

EVIDENCE TO PRACTICE POST SEMINAR REPORT

‘Assessed – So What!’

**Reflecting on the approach to assessment and its benefits
for children and their families.**

19th November 2008



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1 INTRODUCTION

The Children Acts Advisory Boards second Evidence to Practice Seminar (ETP) was held in the Gresham Hotel, Dublin, on the 19th of November 2008. The objective of ETP seminars is to bring research and best practice to the attention of a wide range of practitioners, managers and policy makers across the children's sector.

This second seminar was titled 'Assessed – So What! Reflecting on the approach to assessment and its benefits to children and their families'. The seminar sought to engage with practitioners and decision makers with the purpose of reflecting on the current approach to assessment of children and young people and to consider moving toward a more focused assessment framework throughout the sectors, ensuring the best possible outcomes for children and their families.

The seminar was attended by approximately 245 people from a wide range of backgrounds including social work, family support, education, youth justice, services for members of the Traveller Community, local government, the voluntary sector, community groups, social workers and academia. The event concluded with a robust questions and answers session.

The remainder of this report contains three chapters. Chapter 2 provides an overview of the presentations given at the seminar and Chapter 3 provides a detailed account of the panel discussions questions and answers held at the end of the day. Chapter 4 provides feedback from participants' assessment of the event and their suggestions for future seminars.



2 OVERVIEW OF PRESENTATIONS

Opening Address



Sylda Langford, Director General of the Office of the Minister for Children and Youth Affairs (OMCYA). No PowerPoint presentation available

Sylda gave an overview of the role of the OMCYA highlighting that its focus is on 'joined-up government', inter-agency co-operation and a comprehensive children strategy. She spoke about the key elements of this and outlined how the OMCYA plans to implement the 'National Children's Strategy' in line with the 'Towards 2016' strategy.

Sylda spoke briefly about the current assessment process in Ireland, with different agencies undertaking different and multiple assessments, stating that this needs to be joined up and the best use made of resources for satisfactory, inclusive and effective assessments. Sylda indicated that the system of assessment should be reformed as new evidence and knowledge becomes available and that best international models should be incorporated where useful.

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Presentation 1

Assessment in a multi-disciplinary world.



Michael Little, Dartington Social Research Unit, UK and Chapin Hall Center For Children at the University of Chicago.

No PowerPoint presentation available

Michael began by stating that he feels that predictions can be dangerous but all assessments are effectively predictions. All practitioners are involved in making predictions and all too often they get it wrong or inaccurate. An example might be the 'brightest' or 'worst' child in class. These predictions have an influence on the person and on what happens. Michael's view is that the quality of assessments has declined over the last 10 years. Michael stated that often a jump is made to an intervention before analysis is made or completed. The end solution is decided first and then the analysis might begin. He explained that the proper process sequence is diagnosis, prognosis and intervention.

Assessment can be used as an intervention in itself and is often helpful to the child. Assessing children in school, witnessed by parents, is often helpful according to Michael. An SVQ questionnaire may be used to assess the emotional side. Michael stated that if more assessments were undertaken earlier in school children certain symptoms could be identified. Often no intervention is needed and a child's behaviour may not be impacted at all. Assessments are often done to children and not with them and their family is not involved. Michael feels that we often do things in care which we would not consider doing elsewhere.

Child protection procedures are often focused on trying to work out if abuse happened rather than on finding solutions. Multiple assessments can frustrate families. Michael noted that all problems are 'joined-up' in the home and need a 'joined-up' solution. He feels that there is too much effort expended in monitoring



practitioners and process rather in assessing and that most assessments start in the health or education sectors but end up in social services or youth justice.

Michael stated that there is a need to shift the focus to preventative measures as the amount of data being collected is increasing while the quality of assessment is in decline and there is very little return on the information collected.

Michael stated that the goals to aim for are better outcomes for children and faster responses for the family. He feels that this should be done with an Outcomes focus by analysing the whole child; the facts about the child; risks factors and protective factors and designing an intervention. The intervention should then be reviewed regularly.

Presenters contact details: Dr Michael Little: mlittle@dartington.org.uk

Presentation 2

[An Outcome Based Approach to Assessing the Needs and Risks to Children.](#)



Deidre Mahon and **Karen O'Brien**, Health and Social Services Board, Northern Ireland.

Deidre began the presentation by stating that assessment is a process and not one single event. It should, when needed, result in the provision of services focused on a good outcome for the child. As part of the process the child's needs are examined; risks to the child are addressed; the child's strengths are identified and to build resilience the necessary supporting services deployed. This requires multi-agency working and co-operation.



A Family Support Strategy was developed in Northern Ireland with a focus set on a positive impact on the child. Deirdre noted that for this to happen, good assessment is critical. Outcomes and services had to be much better than before. In order to achieve this across Northern Ireland a consistent framework was needed. Decisions in social work are often pressured and are taken with a lack of information/evidence on paper. There was no consistency in approach and decisions were not evidence-based. There was a need for a model which would address key requirements, such as: needs; services; a common language; identifying interventions and the outcomes needed.

A front door gateway service was needed, resulting in a preliminary assessment followed by a formal assessment from where, if needed, the results of the assessment and the service needs would be passed to a more intensive social work team. Arising from the assessment children's needs would have to be addressed at four different levels: universal services; support services for children in need; services for children and families in severe difficulties, and intensive and long term support for those with chronic difficulties.

The result was UNOCINI (Understanding the Needs of Children in Northern Ireland). The objective is to have earlier interventions, good quality referrals and responses. The approach adopts a set of principles. These include child-centred; building on family strengths; rights-centred; evidence-based, full interagency cooperation and drawing on existing expertise and resources. The process needed to be manageable with the necessary level of paperwork only and so currently being developed is a single set of documents with a supporting information technology (IT) system.

Deirdre and Karen finished their presentation by outlining that assessment is an on-going process as needs change all the time. The whole family needs to be included in the process and to ensure that all information is available the process has to include an update of the original assessment document and not a new or separate tool. Finally, to have an improved process of assessment there is a need for good intra and inter-agency level teamwork; consistency; to do the simple things better and to recognise quality not just quantity.

Presenters contact details: Deirdre Mahon: Deirdre.Mahon@westerntrust.hscni.net



Presentation 3

[Resources: The evidence for Outcome Oriented Assessments.](#)



Tim Chapman, Senior Consultant with CTC Associates.

Tim opened his presentation outlining the vision of the National Children's Strategy (2000). The vision sees an Ireland where children are respected as young citizens with a valued contribution that have a voice of their own; where all children are cherished and supported by family and the wider society; where they enjoy a fulfilling childhood and realise their potential.

Tim went on to discuss the use and abuse of knowledge in the assessment of young people. He stated that sometimes assessment shines a light on what we know rather than what is important in a child's life. The problem usually stems from the fact that children have different sets of problems and one assessment system may not always get to the root of what is actually wrong in the lives of children and their families.

He discussed how assessment is always an exercise of power - to restrict liberty or to offer resources and opportunities. Tim asked whether the purpose of assessment should be a professional's view of a child's current reality or should it be to create a vision of how the child's life could and should be?

Tim went on to discuss the need for comprehensive assessment systems and outlined the different areas that should be part of it:

- Shared outcomes need to be tailored to the individual child;
- Shared indicators measuring progress towards the outcomes;
- Shared understanding of the process likely to achieve the outcomes;



- Shared understanding of the obstacles to the achievement of outcomes;
- Shared understanding of the resources required to achieve the outcomes;
- Shared commitment to taking action to access the resources, to overcome the obstacles and to work towards the outcomes.

To have the motivation to change the outcomes of their lives Tim stated that all children need to experience success too and need to have the ability to evaluate their lives and the lives of their families and their futures. He noted that the best way to achieve this is to enable young people to be resourceful in their relationships, with their expectations of their lives, by acquiring new skills which will open opportunities and give them a better understanding of responsibility which will lead to success and how to evaluate it properly. This known as the RESOURCES model.

Presenters contact details: Tim Chapman: tim@ctcassociates.fsnet.co.uk

Presentation 4

Questions to Answer: Sharpening the Focus of Assessment.



Anne Byrne-Lynch, Principal Clinical Psychologist
and **Mark Smyth**, Senior Clinical Psychologist.

A joint presentation by Anne Byrne-Lynch and Mark Smyth initially looked at the current situation with regard to psychological assessment and then identified some criticisms of the current process. Issues identified included poorly targeted assessments— addressing the wrong questions, not comprehensive enough, not using all sources of data, not enough collaboration, insufficiently specialised for the



purpose, conclusions not written in plain English and recommendations not clear and easily translated into a practical plan of intervention.

It was suggested that in making a referral the following issues should be addressed: 'what are the issues for the young person?'; 'what questions would you like the psychological assessment to address?' and 'how is the assessment report going to be used?'. The many important aspect of cognitive assessment were explained in addition to the need to examine the emotional, psychological and behavioural aspects of a child's or adolescent's functioning.

Mark Smyth took us through some of the practical aspects of the assessment process. These included the use of self-report and psychometric tools and explained how some of the newer assessment tools assist in identifying risk and providing a structured clinical judgement. One such tool is Structured Assessment of Violence Risk in Youth (SAVRY). The presentation went on to promote the use of multi-disciplinary assessment as assisting in effective planning and case management.

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Presentation 5

[Developing Outcomes Focused Assessments and Plans for Children and Families.](#)



Carol Jolliffe, Children and Family Training, UK.

This presentation examined at a number of different models of assessment, or assessment tools, each with a particular focus. The presentation promoted the use of evidence based assessment tools citing the following as strengths: reliability and statistical validity, structured assessment process, giving a "voice" to respondents,



guidance on strengths and needs (child development and factors affecting), providing additional data and contributing to the assessment of change.

Carol referred to a comment by Michael Little in the morning session in which he referred to “tick box” assessment tools as not being effective and stated that she believed although some of these assessment tools included a “tick box” approach, they had a useful role to play in the assessment process. The optimum application of the tools is to use them to promote discussion with respondents and therefore to generate qualitative information about the meaning of the 'answers' to them, as well as screening for particular problems or strengths, through the quantitative information.

Training in the use of the tools promotes development of interviewing skills that help obtain descriptions of actual events and experiences as fundamental evidence based sources, as well as more generalised information and opinion. The training also teaches an approach to the analysis of information that is used to underpin the assessment, the planning for intervention and the measurement of outcomes.

The assessment tools referred to in the presentation consisted of the Family Pack of Questionnaires and Scales, (which are the Strengths and Difficulties Questionnaire, the Parenting Daily Hassles Scale, the Home Condition Scale, the Adult Wellbeing Scale, the Adolescent Wellbeing Scale, the Recent Life Events Questionnaire, the Family Activity Scale, the Alcohol Scale), the Family Assessment, The HOME (Home Observation for the Measurement of the Environment), In My Shoes and the Attachment Style Interview. Since 2001, training has been given in these tools and they have been used in a wide of range public, voluntary and private services in England, Wales, Scotland, Northern Ireland, Sweden, Finland, and more recently in Ireland. They have been successfully applied to the relevant Assessment Framework in each country.

Presenters contact details: Carol Jolliffe: jollirich@aol.com



Presentation 6

Framework for Assessment of Vulnerable Children and their Families.



[Dr Helen Buckley](#) Children's Research Centre, School of Social Work and Social Policy, TCD and [Professor Jan Horwath](#), University of Sheffield.

The final presentation of the day highlighted the strengths of the 'Framework for the Assessment of Vulnerable Children and Their Families' which was commissioned by three of the former Health Boards and developed by Helen Buckley and Sadhbh Whelan of the Children's Research Centre at Trinity College Dublin and Jan Horwath of Sheffield University.

The design of the Framework was informed by consultancy with 600 practitioners and managers in the commissioning Health Boards and related organisations and was guided by a steering group with strong health board representation. It is currently being used by a number of areas by social workers and a number of other disciplines throughout the country. The presenters noted that the strengths of this model include its focus on the entire process from initial response through to evaluation of the intervention plans that emerge from the assessment, the importance of engaging all the relevant family members throughout the assessment, the need to ensure that the child is safe at all times and the requirement for all judgements and decisions to be evidence based. The way that the Framework unfolds requires practitioners to continuously reflect on and make sense of the information they collect and the motivation and capacity of families to make necessary changes. By its nature, the Framework compels multi disciplinary collaboration.

Jan Howarth spoke about how to make assessment frameworks work. She believes that assessment frameworks should be child centred and should focus on strengths



and concerns. In addition she suggests that these frameworks should focus on outcomes and outcome goals. She also recognises that frameworks cannot guarantee appropriate outcomes, that professional judgement is an important factor and that they are not interventions on their own.

She goes on to suggest that the main components of an assessment framework are ability, motivation and resources. Assessment frameworks are 'aide memoirs' but should not be about filling in forms but about professional judgements.

Jan ended her presentation stating that 'Organisations are not machines.....they are communities of people'. (Handy,1993)

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3 PANEL DISCUSSION: QUESTIONS AND ANSWERS

3.1 Chapter Introduction

This chapter provides a brief summary of the questions and answers session that followed the days' presentations. The answers given in this chapter are overall summary answers to the question posed to which several presenters may have contributed.

3.2 Summary of questions and answers.

Q.1. Has a decision been made on a National Framework for Ireland?

A.1. A decision on frameworks will be made by the end of the year. There are three people looking at the models at the moment and we will see how many of these models will be recommended. (Seamus Mannion, HSE)

Q.2. Is there a plan for implementation of the framework(s)? When will it be implemented?

A.2. We will take this one step at a time. A decision needs to be made on what tool(s) to use first. Inevitably this will necessitate training and then a rollout. (Seamus Mannion, HSE)

Q.3. Assessment is fundamental and it is needed. Who is going to carry it out? What is an acceptable and realistic caseload for a social worker if it is to be carried out properly?

A.3. In the Northern Ireland there is a caseload management model in place. It was used to measure the time taken on assessments over a three month period. This has allowed "some sort of measure" for determining resources. It gives some indication or sense of what is required. It raises the question on how all the child protection work will be done in the future. Ultimately, if there is a focus on outcomes then the



level of casework should decline. The new way of working will reduce this work. This process will take some time.

Q.4. What does the panel think of the notion that children are assessed to death? Can the model be used by a large range of practitioners (e.g. teachers rather than just social workers)?

A.4. Yes. Assessment needs to be viewed as an ongoing process, not as an event. The assessment must also be multi-disciplinary. Framework(s) can be introduced for all but this raises issues in relation to information sharing. Children can get quite far into the system before a proper comprehensive assessment is done. They can have had several interventions already without having received a comprehensive assessment. Probably any of the proposed frameworks are eminently sufficient. The quality of the assessment is the key.

There is also a need for inter-agency co-operation. Often it is the case that multiple disciplines carry out separate assessments. There can be a lack of information sharing due to trust, IT and other issues. There is some basis criteria which should be used to evaluate the assessment process:-

- Would you use it on your own children?
- The balance between the assessment and an intervention.
- What will the impact be on health, development and psychological outcomes?

In Northern Ireland the focus was on a common framework, but this was difficult to apply in practice. The scope was reduced to use the model for referrals only. The learning was that a common language and understanding was required regardless of the tool deployed.

The HSE has included all disciplines in using an assessment tool. A heavy investment is needed initially. This includes the sharing of information. The challenge is to be as holistic as possible while getting an appropriate intervention for a child as soon as possible. There is a danger of beginning an assessment with the intervention in mind. When dealing with a specific service provider, while the assessment needs to be holistic, the range of interventions available will be limited by the services available.



Q.5. Has any thought been put into the models for the Primary Care Teams?

A.5. In Northern Ireland the GP and the Health Nurse would be able to undertake the assessment.

Q.6. When Jan and Helen were developing their framework were they hoping it would become the National Framework?

A. 6. Yes. Jan believes that there should really be one National Framework with a common language in Ireland. Their model combines both task and process. This is not a system versus child outcomes focus. The system must and is geared towards child outcomes. Children and their needs must be at the centre of any framework.

Q. 7. Is there any experience in bringing in and putting assessment frameworks into practice? Here we really work in crisis with the assessment and revert quickly to an intervention.

A. 7. Northern Ireland has this experience. If you are called to court it will be necessary to give evidence as to why the child is in care and where the assessment was made. An assessment will have to be made in any case so it should be done properly initially. The assessment may show that the problem was not what was assumed and it may also be the case that there was no need to go to court at all. In essence the assessment may free up social work time.

A most difficult point is how to record the assessment. How much should we write? What templates should be used? What should be presented? Frameworks prove to be most useful with the most vulnerable of children.

Q.8. How long is an assessment current for? For what time period can you stand over the assessment for?

A.8. A cognitive assessment is current for two years. Other assessment types vary from case to case. The assessment should be shared with the family and agree a timeframe with them for a plan of work. It is imperative to keep reviewing the plan



and the assessment. It can depend on what changes over time.

Q. 9. Is there a recommendation for when an assessment should be undertaken?

A. 9. If the young person is unwilling or unable to undergo the assessment then it should be deferred. It is always better to have the young person's cooperation. This is not always possible e.g. when a court case is pending.

Q. 10. It was stated that assessments have deteriorated (in quality) over the last 10 years why?

A. 10. Child protection services have not engaged with the assessment process in a proper way, and have shied away from it. A centralised approach is not always the right approach. An evidence based approach can often be difficult to get on the agenda.

Q. 11. The evidence is that recommendations are not always met. Matching the recommendations to the environment does not always happen. Why?

A. 11. We have to make the right recommendations for the child's particular circumstances, regardless of what is available. Recommendations have to be made on the basis of needs. We have to point out the needs which need to be met even if the services are not available. This can allow for resources to be identified on new services that are required.



4 PARTICIPANTS' ASSESSMENT OF THE SEMINAR

4.1 Chapter Introduction

This chapter presents the views of delegates on the seminar. Section 4.2 profiles the seminar delegates. Section 4.3 discusses delegates' experiences of the seminar and Section 4.4 considers their views on the benefits of the seminar. Section 4.5 outlines delegates views on the presentations made on the day and finally, Section 4.6 presents other comments made by the delegates and recommendations for future seminars.

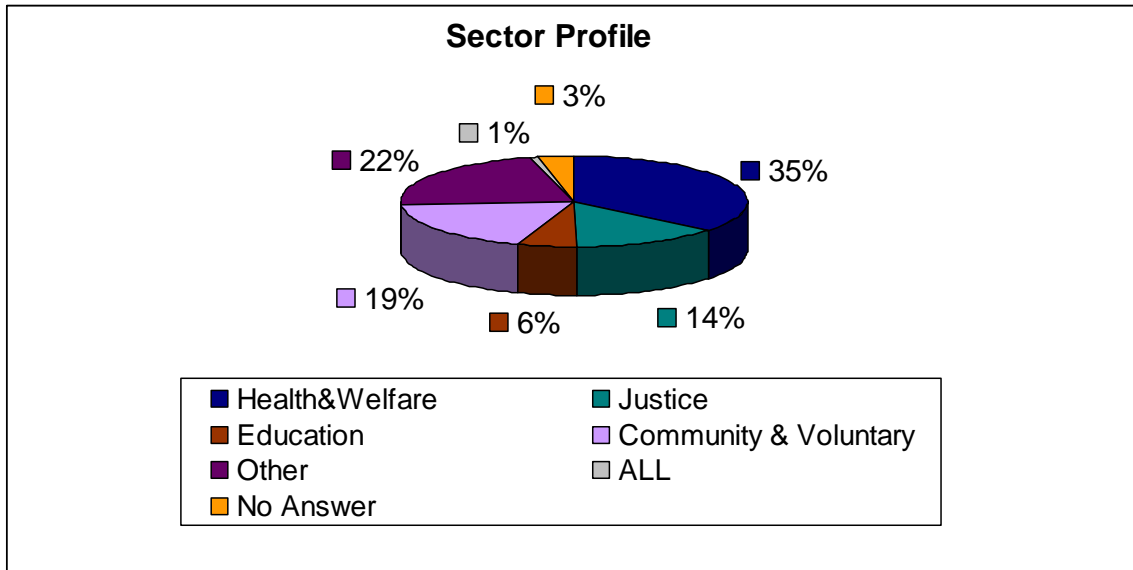
4.2 Profile of Seminar Delegates

There was a total attendance of 245 people at the seminar. Included in this total were nine presenters, three CAAB Board members and the CAAB executive team. Excluding the CAAB executive team and board members there were a total of 228 in attendance of which 145 completed the feedback forms. This represented a response 64% response.

Figure 4.1 shows the profile of delegates, it shows a spread across the health and welfare, justice, community and voluntary and education sectors. A large number of those delegates who responded with 'other' in this profile were students.

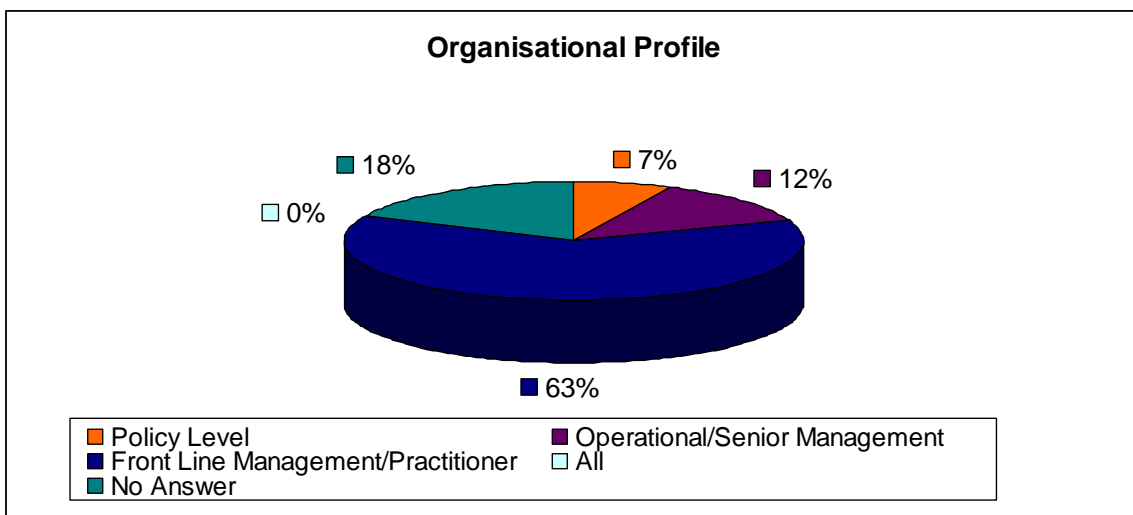


Figure 4.1: Sectoral Profile of Delegates



The organisational level at which delegates work is shown in Figure 4.2. It shows a strong representation of staff at front line management and practitioner level.

Figure 4.2: Organisational Profile of Delegates



As can be seen in the figures 4.1 and 4.2 above there is a high percentage of 'other' in the sectoral profile and 'no answer' in the organisational profile. While 'other' covered a number of agencies such as the private and disability sector, the majority were students who could not answer with regard to their position in the organisational profile.



4.3 Feedback on the Event Experience

Table 4.1 below shows that delegates felt the seminar was a well organised event in a good and convenient location.

Table 4.1: Delegates Views on the seminar Experience

How would you rate this conference overall?	Excellent 52%	Good 46%	Average 1%	Poor 0%	No Answer 1%
Did you feel the length of this conference was appropriate?	Long Enough 83%	Not Long Enough 7%	Too Long 8%	No Answer 1%	
How did you find the application process?	Straightforward 94%	Complicated 1%	No Answer 6%		
How would you rate the venue overall?	Excellent 63%	Good 32%	Average 3%	Poor 0%	No Answer 1%
Did you find the location convenient?	Yes 94%	No 6%	No Answer 0%		



4.4 Seminar Outcomes

As can be seen by figure 4.3 below 91% of delegates felt there is a need for change in relation to assessment with 87% who feel that a national assessment framework is needed.

Figure 4.3: Seminar Delegates Views on Assessment

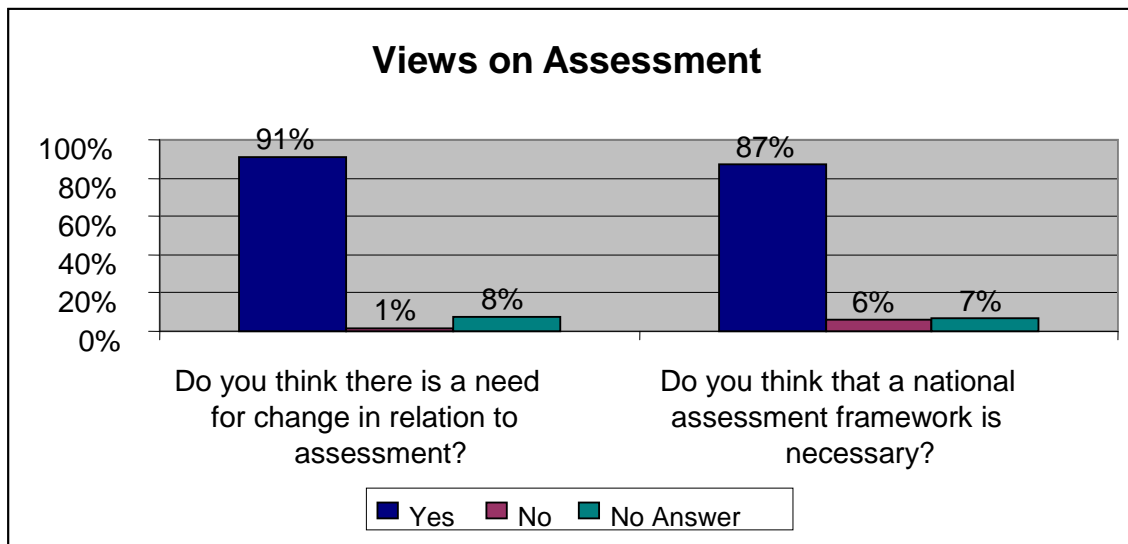


Figure 4.4 indicates that the majority of delegates indicated that the seminar was useful and informative and that they would share the information they received with their colleagues.



Figure 4.4: Reported Seminar Outcomes

