

Making a case for common assessment framework responses to concerns about children

David Thorpe¹, Suzanne Regan², Claire Mason³
and Corinne May-Chahal⁴

Abstract: *The past 11 years (1995-2006) have seen several major government initiatives in child welfare programmes culminating in the Children Act 2004 which places a duty on Children's Services and their relevant partners to 'cooperate to improve the well-being' of children. One of the most important vehicles of delivery is the establishment of a common assessment framework (CAF) (DfES, 2003) as a key recommendation of the Green Paper Every Child Matters (2003). It is believed that the implementation of the Framework will lead to a significant re-shaping of intervention practices and to a measurable improvement in the lives of children and families facing adversity of different kinds.*

The research presented in this article aims to address a fundamental problem which stands in the way of this initiative designed to standardize approaches to the assessment of need. The problem concerns the identification and categorization of matters which are currently being referred by different agents and agencies to children's services social care 'front-doors' as child protection matters. In the context of the findings of the first evaluation of the CAF and Lead Professional Guidance (DfES, 2006) and the issues it raised over how 'thresholds' for services are being defined between partner agencies, the findings of research from the study being reported on this paper have implications for the reform of children's services in the UK and in other places where policies to improve the well being of children and young people are paramount.

Key words: *Common Assessment Framework; Children Act, 2004; Framework for the Assessment of Children in Need and their Families*

1. Professor of Applied Social Science, University of Trondheim, Norway

2. Senior Research Fellow, Lancaster University UK

3. Lecturer in Applied Social Science, Lancaster University UK

4. Professor of Applied Social Science, Lancaster University UK

Address for correspondence: Professor David Thorpe, Institutt for Sosialt Arbeid, Universitetet i Trondheim NTNU, 7491, Trondheim, .Norway. David.Thorpe@samfunn.ntnu.no

Introduction: The aims and structure of the paper

A new measure known as the Common Assessment Framework (CAF) is being introduced into Children's Services in England and Wales and the aim of this paper is to explore some of its potential as a mechanism for diverting referrals away from social care services. The paper is divided into three sections, the first of which will outline some features of the background policy context and discuss some recent national child welfare policy developments in particular those influenced by New Labour's Social Exclusion Unit. The second section will be based on research undertaken in a local authority social services department shortly before it became a children's services agency. The research was originally designed as part of a programme intended to develop new professional practices in respect of referral-making and referral-taking. This section will explore in detail the problem of the ways in which matters referred to children's services are dealt with initially. A particular focus will be placed on the issue of responses to information passed to social care 'front doors' by different agents and agencies which comes to be seen and reacted to as a child protection matter. The methodology used in the research was based on Thorpe's 'File Study Technique' (FST) (Thorpe and Thorpe, 1992; and Thorpe, 1994). One of the purposes of the study was to define, identify and quantify different kinds of referral thus supporting practice change. This section will also make use of case material to illustrate how different kinds of referrals came to be re-categorised by the researchers. The third and final section of the paper will consist of a discussion on the potential of the 'taxonomy' developed and tested in the study, to act as a baseline for measuring the effectiveness of the common assessment framework, as well as developing alternative responses to referrals for social care interventions. The conclusion will also identify a major problem which exists in current arrangements for children's services in England and Wales more generally.

Recent policy changes in Children's Services: The Social Exclusion Unit and the response to the Victoria Climbié Inquiry

Of the several factors which influenced the 2003 Green Paper *Every Child Matters* and the subsequent Children Act 2004, two in particular can be singled out as having been of major importance. The first influence was that of the Social Exclusion Unit (SEU), while the second was the need by the government to respond to the inquiry into the death of Victoria Climbié.

The Social Exclusion Unit was created in 1997 at the same time as the election of the New Labour government. Indeed its work was seen as absolutely central to the New Labour project and to that end it was situated in the Cabinet Office, remaining directly responsible to number 10 Downing Street until 2002. In the prime minister's words its task was to work out '... how to develop integrated and sustainable

approaches to the problems of the worst housing estates, including crime, drugs, unemployment, bad schools etc ...' The SEU had a major influence on a broad range of policy initiatives in respect of health, housing, law and order, education and social services. The theme of 'joined-up government' was seen as key to the modernization of those state activities which dealt with apparently intractable social problems and which government departments acting on their own could not solve (Bogdanor, 2005). For example as far as social work training was concerned the government introduced five compulsory curriculum requirements for the new professional qualification one of which derived directly from the SEU's agenda. The new schemes were introduced in 2002 and in order for higher education institutions to be accredited to provide the new degree, the General Social Care Council stipulated that they should '... promote joint working with other professions ...' (GSCC, 2002, p.4)

The second influence on the Green Paper and 2004 Act was the findings and recommendations of the Victoria Climbié Inquiry (Laming, 2003). Victoria's death and the circumstances under which it took place attracted widespread media attention especially because on 12 occasions the extensive maltreatment to which she was subjected by her carers could have been detected and responded to. Implicated in these failures were the police, health, social and housing services. The Climbié case provided *prima facie* evidence of the need to 'join up' government. The issue of joint working was prominent amongst the many recommendations of the Report. For example Recommendation 6 advised that:

Each local authority with social services responsibilities must establish a Committee of Members for Children and Families with lay members drawn from the management committees of each of the key services. This Committee must ensure the services to children and families are properly co-ordinated and that the inter-agency dimension of this work is being managed effectively. (paragraph 17.97) (Laming, 2003, p.34)

The 2003 Green Paper and the Children Act 2004

Not surprisingly one of the key proposals in the 2003 Green Paper for encouraging cooperation between agencies with responsibility for services to children was the introduction of an assessment procedure which could be implemented by all members of the children's workforce. The aim was not only to avoid inappropriate referrals to social services but also to create a mechanism for promoting joint working. The welfare of children was to be every professional's responsibility.

Some frontline services, such as the police, schools and health, may refer children to social services without a preliminary assessment of the child's needs. As a result, social services may be overwhelmed with inappropriate cases, and children and families may undergo initial assessments unnecessarily. Frontline professionals such as pastoral staff

in schools, who may already have trusting relationships with the child or parent, may be in a better position to discuss initial concerns with a child or parent, and work with over time, than a social worker with whom the family has had no previous contact. (DfES, 2003 p.57)

The subsequent Children Act of 2004 further emphasized the duty of the statutory agencies (as spelled out in the provisions of s.17 of the Children Act 1989) for taking responsibility for children in need. This change in emphasis was clearly supported not only by the 2003 Green Paper but also by the Victoria Climbié Inquiry:

The Department of Health must establish a common language for use across all agencies to help those agencies to identify, who they are concerned about, why they are concerned, who is best placed to respond to those concerns, and what outcome is being sought from any planned response. (Laming, 2003 p.373).

The Research: Referral Taking and Assessment in Council X Social Services Department.

In 2004, the authors of this paper conducted research into the outcomes of referral-making and referral-taking practices in the Children and Families Services section of what was then a Social Services Department of Council X, a Metropolitan Borough Council in the North West of England. The programme aimed to explore and discuss the work of Council X's Children and Families referral and assessment team within the changing context of children's services. Accordingly the aims of the study were to:

1. Assess the extent to which child protection investigation and child in need assessment framework procedures (DoH, 2000) were being applied to different types of 'child care' referral and the consequences of this application for children and families.
2. Assess the scale of the potential for cases to be dealt with outside of the formal local authority social care procedures in anticipation of a multi-agency common assessment framework being introduced and implemented in Council X.

Methodology

In order to take account of differing perspectives on those occupational practices called 'social work' a basic minimum of two methods to evaluate programmes may be regarded as essential. This usually includes at least one qualitative method as well as at least

one quantitative method. Midgley (2000) refers to this as 'methodological pluralism'. In the research reported on in this paper the 'File Study Technique' was used. This is a particularly effective way of enabling social work practitioners to reflect on their work since the qualitative components – the 'moral tales' revealed by the research – are immediately recognizable by professionals whose well-intentioned motives are those of helping people in difficulty. For these practitioners the research rings true.

In File Studies 'outcome' is defined in terms of 'career type' which is to suggest that a limited number of possibilities or 'careers' exist for what happens to a matter once it has been referred to children's services (see Thorpe and Thorpe 1992 and Thorpe 1994 for an extensive discussion of the case-file method in social work research and its usefulness in determining career types). The career heuristic is a methodological device with a distinguished social science history which originated in Chicago University in the early 1920s. Perhaps the best known of the Chicago sociologists who made use of the career heuristic is Goffman, whose book *Asylums* was an important landmark not only in the study of mental illness, but also in the development of new interventions (Goffman, 1961; Barley, 1989). In social work research and practice development the file study method not only enables the identification of different career types, but also different case categories. Fundamental to the effectiveness of any programme which deals with the disorder and unpredictability of the life-world is an organisation's capacity to form a stabilized view of and then respond appropriately to disorder. In the Council X research the career heuristic gave the researchers a firm vantage point from which to make the case for identifying situations where a CAF response to concerns over the care of children and children in need of protection would be appropriate as an alternative to a social care Initial or Core Assessment. The delineation of socially constructed categories is currently a major theoretical and methodological concern of those scholars who are engaged in 'critical systems' theory or 'complexity science' as it has become more recently known. (for a fuller discussion on this see Midgley, 2000 and Regan and Thorpe, 2005)

The research task and the research process

The researchers were assisted in the file reading and coding by a small group of experienced social workers working in the department under study, who offered clarity over the meaning attributed to certain local practices. Involving the workers as researchers also afforded them with the opportunity of taking a closer look at practices which they may have taken for granted in the course of filtering referrals.

A 100 per cent sample of case-file records consisting of all new or re-referred cases coming to the attention of Council X Social Services Department Children and Families Assessment Team during the month of April 2003 was selected. These records were identified on the Council's computerized central client information system and were read during March and April 2004. A stand-alone database was

created by coding data extracted from the text of these case files and transferring it to a data capture sheet. The final sample arrived at was 235 individual children living in 160 families.

In the course of the file study, the research team classified referrals into five categories using the following criteria:

Section 17 cases.

These were referrals where there was a straightforward request for services and families were described in ‘deserving’ rather than in critical terms. These cases conformed with the definition of a ‘child in need’ based around the wording of s.17 of the 1989 Children Act.

Section 47 cases.

These were referrals where the nature of the information given by referrers suggested that enquiries should be made under s.47 of the 1989 children Act.

1. An investigation was needed to further clarify information which already clearly indicated that a child had been significantly harmed or injured or there was clear evidence that detailed descriptions of adult behaviours contained information about assaults on children which would normally cause significant harm or injury.
2. It was necessary to clarify whether the avoidable actions which actually did or potentially could cause significant harm or injury were a result of deliberate intent or were a consequence of excessive or inappropriate attempts to discipline.
3. Allegations about children arising from a number of independent sources, but with no specific reference to a significant harm or injury, indicating circumstances where there was a calculable likelihood of significant harm.
4. Reports from educational professionals, health professionals or police officers who had first hand evidence of significant harm or injury to a child.
5. The actions of adults could be normally regarded as criminal.

Child Concern Reports (CCR)

These were referrals which appeared to the researchers to have been dealt with as child protection cases under s.47 of the Children Act 1989. In most of the files falling into this category such cases could be identified because information was recorded which showed that social workers had undertaken checks with other agencies without the permission of the subject children’s carers. The researchers also made a judgement on the basis of the extent to which the content of the assessment reflected a search for evidence of pathology and significant harm, and also made reference to a specific event which had been mentioned by the person originally making the referral. Often these cases were ‘pushed in’, (‘talked-up’) by the referral-maker and accepted as requiring an Initial Assessment which consisted primarily of

an investigation/risk assessment by the referral taker. However *given the information available at the time of referral*, these referrals could have been dealt with under the safeguarding provisions of s.17.

The criteria for membership of this category were first developed in Western Australia in 1995, (Laffer *et al.*, 1995) and refined versions have subsequently been used in 14 other local authority social care departments in the UK (see, for example, Thorpe 1997). They are:

1. Support was required for parents having difficulty in looking after their children.
2. An assessment was required to clarify whether or not support was needed.
3. Concern was expressed about the care of children but no harm or injury was identified
4. Information was given about the moral character of parents and concerns arose over the care of children, usually with reference to a perceived minor act of neglect.
5. It was necessary to identify which agency was best placed to provide a service when there was concern for the care of a child.
6. The actions (usually shortcomings) of adults would not normally be regarded as criminal.

Common Assessment Framework cases (CAF)

Those cases categorized by the researchers as CAF cases concerned matters which the research team judged as eligible for diversion away from social services by means of a Common Assessment Framework procedure, the criteria for which were developed from an analysis of ethnographic research conducted in North Lincolnshire in 2003 by two of this paper's authors. The ethnographic work in North Lincolnshire was based on video recorded interviews conducted with non-social work professionals discussing their CAF cases and subsequently edited onto a DVD for use as a research and education tool (Regan and Thorpe, 2003). The criteria for membership of this category were as follows:

1. The child was referred by another accountable professional
2. More information was required with regards to the problem in a multi-agency context.
3. There were other accountable professionals already involved with the family who in light of this previous involvement were in a better position to undertake an assessment as a tool for engaging with and working with the family.

Section 17/Common Assessment Framework cases. (CCR/CAF)

Cases allocated to this category met the criteria as defined above for Child Concern Reports and CAF cases. They represented referrals which were dealt with as s.47 investigations because of the way in which they were presented by referral-makers

and responded to by social workers. However they could have been dealt with by the referrer under the CAF as reports of concern about children.

These cases were s.17 'child in need' referrals which, in addition, also met the criteria for the CAF as defined above.

Findings

Children living in single female parent households formed the single largest group (41 percent) in the sample. This finding broadly matches that of other similar studies in which the average percentage of children living in similarly configured families was 47.6 per cent (Thorpe, 1997). In addition, a similar organisational pattern to the work as that found elsewhere also emerged in Council X (Thorpe and Bilson, 1998). Procedures in that Department operated to progressively filter out cases by a variety of measures to a point where four children (1.7 percent) out of the 235 referred came to be looked after by the local authority. All four of these children were admitted voluntarily to the looked after system under s.20 of the Children Act 1989. A total of 158 (77 percent) referrals were filtered out of the system prior to an initial assessment.

Following the acceptance of a referral, seventy-seven children (33 percent) received an initial assessment, seven (3 percent) of whom also had a core assessment. Fifty four children (23 percent) were offered a further *service* following their assessment and an additional nine received financial support. The five children whose names were placed on the child protection register lived in two families and although there was a harm or injury to only one child in each of these families, the remaining children were all registered as 'at risk.' Whilst separate initial assessments were carried out on all children in these families, none received an additional service.

The file analysis found that little importance was placed on the s.47/s.17 distinction in terms of the assessment *process*. However, more assessment did not necessarily lead to more services being offered to children and their families. For the purposes of this study the definition of 'service' refers to *an identifiable and tangible intervention which had goals and included primarily a need for change* (Thorpe, 1994). The analyses of the case file data indicated that those categorized as s.47 and Child Concern Reports (s.17 matters dealt with as s.47 enquiries) by the research team were more likely to be closed with no further action (72%) than were those accepted as s.17 referrals (34%). Originally the Framework for the Assessment of Children in Need and their Families was intended to offer a similar assessment opportunity for all families regardless of the reason for referral. However this research shows that fewer services are offered to families who are assessed with a 'protective'/investigative orientation than those who are assessed with a 'child in need' orientation.

This finding then raises a question, whether those families subject to s.47 enquiries

have fewer identifiable needs for a service than other types of child welfare referral or whether the initial assessment is used differently depending on the reason for referral. In other words, does the interpretation of the reason for referral determine the *focus* or orientation of workers undertaking an assessment? If that is the case, then this questions whether the aims of the Assessment Framework, that is to assess children and their families 'according to the same needs irrespective of their presenting problems' (DoH, 2000 p.74) are in fact being achieved. Significantly, further analysis of X's Social Services data showed that the s.17 cases were twice as likely to accept the service offered compared with those offered services after being investigated as s.47/CCR cases.

Referral Type

Table 1 below shows the distribution of referral types of the 235 children in the sample.

Table 1
The frequency distribution of Case-Types

Case Type	Total	%
Section 17	43	18
Section 47	16	7
CCR	36	15
Section 17/ CAF	39	16.5
CCR/CAF	75	32
Information only	25	11
CAF/Unknown	1	0.5
Total	235	100

Referrals categorized as s.17 'child in need' cases (N=43)

Forty three (18 percent) of referred children were classified by the researchers as s.17 child in need cases. Two examples from the case files included;

Case 006

Referral from mother. Behavioural problems from son (age 11). Bereavement of 3 close family members and health issues. Shows difficult behaviour at school, unreasonable and fluctuating ...

This child was offered Outreach Team services and this was taken up by the family.

Case 007

Single female parent of 5 children. Asking for an assessment of her son who has autism and attends a special school. Mum needs support, is requesting direct payments to employ a care worker for 2 days per week.

This mother had previously received family support to help with child's development and this was an open case. Another offer of family support was made which was accepted.

Referrals categorized as s.47 'Child Protection' cases (N=16)

Only sixteen referrals were found to match the criteria applied by the researchers in order to achieve a s.47 Child Protection classification. However, while allegations were substantiated in eleven of these cases during the investigation process, only two children were offered a service (in both cases this was a young carer service). A further four children's circumstances were taken to case conferences and the names of two were placed on the Child Protection Register. Two examples of the s.47 cases are detailed below:

Case 001

Referred by Health Visitor. Child lives with father and step-mother. Has weekend contact with mother (previous mental health problems). Step-mother reports bruising. Mother said child fallen down the stairs. A and E says 'finger bruising and a slap mark'.

This referral resulted in a case conference being held on all the children in the family. The subject of this referral was registered under 'Physical Abuse' and the other children under 'At Risk'. The mother had all subsequent contact with her children supervised by Social Services.

Case 059

Teacher alleges child says he was hit at mosque by the Imam. Had bruise on arm.

A s.47 inquiry was undertaken during which the mother said the bruise was caused by the child's brother 'fighting with a coat hanger'. The file went on to say that the 'Mother had presented boy to GP and said he had fallen off his bike. Single female parent Punjabi speaking. Father applying for access. Suggestion that children might be covering for mother. No conclusions reached about cause of bruise'.

Referrals categorized as s.17 'Child Concern Reports' (children in need) but which were dealt with by means of investigation procedures (N=36)

Of the 36 cases categorized as 'Child Care Concern' reports, 23 were brought to the attention of the Department by anonymous referrers. All these allegations expressed concerns about the care of a child usually in the context of the moral character or

lifestyle of a parent. Extracts from three case-files highlight some of the characteristics of membership of this category:

Case 008

Anonymous referral. Baby living in squalid conditions,. Although no health issues, just scruffy/dirty and hygiene issues. Another baby due.

This referral resulted in a s.47 investigation being undertaken. The matter went to case conference but the child's name was not placed on the register. Both an initial and core assessment were undertaken. Family support services were offered and accepted.

Case 009

Anonymous referral. No specific child care concerns raised, allegation of heroin use by mother's partner.

An initial assessment was carried out but 'no needs identified' and the case was closed.

Case 073

Anonymous caller 'friend of a friend' of family. Concerns regarding mum with a toddler and baby Sleeps on a settee (there are beds upstairs not used) and baby often falls on the floor No food in cupboards or fridge. House is a mess.

A home visit was undertaken and the house was found to be 'clean warm and nicely furnished – lots of toys. Mum was shocked and upset, believes the caller is the father of one of the children.. No further action was taken.

Referrals categorized as Common Assessment Framework (CAF) cases (N=115)

The research team found that one hundred and fifteen referrals (49 percent of all referrals) could have been assessed and dealt with by referrers using the criteria developed in North Lincolnshire. Of these 115 referrals, Seventy-five (32 percent) were categorized as Child Concern Reports (CCR/CAF) and thirty-nine (16.5 percent) as s.17 cases (s.17/CAF). Taken together these findings suggest that almost half of the cases currently being referred to children's services might potentially be diverted via a common assessment.

Analysis of the sources of referrals categorized as suitable for a CAF intervention of the kind developed in North Lincolnshire are shown in Table 2. Education, health and police together accounted for over eighty percent of these referrals. Most if not all could potentially be dealt with by the referring agency using agreed CAF criteria.

COMMON ASSESSMENT FRAMEWORK RESPONSES TO CONCERNS ABOUT CHILDREN

Table 2
Referral sources of Common Assessment Framework cases

Referral Source	CAF/s.17	CAF/CCR	Unknown	Total	%
Health	22	8	0	30	26
Education	6	9	0	15	13
Police	3	45	1	49	43
Voluntary Org.	1	1	0	2	1.5
Social Worker	0	3	0	3	2.5
Other	7	9	0	16	14
Total	39	75	1	115	100
%	34	65	1	100	100

The police were the largest single source of potentially divertible referrals accounting for 49 (43 percent) of the total. Of these forty nine, the majority (45) were categorized by the researchers as Child Concern Reports (CAF/CCR). A closer examination of these cases revealed them to be referrals reporting domestic incidents (not necessarily involving physical violence) which involved the police being called to houses where a child was present and violence between the adults was alleged. Typical of the CAF category cases referred to Social Services by the police are the following:

Case 015

Thirty-eight year old male states his 17 year old girlfriend has been beating him up. Police state he has bite mark on his arm States him [sic] and his partner have been arguing for some time. Child at address

Case 065

Brief report from police, incident of domestic violence at address, mother rang police. Husband arrested for physical assault. Child in the house

The Departments response to this group of referrals was a standard letter warning of the effects of domestic violence on children. This was the outcome in the majority of these cases.

The 30 (26 %) CAF referrals from health service workers consisted primarily of s.17 child in need referrals. Half of these referrals concerned families in which a health worker felt there was a need for emotional support for the mother. Typical CAF category cases referred to Social Services by health workers were as follows:

Case 024

Child diagnosed with muscular dystrophy. Mother is the carrier. Other children are to be tested. Pediatrician referring for emotional support.

In this case an initial assessment was carried out resulting in the client receiving assistance with applications for re-housing.

One quarter of the CAF/s.17 health workers' cases comprised requests for support with children exhibiting behavioural problems which parents were finding difficult to manage. For example:

Case 010

Request for family support services as 'mum feeling low and isolated.' Child expressing challenging behaviour, mum struggling to occupy children. Issues re routines. Number of professionals already involved.

An initial assessment was carried out on this family but it did not result in any service being offered.

In summarizing the outcomes for the 115 common assessment cases, 36 (31 percent) received an initial assessment and 27 (23 percent) were offered a service by social workers which in eight cases consisted of funding under s.17. The other remaining services consisted of offers of Outreach and Family Support services, which were accepted by six families. The finding that only a small number of referred families obtained an additional resource from the Social Services Department suggests that a common assessment could potentially obviate the need for social work involvement.

Notwithstanding this, the introduction of the common assessment framework invites managers and practitioners to think differently about how 'needs' are defined in the first place. A common complaint about existing approaches to assessment is that the process tends to be resource-led rather than needs-led. One of the overarching principles of the common assessment is the absolute necessity for families themselves to be involved in conversations over how best to proceed in any given situation. While a day care place for example might present as an obvious solution for a stressed parent or carer, families usually have other problems which are often ignored in attempts to match a 'need' with a service.

Help-seekers: Possible exceptions to the Common Assessment Framework definition

A category of case emerged in this study which the researchers defined as ‘help-seekers’. This group consisted of referrals which met the CAF criteria except that the referral source was the child, the parent/carer or other relative rather than an accountable professional. There were 50 cases in this group. The examples given earlier in the discussion on s.17 referrals (cases 006, 007 where the mother of the child self-referred) are indicative of cases in this category.

The only significant difference between this group and the CAF cases was the source of the referral insofar as the help-seekers referred themselves – often however acting on the advice of a professional from another agency. Given the development of appropriate mechanisms these cases could be also diverted away from children’s services ‘front-doors’ by those who advised the help-seekers to approach Social Services in the first place.

Discussion and conclusion: Potential advantages and potential pitfalls of the common assessment framework

The findings from this study suggest that the introduction of the Framework for the Assessment of Children in Need and Their Families (DoH, 2000) in Council X at least, may have served only to increase the amount of assessment activity without necessarily leading to an increase in services to children and their families. The reason for this appears to be that this procedure has been merely layered on top of the existing and unreformed ‘child-in-need or child-protection’ orientation generated by the ‘risk’ ideology currently inherent in many English-speaking child welfare agencies in the developed world. This orientation creates a ‘deserving/undeserving’ split in social work assessments and practices which appears to have the effect of reducing access to services for those who are dealt with by means of an investigative orientation.

However this paper has shown how local research-based approaches to the development of new services can provide the evidence necessary for local strategic partnerships to conduct informed conversations over how they approach the introduction of the common assessment framework. The key strategic players in health, education and the police are implicated in how their respective systems of activity routinely operate to exclude the children and families who are currently referred to local authority’s children’s services ‘front-door,’ many of whom don’t receive the support and assistance that well-intentioned referrers initially hoped they might. Hitherto practitioners have been encouraged in this course of action by the imposition of child protection policies and practices. However, consistently, research on the orthodoxy of child protection (practices and procedures derived from schemes

originating in the United States and used primarily in English-speaking countries) has shown that such programmes do not succeed in reducing the numbers of children who have been seriously harmed or injured (NSPCC, 2000) and the evidence of this and other research is that such procedures serve merely to alienate stressed carers. (DoH, 1995).

In contrast, the common assessment framework potentially offers a way forward which could literally make every child matter as it is based on the idea that any intervention with a child or young person and its family begins with a conversation between the family and a practitioner with whom the family already has a relationship. In this context *relationships are seen as resources* which facilitate conversations about how things could be different or otherwise for children and families. The criteria for a referral to local authority children's services where there is concern about a child becomes not 'risk' of significant harm but the absence of a positive working relationship between the referring agency and the family. That is, that a referral to a local authority's children's services would come about primarily as a result of circumstances where partnership working between the family and the agency was proving impossible or where the agency or agencies already involved with the family had judged that a service provided exclusively by the children's services was required for that family. Such cases would inevitably also include interventions to protect children from significant harm either after it had first been identified or clear indications existed of its likelihood.

Such changes however require a shared appreciation amongst strategic partners and practitioners that common assessments are a component of a non-bureaucratic network of conversations in which practitioners and families make joint decisions about services and resources. Without this underpinning philosophy there is a danger that common assessments simply become 'pre-referrals' to children's services thereby further enlarging the referral net. It is suggested that in order to prevent this situation occurring all those in the children's workforce need to have different conversations about those children, young people and families who they currently routinely exclude from their systems of activity by referring on to children's services.

Note

The features of the 'Framework for Analyzing Featured of Situated Practices' developed over many years as a result of Regan's work analyzing over 60 settings of referral-taking activity across sixteen local authorities in the UK.

References

- Barley, S. (1989) Careers, identities and institutions: The legacy of the Chicago School of Sociology. in M.B. Arthur, D.T. Hall and B.S. Lawrence (Eds.) *Handbook of Career Theory*. Cambridge: Cambridge University Press (pp. 41-65)
- Blackler, F and Regan, S. (2006) Institutional reform and the reorganization of family support services. *Organization Studies*, 27, 12, 1843-1861
- Bogdanor, V. (Ed.) (2005) *Joined-Up Government*. Oxford: Oxford University Press
- NSPCC (2000) *Child Maltreatment in the United Kingdom: A Study of the Prevalence of Child Abuse and Neglect with Cawson, P., Brooker, S. and Kelly, G. (BMRB)*, London: NSPCC <http://www.nspcc.org.uk/inform/Research/Summaries.asp>
- The Children Act* (2004) HMSO; London
- Department of Health (1995) *Messages from Research*. London: HMSO
- Department of Health (1989) *Working Together*. London: HMSO
- Department of Health (1991) *Working Together*. London: HMSO
- Department of Health (2000) *Framework for the Assessment of Children in Need and their Families*. London: HMSO
- Department for Education and Skills (2003) *Every Child Matters*. London: HMSO
- Department for Education and Skills (2006) *Statistics of Education: Referrals, assessments and children and young people on child protection registers: Year ending 31 March 2005*. London: HMSO
- Department for Education and Skills (2006) *The Evaluation of the Common Assessment Framework and Lead Professional Role 2005*. London: HMSO
- General Social Care Council (2002) *Accreditation of Universities to Grant Degrees in Social Work*. London: HMSO
- Goffman, E. (1961) *Asylums*. Harmondsworth: Penguin
- Goodwin, C. (1994) Professional vision. *American Anthropologist*, 96, 3,
- Koojiman, K. and May-Chalal, C. (2006) *Moving Towards an Effective Child Maltreatment Prevention Strategy in Europe*. at www.lancs.ac.uk/fss/apsocsci/staff/documents/movingtowardseffectivechildmaltreatmentpreventionstrategiesineurope.doc [accessed 14/08/2006]
- Laffer, J. et al. (1995) *A Review of Departmental Responses to Child Maltreatment Allegations*. Discussion Paper. Perth: Government of Western Australia, Department for Community Service
- Laming, H. (2003) *The Victoria Climbié Inquiry*. London: HMSO
- Midgley, G. (2000) *Systemic Intervention: Philosophy, methodology and practice*. New York: Kluwer
- Regan, S. (2001) When forms fail the reality test. *Community Care* 25th October
- Regan, S (1998-2005) Video-recorded research reports to sixteen local authorities on the organization of referral taking practices.
- Regan, S. (2003) Technology and Systems of Referral Taking in Social Services. in E. Harlow and S Webb (Eds.) *Information and Communication Technologies in the Welfare Services*.

- London: Jessica Kingsley (pp. 83-111)
- Regan, S, and Thorpe, D. (2003) *North Lincolnshire's Approach to Common Assessment*. Research DVD. Lancaster University
- Regan, S. and Thorpe, D. (2005) *Reflecting on Boundaries in Child Welfare Programmes: An example of critical systems thinking in practice*. Proceedings of the ANZYS Conference, Christchurch, New Zealand. Christchurch, NZ: ISCE Publishing
- Rouncefield, M. (2002) *'Business as Usual': An Ethnography of Everyday (Bank) Work*. Unpublished PhD. thesis. Lancaster: Lancaster University
- Thorpe, D.H. and Thorpe, S.. (1992) *Monitoring and Evaluation in the Social Services*. Longman
- Thorpe, D.H. (1994) *Evaluating Child Protection*. Buckingham: Open University Press
- Thorpe, D.H. (1997) *Dealing with child care telephone referrals: Reflexive practice for duty/intake social workers and supervisors*. in *Learning for Competence*. London: CCETSW (pp. 174-185)
- Wattam, C and Thorpe, D (1996) *Making and Receiving Child protection Referrals*. Report on a Study of Child Care Duty/Intake Work in Northamptonshire County Council Social Services Department. Lancaster: Lancaster University