been disrupted
- if the child has a disability, whether reasonable adjustments are being made to support their access to the curriculum and school life generally
- special educational needs - formally identified or awaiting assessment
- being creative and imaginative (with sound, other media and movement, imitating, mirroring, re-enacting, playing imaginatively with materials, pretend play)
- the child or young person's view of their progress and aspirations
- the child or young person's level of self-confidence and motivation

**Identity, Self-Esteem and Self-Care**, including self-image, social presentation and independence.

Identity, self-esteem, self-image and social presentation - the growing sense of self as a separate and valued person.

- growing awareness of self, realisation of separateness and differences from others, recognition of personal characteristics and preferences
  - importance of gaining self-assurance through a close relationship, becoming confident in what they can do, feeling self-assured and having a positive view of themselves
  - knowledge of personal and family history
-

- sense of belonging, being able to join in, valuing individuality and contributions of self and others, having a role and identity within a group, acceptance by those around them
- sense of own race, religion, age, gender, sexuality and disability and how this may influence and impact upon social relationships and integration
- understanding of the way in which appearance and behaviour are perceived and the impression being created

Self-care skills and independence - the acquisition of practical, emotional and communication skills to increase independence.

- discovering and understanding boundaries and limits and rules, knowing when and how to ask for help, learning when to say no and anticipating when others will do so
- learning about their body, demonstrating individual preferences, making decisions, becoming aware of others and their own needs
- practical skills e.g. coping with routine such as washing, dressing and feeding (including swallowing, chewing and weaning in the case of the very young)
- opportunities to gain confidence and practical skills to undertake activities away from the family
- independent living skills for older children

### **Family and Social Relationships**

Family and social relationships - the ability to empathise and build stable and affectionate relationships with others, including family, peers and the wider community.

- stable and affectionate relationship with parent(s) or care givers
- relationships with siblings and other children in the household
- functional relationships with extended family and other significant adults
- involvement in helping others
- the impact of a family member being absent (e.g. through separation, imprisonment etc)
- age appropriate and supportive friendships
- understanding of others and awareness of consequences
- association with predominantly pro-criminal and/or substance misusing friends/peer groups

### **PARENTS' OR CARERS' CAPACITY TO MEET THE CHILD'S NEEDS**

Basic care and ensuring safety - the extent to which the child's physical needs are met and they are protected from harm or danger, including self-harm.

- provision of food, drink, warmth, shelter, clean and appropriate clothing, personal and dental care
- provision of a safe environment where hazards and dangers are recognised

- the child is not exposed to domestic violence, substance misuse, sexual exploitation or other abusive experiences either within or outside the home

Emotional warmth - provision of emotional warmth, giving the child a sense of being valued.

- attitude and approach to caring for their child
- appropriate physical contact, comfort and cuddling sufficient to demonstrate love, praise and encouragement
- consistency and availability of adult contact
- parents ability to prioritise needs of child over their own needs

Guidance, boundaries and stimulation - enable the child to regulate their emotions and behaviour; promoting their development through encouragement, stimulation and social opportunities.

- modelling appropriate behaviour and control of emotions and interactions with others
- provision of clear and consistent guidance, boundaries and discipline so that the child can develop positive principles and values
- appropriate stimulation for learning
- ensuring the child's safety while encouraging independence and avoiding overprotection
- encouraging the children to participate in, and benefit from, education and leisure activities
- supporting the child's personal and social development to increase independence, self-confidence and formation of positive relationships

Stability - provision of a stable family environment, in which the child can thrive.

- ensuring the child's requirements for secure and stable relationships with significant adults
- maintain a secure attachment to the parent(s) or carers in order to ensure optimal development
- ensure the child keeps in contact with important family members and significant others, when it is safe to do so
- frequency of moves (e.g. of home, early years provision, school or place of employment)

## **FAMILY AND ENVIRONMENTAL FACTORS**

### **Family History, Functioning and Well-Being**

Family history, functioning and well-being - the impact of family situations and experiences on the welfare of the child.

- culture, size and composition of the household - including changes in the people living in the accommodation since the child's birth and the age/maturity of parents
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- family history - including any concerns about inherited illnesses
- family routines (including disorganised and/or chaotic lifestyles)
- impact of problems experienced by other family members such as physical illness, mental health problems, learning disability, bereavement or loss
- involvement in criminal activity/anti-social behaviour
- experience of abuse
- family relationships and their stability for the child e.g. the impact of siblings, absent parents and any serious difficulties in the parents' relationship
- history of family breakdown or other disruptive events
- parental physical and mental health (including depression) or disability and learning difficulty
- involvement in alcohol and/or substance misuse and associated risks to the child
- whether anyone in the family presents a risk to the child
- genogram

### **Extended Family and Social and Community Resources**

Extended family and social integration- the family's relationships with relatives and others.

- formal and informal support networks for the child
- formal and informal support networks for the parents or carers
- wider family roles and responsibilities e.g. including employment and care of others
- appropriate level of support from extended family members

Social and community resources, including education - the neighbourhood and its impact on the child, including details of the facilities and services available.

- neighbourhood characteristics e.g. levels of crime, violence, disadvantage, employment, substance misuse, trading of illegal drugs
- relationships with neighbours
- existing support and/or services being offered, and those being utilised
- availability and accessibility of universal services, including schools, day-care, primary health care, places of worship, transport, shops, leisure activities and family support services
- barriers to accessing facilities and services
- degree of the household's social integration or isolation
- the influence of peer groups, friendships and social networks

### **HOUSING**

Housing - Current living arrangements, including amenities and facilities.

- type of accommodation, including owner occupier, tenant (consider rent arrears), temporary
- the exterior of the accommodation and immediate surroundings

- the interior of the accommodation with specific reference to the child's individual living arrangements
- water, heating, sanitation, cooking facilities, sleeping arrangements, cleanliness, hygiene, safety
- if homeless, reasons for this

## **EMPLOYMENT AND INCOME**

Employment - who is working in the household, the pattern of their work and any changes.

- current employment, including stability and working hours
- the impact of work upon the child and the rest of the household
- how work or absence of work is viewed by family members

Income - the income available over a sustained period of time

- the family's entitlement to and receipt of benefits
- sufficiency of income to meet the family's needs
- the ways in which the family's income is used
- how the family's financial circumstances affect the child e.g. inadequate legitimate personal income
- information concerning financial difficulties, including debt and whether the family is suffering financial hardship due to an emergency, e.g. loss of possessions/homelessness

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## SOURCES

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Connexions *APIR Framework*

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