

Transforming culture and practice in children's social care assessment - Part 1

Emerging learning and promising practice from phases 1 & 2 of the Council for Disabled Children Learning and Innovation programme

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We are also grateful to our reference group and the five local authorities involved in the programme for their contributions to the publication.

Photo Credit: Queen Elizabeth II School, Horsham and Mike Massaro.

This publication is aimed at strategic and operational leads in local authorities as well as frontline professionals across education, health and social care. It is designed to offer a starting point for local authorities to review their current models and approaches to assessment of disabled children and their families.

For more information on resources, tools and support please contact Amanda Harvey, Assistant Director at the Council for Disabled Children at AHarvey@ncb.org.uk.

Foreword

This report marks an important moment as we look again at the role of social work and social care in the lives of disabled children and their families. I qualified as a social worker in 1980 and have always worked supporting disabled children and their families through a variety of roles in both the statutory and voluntary sectors. It is a passion that has consumed my life and has led me to ask a series of questions:

- Why do we not value work with this group of families as we do with others?
- How do we make effective use of resources so that staff work to their skills and strengths and families get the right intervention at the right level and at the right time?
- How do we work in true partnership with families while always remembering that the welfare of the child is paramount?
- How do we ensure that in working with families we build resilience and not dependence?
- How do we ensure that families have the most positive of lives while always acknowledging the additional resources raising a child with a disability entails?

These questions are particularly important in a time where the landscape for these children is increasingly complex, where expectations are high and resources are decreasing.

The Department for Education gave the Council for Disabled Children (CDC) an opportunity to begin to answer these questions with a grant from the Social Care Innovation Fund. We have had the real pleasure of working in depth, with five local authorities and their families, to begin to unravel this and to look at the evidence and, importantly, to jointly understand the way forward.

Through NCB research, we have also been able to consider the evidence, though limited, of the research in these areas. This report marks the first stage of that evidence and investigation. It helps us define the issue and the challenge and then look at possible solutions.

The learning model behind the programme is currently being tested with other authorities who want to discover, define and innovate and has been found to be a useful reference to undertaking the challenge and looking at real solutions moving forward.

A second stage report looking at what happened next will be available in April 2016.

I look forward to the next step of this exciting journey and it only remains for me to thank the London Boroughs of Bromley and Enfield, the City of York Council and West Sussex and Cornwall County Councils, staff, partner agencies, families and children and young people for allowing us to come and ask key questions and for working with us as we grapple towards some answers.



**Christine Lenehan, Director
Council for Disabled Children**

Introduction

Current evidence shows that we over assess disabled children, using expensive social work resources, because of a need to gate-keep access to practical family support resources, such as short breaks (New Learning from Serious Case Reviews, Brandon et al 2012).

This means many families are subject to an over intrusive, resource intensive approach to access basic requirements. Conversely, research identifies a tendency to under assess disabled children who need safeguarding support. Evidence highlights barriers, to both the identification of concerns and an effective child protection response, such as a lack of holistic, child-focused assessments (as discussed in "We Have the Right to be Safe, NSPCC 2014). Disabled children are at greater risk of significant harm but are underrepresented in child protection work. More focus is needed on safeguarding, identification and assessment of risk of significant harm.

The Children and Families Act 2014 introduced Education, Health and Care (EHC) plans, which provoke some key questions about multi-disciplinary roles and responsibilities. For example, which agency should be the lead professional in the assessment processes for this group of children as well as how assessments should be co-ordinated (this could include EHC Plans, Personal Educational Plans, Looked After Children's Review Plans and Child Protection Plans).

The time is right for innovation in approaches to assessment so that it identifies and meets needs more effectively and supports better outcomes for disabled children and their families

The CDC Social Care Innovation Programme

The Department for Education (DfE) Children's Social Care Innovation Programme supports 53 projects looking at the development, testing and sharing of more effective ways of supporting children and families who need help from children's social care services. The two year programme, ending in March 2016, is supporting innovation projects in more than half of all authorities in this sensitive and challenging area. You can find out more information about the programme here: www.springconsortium.com.

The Council for Disabled Children (CDC) is working in partnership with five of these local authorities¹ to co-produce new approaches to assessment in children's social care.

The CDC programme aims to identify opportunities and develop new approaches that will:

- improve outcomes for children and families;
- support appropriate relationships between families and social workers; and
- support integrated working and improved value for money.

CDC's work with the five local authorities will evaluate how a learning and innovation programme, focused on co-production, contributes to the design of new approaches in each local authority. It will consider each model against previous local practice, focusing on quality, efficiency and value for money. The project will identify approaches that have potential for wider application nationally.

1. London Borough of Bromley, Cornwall Council, London Borough of Enfield, City of York Council, West Sussex County Council

The framework for the programme is a learning and innovation model involving four phases of development:

1. **Discover** – Learn as much as possible about the current system and how it works.
2. **Define** – Analyse the learning from the discovery phase to clearly define challenges and barriers to achieving the aims of the programme in practice and to identify the key opportunities for change.
3. **Co-design** – work in partnership with children, young people, their families and professionals to generate ideas and develop new approaches to test.
4. **Test** – trial the co-produced ideas with children, young people, families and professionals.

A full report on the work will be published in April 2016 alongside an evaluation of the activity from Coram, who have been commissioned by CDC to support the programme. This initial publication gives a flavour of the activity undertaken in the first two phases ('discover' and 'define'). It highlights some of the emerging learning and offers a starting point for local authorities to review their current models and approaches to assessment for disabled children and their families. Each local area is different and will have developed its own approaches to children's social care assessments. The information here will help local authorities to implement their own learning and innovation model, with local families and other key stakeholders, and to develop proportionate, effective, engaging and person-centred approaches to assessment.

References to 'social care' in this report include the statutory assessment processes under the Children Act 1989² as well as the Early Help framework and the Local Offer. The programme is considering how all of these frameworks are linked together to ensure that children, young people and their families have their social care needs met. The programme includes links to Education, Health and Care needs assessment and planning processes under Part 3 of the Children and Families Act 2014 and explores emerging practice in adults' social care which could inform thinking about different models and approaches in assessment for children and families.

The programme is operating in the following legal context:

Chronically Sick and Disabled Persons Act (CSDPA) 1970

Children Act (ChA) 1989

Breaks for Carers of Disabled Children Regulations 2011

Children and Families Act (C&F) 2014

Care Act (CA) 2014

Mental Capacity Act (MCA) 2005

2. For the purposes of the ChA 1989, all disabled children are children 'in need' - see section 17(10)(c) and (11). Children in need have a right to an assessment under section 17 of ChA 1989. The form of the assessment is not set out in the Act or regulations and are therefore governed by statutory guidance, currently Working Together to Safeguard Children (2015).

Structure

This publication is in two sections:

1. Emerging Learning from the programme

This section shares initial learning and activity from the 'discover' and 'define' phases based around the four principles for the programme as developed by the participating local authorities:

- co-production;
- creative person-centred approaches;
- a seamless service experience; and
- prevention is best.

2. Scoping review of promising practice

This section includes some examples of evidence-based practice as a prompt for discussion about how these ideas could be developed and integrated into local practice. It identifies four key themes:

- **Involving children and young people**

This section discusses the importance of supporting disabled children and young people to be meaningfully involved in assessments and provides an overview of the more creative methods that could be used.

- **Involving parent carers and families**

This section discusses the importance of parent carers and wider family members being meaningfully involved in the assessment process both strategically and in their own individual assessments.

- **Accessibility and method of assessments**

This section provides a discussion of different methods of assessments with children, adults and families.

- **Accessible assessments in community settings**

This section provides an overview of practice and research on assessments that families can access in community settings.



1. Emerging learning from the five local authorities

The five local authorities engaged in the CDC programme all started from different places with different perspectives. They were implementing different approaches to assessment and decision-making and families had different ways of accessing resources. For example, some local authorities had separate short break teams, different eligibility criteria and thresholds, and different approaches to the single assessment. Some areas had long-standing relationships in place with their parent carer forums and existing children and young people groups, while others have been able to learn from the experience of those authorities and use that to develop their relationships and approaches to co-production, across a range of audiences, as part of the programme.

In this section we highlight our current learning about the experience of disabled children, young people and their families when local authorities assess their needs. We also give examples of local innovations, which demonstrate potential for improving understanding of the needs of children, young people and their families.

Getting started

The 'discover' phase of the programme is about learning as much as possible about the challenge and the opportunity.

Collectively the five local authorities participated in learning workshops, facilitated by CDC, to consider national evidence and local experience in order to:

- **Agree the focus of the programme**
- **Define the principles underpinning the programme**
 - Meaningful co-production with all stakeholders;
 - Use of creative person-centred approaches;
 - A seamless service experience for families;
 - Prevention is best.

Locally, in each area the project teams undertook a number of activities:

- **Stakeholder mapping:** Consider who the key audiences are.
- **Gap analysis of existing evidence:** Consider previous consultations and feedback from parent carers, children and young people, staff and other key stakeholders. Make sense of what we know and identify gaps in the evidence.

1.1 Co-production and creative person-centred approaches

All of the local authorities are using a range of methods to ensure meaningful engagement of children, young people, families and professionals in the 'discover' and 'define' phases of the programme. This has served as an initial test of some of the person-centred approaches to engagement which will support and inform the 'co-design' phase.

The defines **co-production practitioner's network** six principles of co-production:

1. Recognising people as assets: seeing people as equal partners in the design and delivery of services, not passive recipients of (or worse, burdens on) public services.
2. Building on people's existing capabilities: rather than starting with people's needs (the traditional deficit model), co-produced services start with people's capabilities and look for opportunities to help these flourish.
3. Fostering mutual and reciprocal relationships: co-production is about mutual and reciprocal partnerships, where professionals and people who use services come together in an interdependent relationship recognising that all have a valuable role in producing effective services and improving outcomes.
4. Strengthening peer support networks: engaging peer and personal networks alongside professionals is the best way of transferring knowledge and supporting change.
5. Breaking down barriers: changing the distinction between professionals and recipients, and producers and consumers of services, by reconfiguring the way services are developed and delivered.
6. Facilitating rather than delivering: enabling professionals to become facilitators and catalysts of change rather than providers of services.



York have worked with their local schools' councils and attended existing young people's groups using a range of communication aids to better engage and understand the experience of children and young people with more complex needs.



York using talking mats to get the views of children and young people

Cornwall are using a wide array of activities to explore how co-production can be taken forward in different ways with children and young people. This will include involving local services such as youth clubs, school councils, and voluntary sector providers to engage with children and young people in places where they already meet and utilise activities they enjoy.

1.1.2 Parent carers and families

All of the local authorities in the programme recognised the importance of putting the parent carer's experience at the centre of the 'discover' and 'define' phases. Some local areas, such as Bromley and Enfield, have employed project coordinators who bring their own experience as parent carers to help ensure a focus on this from the outset.

As part of the 'discover' phase of the programme many parent carers have fed back that, as the primary carer is often the main point of contact for an assessment, it can be very challenging for wider family members to be involved. There are a number of challenges to engaging with the wider family:

- Timings of meetings may conflict with work or education commitments of parent carers or siblings;
- Grandparents may not always live locally;
- Assessments may only include one face-to-face meeting where the priority is to meet the primary carer and the child or young person and the onus is on the primary carer to share the wider family context in what may be a limited amount of time.

Parent carers have reported a lack of awareness or understanding of the assessment process. This can be compounded by difficulties in accessing accurate information about the eligibility criteria and provision available through different teams or frameworks, such as the Local Offer or Early Help. They reported anxiety and stigma related to having a social worker involved with the family and have highlighted a lack of transparency in decision making processes, which can lead to confusion and disappointment.

There have been a number of challenges in engaging families through traditional focus groups and all of the local authorities have worked to understand some of the barriers to this type of engagement such as timings and location of meetings (including taking into account the fact that some parent carers did not want to attend sessions at the council offices). This flexible approach has enabled co-production.

Bromley have worked with parent carers and other stakeholders using a range of methods, and often more than one method per group, to develop a rich understanding of their stakeholder's experiences. See Table 1 below for Bromley's model of engagement.

	Number of individuals taking part	Questionnaire on line	Focus Group	Top 3 issues	Emotive Exercise	Interview
Parents	15	X	X	X	X	
Stakeholders	9		X	X	X	
Specialist Schools	3			X	X	X
Social Workers/CDT	10				X	X
Young People (CYP)	9		X			X
Other	2					X

Table 1 - Bromley methods of engagement

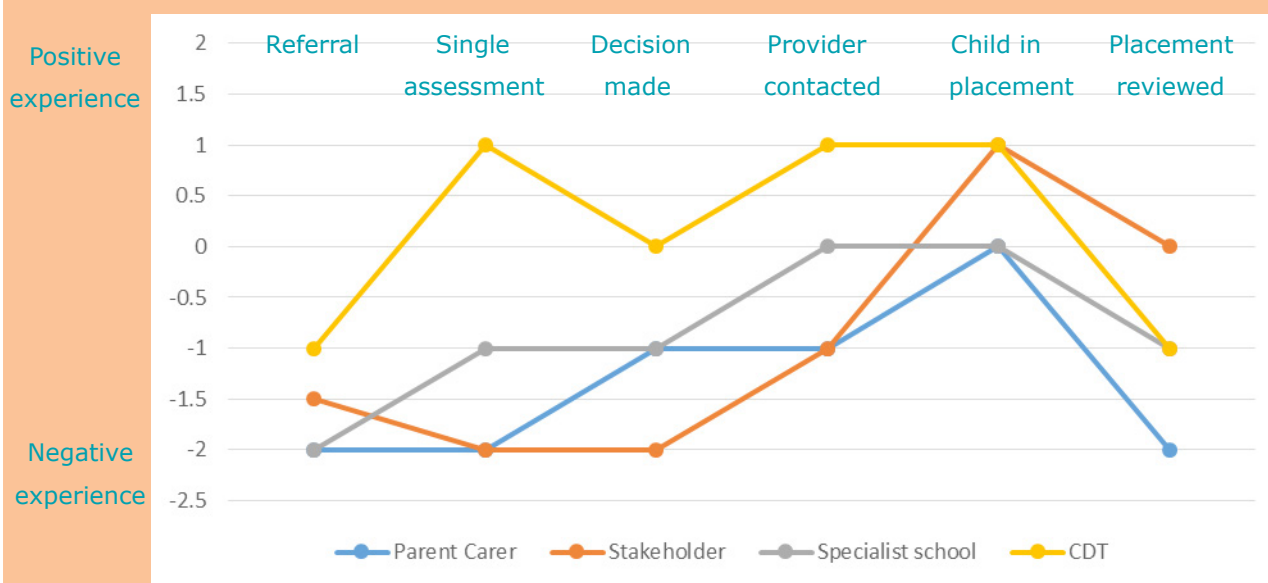
Enfield are engaging parent carers through focus groups, online and paper surveys and 1:1 conversations either over the phone or face to face, at times to suit them.

West Sussex are engaging a diverse group of families, some of whom are home educating their children, to bring different perspectives to the project. This has included small focus groups and workshops on different parts of the assessment process.



West Sussex parent carer event

Bromley, Enfield and West Sussex have also used a user journey map to consider the experience of assessment from the perspective of the disabled child or young person, the parent or carer and the professionals involved.



Bromley Emotive User Journeys

York have engaged with local voluntary sector parent carer groups and charities as well as the local parent carer forums in order to gain greater insight from a range of parents who are not normally engaged with the local authority.

Cornwall have utilised their strong and longstanding relationship with their parent carer forum to quickly develop a clear understanding of the current challenges of assessment approaches. They are beginning to develop potential solutions in the form of peer to peer conversations, and following numerous requests, redevelopment of "Circles of Support". Cornwall are working with their local parent carers to consider how, where appropriate, a peer based model might form the entry point to services, rather than requiring every family to go through a statutory assessment.

The 'discover' phase has identified the important role of the voluntary and community sector in supporting families to access information and in bridging the gap between universal and statutory services. The local authorities have been holding focus groups for the local VCS to capture their knowledge and unique perspective. This will underpin the work carried out in the solution focused co-design phase.

[illegible]

Bromley have held specific discovery sessions with a wide range of professionals. This has also included an independent advisor who has carried out 16 staff interviews, with members of the disabled children's team, over 4 days. The interviews were based on core questions with anonymity, openness and honesty being the key criteria. They have delivered 'discover' and 'define' sessions with the local VCS and used this to think about how their role supports families to engage with the assessment process.

Bromley have also explored what they can learn from other sectors by carrying out an interview with an organisation from the insurance sector to develop an understanding of transferable learning. You can see the full report in Appendix 1.

1.2 Seamless service experience

The five local authorities have considered how different approaches to assessment can improve the experience of children, young people and families despite the challenges of the current system.

Analysis of individual responses from the 'discover' phase in Bromley highlighted how current assessment processes feel for the children and young people they interviewed:

- **Unaware** - Many children and young people did not know that they have been assessed.
- **Overwhelming** – there are too many assessments³.
- **Negative** - an experience that looks at what children and young people can't do when they have worked hard to accept their disability.
- **Intrusive** – observations can make young people and families feel watched and judged.
- **A tick box process** - rather than a person centred assessment.
- **Rigid** – it fails to get a holistic picture of the child, young person or their family.
- **Worrying** – children and young people are anxious about the outcome or decision before the assessment actually takes place.

Key themes for parent carers, raised across the five local authorities in the programme were:

- A feeling of anxiety and being judged – parents and carers felt the assessment process highlighted failings of their current situation and made them feel inadequate.
- Concern about the length of the assessment process – parents and carers felt the process took too long and was intrusive and often required them to duplicate information and push for progress
- A lack of easily accessible information – parents and carers felt that information about services was not easily accessible. Most wanted one point of contact and for information to be clearer on what services were available, how they could be accessed and the eligibility criteria for specialist support.



3. the statutory scheme currently allows all assessments of disabled children to be joined up, but does not specifically require that this happens.

1.3 Prevention is best

The research and emerging learning from the five authorities suggests that a key focus of the co-design phase of the programme will be on how families get the right information, leading to the right support at the right time. The experience for families in the early part of the process and the perception of the role of the social worker are both important aspects of this work.

The next phase of the programme will explore in more detail how community approaches and parent to parent support can help to ensure earlier engagement of families in need of social care support to prevent escalating needs and reduce the requirement for statutory intervention.

1.4 Next steps for the CDC social care innovation programme

The next phase will bring together the initial ideas that have been generated as part of the 'discover' and 'define' phases and will pull together the knowledge, experience and diverse perceptions of the key stakeholder groups in order to co-design some potential solutions to test out in practice.

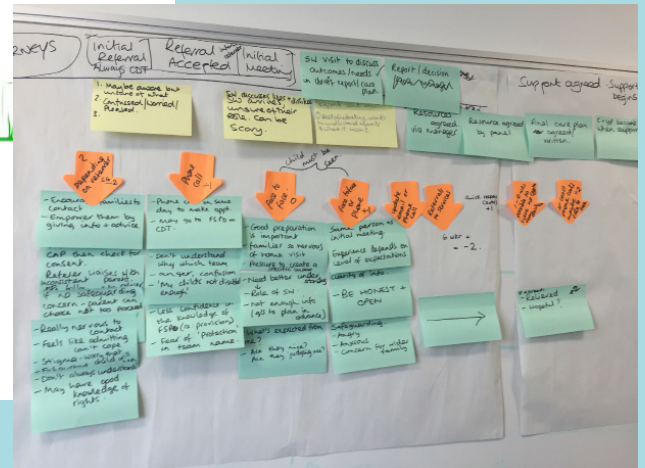
Across the five local authorities in the programme key stakeholders have been engaged in developing user journeys based on the experiences of families and professionals at each stage of the assessment process. These journeys then guided how the local authorities identified the priority themes that are likely to have the most impact on:

- Outcomes for children, young people and families;
- Supporting relationships between families, social workers and wider professional groups;
- Value for money.

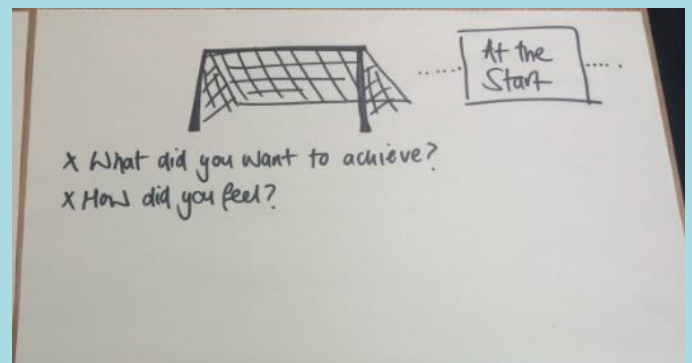
1.5 Example tools and approaches

	Referral	Single Assessment	Decision Made/Family Informed	Provider Contacted	Child in Placement	Placement Reviewed
Parent/Care	Task too long	SW doesn't understand needs from only one visit	Tasker far too long	Vibrance not effective	Concern over appropriateness of service	Review not happening
	Didn't know I was eligible	Questions about finances intrusive	Limited decision maker	Direct Payments confusing	Riverdale Mencap/Hollybank great	Totally inconsistent
	Lack of information on what to do	SW arrives with firm ideas of what to offer	No appeal process			Has to go back through DCT
	How do I prove Universal services have failed?	SW has limited decision making authority	Information inaccurate			
	Family reaching crisis before referred	Totally dependent on what you get - No quantitative assessment				
Stakeholder	Inconsistency in referral	SW not requiring family know the child best	Family not informed quickly enough	Dependent on social worker	Usually the child enjoys the placement	Not really aware of it happening
	Huge concern re under 5's	Totally dependent on Social Worker - Too much disparity	Huge disparity on timescales			
	No appeal process if NFA					
Specialist School	Inconsistency on who can be referred	No feedback despite being lead CAF referrer	No notification of decision to school	N/A	N/A	Must be picked up in EHC Plan
	Far too much paperwork for non-refugee cases	Family repeating their story - EHC???	Concern over lack of decision maker	Not a full list of providers so parents can't make an informed choice		Children are staying in provision or no other alternative suggestion
	Why a CAF? What is the EHC For?		Not transparent if lack of need or lack of provision			
ODT	CAF are completed incorrectly (not enough information)	Great from a safeguarding point of view	Funding panel not independent	Dependent on the provider	Great when child is in the right place	Process more lengthy than single assessment process
	CAF are completed with service in mind	Time involved doesn't warrant the level of offer	Low level not priority so longer to feed back	Sometimes long waiting lists	Sometimes short break are not the answer	Too slow for all involved
	Referral process is complicated	Far too intrusive	Families have to wait too long	Dependent on the commissioning team		Not reactive enough
		Mismatch of parent expectations and child's needs	If done within the timeframe then works well			

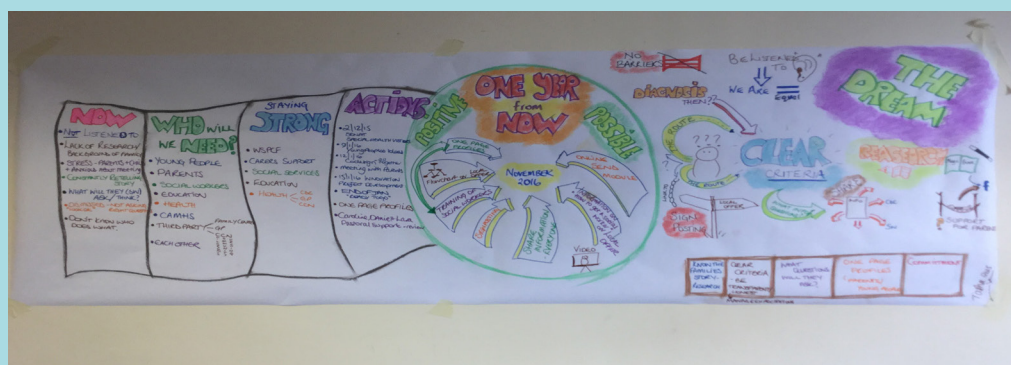
Bromley - Emotive Score mapping



West Sussex - Priority interactions workshop



York - Journey mapping workshops



West Sussex - PATH tool ('planning an alternative tomorrow with hope')

2. Scoping review of promising practice

An extensive search for research evidence was undertaken by the NCB Research Centre as part of the CDC national 'discover' phase and relevant evidence is set out in this section. It is not exhaustive and does not purport to cover all of the evidence or research in this area.

Within many of the examples highlighted in Section 2, specific benefits and challenges have been identified. We have noted where these have come from evaluations or research papers; others have been inferred from the examples.

These benefits and challenges will be explored further by CDC and the five local authorities in the 'co-design' and 'test' phases, taking account of emerging learning from the 'discover' and 'define' phases.

2.1 Method of scoping review

Research conducted to inform this section included:

- literature searches by the NCB Information Centre;
- searches for assessment practice and research using Google Scholar and Google and other databases of academic journals;
- accessing articles and links provided by CDC;
- use of websites including SCIE, Chimat, Knowledge Hub, C4EO and NICE;
- contacting a range of organisations including the Local Government Association and the Children's Commissioner.

Broadly, while the research points to improvements in the quality of assessments of vulnerable children with regard to the timing and effectiveness of the assessment (Stevenson, 2015) it indicates that not all children and young people receive high quality assessments. It shows that use of tools such as the Common Assessment Framework (CAF) amongst practitioners is fragmented and the CAF is commonly seen as time consuming (Kellet & Apps, 2009), highlighting the need to consider alternative approaches to assessment with disabled children and their families, which may be better suited to their needs.

Research also suggests that new and innovative services, or new processes within existing services, are needed to help improve the lives of vulnerable people, including disabled people, to allow them to make more informed choices, give them control and enable them to participate equally in society (NEF, 2012).

To make the most effective use of limited resources at a time of pressure on budgets, local authorities are looking to develop new ways of working. Some have focused on 'back of office' efficiency savings in an attempt to maintain front line services, while others have developed innovative ways of working, which have in turn reduced cost.

2.2 Involving children and young people in assessments

This section focuses on meaningful involvement of children and young people in assessments, specifically disabled children and young people.

2.2.1 The importance of children and young people being meaningfully involved

“Every child has the right to say what they think in all matters affecting them, and to have their views taken seriously.”

UNICEF child-friendly summary of the UN Convention on the Rights of the Child (UNCRC) 1989, Article 12.

In addition to UNCRC 1989 and the Children Act 1989, the Section 19 principles in the Children and Families Act 2014 provide a clear legal imperative for the meaningful involvement of children and young people.

Section 19 says:

Local authority functions: supporting and involving children and young people

In exercising its functions under Part 3 of the Children and Families Act in the case of a child or young person, a local authority in England must have regard to the following matters in particular

- a) the views, wishes and feelings of the child and his or her parent, or the young person;
- b) the importance of the child and his or her parent, or the young person, participating as fully as possible in decisions relating to the exercise of the function concerned;
- c) the importance of the child and his or her parent, or the young person, being provided with the information and support necessary to enable participation in those decisions;
- d) the need to support the child and his or her parent, or the young person, in order to facilitate the development of the child or young person and to help him or her achieve the best possible educational and other outcomes

These are known as the Section 19 Principles.



The Care Act 2014 introduces the wellbeing principle, in respect of young people with care and support needs post-18 and their carers. There is no hierarchy, and all should be considered of equal importance when considering “wellbeing” in the round.

The Care Act 2014 statutory guidance states that:

Local authorities must promote wellbeing when carrying out any of their care and support functions in respect of a person. This may sometimes be referred to as “the wellbeing principle” because it is a guiding principle that puts wellbeing at the heart of care and support.

The wellbeing principle applies in all cases where a local authority is carrying out a care and support function, or making a decision, in relation to a person.

In some specific circumstances, it also applies to children, their carers and to young carers when they are subject to transition assessments (link to chapter 16 care and support guidance).

The definition of wellbeing:

“Wellbeing” is a broad concept, and is described as relating to the following areas in particular:

- personal dignity (including treatment of the individual with respect);
- physical and mental health and emotional wellbeing;
- protection from abuse and neglect;
- control by the individual over day-to-day life (including over care and support provided and the way it is provided);
- participation in work, education, training or recreation;
- social and economic wellbeing;
- domestic, family and personal relationships;
- suitability of living accommodation;
- the individual's contribution to society.

Both pieces of legislation build on existing duties in the Children Act 1989 and the Working Together to safeguard children guidance, which also emphasises the need to promote the wellbeing of children and families.



In addition to the legislation, the Munro Report (May 2011), clearly identifies that the system should be child-centred, stating:

“Children and young people are a key source of information about their lives and the impact any problems are having on them in the specific culture and values of their family. It is therefore puzzling that the evidence shows that children are not being adequately included in child protection work.”

The importance of placing children and young people at the centre of assessments (Helm, 2011) and taking time to speak to and observe them (Glaser, 2009) is well documented in research. Children and young people say they want to be respected and have a say in the things that affect them and often feel that their views are ignored or neglected (Stone, 2001). However, some professionals find this challenging. There are a range of reasons that social workers may find it difficult to involve children and young people in assessments including where there are communication difficulties, participation is not deemed necessary, or is thought to be inappropriate because of potential harmful effects (Vis et al., 2011). Furthermore, a wide range of research (e.g. MacDonald & Williamson, 2002) found that assessments were rarely shared with parents or children and that families were often confused as to whether, in their interactions with professionals, an assessment was taking place, or whether an assessment had already taken place. Other than directly informing the family, child and young person about assessments, there are many innovative and creative ways of involving them. These may require professionals to learn about children and young people's communication needs in advance of assessments in order to prepare fully (Shannon & Tappan, 2011).

There are numerous papers and articles about how to include children and young people in Children's Services (e.g. health). For instance, Murray (2012), reports on how speaking with children and young people has contributed to the development of services and emphasises that policy makers and decision makers should actively include young people. Wright et al. (2006) reported how children and young people are active in shaping social care services and highlighted the value of speaking with children and young people about their involvement in the assessment process. This was the specific approach taken in research conducted by CDC and the NCB Research Centre (the VIPER project). This aimed to explore the extent to which disabled children and young people were allowed to participate in key decision making at any level (strategic, service delivery or individual). It highlighted the importance of embedding children and young people's views, providing them with several opportunities for involvement, being inclusive, accessible, and setting the agenda for their involvement (NCB, 2014). The project clearly highlighted how children and young people provide an important perspective on how assessments could be conducted.



2.2.2 Possible approaches to involve children and young people in assessments

There are many methods that could be employed to involve children and young people including via self-assessment, or through completing an assessment with professionals/ other individuals, possibly in a community based setting. The range of suggested methods includes:

- Drawings;
- Role play;
- Puppets;
- Dolls (Salford City Council, 2015).

And:

- Workshops
- Video diaries
- Multimedia technology (Stone, 2011).

The 'story telling' approach is also commonly used. This includes documentation from adults through pictures or notes about activities a child has experienced (NCCA, 2009).

Example 1: 'In My Shoes' (Cousins & Simmons, 2011)

Where: Four local authorities in the UK

Client group: Children's Care Team

What are they doing: This work was focused on disabled children for whom a permanent new home was being sought. The '*In my Shoes*' interview made use of a creative computerised tool - workers and children used a computer program with pictures and scenarios to enable children to answer questions about their needs. This involved showing children images with different scenes and enabling them to select different expressions as representation of their emotions about those images.

Advantages of this approach: The approach drew out a significant amount of information from children. The use of personalised modifications such as a tracker ball, joy stick or larger screen overcame some of the potential barriers to communication experienced by some children.

Possible challenges of this approach: Access to computers, technical challenges and increased workload for staff. Furthermore, only staff who had received training on the computer programme were able to conduct the assessment, limiting the numbers who could support a child or young person with assessments.

2.3 Involving parent carers and families in assessments

This section highlights the importance of parent/carers and wider family members, such as siblings and grandparents being involved not only in individual assessments but also in the service design and delivery of the assessment process.

2.3.1 The importance of parent carers and families being meaningfully involved

The Children and Families Act 2014 amends the Children Act 1989 in respect of parent carer and young carer assessments.

As a result, **Working together to Safeguard Children (2015)** states that:

If a local authority considers that a young carer, or a parent carer of a disabled child, may have support needs they must carry out an assessment under section 17ZA and/or section 17ZD respectively. The local authority must also carry out an assess on request.

The principles and parameters of a good assessment, as defined in the guidance, specifically highlight that they should involve children and families, as well as being holistic in approach, addressing the child's needs within their family and wider community.

The SEND Code of Practice states:

Parent carers of disabled children often have significant needs for support, to enable them to support their children effectively. It is important that children's and adult services work together to ensure needs are met. The Local Offer must set out the support groups and others who can support parent carers of disabled children and how to contact them. Part 3 of the Children Act 1989 gives individuals with parental responsibility for a disabled child the right to an assessment of their needs by a local authority. Local authorities must assess on the appearance of need, as well as on request, and must explicitly have regard to the wellbeing of parent carers in undertaking an assessment of their needs. Following a parent carer's needs assessment, the local authority must decide whether the parent carer needs support to enable them to support their disabled child and, if so, decide whether to provide services under section 17 of the Children Act 1989.

It is easy to assume that the involvement of parent carers in assessments of disabled children is already central to the process however, although generally the primary carer will be interviewed as part of the assessment process this does not always ensure that parent carers and wider family members feel that their views are listened to or that their experience of the process is positive.

2.3.2 Possible approaches to involve parent carers and families in assessments

In addition to children and young people, parent carers and wider family networks play an important role within assessment. The local authorities involved in the programme are exploring a number of approaches to engagement with wider family networks, including:

- Video uploads from family members unable to attend meetings in person;
- Video diaries;
- Workshop approaches such as 'planning live'.

As part of the central discover phase we have heard some examples of local authorities involving parent carers in decision making to develop more transparent and less confusing processes.⁴

There is evidence that, in addition to the need to involve parent carers fully in their own individual assessments, through engaging parents in support roles for other families they may also encourage wider engagement of parent carers who have not previously engaged in services.

Example 2: Parent Champions (C4EOa, 2012)

Where: Various local authorities across England

What are they doing: Parent champions is a peer-to-peer delivery model that informs and engages families who may not have previously engaged with early education or other early intervention services. The parent champions are local residents of the area who have had positive experience of the services and act as advocates to other parents in the community, offering support, information and advice and referrals.

Advantages of this approach: Being local residents, they can informally engage with parents, overcoming language, cultural and other barriers, to encourage service use. In addition to increasing service use, being a parent champion also has its own advantages, including giving parents the opportunity to gain new skills and increase their confidence.

Possible challenges of this approach: Recruiting parent champions can be challenging and there are high drop-out rates. As such, the work required to recruit and retain parent champions to ensure optimum reach can be seen as problematic and time consuming.

4. Hammersmith and Fulham are piloting panel processes where parents are able to attend, with support from their social worker, to present their own situation to key decision makers.

Example 3: Expert Parent Programme (Council for Disabled Children)

www.councilfordisabledchildren.org.uk/expertparent

Where: National

Client group: Parent carers of disabled children and young people

What are they doing: Programme of co-produced resources and workshops delivered by parents for parents to help them understand the health system and benefit more from the services their children access. The programme helps them acquire the skills and knowledge they need to navigate and manage the health system for their child, empowering them to make it work more effectively. Central to the Expert Training Programme is the Expert Parent Training Course, a four hour training session delivered by experienced parent trainers that will develop parents' knowledge and confidence when dealing with the health system. This face-to-face training is supported by interactive e-learning modules that will enable parents to find out more about specific areas that are not covered directly by the Expert Parent Programme. A Train the trainer approach is used to ensure the sustainability of project.

Advantages of this approach: Parent carers who attend training feel more comfortable to discuss issues/challenges with other parents with similar experiences. For instance, one stated:

"I think having other parents deliver the training made us feel much safer; it was good to know that they had faith in the system." Parent participant.

A further advantage to this approach is that parents are empowered through training and resources to understand and navigate the health system and in turn achieve better outcomes for disabled children and their families.

Possible challenges of this approach: Recruitment and retention of parent trainers. This is mitigated by good links with parent carer forums and registered groups of trainers rather than individual responsibility.

Things to consider:

The discussions and examples above have focused on the value of including children, young people and their families in the assessment process and gave practical examples of how this can be done. They raise a number of questions to be explored in the next phase of the programme, including:

- The importance of involving children and young people in their assessments is widely recognised. Why is this not happening more often and more widely?
- What is the scope for using the creative ideas highlighted to speak holistically with the family and to support parents who may have difficulties in communicating their views?
- Young people themselves have highlighted how it may be necessary to try a range of approaches in order to find one that is suitable (Stone, 2011). How can we ensure that the approach selected for an individual is adapted to offer appropriate support?
- Children and young people themselves can contribute excellent ideas on their involvement in assessments. How can we ensure these ideas influence approaches to assessments?
- Parents trust other parents for information about local services. How can this approach be adopted more widely to encourage greater engagement in services and support such as the Local Offer and Early Help frameworks?

2.4 Accessibility and methods of assessment

This section includes an overview of how self-assessments are used, and of other methods of involving different professionals in assessments and observations. It is important to recognise that self-assessment models can not replace social work judgement or the need for the child to be seen by an appropriate professional.⁵

2.4.1 Self-assessments

A review of existing research and practice showed the use of self-assessment questionnaires and surveys to be a common method for conducting earlier assessments that are more accessible.

Example 4: Assessments for deaf children (Dalzell et al., 2007)

Where: West Cheshire

Client group: Deaf Children

What are they doing: Parent carers are provided with a Family Needs Survey (FNS) following a referral to HAST (a group of professionals from different agencies designed to support parent carers who have children diagnosed with different forms of deafness). The survey offers a specified number of answers that can be selected to each question. Parents complete the survey themselves and then pass it on to their child's teacher or direct to the multi-disciplinary team.

Advantages of this approach: This approach includes the wider family, taking account of a broader range of needs to inform decisions about the support to be provided. This whole family approach illustrates the value/importance of using more than one source in assessments (NJCLD, 2010) and avoids the common pitfall of giving insufficient weight to family, friends and neighbours (Broadhurst et al., 2010). This approach also enables further preparation to be undertaken, in relation to potential services and support, by professionals who may then go on to conduct a fuller assessment (Dalzell et al., 2007).

Possible challenges of this approach: The FNS is triggered by a referral (although it is possible there are also other routes to this). Consideration would need to be given to how this could work in meeting the ongoing needs of disabled children or young people, who may have been referred some time ago.

5. This mirrors the requirements for adults with care and support needs in the Care Act 2014 assessment regulations.

Example 5: New Zealand's Supported Self-Assessment

Where: New Zealand

Client group: Disabled people

What are they doing: 'Supported Self Assessments' are split into four main areas:

1. Information about the individual completing the form, how they want to be contacted, their disability and living situation;
2. What they want to achieve, how they plan to reach their goals and what obstacles are preventing this;
3. How disability impacts upon their life;
4. The support they currently receive from friends, family, community and agencies.

Following completion of this form, individuals and families are contacted in order to discuss their support needs.

Advantages of this approach: Takes a personalised approach (MacDonald, 2010) and can be empowering for families.

Possible challenges of this approach: Self-assessment forms have been found to be challenging for some groups such as those with learning difficulties, and in some cases the approach has been found to be disempowering, since individuals complete the forms alone, and therefore may struggle to think about what they can achieve (MacDonald, 2010).



Example 6: Assessment through an online tool (McNicoll, 2015)

Where: Various local authorities in the UK

Client group: Individuals and parents/carers

What are they doing: In addition to online information and advice portals, many local authorities have set up online e-markets and/or online assessment tools for individuals and carers.

Advantages of this approach: This approach has the potential to make assessments more accessible for those who are happy and able to access technology either at home or in the community.

Possible challenges of this approach: Local authorities can view online portals as cost-saving tools as opposed to an opportunity to transform care. Furthermore, this approach has many of the same challenges as in Example 4; namely that self-assessment forms, including web-based ones, may be challenging for some groups and may disempower individuals (MacDonald, 2010).

Services also making use of this self-assessment approach include Centre 404 in Islington (a charity for people with learning disabilities) and the Short Breaks Service in Waltham Forest.

Things to consider in section 2.3, above, show that enabling children, parents and families to complete questionnaires about their own needs may be a useful way of ensuring accessibility to assessment, creating opportunities for earlier engagement and reducing the stigma of unnecessary social worker involvement. However, a number of issues arise from the self-assessment approach.

Things to consider:

- It is essential that any self-assessment questionnaires are presented in plain language, accommodate the needs of different groups are strength based, and holistic across the family (MacDonald, 2010). Could parents or older family members completing these questionnaires reduce the input from the child and young person themselves?
- It is important to ensure that support measures are put into place to prevent disempowering people when completing self-assessments, such as ensuring individuals have someone to discuss the assessment with if needed.
- There are mixed views about whether self-assessment questionnaires are best presented in online or paper-based formats. How can flexible access opportunities be developed which allow both paper-based and online self-assessments?
- It is important that practitioners do not become over-reliant on self-assessments and instead, use them to complement their own existing knowledge, experience and expertise in this area (Cooper, 2007).

2.4.2 Multi-disciplinary assessments

Despite the potential usefulness of self-assessments, several researchers have highlighted the importance of involving a multi-disciplinary team as early as possible in the assessment process. Rotherham, Doncaster and South Humber Mental Health Trust (Hay, 2013a) reconfigured ADHD assessments so that they are conducted across a wide range of professionals as early as possible and this has led to a reduced likelihood of re-referral into the system. A similar approach has been adopted by Trafford's Children's Improvement Board (Hay, 2013b), where informal monthly panel meetings take place to ensure everyone is informed about the needs of families. However, the involvement of so many professionals may dissuade families and individuals from making contact regarding an assessment and therefore, this approach may be better employed **following** a self-assessment.

Example 7: Multi-agency responses for families in need of early help

Where: Stockport

Client group: Families

What are they doing: The Stockport Supporting Families pathway is a system that puts in place a multi-agency response using the Common Assessment Framework (CAF) tool to help improve identification of need so families can access early help.

Advantages of this approach: This approach has the potential to ensure families receive the offer of early help before problems escalate. It has also been shown to increase the number of CAF recommendations and completions, with evidence of earlier identification and intervention, which has resulted in a reduction of referrals to social care teams where needs can be met via the early help framework. Furthermore, it has the potential to bring about a cultural shift in relation to sharing protocols and access to information and/or data between services such as the police, schools and departments within the local authority.

Possible challenges of this approach: Local authorities may lack the time or funding to implement new systems for screening. Similarly, staff may not feel that they have the capacity or the confidence to contact families in order to intervene at a much earlier point in time.



Things to consider:

An alternative approach may be to include other individuals in assessments, or encourage their involvement, in order to make assessments more accessible to parents and families. For instance:

- In Bradford (Hay, 2013c), professionals outside of Social Care (e.g. Police, Health Visitors and Education), including others who engage with families through universal services, play a role in assessments prior to a Section 47 safeguarding assessment. This has reduced the number of section 47 assessments and reduced the workload for social care professionals. Whilst many disabled children do not require an assessment relating to safeguarding, the approach does provide useful learning about preventative approaches. Whilst the approach taken to the CAF is similar, whereby anyone within the Children's Workforce can complete it, it may be that involving **other, non-social care professionals** in early assessment processes could encourage more families to engage early on, potentially preventing situations deteriorating into crises before Section 17 'child in need' assessments are initiated.
- This idea is supported by other research (Bureau, Pote, Wolpert & Vostanis, 2006), showing that children, young people and their families reported that their needs were often better met within a familiar environment and at the primary care level, by familiar people. Wright et al. (2006) discuss the different services available to children and young people and, specifically, youth led **peer-support** groups. Could peers be involved in assessments for disabled children and young people, across both children and adults services, in order to support the family to gain the help they may need? It is possible that peers could act as a familiar person (see bullet point above), to provide any support the child or young person feels they may need during the assessment.
- At what stage is it appropriate to involve a multi-disciplinary team for disabled children? Could involving a multi-disciplinary team discourage families with what they may consider 'lower level needs' from requesting support?
- There may be confidentiality and logistical issues to be considered with the involvement of other non-social care professionals, or peers.
- Research has shown that little is known about the expectations that parent carers have for disabled children (Russell, 2003) but that extensive learning could develop from working with parents to explore, review and articulate what they expect of their children. Parents' expectations and those of school staff varied. Russell suggests that relationships between parents and schools and their expectations of the children 'need to become equal'. Whilst it is unlikely that this finding is unique to disabled children, it may be an important consideration for assessments since it indicates that there are different interpretations of children's needs and capabilities from the different adults interacting with them.

2.5 Observations

For some individuals and families the use of a questionnaire or survey, completed with others or independently, may not be an appropriate way of reporting their needs. Another useful method is the use of observations.

Example 8: AMPS Assessment (Dwyer & Reep, 2008)

Who: Occupational Therapists

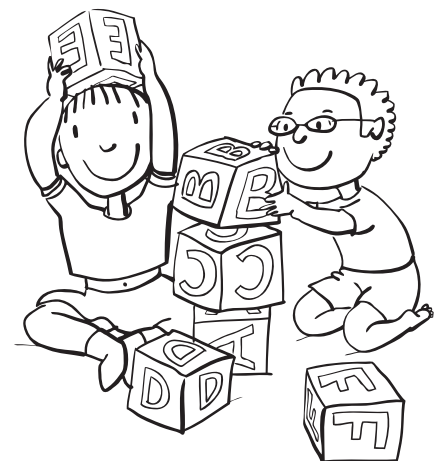
Client group: Individuals with mental health needs and learning disabilities

What are they doing: The Assessment of Motor and Process Skills (AMPS) (Dwyer & Reep, 2008) is a standardised tool used by occupational therapists to observe individuals' performance of regular tasks and assess what they can and cannot do. Performance is measured through four main aspects including effort, efficiency, safety and independence.

Possible contribution of this approach: This may be a useful method to assess disabled children informally where their communication needs present challenges to more traditional methods of assessment. Observation methods have also been employed with disabled children prior to meetings amongst multi-agency staff; these have then been followed by a more formal assessment at which all multi-agency staff are present (Atkinson et al., 2002). Adopting this approach may involve home visits - a crucial aspect of supporting children which can sometimes be overlooked (Nicolas, 2015).

Possible challenges with this approach: This approach may increase the length of the assessment process or make families feel uncomfortable. It is therefore vital that steps are taken to begin to build a relationship with children, young people and their families, where this approach is considered helpful, to ensure that children and young people do not feel they are being judged for passing or failing a test. This approach can also be considered more resource intensive than other methods, such as self-assessment, and relies on the expertise of professionals to understand the developmental needs of children and how their disability may impact on these.

Observation may be particularly useful when understanding the needs of children and their families who do not use verbal communication but it is important to integrate it with questionnaires and other forms of assessment to ensure that it is not disempowering.



Things to consider:

This section has highlighted examples of self-assessments; the involvement of a range of other professionals and peers; and the use of observations. Whilst each of these approaches has advantages, it is important to consider the challenges, and the potential benefits of integrating several approaches:

- How can self-assessment be used appropriately to encourage children, young people and families to make assessments about their own needs?
- How can the apprehension that families often feel about the involvement of many professionals in multi-disciplinary assessments be addressed so that they are not dissuaded from undergoing much-needed assessments?
- At what point, for which people, and for which age groups is a multi-disciplinary approach appropriate? How can this be assessed?
- How can confidentiality and ethical barriers be addressed to constructively involve peers in assessments and on-going support?
- What can be done to avoid observations becoming disempowering of individuals who don't communicate verbally?
- How can all these different types of assessment be used in an interchangeable and complementary way to accommodate different families' circumstances?

2.6 Accessible assessments in community settings

In addition to the usefulness of different approaches outlined in Section 5, accessibility of assessments may be improved by enabling parents and families to complete assessments in community settings.

Example 9: Southwark Parent Groups

Where: Southwark

Client group: Parents with mental health needs

What are they doing: To contribute to Southwark's 2007 Family Strategy the local authority set up parents' groups for parents with mental health needs alongside a crèche in order to ensure their children are cared for.

Advantages of this approach: Whilst it is likely that not all parents of disabled children will have mental health needs, this example provides some food for thought regarding the possibility of offering assessments at parents' groups or making self-assessments available at these settings.

Possible challenges with this approach: There may be some difficulty around parents' capacity or willingness to attend groups in the first instance. However, good engagement with parent carer forums and third sector parent groups could help to facilitate this approach.

Example 10: Social workers based in town centres (Schraer, 2015)

Where: Calderdale and Shropshire

Who is doing it: Social Workers

What are they doing: Social Workers have formed a mutually-led social work practice, based in a shop front in the town centre. Social Workers set up a practice outside of the local authority so they could have more freedom to innovate.

Advantages of this approach: This approach allowed Social Workers to undertake community care assessments in days, as opposed to the months it would have taken in a traditional local authority setting, which was felt to be highly bureaucratic. It enabled Social Workers to be based in less intimidating settings in the town centre which people are more likely to feel comfortable going to for information and advice. The settings are able to provide more informal support at an earlier stage, to meet people's needs without undertaking unnecessary assessments and where support within the community is more appropriate.

Possible challenges with this approach: Local authorities have complex systems and processes in place to protect the public, and specifically, the service-user. Without formal agreement and checks at multiple levels, the risks are increased within a neutral, community setting.

Things to consider:

This section discussed potential ways and practical examples of how different areas have tried to make their assessments more accessible to those who need them by optimising community programmes. The examples highlighted raise the following issues:

- Could broader points of contact be available to distribute information or complete assessments with parents and families? How would this work in terms of training and safeguarding the rights of the child and family?
- What kinds of communication would work best in ensuring parent carers and families are aware of the option to complete assessments in community venues?

Next steps

The research evidence, practical examples and emerging learning from the 'discover' and 'define' phases of the Council for Disabled Children's innovation programme set out in this publication will inform the next phases of the programme, in which the five participating local authorities will co-design approaches to assessment to test in practice. In the next phases the local authorities will also test how effectively the learning and innovation model at the heart of the programme supports the development of a sustainable culture of co-production locally and how the model might be replicated in other areas.

A full report of the programme and associated evaluation from Coram will be published in April 2016.



Appendices

Appendices can be downloaded from the following website:
www.councilfordisabledchildren.org.uk/what-we-do/work-themes/social-care

Appendix 1: Reports from the discover and define phases

- a) London Borough of Bromley
- b) Cornwall Council
- c) London Borough of Enfield
- d) City of York Council
- e) West Sussex Council

Appendix 2: Example tools and resources

CDC 'Idea's tree' activity

Appendix 3: CDC Current System Map (2015)

Appendix 4: The Warwickshire judgment

Implications for social care related assessments of disabled children -
Steve Broach, Monckton Chambers

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About the Council for Disabled Children

The Council for Disabled Children (CDC) is the umbrella body for the disabled children's sector in England, with links to the other UK nations. CDC works to influence national policy that impacts upon disabled children and children with Special Educational Needs (SEN) and their families. The CDC Council is made up of a variety of professional, voluntary and statutory organisations, including disabled young people and parent representatives. CDC's broad based membership and extensive networks of contacts provides a unique overview of current issues. It also enables us to promote collaborative and partnership working among organisations.

CDC hosts the following networks and projects:

- IASS Network
- Independent Support
- Making Ourselves Heard
- Special Educational Consortium
- Transition Information Network

If you would like to share good practice on any of the issues set out in this publication please contact Amanda Harvey at aharvey@ncb.org.uk



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