

# The impact of more flexible assessment practices in response to the Munro Review of Child Protection: Emerging findings from the trials



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## Content

Acknowledgements .....	IV
Executive summary .....	V
Background .....	1
Methodology.....	2
Overview of changes implemented in the three in-depth trial authorities .....	4
LA A .....	4
LA B .....	5
LA C.....	6
Single assessment forms .....	6
Assessment timescales.....	9
Single assessment timescales introduced by the trial authorities.....	10
Timescales for the completion of single assessments.....	11
The benefits of increased flexibility concerning timescales for the completion of assessments and initiation of initial child protection conferences.....	13
Direct work with children and families .....	14
Time spent on direct work .....	16
Unintended consequences.....	18
Quality of assessments and subsequent plans .....	19
Managerial oversight and supervision.....	23
Partner agencies' perspectives .....	24
Conclusion .....	25
Appendix 1: Processes for safeguarding and promoting the welfare of children .....	28
Appendix 2: Data supplied by the local authorities on the time taken to complete single assessments during the trial .....	32
Bibliography .....	35

## Tables

Table 1: Case record sample .....	4
Table 2: Interview sample .....	4
Table 3: Single assessment timescales introduced by the trial authorities.....	11
Table 4: Number of visits undertaken to families during the course of initial and core assessments (pre-trial) compared with the single assessment process (during the trial) .....	17
Table 5: Overall rating of the quality of assessments and plans .....	22

## Graphs

Graph 1: Timeframes for the completion of single assessments.....	12
Graph 2: Percentage of single assessments completed in given timeframes in each local authority .....	13

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## **Executive summary**

### **Introduction**

The Munro Review of Child Protection (Cm 8062, 2011) recommended reducing statutory guidance on safeguarding and promoting the welfare of children in order to promote local autonomy and increase the scope for practitioners to exercise their professional judgement. Proposed measures included removing the distinction between initial and core (in-depth) assessments and associated (fixed statutory) timescales for their completion.

Between March and September 2011 the Secretary of State for Education issued formal directions to eight local authorities (Westminster, Knowsley, Cumbria, Hackney, Kensington and Chelsea, Hammersmith and Fulham, Wandsworth and Islington) to test more flexible assessment practices. Dispensations granted to each local authority by the Department for Education (DfE) required the setting aside of the following requirements set out in *Working Together to Safeguard Children* (HM Government, 2010)<sup>1</sup>:

- that there is a two stage process of assessment i.e. an initial assessment followed where appropriate by a core assessment (eight local authorities);
- the time scales for completing initial and core assessments (ten and 35 working days respectively) (six local authorities);
- removal of the 15 working day timing from date of last strategy discussion to the initial child protection conference (two local authorities);
- the ten working day timescale between an initial child protection conference and first core group meeting (two local authorities).

The Childhood Wellbeing Research Centre (CWRC) was commissioned by the Department for Education (DfE) to undertake a piece of rapid response work between April and July 2012 to independently evaluate the impact that the flexibilities granted to the trial authorities have had on practice and service responses to safeguard children from harm.

### **Aims, objective and methods**

A mixed methodology was adopted to answer the following key research questions:

- What has been the impact of conflating the initial and core assessments into one assessment?

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<sup>1</sup> A summary of the current statutory processes for safeguarding children (and associated timescales) is provided in the appendices (HM Government, 2010).

- What has been the impact of the local determination of timescales for assessments and when the initial child protection conference should be held following a strategy discussion?

At the outset the research team undertook analysis of all the documentation that the eight trial authorities supplied to the DfE to facilitate exploration of the strengths and limitations of the new models of delivery. This was complemented by in-depth work in three<sup>2</sup> of the trial authorities, which included:

- scrutiny of 22 case records to: map the timeframes for completion of core social work processes during the trials; examine the quality of assessments and plans; and explore the decisions taken and services provided. The sample was purposively selected to include cases involving children across the age spectrum and with different case outcomes;
- face to face interviews with 33 social workers and managers from children's social care to explore their perceptions of: the impact of changes to assessment processes on: timescales; quality of assessments; direct work with children and families; and service responses and outcome;
- face to face or telephone interviews with seven professionals from partner agencies to examine their perspectives on the impact of changes on inter-agency working relationships and the experiences of children and families.

## Key findings

### *Single assessment forms*

- During the trials, local authorities have been developing new single assessment records to replace their initial and core assessment forms. These all retain the *Framework for the Assessment for Children in Need and their Families* (Department of Health *et al.*, 2000) as an underpinning framework and examine children's developmental needs, parents' or care givers' capacity to respond appropriately and family and environmental factors. However, they tend to have been streamlined so that they have fewer 'tick boxes' and/or sub-sections for each of the dimensions (e.g. health, education, emotional and behavioural development) of the Assessment Framework. These changes were generally welcomed by practitioners as it allowed them to exercise their professional judgement about what information to record. The

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<sup>2</sup> In-depth work in four local authorities was planned but the short timescale for completion of the study meant that it was not possible to conduct fieldwork in one of the authorities.

less prescriptive format also served to improve the narrative and flow of assessments.

#### *Assessment timescales*

- All the trial authorities have established different assessment procedures to govern local practices. Although greater flexibility has been afforded to trial authorities, six out of eight have opted to prescribe that their single assessments should be completed within either 35 or 45 working days (i.e. in line with current statutory timescales for the completion of a core assessment or an initial and core assessment respectively). Reflecting on this, the majority of interviewees indicated that they welcomed the existence of an upper time limit and that these parameters were appropriate (see Table 3, p.11 for further details).
- Documentary evidence submitted by the local authorities revealed that at least three (LAs B, C and F) have introduced specific requirements governing the maximum timeframe from referral to the child being seen by a social worker. For example, LA B has established that children will be seen on the same day as the referral (for section 47 enquiries) or otherwise within four days of allocation.
- Five local authorities (LAs B, D, E, F and G) have established specific policies and associated timescales governing case management and oversight to support the timely completion of assessments.
- Comparable data on the timescales for completing single assessments were supplied by four local authorities. In all but one of these local authorities around 50% of single assessments were completed within 21-44 working days. In the remaining local authority 60% of single assessments were completed within ten working days and a further 17% were completed within 20 working days.

#### *Benefits of increased flexibility concerning completion of assessments and initiation of initial child protection conferences*

- Reduced prescription concerning timescales has the potential to contribute to the production of more thorough assessments in so far as it:
  - enables social workers to arrange visits at times that are convenient for children and families rather than imposing visits on them at short notice to meet organisational timescales;
  - allows time to engage with children and explore their wishes and feelings;

- increases the scope for additional visits to the child, family or extended family network to explain what is happening, build rapport and trust, collect and clarify information;
  - allows additional time to review and reflect on historical information and liaise with, or obtain input from, other agencies before completing the assessment;
  - means that there is longer for social workers to assess parental engagement with services and scope for change to inform the assessment process.
- Increased flexibility concerning timescales does not guarantee that these benefits are realised because a critical foundation for their realisation is the skill and capacity of individual workers and the wider organisational context in which they are operating.

#### *Time spent on direct work with children and families*

- Social workers and managers had mixed views about the impact that the trial had had on the time spent on direct work with children and families and on case recording. While some social workers perceived that the single assessment had reduced the time spent on case recording, thus freeing up more time for targeted work where appropriate: others thought that the flexibilities meant they were collecting more information which in turn needed to be analysed and recorded, thus offsetting any gains from a streamlined assessment process.

#### *Unintended consequences*

- In the absence of additional staffing or reconfiguration of teams, if social workers are to spend longer completing assessments a reduction in the time spent on other social work processes is necessary if increased pressure on the front door is to be avoided. Otherwise, case throughput will be affected and this may result in the prioritisation of the most urgent work and lead to delay and drift and/or undermine capacity to conduct additional visits or offer early help.
- Under current statutory guidance children should be seen<sup>3</sup> as part of the initial assessment and this should be completed within a maximum of ten working days from the date of referral. The initial assessment must also be viewed and authorised by the team manager. In one local authority it was noted that this process meant that, in practice, most children were seen within a matter of days (so there was sufficient time to write up the assessment) and there was managerial oversight so

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<sup>3</sup> Within a timescale which is appropriate to the nature of the concerns expressed at the time of referral.

that assessments could be completed within ten working days. However, in the trial authorities management information systems do not necessarily remind staff when assessments are due for completion and in the absence of clear local protocols and robust systems there is a danger that *'a rule of optimism [operates such that] within competing demands we'll just assume that things are going ok with the assessment'* and that children are being seen in a timely manner.

- Findings from the trial identified that cases which historically would have been closed quickly because they require no further action are remaining open for longer. This is because in the face of competing demands and in the absence of an impending deadline, the conclusion and write up of less complex cases becomes a low priority. This means that some children and families do not receive a swift determination of the outcome of their case or timely notification that no further action will be taken or services provided. Furthermore, delays in case closure also have an impact upon case allocation and workflow. One professional highlighted that there is a perverse incentive for social workers to keep cases open because it is *'a good defence why you shouldn't be allocated more work'*.

#### *Managerial oversight and supervision*

- Findings from the trial serve to highlight the importance of and need to support social workers to determine how long to spend on individual cases and to balance *'thoroughness and depth'* and *'timeliness and proportionality'* in the conduct of assessments. *'We need to trigger social workers to think actively about where an assessment ends and planning begins'*. Some trial authorities have introduced formal systems to ensure that there is early supervisory input in cases to reduce the likelihood of *'never ending assessments'*.

#### *Quality of assessments and plans*

- A small sample of assessments was scrutinised in-depth to assess their quality. The criteria adopted to evaluate them were informed by Turney and colleagues' (2011) recent review of research evidence on the features of poor and good quality assessments. Three fifths of assessments (13/22) were judged by the research team to be good and included a full account of the child's needs, parenting capacity and wider family and environmental factors and a thorough family history. Furthermore, they made use of information from a range of sources to critically reflect on the circumstances of the case to inform the decision-making process. An analysis of

plans by the research team revealed that eight out of 17 were good quality and all but one of these was underpinned by a good assessment.

- Consistent with wider research evidence, the researchers' analysis revealed that some aspects of the social work assessments could be strengthened and it was evident that:
  - although children were seen and spoken to, social workers did not always adopt effective strategies to actively engage them or ensure that their voices were at the centre of the assessment (this was particularly the case in respect of younger children, although there were a couple of examples of good practice in the sample);
  - men were peripheral to or excluded from some assessments and it was unclear whether efforts had been made to engage them (the exception being in LA C);
  - there was a lack of reference to research or explicit use of theory in the vast majority of the assessments (see also, Macdonald and Williamson, 2002; Preston-Shoot, 2003).

## **Conclusion**

The vast majority of social workers and managers were in favour of the single assessment process and perceived that a return to the distinction between initial and core assessments and rigid enforcement of statutory timescales would be a retrograde step. However, delay and drift is an ever present danger in the context of competing demands at the front door. In this context a notional upper time limit for initial visits to see the child and for the completion of single assessments was welcomed by professionals. Early supervisory input is also critical to establish a realistic and child-centred timescale for the completion of a *proportionate* assessment.

***If timescales were taken away some people would do better work, some would never make a decision and some would do the same old thing...***

(Practitioner's response to a Community Care Survey to inform the  
Munro Review of Child Protection, Munro, 2011, p. 14).

## **Background**

*The Munro Review of Child Protection* recommended that:

The Government should revise both the statutory guidance, *Working Together to Safeguard Children* and *The Framework for the Assessment of Children in Need and their Families* and their associated policies to:

- distinguish the rules that are essential for effective working together, from guidance that informs professional judgment;
- set out the key principles underpinning the guidance;
- remove the distinction between initial and core assessments and the associated timescales in respect of these assessments, replacing them with the decisions that are required to be made by qualified social workers when developing an understanding of children's needs and making and implementing a plan to safeguard and promote their welfare;
- required local attention is given to:
  - timeliness in the identification of children's needs and provision of help;
  - the quality of the assessment to inform next steps to safeguard and promote children's welfare; and
  - the effectiveness of the help provided;
- give local areas the responsibility to draw on research and theoretical models to inform local practice; and
- remove constraints to local innovation and professional judgment that are created by prescribing or endorsing particular approaches, for example, nationally designed assessment forms, national performance indicators associated with assessment or nationally prescribed approaches to IT systems (Cm 8062, 2011, Recommendation 1, p.10).

Between March and September 2011 the Secretary of State for Education issued formal directions to eight local authorities (Westminster, Knowsley, Cumbria, Hackney, Kensington

and Chelsea, Hammersmith and Fulham, Wandsworth and Islington) to test more flexible assessment practices. Dispensations granted to each local authority by the Department for Education (DfE) required the setting aside of the following requirements set out in *Working Together to Safeguard Children* (HM Government, 2010)<sup>4</sup>:

- that there is a two stage process of assessment i.e. an initial assessment followed where appropriate by a core assessment (eight local authorities);
- the time scales for completing initial and core assessments (ten and 35 working days respectively) (six local authorities);
- removal of the 15 working day timing from date of last strategy discussion to the initial child protection conference (two local authorities);
- the ten working day timescale between an initial child protection conference and first core group meeting (two local authorities).

The Childhood Wellbeing Research Centre (CWRC) was commissioned by the Department for Education (DfE) to undertake a piece of rapid response work between April and July 2012 to independently evaluate the impact that the flexibilities granted to the pilot authorities have had on practice and service responses to safeguard children from harm.

## **Methodology**

A mixed methodology was adopted to answer the following key research questions.

- What has been the impact of conflating the initial and core assessments into one assessment?
- What has been the impact of the local determination of timescales for assessments and when the initial child protection conference should be held following a strategy discussion?

With respect to:

- safeguarding children from harm;
- timeliness of assessments;
- time spent with children and families;

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<sup>4</sup> A summary of the current statutory processes for safeguarding children (and associated timescales) is provided in the appendices (HM Government, 2010).

- quality of assessments;
- management and supervision requirements;
- staffing levels and workloads (of children’s social care professionals and those from other agencies);
- provision of services determined by the assessment in a timely manner;
- service responses to meet the needs of children and families (including help to address issues affecting parenting capacity).

At the outset the research team undertook analysis of all the documentation that the eight trial authorities supplied to DfE to facilitate exploration of the strengths and limitations of the new models of delivery. This was complemented by in-depth work in three<sup>5</sup> of the trial authorities, which included:

- scrutiny of a small sample of case files per area to: map the timeframes for completion of core social work processes during the trials; examine the quality of assessments and plans; and explore the decisions taken and services provided. The sample was purposively selected to include cases involving children across the age spectrum and with different case outcomes;
- face to face interviews with a range of professionals from children’s social care to explore their perceptions of the impact of changes to assessment processes on the issues outlined above (including for example: timescales; quality of assessments; direct work with children and families; service responses and outcomes);
- face to face or telephone interviews with a small sample of professionals from other agencies to examine their perspectives on the impact of changes on inter-agency working relationships and the experiences of children and families.

Tables 1 and 2, below provide further details on the data collected in the in-depth trial authorities.

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<sup>5</sup> In-depth work in four local authorities was planned but the short timescale for completion of the study meant that it was not possible to conduct fieldwork in one of the authorities.

**Table 1: Case record sample**

Local authority	Case outcome			
	No further action (NFA)	Child in Need (CIN)	Child Protection (CP)	Total
LA A	2	2	3	7
LA B	0	4	3	7
LA C	2	4	2	8
Total	4	10	8	22

**Table 2: Interview sample**

Local authority	Job role and/or agency			
	Social workers (children's social care services)	Managers (children's social care services)	Professionals from partner agencies	Total
LA A	5	5	3	13
LA B	6	3	4	13
LA C	8	6	0	14
Total	19	14	7	40

Interviews were recorded and extensive notes taken (given time and resource constraints interviews were not transcribed). A coding matrix was developed to facilitate thematic analysis of the data and to explore similarities and differences in perspectives within and between authorities. In order to protect the anonymity of those involved, direct quotes have not been attributed to named authorities or specific job roles.

### **Overview of changes implemented in the three in-depth trial authorities**

#### *LA A*

LA A was granted dispensation to implement a single assessment to remove the distinction between initial and core assessments and granted flexibility to determine timescales for the completion of single assessments. While timescales for the completion of assessments were relaxed for a short period, in practice the pilot was orientated towards engendering

cultural change, ensuring that service responses were child centred and that there was a needs led, outcome focused approach to assessment. Social workers, family support workers and managers scrutinised a small sample of individual cases from initial contact onwards in order to identify waste and duplication within systems and processes, as well as the activities that added value and supported effective delivery of services to meet the needs of children and their families. Weekly de-briefing sessions were held with social workers, managers and other key people (for example, practitioners from partner agencies) to reflect on cases. A 'blockage board' was also introduced to allow staff to anonymously highlight obstacles to effective social work practice; colleagues were then able to indicate whether they had encountered similar difficulties. The issues raised were discussed amongst the senior management team and attempts made to resolve them as far as possible.

LA A also streamlined its initial assessment form and undertook work to redesign the format of plans to support a needs led, outcome focused approach to practice (see p. 22 for further details). The revised format was perceived to have supported improvements in the development of plans and families' engagement in the process. It was suggested that historically the language of 'unmet need' was employed and this was 'disheartening' for families. Since the trial joint discussions with families have focused upon 'what the child needs and why' and on exploring how parents can contribute (as well as clarifying what needs to happen, when and the consequences if this does not happen).

### *LA B*

In LA B dispensation was granted to extend the timescale between strategy meetings and initial child protection conferences from 15 working days to a maximum of 45 working days with the aim of putting in place early help for children and families and improving the quality of assessments and decision-making. The process that was implemented included convening a multi-agency planning meeting involving parents within five days of the initial strategy meeting to plan the assessment and determine what help will be provided while the assessment is underway<sup>6</sup>.

All the cases in one locality team where a section 47 enquiry was initiated were managed within the trial processes. Of the cases involving 71 children:

- twenty eight cases progressed to an initial child protection conference within 15 days of the initial strategy discussion (i.e. within current statutory timescales)<sup>7</sup>. In each of these cases, children's social care decided that in light of the risk factors present,

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<sup>6</sup> Review planning meetings are also initiated during the assessment period if required.

<sup>7</sup> Although statutory guidance was followed in these cases the local authority concerned used their discretion to determine that the 15 day timescale was appropriate. This is not a control group.

this was the appropriate course of action. Twenty three children were subsequently made the subject of a child protection plan and the remaining five were made the subject of a child in need plan;

- forty three cases were managed using the flexibilities granted during the trial. Of these 43, only 12 cases progressed to an initial child protection conference and all the children concerned were subsequently made the subject of a child protection plan. In the remaining 31 cases children either became the subject of a child in need plan or received no ongoing service from children's social care.

LA B had recently implemented a single assessment across the authority but this was not the subject of this in-depth evaluation because it was still being rolled out at the time of data collection.

### LA C

In LA C two children in need teams trialled the use of a single assessment process and dispensed with statutory timescales. Analysis undertaken by the local authority demonstrates that:

- pre-trial, 74% of children were seen within five days of the referral, during the single assessment trials this fell to 40% with 46% being seen within six – ten days;
- pre-trial, 96% of initial plus core assessments were completed within 50 days and the average time for assessments to be completed was 44 days. During the trial 79% of single assessments were completed within this same timeframe but the average time for completion was similar (43 days). However, assessments took longer in the first three months of the trial. More recently the average length of time to complete assessments has fallen to 38 days. There has also been a reduction in the percentage of cases taking in excess of 50 days (33% from September 2011- December 2011 and 11% from January 2012 to March 2012);
- the average amount of time cases remain open has not been affected by the trial (70 days pre-trial and 73 days during the trial).

The report draws on learning from these three authorities and the independent evaluations that two of them commissioned, as well as documentary evidence and data from the other five authorities that were granted permission to trial the flexible assessment practices.

### **Single assessment forms**

The assessment records that professionals are required to complete are influenced by statutory requirements but also vary between local authorities due to differences in local

policies and procedures and the ways that the Integrated Children's System (ICS) exemplars have been adapted and implemented in each authority. White, Hall and Peckover (2008, p.12-13) have drawn attention to how the 'descriptive demands' of forms which are split into a series of boxes with headings influence the way that information is ordered. This can disrupt the narrative and mean that the information supplied is disjointed thus placing 'interpretive demands' on the reader who has to decipher the child's story with reference to information on their set of needs. A number of practitioners, responding to a call for evidence to inform the Munro Review (Cm 8062, 2011; Munro, 2011) criticised the core assessment record used in their local authority as being '*too prescriptive and lengthy*' and on the basis that the child's narrative was lost. As one professional reflected:

*Some issues just don't neatly fit into the boxes...we are professionals; please trust us to know what is important and what isn't!* (Munro, 2011, p.4).

During the course of the trials, local authorities have been developing new single assessment records. Whilst the exact content and design of these forms varies, all retain the *Framework for the Assessment of Children in Need and their Families* (Department of Health *et al.*, 2000) as the underpinning framework. At the time of data collection LA A was using an initial assessment form that included sections on the three domains of the Assessment Framework (child's developmental needs, parents' or care givers' capacity to respond appropriately and family and environmental factors) but *without* sub-sections for each of the dimensions (including, for example, health, education and emotional and behavioural development). This streamlined structure also features in LA C's single assessment form but a section has been added for the inclusion of a chronology. In this trial authority the social workers were actively involved in designing the form. It was developed so that social workers can see practice guidance on their computer screen but the guidance does not appear on the printed version of the document. LA B had just introduced a single assessment record which is modelled on the standard core assessment exemplar.

The majority of social workers welcome the new assessment forms on the basis that they are '*less tick boxy*' and allow workers to use their professional judgement to '*focus on pertinent issues*' and prioritise exploration of issues that are relevant to the case rather than feeling '*obliged to write something in all boxes*'<sup>8</sup>.

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<sup>8</sup> Guidance pre-dating the assessment trial stated that it was not mandatory to complete every section of the core assessment form (Department for Children, Schools and Families, 2009). In this context the 'obligation' to complete all the sections of the form may reflect local authority policy and/or that social workers are not always confident to use their own judgement to leave parts of the form blank.

*The new assessment form is quite streamlined, before there were hundreds of boxes which tell us about each aspect of the assessment triangle for children's development and for parenting capacity and while they were really useful there was kind of like an obligation of what shall I write in this box...People aren't uniform so having a uniform form isn't that helpful. On one person's form you might want to really focus on some particular areas of development and then on another form you might want to look really closely at the systems that the family's based in and the new form kind of gives you space especially using the different kind of like the bolds and the underlining. Gives you space to kind of design it to fit what you need to write about.*

However, a small number of workers in LA A and B suggested that '*the boxes were a helpful reminder of what needs to be looked at*' and that '*there is a potential for things to be missed*' in the absence of prompts.

Accounts from across all the trial authorities suggested that the new forms have served to improve assessment records. For example, LA G reported that:

*Assessments are easier to read and provide a narrative that covers observation, assessment, intervention and analysis and is more focused and concise in format.*

Another authority also identified that:

*The single assessment flows much better allowing practitioners to tell the child's story and giving a narrative that explains the child's world from their perspective and that of other professionals (LA H).*

The research team's scrutiny of a small sample of assessments from trial authorities supports the view that the less prescriptive templates mean that fewer 'interpretive demands' are placed on the reader to assimilate the information presented to obtain a clear sense of the child's story and circumstances and main issues affecting family functioning. The overall quality of assessments is explored further below (p.20).

### *Children and families' experiences*

Feedback from across the authorities also indicated that the single assessment process and other developments under the trial had been well received by children and families. In LA A families with previous experience of children's social care services intervention reported that the services had improved and there were indications that they understood the assessment process and were able to contribute to the development of the plans. This was perceived by workers to have been supported by the adoption of a needs led, outcome focused approach and the use of more accessible language to discuss what needs to change and what help

will be provided to support this. In LA B it was reported that families felt that assessments offered an '*accurate representation of the family situation and felt better able to participate in the process*'. It was noted in another authority that ultimately parents are concerned about the *quality* of intervention rather than timescales and forms, although there was an acknowledgement from interviewees across the authorities of the importance of clearly communicating to families when assessments would be completed by.

## **Assessment timescales**

### *Professional perspectives on statutory timescales*

A call for evidence to inform Professor Eileen Munro's Review of Child Protection<sup>9</sup> revealed a near universal recognition amongst professionals that timescales for initial and core assessments are necessary to prevent delay and drift and promote timely decision-making (Cm 8062, 2011; Munro, 2011). As one professional reflected:

*Timescales are needed because in almost all human arrangements, work without timescales often does not get done* (Munro, 2011, p.14).

Where timescales were criticised or concerns were raised, this was on one or more of the following grounds:

- that statutory timescales are not realistic (especially the ten working day timescale for the completion of initial assessments);
- the drive to meet performance targets can be at the expense of the quality of assessments and engagement with the family;
- that timeframes for the completion of initial and core assessments '*create a notion that assessment only occurs at the front end of an operational system*' when it is also important that assessments are formally revisited and updated.

Increasing flexibility and allowing greater professional discretion to extend timescales (within certain parameters) was identified as a potential way forward. As one practitioner outlined:

*Timescales are good, just as long as the sensible and empowered manager can watch some of them whizzing by without fear of various forms of punishment* (Munro, 2011, p.13-14).

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<sup>9</sup> Analysis of 130 responses to a Community Care survey targeted at frontline social workers and data from over 300 'Care space' conversation thread and 200 virtual conversations.

The next section of the report explores how those authorities that have been granted exemptions from statutory timescales have responded to the increased flexibility available to them. It also considers the extent to which the changes implemented have served to promote professional and local autonomy to improve service responses to meet the needs of children and their families.

### **Single assessment timescales introduced by the trial authorities**

As Table 3 below shows, trial authorities have established different assessment procedures to govern local practices. It is noteworthy that although greater flexibility has been afforded to trial authorities six of the eight have opted to prescribe that their single assessments should be completed within either 35 or 45 working days (i.e. in line with current statutory timescales for the completion of a core assessment or an initial and core assessment). Reflecting on this, the majority of interviewees indicated that they welcomed the existence of an upper limit and that these parameters were appropriate, as one team manager stated:

*The 45 days is the initial plus the core and I think that that is actually a really helpful dividing line because if you think about it – it gives you the flexibility to do the work you want to do but there are very very few things that if you think about it you couldn't actually accomplish in 45 days, short of going to Nigeria to track down a long lost uncle or something like that. I think it gives you time but it also is a realistic time limit.*

Documentary evidence submitted by the authorities also revealed that at least three authorities (LAs B, C and F) have introduced specific requirements governing the maximum timeframe from referral to the child being seen by a social worker; and five (LAs B, D, E, F, G) have established specific policies and associated timescales governing case management and oversight to support the timely completion of assessments. During the course of the trial one team in LA C also implemented a system to discuss and record the reasons why cases were still open after 26 working days, to review the work undertaken and determine what additional information needed to be collected.

**Table 3: Single assessment timescales introduced by the trial authorities**

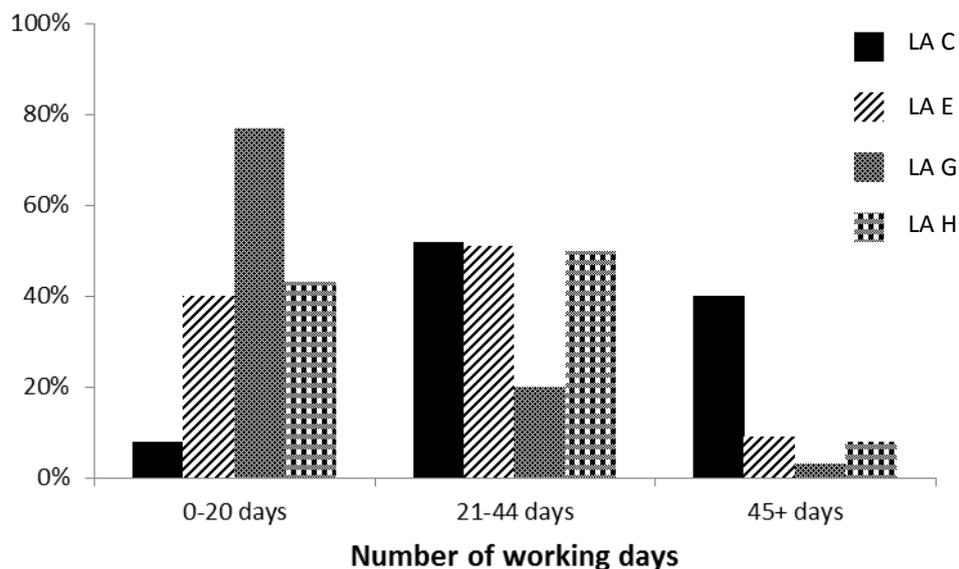
<b>Pilot authority</b>	<b>Timescales</b>
<b>In-depth trial authorities</b>	
<b>A</b>	Retention of statutory timescales and an emphasis on timeliness (following a temporary relaxation of the prescribed timescales).
<b>B</b>	Single assessment to be completed within 35 working days or less. Child to be seen on the same day as the referral (for section 47 enquiries) or otherwise within four working days of allocation. 'Assessment target date' to be discussed and agreed between the social worker and team manager within seven working days of allocation (implemented July 2012).
<b>C</b>	Child to be seen within 24 hours (for section 47 enquiries) or otherwise within ten working days of referral. Single assessment to be completed within 45 working days.
<b>Other trial authorities</b>	
<b>D</b>	No specified timescales but cases are reviewed on a weekly basis at unit meetings (under the model used).
<b>E</b>	Single assessment to be completed within 35 working days or less. Draft analysis to be presented at supervisory discussion at 15 working days. Expectation that 'traditional initial assessment' cases will be written up and authorised within 20 working days.
<b>F</b>	Child to be seen within ten working days of referral. Social worker and team manager agree the timescale for the assessment following the initial meeting (up to 35 working days). Single assessment to be completed within 45 working days.
<b>G</b>	Within ten working days the manager will comment and provide direction on the assessment. Single assessment to be completed in 45 working days.
<b>H</b>	Emphasis on timeliness. Removal of the 45 working day timescale (although the majority of cases are concluded within this timeframe).

### **Timescales for the completion of single assessments**

Five authorities provided DfE with aggregate data on the timescales for the completion of assessments conducted during the course of the trial; it proved possible to draw direct comparisons between four of these datasets. These data are presented in full in the appendices. Information on the proportion of assessments completed within statutory

timescales pre-trial is also provided for reference. As Graph 1 shows in LAs C, E and H around 50% of single assessments were completed in 21-44 working days, while in LA G over three quarters of assessments were concluded in 20 working days or less<sup>10</sup>. However, as Graph 2 illustrates there are wide variations in the proportion of cases that are concluded within 20 days, 21-44 days and 45 days or more in each local authority. For example, the percentage of single assessments completed within 20 working days ranged from 8% in LA C to 77% in LA G. It is noteworthy that LA C completed over 90% of initial assessments and 80% of core assessments within statutory timescales (ten and 35 working days respectively) prior to implementation of the pilot (Department for Education, 2011). Increased flexibility during the pilots meant that only 2% of assessments were completed within ten working days and 40% of single assessments took over 45 working days to complete. Data from this local authority also revealed a reduction in the number of children seen within five working days of referral (pre-trial 74% of children were seen within five working days of the referral compared to 40% under the single assessment trial)<sup>11</sup>. The implications of these developments and whether or not the pilot has led to detrimental delay and drift or has facilitated improvements in direct work with children and families and enhanced the quality of assessments is explored further below.

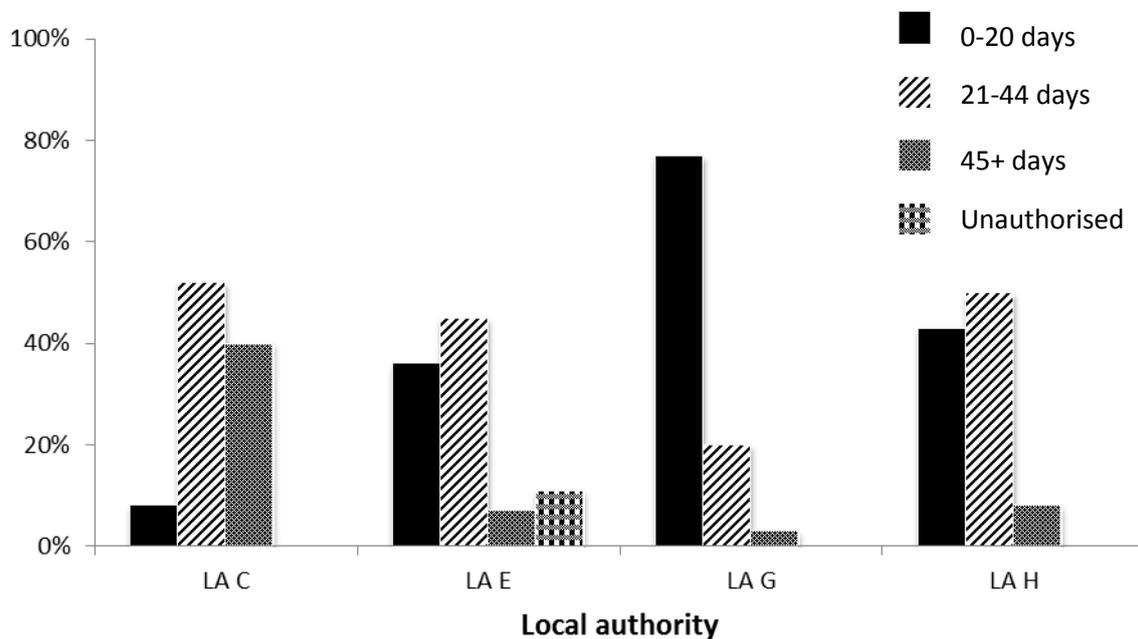
**Graph 1: Timeframes for the completion of single assessments**



<sup>10</sup> 60% were completed within ten working days and a further 17% were completed within 20 working days.

<sup>11</sup> Children who were the subject of section 47 enquiries continued to be seen within 24 hours.

**Graph 2: Percentage of single assessments completed in given timeframes in each local authority**



**The benefits of increased flexibility concerning timescales for the completion of assessments and initiation of initial child protection conferences**

Documentary analysis of reports and independent evaluations commissioned by the trial authorities, coupled with interview data collected by the research team serve to highlight that reduced prescription concerning timescales contributes to the production of more thorough assessments in so far as it:

- enables social workers to arrange visits at times that are convenient for children and families rather than imposing visits on them at short notice to meet organisational timescales;
- allows time to engage with children and explore their wishes and feelings;
- increases the scope for additional visits to the child, family or extended family network to explain what is happening, build rapport and trust, collect and clarify information;
- allows additional time to review and reflect on historical information and liaise with, or obtain input from, other agencies before completing the assessment;

- means that there is longer for social workers to assess parental engagement with services and scope for change to inform the assessment process.

However, it is important to note that increased flexibility concerning timescales does not guarantee that these benefits are realised because a critical foundation for their realisation is the skill and capacity of individual workers and the wider organisational context in which they are operating. For example, in LA A it was identified '*that cases taking longer reflected the training needs of workers rather than case complexity*' and LA E noted that:

*On the whole assessments carried out within a shorter timescale because of the presence of child protection concerns appear to be a better quality than longer term assessments.*

### **Direct work with children and families**

Past research demonstrates that trying to maintain the quality of assessments, meet statutory timescales and the demands of a case load is a constant 'juggling act' and that in the context of high caseloads practitioners admit to completing 'good enough' assessments. Time constraints also mean that they are not able to spend as long as they would like with families (Holmes, Munro and Soper, 2010). Consistent with qualitative data from the call for evidence to inform the *Munro Review of Child Protection*, some social workers reported that prior to the trial the emphasis upon completion of initial assessments within timescales had precipitated practice that was not conducive to establishing effective working relationships with children and families, or the conduct of quality assessments (Cm 8062, 2011; Munro, 2011). For example:

*What you'd get is these kind of ludicrous conversations with families 'no you can't send your children to football tomorrow evening because we have to get in and we have to see the children and we have to get this assessment done before Wednesday' – it's very arbitrary it's quite punitive and the families are never going to see it in any other way other than this kind of Daily Mail sort of stereotype of box ticking bureaucrats and there was a sense that it was being directed around the need to meet timescales.*

Questions were also raised about the sufficiency of an assessment based on one visit:

*And having the actual assessment to be meaningful after one visit, you know there was no gradual introduction to the purpose of our assessment or our visit. You literally had to go in, you had to cover everything from family history and functioning to ethnicity and then go straight into quite complex difficult/challenging conversations so there was no way of doing one bit on one visit and then another bit on another visit.*

Under the assessment trial social workers reported feeling that there was more scope to plan and arrange visits at times that were respectful of the child and family's routines and that they were under less pressure to extract information during the first visit so they could complete an initial assessment. It was also identified that the flexibilities were beneficial for specific types of case, for example, where parents were reluctant to engage, to facilitate the engagement of fathers, in domestic violence cases and where there were linguistic or cultural barriers to overcome. In this sense the greater flexibility afforded by the relaxation of timescales was welcomed as a mechanism to improve practice. For example, a team manager said:

*I think domestic violence is a good example of where initial assessments and processes are very oppressive for the families... You really need to be seeing the victim who's usually the mother and separately in the first instance just to get a sense of how at risk she is, whether or not we're going to add to that risk, whether or not she's actually able to speak on her own, whether or not her phone calls are being monitored, her post is being opened – that kind of a thing. With a lot of the domestic violence [cases] assessments have to be done with baby steps – clearly if the relationship is going to be sustained the perpetrator which is usually the father or the mother's partner – he does have to be involved in the assessment process if he's going to remain in the family but that needs to be thought through in a way that doesn't actually increase the risk to the mother and to the children. That's impossible to do in a seven [or ten] day timescale.*

Local authorities also reported that under the trial they were providing early help and support during the course of the assessments<sup>12</sup>. It was identified that the greater flexibility afforded by the pilot meant that children's social care had longer to assess levels of engagement with

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<sup>12</sup> This is not to say that services and support were not provided while assessments were underway before the assessment trial commenced. However, in LA B convening a multi-agency planning meeting within five days of the strategy discussion was perceived to have promoted earlier intervention and the provision of timely support to children and families.

services and determine whether what was being provided was meeting the needs of children and their families. For example, one trial authority reported that:

*There were benefits in terms of how evidence based and 'forensic' some assessments were [as] parental assertions of improved parenting capacity could be tested out.*

However, in the absence of additional staffing or a reduction in the time spent on other social work processes the extra time that some social workers are reportedly spending on direct work with families places more demands on teams<sup>13</sup> which may lead to one or more of the following: longer working hours to offset the additional work; prioritisation of child protection cases which may result in delay and drift in cases that, based on presenting information, appear to be less serious; or changes to the threshold for intervention (Broadhurst *et al.*, 2010; Holmes, Munro and Soper, 2010). Such responses may therefore inhibit capacity to conduct additional visits, engage in more direct work or offer early help in the longer term and thus undermine the intended benefits of the single assessment. These issues are explored further below but in the absence of sufficient 'time spent analysis' data (see Holmes *et al.*, 2009) it is difficult to determine the impact that the trial has had upon how social workers spend their time and thus the sustainability of changes without unintended consequences.

### **Time spent on direct work**

In LA A the triage team undertake initial assessments and then transfer cases to longer term teams for further assessment. For a short period, during the course of the trial, the team was granted permission to operate with more flexible timescales for the completion of assessments, providing that a reasonable case throughput was maintained. In practice, the vast majority of assessments were completed within statutory timescales, but social workers reported that in some cases they had been:

*Able to spend longer with families and children and the pilot had a massive impact on identifying their needs and the provision of services. Needs and services were also based on what families and children said they needed and families invested in the plans. They knew how the plans worked and could talk about their needs.*

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<sup>13</sup> Assuming a relatively stable rate of referral.

However, within the existing organisational structure managers decided that it was not viable to grant social workers greater flexibility to spend longer on formative assessments in the longer term because this disrupts the throughput of cases with the potential implications outlined above.

*The triage team are only resourced...to do a fast turnover within two to three weeks and then they pass on to the early intervention team or the child protection team. So if they hang onto cases for longer they didn't get the turn over so irrespective of timescales you've immediately created an organisational issue [because] work was not moving on quickly enough.*

In LA C data analysis undertaken by the local authority, as shown in Table 4, demonstrates that since the single assessment trial commenced more visits to families are being conducted while the assessment is underway. This early direct work has been identified by practitioners as a valuable foundation to building effective working relationships with families for the future (Holmes and McDermid, 2012, Holmes, Munro and Soper, 2010).

**Table 4: Number of visits undertaken to families during the course of initial and core assessments (pre-trial) compared with the single assessment process (during the trial)**

Data collection point	Number of visits during the assessment period		
	1-2 visits	3-5 visits	6-10 visits
Pre-trial (initial plus core assessment) <sup>14</sup>	56%	27%	8%
During the single assessment trial <sup>15</sup>	26%	46%	26%

However, further analysis suggests that although the number of visits during the assessment period has increased since the trial began, the total number of visits to families during the whole period a case is open has remained fairly constant<sup>16</sup>. Interview data provides three explanations for this. Firstly, it was suggested that historically certain outstanding 'assessment activities' could not be concluded within statutory timescales and so these would be undertaken in the planning phase. Secondly, it was noted that under the single assessment there is less delineation between 'assessment' and 'intervention' and services are being introduced during the assessment phase,

<sup>14</sup> March to May 2011

<sup>15</sup> September to March 2012

<sup>16</sup> Social workers could be spending longer with families on these visits but additional data would be needed to determine whether this is the case. Previous analysis of time use data also reveals that the time spent on direct activities varies within and between teams and depending upon the needs and/or circumstances of the children and/or family (Holmes and McDermid, 2012; Holmes, Soper and Munro, 2010).

with parental engagement and maintenance being tested as part of the assessment<sup>17</sup>. Finally it was identified that in one of the trial teams workloads were high and in this context more flexible timescales were being used as a tool for managing these pressures and to prioritise cases rather than promoting 'best practice' and facilitating more direct work. It was identified that:

*We've been very very busy...The team have really only been able to absorb the amount of work because of single assessment...One worries about the capacity issue and using the single assessment as a way to manage issues of capacity and not in a way to improve good practice.*

Overall, social workers and managers had mixed views about the impact that the trial had had on the time spent on direct work with children and families and on case recording. While some social workers perceived that the single assessment had reduced the time spent on case recording, thus freeing up time for more targeted direct work where appropriate: others thought that the flexibilities meant that they were collecting more information which in turn needed to be analysed and recorded, thus off setting any gains from a streamlined assessment process. For example, one social worker reflected that they thought the trial would be:

*Wonderful...We're going to get more time for direct work which was lacking within the previous timescales...*

In practice, however:

*You find you're undertaking more work because you have the extra time...well you think you have [extra time] but you don't because you've got more work to do.*

## **Unintended consequences**

Documentary evidence from the trial authorities and in-depth sites suggests that on the whole where timescales for the completion of assessments have been longer this has been for good practice reasons<sup>18</sup> and that both managers and frontline social workers are mindful and acutely aware of the importance of avoiding delay and drift in the decision-making process. However, findings also reveal that when *you've got a 'million things coming in things can just drift'*. Authorities identified that, in the face of competing demands, cases

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<sup>17</sup> This practice was not unique to the trial period and the Assessment Framework outlines that services should be provided as soon as possible.

<sup>18</sup> Examples cited by local authorities who had reviewed a sample of cases during the trial included: pre-birth single assessments; complex cases; cases where it was proving difficult to engage one or more members of the family; when new issues emerged during the course of the assessment; and situations when it was useful to test parental readiness to change. It does not automatically follow that spending longer on these types of cases is always justifiable or will always serve to improve the quality of the assessment.

which are perceived to be less serious, based on the presenting information at referral, may be detrimentally delayed to accommodate 'more urgent' work. Under current statutory guidance children should be seen<sup>19</sup> as part of the initial assessment and this should be completed within a maximum of ten working days from the date of referral. The initial assessment must also be viewed and authorised by the team manager. In one local authority it was noted that this process meant that, in practice, most children were seen within a matter of days (so there was sufficient time to write up the assessment) and there was managerial oversight so that assessments could be completed within ten working days. However, in the trial authorities management information systems do not necessarily remind staff when assessments are due for completion and in the absence of clear local protocols and robust systems there is a danger that *'a rule of optimism [operates such that] within competing demands we'll just assume that things are going ok with the assessment'* and that children are being seen in a timely manner. A number of social workers also stated that they would welcome the reintroduction of electronic notification of when assessments were due to reduce the risk of delay and drift.

Findings from the trials also identified that cases which historically would have been closed quickly because they require no further action are remaining open for longer. This is because in the face of competing demands and in the absence of an impending deadline, the conclusion and write up of less complex cases becomes a low priority. This means that some children and families do not receive a swift determination of the outcome of their case or timely notification that no further action will be taken or services provided. Furthermore, delays in case closure also have an impact upon case allocation and workflow. One manager highlighted that there is a perverse incentive for social workers to keep cases open because it is *'a good defence why you shouldn't be allocated more work'*.

### **Quality of assessments and subsequent plans**

*While it is not always straightforward to show that good outcomes for children necessarily follow from good assessments, there is certainly evidence to support the link – and conversely, to demonstrate that bad or inadequate assessments are likely to be associated with worse outcomes (Turney et al., 2011, p.2).*

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<sup>19</sup> Within a timescale which is appropriate to the nature of the concerns expressed at the time of referral.

The research team scrutinised seven - eight assessments (and accompanying plans) per in-depth authority to assess their quality<sup>20</sup>. The criteria adopted to evaluate them were informed by Turney and colleagues' (2011) recent review of research evidence on the features of poor and good quality assessments. This suggests that:

*Poor quality assessments typically feature:*

- *gaps and inaccuracies in the information collected (or included in the file record);*
- *description rather than analysis of the information presented;*
- *little or no indication of service users' (including the child's) views.*

*Conversely, good quality assessments:*

- *ensure that the child remains central;*
- *contain full, concise, relevant and accurate information;*
- *include a chronology and/or family and social history;*
- *make good use of information from a range of sources;*
- *include analysis that makes clear links between the recorded information and plans (or decisions not to take any further action) (Turney et al., 2011, p.13).*

The inclusion or exclusion of men in the assessment was also considered on the basis that research demonstrates that children's social care services may ignore or dismiss their contribution to the process (Ashley *et al.*, 2006; Featherstone *et al.*, 2010; Scourfield, 2003). Due to time and resource constraints it was not possible to assess a sample of pre-trial cases to draw comparisons pre and post implementation. The rating of plans was undertaken with reference to current statutory guidance (HM Government, 2010). Having assessed each case they were assigned an overall rating (good, adequate or poor).

As Table 5 below shows three fifths of assessments (13/22) were judged by the research team to be good and included a full account of the child's needs, parenting capacity and wider family and environmental factors and a thorough family history. Furthermore, they made use of information from a range of sources to critically reflect on the circumstances of the case to inform the decision-making process. In LA B where all but one assessment were good or average and qualitative accounts indicated that the additional time available to assess cases pre-transfer had enhanced their quality.

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<sup>20</sup> In LA A the quality of initial assessments was the subject of scrutiny as the triage team responsible for conducting these was most heavily involved in the trial. In LA B the single assessment had not been implemented at the point of data collection and so core assessments completed under the trial were scrutinised.

*Before the pilot started within the duty and assessment team they were having very time limited assessment and then it would come into our team - it was a handover. We'd find very often, as obviously we began to get more involved, other things and other information we were being made aware of that kind of totally altered the plan. It caused strained relationships in some ways because we handed it over as this when actually it could have been something else or this maybe should have gone to court. Now you can get a more in-depth assessment.*

Overall, the researchers' analysis also revealed that some aspects of social work assessments could be strengthened and it was evident that:

- although children were seen and spoken to social workers did not always adopt effective strategies to actively engage them or ensure that their voices were at the centre of the assessment (this was particularly the case in respect of younger children, although there were a couple of examples of good practice in the sample);
- men were peripheral to or excluded from some assessments and it was unclear whether efforts had been made to engage (the exception being in LA C);
- there was a lack of reference to research or explicit use of theory in the vast majority of the assessments (see also, Macdonald and Williamson, 2002; Preston-Shoot, 2003).

These findings are consistent with wider messages from research and are not only features of post-trial assessment practice; however, they do highlight the importance of workforce development and training in these areas to support further improvements in the quality of assessments and plans.

**Table 5: Overall rating of the quality of assessments and plans**

	Overall rating of the plan					
		Good	Average	Poor	Not applicable	Total
<b>Overall rating of the assessment</b>	<b>LA A</b>					
	Good	3	0	0	1	4
	Average	0	1	0	1	2
	Poor	0	0	1	0	1
	Total	3	1	1	2	7
	<b>LA B</b>					
	Good	2	1	0	0	3
	Average	0	1	2	0	3
	Poor	0	0	1	0	1
	Total	2	2	3	0	7
	<b>LA C</b>					
	Good	3	0	0	3	6
	Average	0	1	1	0	2
	Poor	0	0	0	0	0
	Total	3	1	1	3	8
	<b>Grand total</b>	8	4	5	5	22

An analysis of plans by the research team revealed that eight out of 17 were of good quality and all but one of these was underpinned by a good assessment. In LA A a key focus of their trial was the adoption of a needs led, outcome focused approach which included a revised format for plans. Social workers and managers emphasised that developments were not only concerned with redesigning the forms but also about embedding a new way of thinking about cases.

*In the 'old language' we used to talk about 'educational potential' and now we're much more concerned about the individual child and why it's important they go to school. There's more focus on the seriousness of the situation and what would happen if we did nothing and did not provide a service.*

The revised plan, outlining needs and seriousness, outcomes and what success looks like and what needs to happen and when, was perceived to make it clearer for the family what

needs to change and how they can actively contribute to this process. Three out of five of these plans were rated as good and the plans were less generic.

Overall, across the authorities, where plans were poor they failed to be specific about the realistic strategies and specific actions that would be taken to address the individual child and families' needs and the timescales for intervention. There was also a lack of transparency in when progress would be reviewed and how progress would be measured.

### **Managerial oversight and supervision**

Findings from the trial serve to highlight the importance of and need to support social workers to determine how long to spend on individual cases and to balance '*thoroughness and depth*' and '*timeliness and proportionality*' in the conduct of assessments. This is important to ensure efficient throughput of cases so that there is capacity to respond to incoming referrals. As one team manager noted:

*Historically the system said the assessment ends here. Now we need to trigger social workers to think actively about where an assessment ends and planning begins.*

Some of the trial authorities have introduced formal systems to ensure that there was supervisory input early in the case which has been perceived to be beneficial and may reduce the likelihood of '*never ending assessments*'. In LA E, for example, case review discussions are convened within 15 working days (to discuss draft analysis). In LA C one team have also introduced a review at a later stage (26 days) so that:

*There's discussion with your line manager in terms of this is where I'm at, this is the information I have received. Because sometimes I think that because you've got the 45 days you can think 'hmm I want to test this out I want to actually find this out' but it's having that supervision and sharing that with your manager and to say actually you've got all this information to do the assessment just you know get it done.*

The trials also reveal that managers need support to adjust to the change in culture and the move away from focusing upon enforcing timescales and compliance to interrogating performance management data differently and adopting more reflective supervisory practices. In LA A social workers and managers identified that there had been a change in supervision practice and that the emphasis on timeliness rather than meeting deadlines mean that there has been a move away from framing discussions in terms of: '*you've got to*

*get this done in three days'* towards focusing on *'the quality of the assessment, are the children's needs being met, are the outcomes going to be more positive'*. However, in the current economic climate and in the context of high levels of demand it was noted that maintaining this mind set is not always easy.

### **Partner agencies' perspectives**

Interviews were undertaken with a small sample of professionals (seven) from health, education and a family centre in LAs A and B. In LA A professionals were positive about the streamlined assessment form and revised format for plans and perceived that these were now *'a lot clearer'*, *'less woolly'* and more meaningful for families and all the agencies involved. It was acknowledged that agency roles and service responses were more clearly defined in the paperwork. However, one professional noted that this could still be developed further through the provision of more specific information about the work each agency will be undertaking to meet the needs of children and their families. In LA B professionals reported that convening a multi-agency planning meeting within five days of the initial strategy discussion meant that direct work with families could begin earlier, as the following quote reflects:

*It's much earlier so I think that support being offered then is quite different. Sometimes when asked to support a family further down the line there's all that lost opportunity where work could have been done and by the time we get this far down the line the support's quite different. Had that support been put in at that earlier stage our experience is that families are also more receptive to us because they don't see it as coming in to look at the particular incident – we're looking at the whole picture.*

Early face-to-face contact to discuss the case and share information, as well as the extended timeframe for assessment, were also perceived to be beneficial to provide professionals with a better understanding of the child and family's circumstances. It was suggested that:

*You're making decisions that are based, rather than on incidents, on what you've learned and what support they will need so that's been better I think.*

Professionals also reported that during the pilot it was clearer what role each agency was playing in the assessment and plans were more precise. Planning meetings were also welcomed as a means of supporting the on-going development of professional working

relationships and promoting enhanced understanding of respective roles and responsibilities. However, it was also acknowledged that attending more meetings (and responding to more requests for information) places an additional burden on partner agencies. As one professional reflected:

*The level of commitment to attend the meetings, plus at times, short notice given, places increased pressure on us to provide a consistent staff member to attend.*

Although the additional work was perceived to have been manageable during the trial and professionals were positive about measures to provide early help, it was noted that this would have resource implications on already stretched services if it was rolled out across the local authority. Concerns were also raised about thresholds for statutory children's social care intervention and gaps in service provision, particularly for adolescents and for perpetrators of domestic violence. This latter issue was highlighted by social workers and managers in the in-depth trial authorities.

## **Conclusion**

Overall, local authorities endorsed the adoption of a single assessment process as an effective mechanism to determine what actions need to be taken to safeguard children and provide early help. Less prescriptive forms and more flexibility to determine and record the matters that were central to the presenting situation rather than 'completing all the boxes and fields' was also welcomed and can serve to enhance the narrative and flow of assessments. However, it also remains critical that social workers engage effectively with children, mothers and fathers and collect, collate and critically analyse material from a range of sources to inform the decision-making process. These are matters of professional skill and competence which changes in process alone do not alter.

All but one of the trial authorities retained notional timescales for the completion of assessments, although this was accompanied with a shift of focus away from fixed deadlines to the timely completion of assessments within a maximum of 35-45 working days. The absence of a ten day deadline for the completion of initial assessments was perceived to have reduced pressure and allowed social workers time to undertake additional visits to families if required. Greater flexibility served to promote more effective working practice to respond to specific types of cases, including, for example, improved responses to victims and perpetrators of domestic violence and where there were linguistic or cultural barriers to overcome. There was also a clear acknowledgement that early help could be offered whilst assessments were underway and thus the elongation of the assessment process was not

serving to delay the provision of services to respond to the needs of children and families. Moreover, this could facilitate better determination of the effectiveness of specific interventions and capacity for change as part of the assessment process. However, the trials also highlighted a range of issues that warrant consideration with the aim of minimising unintended and detrimental consequences of the change in approach.

While the trial opens up opportunities for increased direct work in the context of the economic problem of infinite wants and needs and finite resources, children's social care services are faced with competing demands. In the absence of additional staffing or reconfiguration of teams, if social workers are to spend longer completing assessments a reduction in the time spent on other social work processes is necessary if increased pressure on the front door is to be avoided. Otherwise, case throughput will be affected and this may result in the prioritisation of the most urgent work and lead to delay and drift and/or undermine capacity to conduct additional visits or offer early help. Local authorities identified delay and drift in certain cases and that cases resulting in no further action were not always being written up in a timely manner because more urgent work took precedence; this left some families in limbo waiting for confirmation that children's social care would not be intervening or offering services. Findings also highlight the importance of striking an appropriate balance between '*thoroughness and depth*' and '*timeliness and proportionality*'. It was noted that the initial and core assessment timescales used to establish the parameters of the assessment whereas under the single assessment process professional judgement is required to determine when sufficient information has been obtained to make a sound decision on the actions to be taken. It is important that the work undertaken is justifiable and proportionate to prevent unwarranted intrusion into family life but also to ensure that there is capacity in the system to respond to incoming work to safeguard children from harm.

### **Messages for policy and practice**

- The vast majority of social workers and managers were in favour of the single assessment process and perceived that a return to the distinction between initial and core assessments and rigid enforcement of statutory timescales would be a retrograde step. However, it was also evident that the changes implemented are not sufficient in themselves to improve the quality of assessments as this is underpinned by the professional skill and competence of individual workers.
- It is important that flexibilities are not used to postpone difficult decisions but instead are used to enhance understanding of children's needs.

- Early supervisory input is critical to establish a realistic and child- centred timescale for the completion of a *proportionate* assessment.
- Delay and drift is an ever present danger in the context of competing demands at the front door. In this context a notional upper time limit for initial visits to see the child and for the completion of single assessments was welcomed by professionals.
- Proactive management is necessary to ensure that the write up of assessments, including those where there has been a determination that no further action is required, takes place in a timely fashion to prevent families waiting in limbo for a decision.
- Workforce development strategies should promote the use of assessment tools to inform assessments and the application of research and theory to improve the quality of assessments.
- Social workers need adequate training in, and to be confident in using, appropriate tools to support effective direct work with children so that the child's voice is central (see for example, Dalzell and Chamberlain, 2006).
- High quality assessments should be accompanied by robust plans. Evidence indicates that there is scope to strengthen these so that they are less generic and instead are tailored to the child and family concerned and include specific, achievable, child-focused outcomes as well as clear information concerning how and when progress will be reviewed.
- Gaps in services especially for adolescents and victims and perpetrators of domestic violence inhibit professionals' capacity to respond to identified needs.

## **Appendix 1: Processes for safeguarding and promoting the welfare of children**

**(Key sections of *Working Together to Safeguard Children* (HM Government, 2010, Chapter 5))**

### **Initial assessments**

The initial assessment is a brief assessment of each child referred to local authority children's social care where it is necessary to determine whether:

- the child is in need;
- there is reasonable cause to suspect the child is suffering, or is likely to suffer, significant harm;
- any services are required and of what types; and
- a further, more detailed core assessment should be undertaken (paragraph 3.9 of the *Framework for the Assessment of Children in Need and their Families* (2000)).

Timescale: The initial assessment should be completed by local authority children's social care, working with colleagues, within a maximum of ten working days of the date of referral. An initial assessment is deemed to be completed once the assessment has been discussed with the child and family (or caregivers) and the team manager has viewed and authorised the assessment. The initial assessment period may be very brief if the criteria for initiating section 47 enquiries are met, i.e. it is suspected that the child is suffering, or is likely to suffer, significant harm.

### **Child in need but no suspected actual or likely significant harm**

An initial assessment may indicate that a child is a 'child in need' as defined by section 17 of the Children Act 1989<sup>21</sup> but that there are no substantiated concerns that the child may be suffering, or is likely to suffer, significant harm. There may be sufficient information available on which to decide what services (if any) should be provided by whom according to an agreed plan. On the other hand a more in-depth (core) assessment may be necessary in order to understand the child's needs and circumstances.

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<sup>21</sup> He/she is unlikely to achieve or maintain, or have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for him/her of services by a local authority; His/her health or development is likely to be significantly impaired, or further impaired, without the provision for him/her of such services; or He/she is a disabled child.

### **Suspicion that a child is suffering, or is likely to suffer, significant harm**

Where it is suspected that a child is suffering, or is likely to suffer, significant harm the local authority is required by section 47 of the Children Act 1989 to make enquiries to enable it to decide whether it should take any action to safeguard and promote the welfare of the child. A section 47 enquiry should be carried out through a core assessment.

### **Core assessment**

Core assessments should include an analysis of the child's developmental needs and the parents' capacity to respond to those needs within the context of their family and environment. This analysis should include an understanding of the parents' capacity to ensure that the child is safe from harm. It should include consideration of the information gathered about the family's history and their present and past family functioning.

Timescale: A core assessment commences when:

- an Initial Assessment recommends that a further complex assessment is required;
- a Strategy Discussion/Meeting initiates a section 47 enquiry;
- new information obtained on an open case indicates a core assessment should be undertaken.

The core assessment should be completed within a maximum of 35 working days.

### **Strategy discussion**

Whenever there is reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm there should be a strategy discussion involving local authority children's social care, the police, health and other bodies as appropriate (for example, children's centre/school or family intervention projects), in particular any referring agency.

A strategy discussion may take place following a referral, or at any other time (for example, if concerns about significant harm emerge in respect of child receiving services under section 17). The discussion should be used to:

- share available information;
- agree the conduct and timing of any criminal investigation;
- decide whether section 47 enquiries should be initiated and therefore a core assessment be undertaken under section 47 of the Children Act 1989, or continued if it had already begun under section 17 of the Children Act 1989;

- plan how the section 47 enquiry should be undertaken (if one is to be initiated) including the need for medical treatment and who will carry out what actions, by when and for what purpose;
- agree what action is required immediately to safeguard and promote the welfare of the child, and/or provide interim services and support. If the child is in hospital decisions should also be made about how to secure the safe discharge of the child;
- determine what information from the strategy discussion will be shared with the family unless such information sharing may place a child at increased risk of suffering significant harm or jeopardise police investigations into any alleged offence(s); and
- determine if legal action is required.

### **Section 47 enquiries and core assessment**

The core assessment is the means by which a section 47 enquiry is carried out. It should be led by a qualified and experienced social worker. Local authority children's social care has lead responsibility for the core assessment under section 47 of the Children Act 1989. In these circumstances the objective of the local authority's involvement is to determine whether and what type of action is required to safeguard and promote the welfare of the child who is the subject of the section 47 enquiries.

### **Outcome of section 47 enquiry: concerns are substantiated and the child is judged to be continuing to, or be likely to, suffer significant harm**

Where the agencies most involved judge that a child may continue to, or be likely to, suffer significant harm local authority children's social care should convene a child protection conference. The aim of the conference is to enable those professionals most involved with the child and family, and the family themselves, to assess all relevant information and plan how best to safeguard and promote the welfare of the child.

### **The initial child protection conference**

The initial child protection conference brings together family members, the child who is the subject of the conference (where appropriate) and those professionals most involved with the child and family, following section 47 enquiries. Its purpose is:

- to bring together and analyse, in an inter-agency setting, the information which has been obtained about the child's developmental needs and the parents' or carers' capacity to respond to these needs to ensure the child's safety and promote the

child's health and development, within the context of their wider family and environment;

- to consider the evidence presented to the conference and taking into account the child's present situation and information about his or her family history and present and past family functioning, make judgements about the likelihood of the child suffering significant harm in future and decide whether the child is continuing to, or is likely to, suffer significant harm; and
- to decide what future action is required in order to safeguard and promote the welfare of the child, including the child becoming the subject of a child protection plan, what the planned developmental outcomes are for the child and how best to intervene to achieve these.

Timescale: All initial child protection conferences should take place within 15 working days of the strategy discussion, or the strategy discussion at which the section 47 enquiries were initiated, if more than one has been held.

### **The core group**

The core group is responsible for developing the child protection plan as a detailed working tool and implementing it within the outline plan agreed at the initial child protection conference. Membership should include the lead social worker, who chairs the core group, the child if appropriate, family members and professionals or foster carers who will have direct contact with the family. Although the lead social worker has lead responsibility for the formulation and implementation of the child protection plan, all members of the core group are jointly responsible for carrying out these tasks, refining the plan as needed and monitoring progress against the planned outcomes set out in the plan.

Timescale: The first meeting of the core group should take place within ten working days of the initial child protection conference.

**Appendix 2: Data supplied by the local authorities on the time taken to complete single assessments during the trial**

**LA C: Number of working days taken to complete single assessments (Sept 2011 – Mar 2012)**

	Number of working days taken to complete single assessment						Total
	0-10 working days	11-20 working days	21-35 working days	36-44 working days	45-60 working days	61+ working days	
Number of single assessments completed	4	17	69	61	62	38	251
Percentage of single assessments completed	2	7	28	24	25	15	100

**LA D: Number of working days taken to complete single assessments (Mar 2011 – Mar 2012)**

	Number of working days taken to complete single assessments							Total
	0-10 working days	11-20 working days	21-30 working days	31-40 working days	41-50 working days	51-60 working days	61+ working days	
Number of single assessments completed	299	364	393	368	261	236	499	242
Percentage of single assessments completed	12	15	16	15	11	10	21	100

**LA E: Number of working days taken to complete single assessments (Feb – Mar 2012)**

	Number of working days taken to complete single assessments						Total
	0-15 working days	16-20 working days	21-35 working days	36-45 working days	45+ working days	Un-authorised	
Number of single assessments completed	21	17	32	16	8	12	106
Percentage of single assessments completed	20	16	30	15	7	11	100

**LA G: Number of working days taken to complete single assessments (Feb 2012 – April 2012)**

	<b>Number of working days taken to complete single assessments</b>				<b>Total</b>
	0-10 working days	11-20 working days	21-44 working days	45+ working days	
Number of single assessments completed	117	34	39	6	196
Percentage of single assessments completed	60	17	20	3	100

**LA H: Number of working days taken to complete single assessments (Oct 2011 – Mar 2012)**

	<b>Number of working days taken to complete single assessments</b>					<b>Total</b>
	0-10 working days	11-20 working days	21-35 working days	36-45 working days	45+ working days	
Number of single assessments completed	150	217	308	115	69	859
Percentage of single assessments completed within given timeframe	18	25	36	13	8	100

**Percentage of initial and core assessments completed within statutory timescales by children's social care services (Year ending 31 March 2010 and 2011)**

	Initial Assessments						Core Assessments			
	Percentage of IAs completed within 7 working days		Percentage of IA completed within 10 working days		Data confidence indicator: IAs completed within 7 working days <sup>22</sup>		Percentage of CAs completed within 35 working days		Data confidence indicator <sup>23</sup>	
	2010	2011	2010	2011	2010	2011	2010	2011	2010	2011
<b>England</b>	67	64	76	76	-	-	72	75	-	-
<b>In-depth trial authorities</b>										
<b>A</b>	92	92	95	97	3	3	98	91	3	3
<b>B</b>	50	81	66	88	1	3	56	73	3	3
<b>C</b>	85	83	89	94	3	1	87	83	3	3
<b>Other trial authorities</b>										
<b>E</b>	82	42	86	76	3	3	75	74	3	3
<b>G</b>	83	75	89	77	3	2	92	84	3	3
<b>H</b>	88	68	92	83	3	3	89	80	3	2

Source: Department for Education (2010; 2011) (Figures have been rounded to one decimal place).

<sup>22</sup> The data confidence indicator gives a guide to the confidence we have in the data provided by each Local Authority. '3' denotes high confidence, '2' denotes medium confidence, '1' denotes low confidence, 'A' denotes aggregate information was supplied by the Local Authority and '..' denotes no data was supplied. Further details on the construction of the indicator are in the publication technical notes, paragraphs 20 to 25.

<sup>23</sup> See footnote 6, above.

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