Department for Education

The impact of more flexible assessment practices in response to the Munro Review of Child Protection

A rapid response follow-up

Research report

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Emily R. Munro & Judith Stone – The Childhood Wellbeing Research Centre

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The impact of more flexible assessment practices in response to the Munro Review of Child Protection: a rapid response follow-up

With some boundaries around it flexibility is a good thing. Being hooked up on ensuring timescales were met did not improve the quality of assessments.

Introduction

The Munro Review of Child Protection (Munro, 2011a) recommended reducing statutory guidance on safeguarding children in order to promote local autonomy and increase the scope for practitioners to exercise their professional judgement. 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 pilot more flexible assessment practices. Dispensations granted to each local authority permitted *setting aside* the statutory requirements in place at the time, namely that:

- There was a two stage process of assessment i.e. an initial assessment followed where appropriate by a core (in-depth) assessment;
- initial assessments would be completed in ten working days and core assessments in 35 working days;
- initial child protection conferences would be convened within 15 day working days of the last strategy discussion;
- a core group meeting would be held within ten working days of an initial child protection conference (HM Government, 2010, Ch.5).

Between April and July 2012 the Childhood Wellbeing Research Centre was commissioned to undertake a rapid response study to independently evaluate the impact that the flexibilities had had on practice and service responses to safeguard children from harm (Munro and Lushey, 2012). Findings formed part of a package of evidence used to inform revisions *to Working Together to Safeguard Children: a guide to inter-agency working to safeguard and promote the welfare of children* (HM Government, 2013). The revised statutory guidance came into force on 5 April 2013 and removed the requirement to conduct separate initial and core assessments. It also stated that:

> *The maximum timeframe for the assessment to conclude, such that it is possible to reach a decision on next steps, should be no longer than 45 working days from the point of referral. If, in discussion with a child and their family and other*

> *professionals, an assessment exceeds 45 working days the social worker should record the reasons for exceeding the time limit* (HM Government, 2013, p.23).

Six of the original pilot local authorities were permitted to continue to operate using their own local protocols, *without* a 45 day upper limit for the conclusion of single assessments in place. In January 2014 the Childhood Wellbeing Research Centre was commissioned to undertake a small scale follow-up study to explore similarities and differences in practices in these local authorities.

Methodology

A mixed methodology, consistent with that adopted in the original study (Munro and Lushey, 2012), was employed to examine:

- How the trial authorities were using the flexibilities;
- the advantages and disadvantages of the flexibilities with reference to similarities and differences in professional perspectives according to roles and responsibilities (operational and strategic);
- the mechanisms put in place to monitor case progression and timescales;
- the quality of single assessments;
- changes in the time spent with children and families;
- management and supervision requirements.

The intention was to revisit the three in-depth sites that participated in the initial evaluation. This would have provided a longitudinal perspective on their implementation journey's and facilitated examination of whether the specific challenges they identified in the early stages of implementation had been overcome. However, the very short timescale for completion of the research, which was commissioned in January 2014, with findings reported to the Department for Education at the end of March 2014, meant that the original in-depth local authorities were unable to participate. Three different pilot local authorities were recruited and intensive fieldwork was completed in each in February 2014.

The evaluation involved analysis of Children in Need census data and routine monitoring data that the pilot authorities supplied to the Department for Education, complemented by in-depth work which included:

- Scrutiny of case records to map timeframes for the completion of core social work process and to examine the quality of assessments (see below for further details);
- face to face interviews with social workers and managers from children's social care to explore their perceptions of the impact of changes to assessment processes on: timescales for completion; the quality of assessments; direct work with children and families; service responses and outcomes; staff morale and workloads; and supervision requirements.

Tables 1 and 2, below provide further details on the data that were collected. The local authorities stratified recent assessments according to outcome (no further action, child in need, child protection) and then a member of the research team selected a sample from each group at random. Two members of the research team, working independently,

judged the quality of assessment records with reference to research evidence on the features of poor and good quality assessments and current statutory guidance (HM Government, 2013; Turney et al., 2011)[1]. Each case was assigned an overall rating (good, adequate or poor) by the two researchers. This resulted in inter-rater agreement in 84 per cent of cases (see p.19 for further details).

Table 1; Case record sample

	Assessment outcome			
Local authority	No further action	Children in Need	Child Protection	Total
LA A	3	3	3	9
LA B	3	3	3	9
LA C	3	4	2	9
Total	9	10	8	27

Table 2: Interview sample

	Job role		
Local Authority	**Social Workers**	**Managers**	**Total**
LA A	7	7	14
LA B	9	3	12
LA C	5	10	15
Total	21	20	41

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 local authorities.

The short timescale for completion of the research meant that it was *not* possible to: observe direct work, or discussions between professionals about specific cases; or obtain a multi-agency perspective on assessment practices in the participating local authorities. A further limitation is that the study did not examine outcomes or ascertain the views of children and families. The limitations should be taken into account in interpreting the findings. Further research is also required to address these gaps in the evidence base.

[1] Due to time and resource constraints it was not possible to assess a sample of pre-pilot cases to draw comparisons pre and post implementation.

Single assessment timescales

Data from the Children in Need census reveal wide variations in the duration of time taken to complete single assessments in the six pilot local authorities.

Table 3: Duration of continuous assessments (working days) carried out by local authorities piloting the process

	Actual duration of continuous assessments (%)									
	0-10 days	11-20 days	21-30 days	31-40 days	41-45 days	46-50 days	51-60 days	61+ days	Total	Median (days)
Hackney	7	14	12	14	6	4	9	34	100	43
Hammersmith & Fulham	25	22	19	13	7	4	3	7	100	22
Islington	3	7	11	27	18	10	10	13	100	41
Wandsworth	46	18	18	10	3	1	1	2	100	12
Westminster	7	24	16	23	6	4	5	15	100	33
Knowsley	42	29	14	11	2	1	1	1	100	12

Source: Department for Education (2013) Children in Need Census

As Table 3 shows, at one end of the spectrum Wandsworth completed 46 per cent of assessments within 10 working days in the year ending 31 March 2013, whereas at the other end of the spectrum, Islington completed 3 per cent within the same timeframes. The median number of days taken to complete assessments ranged from 12 in Wandsworth and Knowsley, to 43 days in Hackney. However, as *The Munro Review of Child Protection* (Munro, 2011a) highlighted it is important that the time taken to complete assessments is not taken as a proxy for the quality of assessments, or direct work with children and families. Findings from the evaluation of early implementation of flexible assessment timescales showed that where completion of assessments was taking longer this was often, but not always, for good practice reasons (Munro and Lushey, 2012). It also revealed that in the absence of a prescribed timeframe for the completion of assessments a higher degree of 'intervention' may take place during what was traditionally the 'assessment' phase. These issues are explored further below, drawing on findings from interviews and case record data collection in the local authorities that participated in the follow-up study.

Overview of the three in-depth pilot authorities

Differences in organisational contexts, resources and local authority systems and structures are likely to shape and influence practice and affect outcomes. All the pilot authorities that participated in the rapid response study reported that they had access to a wide range of services to support children and their families. LA A and B also share a number of other common characteristics. Firstly, they both operate linear hierarchical management structures, with social workers reporting to team managers or deputy team managers. Secondly, cases are held by individual social workers with supervision serving as the main forum for case discussion and decision-making. Thirdly, both have experienced recruitment and retention difficulties in the last 12-18 months which have presented new challenges and issues that were not present when they began the pilot in 2011. In contrast, in LA C: the workforce is stable; responsibility for cases is shared by units rather than held by individual workers; clinicians have an important role within the assessment service; and there is commitment to, and investment in, ongoing skills development and training. These similarities and differences in organisational context need to be considered by readers as they interpret the data that are presented in this report. This also serves as a reminder of the importance of considering similarities and differences in organisational conditions and how these may influence the effectiveness of different models of service delivery and local implementation strategies. Further details about each local authority are outlined below.

LA A

The Referral and Assessment Service (R & A) is structured around five teams: the initial response team; two assessment teams; a hospital team; and out of hours service[2]. In addition to a team manager the initial response service has two principal social workers, who manage duty, as well as four consultant social workers who advise on and hold a caseload of complex assessments involving: children and families with no recourse to public funds; parental substance misuse, sexual exploitation; private fostering and unaccompanied asylum seeking children. The team also includes initial contact workers. The two assessment teams each have a team manager, a principal social worker who can deputise for the team manager and five social workers. The assessment teams are on duty every other week and supervision takes place on a fortnightly basis. There is also a hospital based team that deals with pre-birth assessments, child protection cases that present at Accident and Emergency and children with complex medical conditions. Each team is supported by an administrator. In April 2014 the local authority introduced a Multi Agency Safeguarding Hub in common with some other authorities. There was no

[2] The children's disability team is managed separately and undertakes assessments of disabled children and their families, as well as holding children in need and child protection cases.

additional social work resource to this, and the team structures remain principally the same.

At the beginning of the pilot the local authority had a stable workforce but this has changed in the last year resulting in an increase in the use of agency staff and a reduction in the quality and number of experienced social workers and managers, which with robust action, is being addressed.

The local authority have invested in training in the Signs of Safety model (Turnell and Edwards, 1999) which is based on the use of strengths based interview techniques and draws on the techniques of solution focused brief therapy (Bunn, 2013). This model is used across the service from the provision of early help, at the front door, and with looked after children.

LA B

Assessment structures and processes were re-organised in 2013. Following screenings and checks by the Multi Agency Safeguarding Hub assessments are undertaken by one of three assessment teams. Each team is on duty for one week in every three. The teams are headed up by a team manager and include a principal social worker and five social workers (plus business support). The remit of the principal social workers is to mentor and supervise junior colleagues, as well as to provide consultation and reflective practice surgeries. Each team operates quite distinctly and managers having different management styles and adopt different approaches to track cases. Management oversight is provided via one to one supervision on a monthly basis, or fortnightly, for newly qualified staff.

In the last 18 months the local authority has struggled to recruit and retain social workers. This has meant that they have had to rely on agency social workers some of whom have been judged to lack the skill and experience required to complete assessments to the required standards. This has placed new pressures on the assessment teams and caused delays in the conclusion of some assessments (with work being re-allocated, or, additional work being requested to satisfy the team manager about the conclusion of the assessment).

LA C

LA C operates a unit model commonly known as the ‘Hackney Model’. The first response team screens referrals and those that require further assessment are transferred to the assessment units. Each unit is headed by a consultant social worker and includes a qualified social worker, child practitioner and a unit co-ordinator (who provides administrative support). The units are supported by a clinical hub which includes family therapists, psychologists and psychiatrists who can offer advice or therapeutic input on cases. Units are on duty once every four weeks.

There are development pathways for practitioners who are encouraged and supported to progress in their practice carers. Newly qualified social workers often join the units as child practitioners and, in some cases, progress to become social workers and/or consultant social workers. Regular training and development opportunities are provided to support social work practice, which is informed by systemic theory.

Unit meetings are held weekly to discuss and reflect on cases and all members of the team contribute, so there is a greater degree of shared ownership and responsibility for decision-making than is typically the case in more conventional assessment team structures. Service managers and the Head of Service regularly attend unit meetings to provide their input and oversight.

Assessment activity and timescales

Interviews with managers and social workers revealed variations within and between local authorities regarding the nature and extent of work undertaken with children and families during the course of the assessment. In part this reflects the fact that assessment is not a discrete activity but part of an ongoing cycle of assessment, planning, intervention and review (Horwarth, 2010). The *Framework for the Assessment of Children in Need and their Families* (Department of Health, 2001) states that 'assessment should run in parallel with actions and interventions' and services should be provided as soon as possible in response to identified needs (p.1). However, there are variations in practice in different authorities and assessment teams (Forrester et al., 2013). Less central prescription about timescales for completion of assessments serves to increase the scope for different approaches to service delivery and further blurring of the boundary between 'assessment' and 'intervention' (Munro and Lushey, 2012). Broadly speaking approaches to single assessments may be orientated towards one of the following:

- *Assessment to inform decisions whether to close or transfer*: information gathering and analysis to determine whether the case can be closed, or needs to be transferred to a longer term team so that services can be provided;

- *Assessment and hypothesis testing:* social workers providing practical help to contribute to understanding parental capacity to change, to inform decisions about whether longer term intervention is required;

- *Assessment and parallel intervention (provision of services or therapeutic input)*: during the course of the assessment the team may provide short-term interventions to prevent the need for case transfer, or to reduce the likelihood of re-referrals in the future.

Variations in accepted practices within and between teams mean that making direct comparisons between the 'time spent' on assessments, without reference to similarities

and differences in the activities undertaken, is problematic. In LA B interview data suggested that practice was more strongly orientated towards *assessment to inform decisions whether to close or transfer cases* than in the other two in-depth pilot local authorities[3]. Managers and social workers appeared to be less inclined to see their role as one involving the provision of direct interventions to children and families. They highlighted that case throughput would be undermined if cases were not closed or transferred to longer term teams quickly. On this basis one might hypothesise that assessment timescales would be shorter than those in local authorities that engage in the direct provision of practical help in parallel with assessments. However, the local authority reported that recruitment and retention difficulties had meant that there had been a reduction in the proportion of assessments completed within 45 working days (from 84 per cent in the year ending 31 March 2013 to 63 per cent between 1 April 2013 and 28 February 2014).

LA A and C both engaged in more hypothesis testing, or direct work, during the course of assessments than LA B. In LA A assessment teams may take on short pieces of work with less high risk cases where this may be all that is required, or as part of a 'step-down' process of transfer to targeted services. The flexibilities were perceived to have facilitated this to some extent. One manager explained:

> *The flexibilities take away the idea that you have this strict deadline. It allows the worker to work at their own pace and do some direct work with the family and with the child. It has improved the information we get and how we work with the family. The participation level of parents has increased.*

At the same time the *assessment to inform decisions whether to close or transfer* model was still a strong feature of practice in LA A; in 2012-13 a high proportion of cases were completed within 20 days[4]. First tier managers were proactive about encouraging closure of cases where further assessment or intervention was not warranted.

In LA C the median assessment timescale was much higher than in the other two local authorities. One reason for this is that the model in operation appeared to include more hypothesis testing and some direct work to affect change during the assessment process. Both social workers and clinicians have the skills and capacity to undertake such work when the unit deemed that this was required. As one social worker explained:

[3] There were variations between teams within the local authority and a couple of social workers did make reference to the provision of services to assess whether families could sustain changes.

[4] The proportion completed within these times frames fell to 32% in 2013-14. This was not found to be the result of an overt change in policy and practice, but due to be the impact of social work turnover a matter that the local authority have been working to address.

I do as much direct work with the child that needs to be done to gain a thorough understanding, so it depends on what information we want and what support the family need.

Another reflected that:

Services can be accessed at any point. The child doesn't need to be on a child protection plan to access them. Social workers would not wait until there is a plan to provide that service. There isn't a culture of waiting if its felt like it's needed.

The avoidance of rushing to a conclusion about next steps was also perceived by workers to have reduced the number of re-referrals to children's services. Re-referral rates in LA C were 13 per cent in the year ending 31 March 2013: lower than their statistical neighbours (16 per cent) and rates in LA A and B (Department for Education, 2013).

Use of the flexibilities

There was near universal agreement from social workers and managers that the removal of the distinction between initial and core assessments and the introduction of greater flexibility concerning the timescales for completion of assessments was beneficial (see also Munro and Lushey, 2012). It was suggested that changes had re-focused attention on 'assessing according to need, rather than to satisfy outside bodies'. Professionals reinforced the message that 'timescales are not a proxy for quality'.

Frontline workers in all the local authorities reported feeling less pressurised than under previous arrangements, and the vast majority reported that their workloads were currently manageable. At the same time it is noteworthy that in two (LA A and LA B) of the three local authorities a notional upper limit of 45-46 days for the completion of assessments had been retained (i.e. in line with the timescale for the completion of the initial and core assessment under previous arrangements). In these local authorities some managers reflected that the intention at the outset had been to focus on the timely completion of assessments (not time taken) but that this had proved difficult to sustain during periods of high staff turnover and in the absence of a stable, highly experienced and skilled workforce. In this organisational context professionals explained that there can be an inclination to revert to monitoring timescales because this can be controlled.

Table 4: Single assessment timescales introduced by the pilot local authorities

Pilot authority	Timescales
LA A	An upper limit of 46 working days is in place. Expectation that children are seen within 24-48 hours (section 47. Enquiries) or within 5 days otherwise. Review at 15 working days and again at 35 working days. If assessments go beyond 46 days the service manager will be involved in agreeing a plan of action to bring the assessment to a timely conclusion.
LA B	Within 10 days the manager will comment and provide direction on the assessment (child must be seen before this meeting). If a 'brief assessment' is required the aim is for completion within 25 days. In other cases a target deadline of 30-35 days has been introduced so that any outstanding work can be completed within the 45 day target.
LA C	Timescales for each assessment are agreed in unit meetings and depend upon the circumstances of the case. Progress on each assessment is monitored weekly at these meetings. Timescales are important but are used to monitor rather than drive the system. Appropriate targets are set for individual assessments. Where an assessment exceeds 50 days the Service Manager must be notified (but this is not imposed as a 'deadline' and it is recognised that there may be legitimate reasons for extensions).

As Table 4 shows each of the pilot authorities have established different assessment procedures to govern local practices. The frameworks that each had put in place were generally regarded as appropriate by social workers and operational managers, both to maintain throughput and to ensure that families were not left in limbo awaiting decisions about what further action was going to be taken. It was also acknowledged that practitioners and managers need to make sure that children are seen by a social worker promptly after the referral to assess risk (see also Munro and Lushey, 2012). As one team manager reflected:

> *In terms of timescales the thing that is important to me is getting to see the child.*

In respect of the timeframe for completion of the assessment another manager explained that:

> *Keeping the 45 day timescale is appropriate. Families deserve to have some closure on our involvement. Most should be written up before 45 days, moved or closed. Assessments are piling through the front door – we cannot do these if workers are still visiting on existing cases.*

In each local authority first tier managers made use of management information system data to monitor how long cases had been open. Senior managers also monitored the data and there was an expectation that first tier managers would explain the circumstances surrounding cases that exceeded a specified timeframe (see Table 4, above). However, there was much greater variation in how discussions about case progression were framed during supervision and how this was experienced by the social workers concerned. The language employed by some social workers in LA A and B suggested that they still perceived that 'alarm bells' rang when assessments were approaching the upper time limit, and that going over deadlines was automatically 'bad'. For example, one social worker suggested that:

> *When we go over the 45 days we are made to think it is bad, but my job is to make sure that children are safe. If it goes over it's because of prioritising other work.*

However, others workers in these same authorities suggested that they were afforded the flexibility to extend assessments beyond the upper limit if this was in the best interests of the child and family. In LA C there was much less emphasis upon the number of days spent on assessments or reference to 'looming dates' or shouts of 'out of time' and more on 'what is right for the family'. Weekly unit meetings also facilitated regular discussion about each case and updates on progress and developments.

Advantages of single assessment and the flexibilities

At strategic and operational levels flexible assessment timescales and changes that the local authorities had made to assessment forms were welcomed and it was perceived that reverting to old systems and processes would be a retrograde step. In terms of timescales local authorities highlighted that the length of assessments is not a proxy for quality and that the skills and capacities of individual workers and teams (in a supportive organisational climate) are the critical foundation to support best practice. Within this context greater flexibility was understood to open up opportunities for social workers to:

- Build trust and rapport with families to provide a more accurate assessment;
- reduce the number of cases that are closed based upon an incomplete picture of the child's needs, issues affecting parenting capacity and wider environmental factors;
- means that there is time to explore grey areas, rather than limit attention to presenting issues, in order to facilitate a more holistic understanding of risk and protective factors;

- ‘test’ capacity for change or provide therapeutic interventions before the assessment concludes to prevent premature closure of cases, or unnecessary transfer;

- activity can be undertaken at the right pace for the child and family (where safe to do so);

- increases the scope for additional visits to the child, family or extended family network to explain what is happening, build rapport and trust and/or to collect and clarify information.

Although there was a reluctance on the part of managers and social workers to generalise about benefits of single assessments in ‘specific types of cases’, on the basis that each situation is unique, it was noted that in some circumstances there are good practice reasons for longer assessments. Examples cited included:

- Pre-birth assessments;

- mental health hospitialisations (to facilitate assessment on return home);

- sexual exploitation cases;

- cases involving intimate partner violence;

situations where cultural issues present barriers to engagement.

The amendments that local authorities had made to the assessment forms were also perceived to have been embedded in practice and beneficial because they permit workers to tailor their recording to the circumstances of the case. As one manager reflected:

> *We get assessments that are readable and make sense to families and other professionals. We have got away from regurgitation of information over and over again. There is less emphasis on filling boxes so it flows better.*

Findings from early implementation of the pilots also revealed that the majority of social workers welcomed the new assessment forms on the basis that they are ‘less tick boxy’ and allowed workers to use their professional judgement to focus on ‘pertinent issues’ (Munro and Lushey, 2012, p.7). Revised formats were also perceived to be more accessible for families. This was particularly apparent in LA A where the language adopted on the form had been revised with reference to the Signs of Safety model. In this local authority interviews also revealed that those social workers that had received training were using the Three Houses and other tools to explore children’s wishes and feelings.

Challenges and issues

Interviews revealed that social workers, first tier and senior managers were overwhelmingly positive about the transition to a single assessment process and the implementation of more flexible timescales. There was also an acknowledgement that delay and drift were an ever present danger. As one manager reflected:

> *I would be worried if flexibilities were introduced into local authorities where there are not such efficient management information systems. The constant supervision provides a lot of safety nets.*

Another suggested:

> *Flexibilities may not work so well in local authorities with higher rates of referral, or staff instability. It would depend on the management oversight and the skill of the social workers*.

Both these quotes serve to reinforce how organisational context and workforce competence influence service delivery. It was also noted that it is important that children are seen without delay and in the absence of a statutory timescale local authorities need to put systems and protocols in place to ensure this happens (see Table 4). As one manager reflected:

> *Children should still be seen regularly. If a social worker has not spoken to a child, that is the risk issue, not the timescale.*

Both the duty cycle and supervision (or unit meetings) were identified as key mechanisms to minimise the risk of drift and delay; effective management oversight was also recognised to be crucial. Under new arrangements 'there is greater onus on managers to keep on top of timescales' and to support social workers to balance 'thoroughness and depth' and 'timeliness and proportionality'. Without this oversight it was noted that the culture can shift from a '10 and 35 day culture' to a '45 day culture', irrespective of the needs and circumstances of children and families. Cases that would historically have been closed quickly may remain open for longer and/or assessments may be disproportionate and overly intrusive given the nature of presenting concerns. As one social worker reflected:

> *Here it feels like every assessment you do is a core [in-depth] assessment because you have a whole 45 days…I need to get my head around the fact that some cases can still be shut in less than 10 days.*

As Table 4 shows, mechanisms were introduced by local authorities to minimise the likelihood of such issues occurring. However in conventional teams first tier managers are highly reliant on the information supplied by an individual worker to inform their judgements about next steps. It was noteworthy that in LA A and B managers were striving to realise the ambition of supporting social workers to exercise their professional

judgement, but high staff turnover and variations in the quality of agency staff meant that this was difficult to realise in practice. LA B responded to concerns about drift and delay by tightening timescales for the completion of assessments. In LA A at a strategic level there was a commitment to try to avoid reverting to the 'timescale mindset', but it was recognised that this was difficult to achieve without a core of highly skilled social workers in teams. It was identified that first tier managers are in an unenviable position as they are expected to hold 75 to 90 (constantly changing) families in mind. In this context it is perhaps unsurprising that some managers were inclined to revert to controlling the length of assessments as a 'safety net' rather than focusing more attention on underlying issues concerning the quality of social work practice.

Time spent with children and families

A call for evidence to inform Professor Eileen Munro's Review of Child protection[5] (Munro, 2011b) revealed that a shortage of time was the most frequently cited barrier to forming relationships with children and families. Most commonly this was attributed to the proportion of time social workers were spending on case recording and paperwork, followed by heavy caseloads and high levels of demand for children's social care services. Over half of respondents reported that paperwork and office base activities prevented them spending as much time as they would like with children and families. The language employed by workers signals their frustration with this situation; expressions included: 'being chained', 'handcuffed' or 'tied' to the computer and 'bureaucracy keeping workers desk bound'. Statutory timescales for the completion of assessments and corresponding paperwork were implicated in this (although the majority of professionals recognised that timescales minimise drift and delay). Findings from the evaluation of early implementation of the pilots revealed that social workers felt that they had more scope to plan and arrange visits at times that were respectful of children and family's routines and that they were under less pressure to extract information during their first visit so they could complete an initial assessment (Munro and Lushey, 2012). In the current study social workers also reported that they were not under pressure to collect information in one visit. However, there were differences in perspective within and between local authorities as to whether the single assessment had served to increase the time social workers were able to spend with families. Some felt that the changes had 'made no difference' because workloads have not changed, but other perceived that they had greater freedom to do more visits if they deemed this to be necessary. Both the quotes below reveal an acknowledgement that the purpose of the direct work is to inform the assessment and that decisions need to be made with reference to the circumstances of individual cases:

[5] Analysis of 130 responses to a Community Care survey targeted at frontline social workers and data from over 300 'Care space' conversation threads and 200 virtual conversations.

In my experience families usually want to get you out of their lives as quickly as possible. But it definitely gives you more time to get to know the children, do more visits if you need to but only if you need to get more information to write the assessment. You wouldn't do that with every single case, only if it was necessary.

I do as much direct work with the child that needs to be done to gain a thorough understanding, so it depends on what information we want and what support the family need. We wish we could do more direct work with children. But I do enough to enable me to write up the assessment and leave it at that. Every case is completely different.

In LA A the local authority had invested in training in Signs of Safety and had implemented a programme of training to equip social workers with tools to support direct work with children and families (Turnell and Edwards, 1999). Interviews with social workers and case record data collection also suggested that this was a strong feature of practice within the local authority. Social workers reported that the approach has improved engagement and communication with children and their parents (see also Bunn, 2013). In each local authority it also appeared that social workers were proactively trying to engage fathers in the assessment process. It was not clear whether this was influenced by the introduction of more flexible assessment timescales, or other factors. Research has heightened awareness that in the past men have too often been excluded, ignored in assessment processes (Ashley et al., 2006; Featherstone et al., 2010; Scourfield, 2003).

Quality of assessments

Turney and colleagues (2011) undertook a review of research evidence on features of poor and good quality assessments. Findings suggested that poor assessments typically feature:

- Gaps and inaccuracies in the information collected;
- 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).

They also highlighted that:

> *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).

Two members of the research team independently rated each of the assessment records as good, average or poor based on Turney and colleagues' criteria, and with reference to statutory requirements. In four cases there were differences in professional opinion about the quality of the assessment record and these cases were discussed to reach a final decision on their rating. It is important to note that the ratings reflect professional judgements concerning the quality of written assessment records *not* case outcomes. However, these records are important as they provide a lasting account of assessments and may serve to influence how cases are constructed and re-assessed if children and families come to the attention of children's services again in the future (Teoh et al., 2003). At the same time, it should be acknowledged that they offer only a partial picture of the quality of assessment practice (e.g. direct work with children and families and supervision or unit discussions are not fully captured)[6].

As Table 5 shows, overall 11 (42%) assessments were rated as good and a further 10 assessments (38%) were rated as average. What distinguished the good assessments from those that were rated as average or poor was the quality and depth of analysis. In LA C, where all but one assessment was rated as good, it was more common than elsewhere for social workers to refer to research evidence and/or to have made explicit use of theory to inform their decisions and subsequent plans. Five written records (19%) were judged by the research team to be of poor quality, even though the decisions taken appeared to be justifiable based on the information gathered. In these cases the children were not the central focus (even though their views were sought), the assessment records were disjointed, and the conclusions drawn were not adequately explained in the context of competing and contradictory accounts of the circumstances surrounding the case. Three of these assessments were undertaken by LA A which has experienced a high turnover of staff in the last twelve months. In LA B there were wide variations in the quality of assessments undertaken by different workers, which again may reflect an increase in the number of less experienced workers in the local authority. In contrast, in LA C, that has a stable and highly trained workforce, there was much greater consistency

[6] Resource and time constraints meant that the research team were not able to discuss specific cases with the workers involved, nor were they able to observe home visits or supervisory discussions.

in the quality of assessments: eight out of nine assessments were judged by the research team to be good.

Table 5: Overall rating of the quality of the single assessment by local authority

Local authority	Overall rating of the quality of the single assessment			
	Good	Average	Poor	Total
LA A	0	5	3	8
LA B	3	5	1	9
LA C	8	0	1	9
Total	11	10	5	26

Interviewees suggested that the single assessment had served to reduce duplication in the process and that revised formats (and training) had supported improvements in the quality of analysis. Overall, however, managers acknowledged that the quality of assessments reflects the skills and competencies of individual social workers. Table 6 provides an overview of the time taken to complete the in-depth sample assessments and their quality ratings. Analysis showed that there were cases that remained open for 47 or more days for good practice reasons (for example, to develop rapport with a young person who was hard to engage and at risk of sexual exploitation, and to facilitate their engagement with services) and a case that was open for a long period during which time the child's needs were not fully assessed. Managers in the authorities that had experienced high staff turnover also explained that some cases were taking longer to complete because (newly qualified or agency) staff needed additional time and support to complete assessments to required standards.

Table 6: Rating of the quality of the single assessment by time taken for completion

Time taken to complete assessment (working days)	Overall rating of the quality of the single assessment				
	Good	Average	Poor	Missing data	Total
20 or less	0	3	2	1	6
21-46	8	5	2	0	15
47 plus	2	2	1	0	5
Total	10	10	5	1	26

Conclusion

Overall, strategic and operational managers and frontline social workers welcomed the adoption of a single assessment process and flexible timescales for the completion of assessments. In the absence of centrally prescribed statutory timescales each authority had established their own policies and procedures to mitigate the risk of drift and delay in the conclusion of assessments and to support timely decision making. The duty cycle, supervision, management information system data and universal recognition of the importance of maintaining throughput at the front door were also perceived to support completion of assessments within 'reasonable' timescales. Although the pilot authorities had the freedom to operate without an upper time limit for the completion of assessments two established a notional upper limit of 45-46 days (i.e. in line with the previously prescribed limit for the completion and an initial and core assessment). In both authorities there was some evidence of gravitation back towards 'timescale management', rather than promotion of professional judgement, following a reduction in the number of social workers with skill and experience in this area of practice. This also serves to illustrate that supporting staff to strike the balance between 'thoroughness and depth' and 'timeliness and proportionality' is an ongoing process. It also reinforces the importance of acknowledging the breadth and depth of skill that social workers need to poses and the complexity of the tasks they are expected to fulfil ('highly analytical; empathetic; decisive and assertive' (Kirkman and Melrose, 2014, p.42). In the third local authority a cluster of factors (including organisational conditions, management ethos, resources and training and the unit or 'Hackney Model') appeared to have facilitated a more noticeable shift away from practice driven by timescales and opened up opportunities for more direct work to affect change during the assessment process, when this was deemed to be in the best interests of children and families.

Messages for policy and practice

- Social worker morale was generally high in all the local authorities. The vast majority of social workers were positive about changes initiated under the pilot and reported that their caseloads were manageable and that they were not under too much pressure.

- The duty system and supervision (or unit meetings) assist in maintaining case throughput and minimise the risk of 'never ending assessments' in the absence of centrally prescribed timescales.

- Local authorities should ensure that mechanisms are in place to ensure that children are seen shortly after referral (as child protection concerns do not always come labelled as such).

- The absence of a centrally prescribed upper time limit of 45 working days in pilot authorities has not resulted in local authorities disregarding the principle of timeliness. Strategic and operational managers and frontline social workers were all mindful of the importance of avoiding delay and drift.

- Every local authority had introduced a requirement for first tier managers to provide information to senior management on cases open beyond a specific number of days.

- Senior managers in local authorities experiencing recruitment and retention difficulties had taken action to address this issue, and to mitigate problems associated with some agency staff who were not judged to have the expertise to complete assessments that were sufficiently robust. Without such measures it was acknowledged that some cases may be prone to drift.

- A complex inter-play of factors influence the time spent on assessments. It is easy to draw erroneous conclusions about local authority performance if timescales are considered without reference to activities that are undertaken alongside the assessment, the quality of decision-making and outcomes achieved.

- Systems and processes to support timely and proportionate assessments need to be developed with reference to organisational conditions and the skills and competencies of the local workforce.

- In the authorities with traditional assessment team structures there was minimal evidence that social workers were routinely exercising their professional judgement to determine the length of assessments: this continued to be a management driven process.

- Single assessment and flexible timescales are not sufficient in themselves to improve the quality of assessments as this is underpinned by the professional skill and competence of individual workers.

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Any enquiries regarding this publication should be sent to us at:
Melanie.Cawthorne@education.gsi.gov.uk or www.education.gov.uk/contactus

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