A framework for responding to
vulnerable children

F amily support services in Australia are designed for families who require assistance in providing a safe, nurturing and stable environment for their children. Although there is no comprehensive information about the structure and provision of such services (AIHW 1999), the components of government-funded family support programs typically include counselling, in-home support, case-management, life skills training, parent education skills-development, and relationship education. In Victoria, funding is provided to more than 90 agencies, including non-government welfare agencies, community health centres, local government, and some Neighbourhood Houses (DHS 2001a: 4).

In Australia and other western countries, attention has focused on how policies and practices in generic family support integrate with those of child protection services (Parton and Mathews 2001; Platt 2001). It would appear that in Australia child protection services are increasingly being used to manage cases where concerns about children do not warrant protective intervention, and that a large number of less serious cases are being managed initially through the statutory (protection) service system rather than through family support programs.[1] In Victoria between 1999–2000, for example, only 57 per cent of child protection investigations were substantiated (AIHW 2001; see also Platt 2001: 98-99).[2] This has prompted action to offer more support and assistance to families, rather than investigating whether a child is at risk of being harmed.

Research also indicates child protection procedures are not an appropriate or effective social work response for families with more general needs (UK Department of Health 1995). The narrow focus on abuse means the needs of the child and other problems related to suspected maltreatment (such as drug or alcohol misuse) are often overlooked, and hence families often do not receive support services. Preventive family support services that focus on children's needs provide better outcomes for children than attempts to address the immediate demands of a crisis situation. A body of evidence is accumulating to suggest that services to children and families will be effective if they start early in a child's life and/or soon after the identification of need (Ramey and Ramey 1998).

Assessment of children in need in the UK

In the United Kingdom there has been an explicit move towards greater emphasis on providing family support when there is concern about a child's welfare. This involves a major refocus in the delivery of child protection services that aims to shift the emphasis from protecting children (investigative interventions) toward both protecting children and providing support (preventative interventions) (Horwath and Morrison 2000:245).

Experience suggests that effective assessment is the foundation upon which to configure the effective delivery of services to children and families. The Framework for the Assessment of Children in Need and their Families (referred to hereafter as the Assessment Framework) was recently developed by the UK Department of Health in order to support the strategic objective of offering help, support, assistance and resources to families at the earliest possible stage.

The Assessment Framework is implemented through a series of practice tools, referred to as information and assessment records, the centrepiece of which is the Core Assessment Record. The Core Assessment Record has been designed to take the practitioner through a series of lead and support questions that cover a number of critical dimensions within the three broad domains that comprise the Assessment Framework – child developmental needs, parenting capacity, and family and environmental factors. Once problems have been identified, arrangements for providing support to vulnerable children and their families are undertaken as part of a case management response. This involves the development of a case plan outlining goals and outcomes that will be reflected in a series of activities delivered according to the needs of the family.

There are five age-related Core Assessment Records in total. Each record includes sections focusing on the three broad domains that comprise the Assessment Framework. At the end of the Core Assessment Records is a summary section to record objectives and plans. The Core Assessment Records are approximately 30 pages in length.

The information and assessment records that operationalise the Assessment Framework help workers in social welfare determine the family situation and how it is affecting individual members, including the nature of a child's needs. From this basis, sound judgements can be made about what services are needed to prevent deterioration of a child's situation, or so that the child achieves his/her full potential. In this way child protection services are considered as only one of a range of services that an individual child might need.

The Assessment Framework is based on an ecological understanding of children's needs. This means that the needs of the child are viewed in the context of the characteristics of individuals (social, cognitive and emotional functioning) as well as other sources of influence. These include the immediate and wider family context, the community and culture in which the family functions (work, school, neighbourhoods) and societal structures and policies. The Assessment Framework considers the inter-related areas of child development (health, education, etc.), parental capacity to respond adequately to these needs, and the family and environmental issues that may affect parental capacity (poor housing, family discord, poverty).

Adopting an ecological perspective in service provision is referred to as "holistic service delivery". Holistic services take account of all the influences on children, and attempt to minimise factors known to put children at risk of poor outcomes at the level of the child, family and community. The use of a holistic service model rests on research experience that suggests any effort to affect

Continuing the Institute's earlier (1999) study on the outcomes of the UK *Looking After Children* approach in out of home care in Victoria, **SARAH WISE** discusses the value of the UK *Children in Need* assessment framework for Victorian Family Services. This approach aims to provide effective and comprehensive services to vulnerable families as early as possible within a child-focused service model.

and their families

children's development positively needs to consider family, cultural and social factors (St Pierre and Layzer 1998).

The Core Assessment Record is a tool for undertaking a holistic assessment. Essential information is recorded in each of the three broad domains specified in the Assessment Framework. The areas within each of these domains where information is recorded have their basis in relevant research (for a diagrammatic representation of the Assessment Framework, see UK Department of Health 2000: 17).

The Assessment Framework adopts an *inter-agency approach* to assessment and provision of services, which can provide the most effective interventions for children (Ramey and Ramey 1998). An inter-agency response is designed to provide comprehensive services that attend to a multitude of issues rather than narrowly focused services that attend to discrete issues. A range of professionals, such as general practitioners and maternal and child health nurses, are assumed to have a role in assessing children's health and development and deciding when referrals to child protection should be made. As families can face a myriad of problems (lack of job skills, inadequate access to child care, lack of adequate housing, mental health issues), collaboration with other community providers is needed to coordinate an effective response.

The other key theoretical perspective underpinning the Assessment Framework is *child-centred practice*. This means that the child is kept in focus throughout the assessment to ensure attention is not diverted away from the child to other issues such as conflict between adult family members. It also means that account is always taken of the child's perspective (UK Department of Health 2000: 10). Research suggests that best outcomes for children are achieved by focusing on children rather than on parents or on improving parents' ability to parent their children (Campbell and Ramey 1993).

A prevention/early intervention focus

An emphasis on family support programs is specified in Victorian Government strategic directions in relation to children and families. This involves a focus on the development a comprehensive framework for the delivery of community services that includes a service component that provides effective and comprehensive services to vulnerable families as early as possible (DHS 2001a: 13-14).

The Victorian Government has also recently undertaken a review of services that provide support for vulnerable families, and it has invested in an expansion of services to divert families with significant need from child protection intervention to family support services. In 2000–2001 the government provided $1.7 million additional funding for family support services, and in the 2001–2002 State budget an additional $0.6 million was allocated for these services (DHS 2001b).

Providing greater support for families – or balancing approaches to prevention and intervention as determined by need – involves the development of interventions that cover the service spectrum (generalist services that are universally available, services that are targeted at high needs groups, and tertiary services that respond to problems or crises). This range of services is often described as a continuum of services.

A possible way of implementing the continuum of services to ensure an early, pro-active response when concerns about a child's welfare do not warrant a protective response is to move family support programs towards the delivery of holistic and comprehensive services focusing on the needs of children. Family support services currently focus on children in the delivery of programs to parents (for example, in-home parenting support, parenting education) and aim to assist in accessing services and resources within the community. However, there is no imperative within family support services to respond beyond the goals that the parents set themselves, although ensuring children are adequately protected, and involving child protection services if there are concerns about risk of significant harm, is a professional responsibility.

Child-inclusive practice is not always undertaken in family support work, and inter-agency work is sometimes more likely to begin when a notification has been made to child protection services because it carries the mandate and resources to implement such action. Family support programs are also funded as individual services rather than as a system, which can inhibit coordination with other community resources.

Although child protection practice has been the main target of refocusing initiatives (Platt 2001; Parton and Mathews 2001), it may be easier to improve outcomes for children when the roles of family support and child protection are clearly differentiated. Child protection departments will still need to develop ways of allocating cases to family support services. However, it may be easier for families to accept family support services when the coordinators of such services sit outside the statutory child protection system. As Platt (2001: 139) observes in reference to the refocusing initiative in the United Kingdom: "The idea that social workers could switch their time from child protection to family support was somewhat over-ambitious."

However, as already noted, applying case management practice to the needs of children may not fit with models of working with families in a family support context. Although there is very little conformity in the organisation, scope and content of individual programs within the broad field of family support, it is likely that child-focused services within a holistic and inter-agency practice model will involve a significant departure from existing practice.

The "Children in Need" framework in Australia

With funding from the Financial Market's Foundation for Children, the Australian Institute of Family Studies, Anglicare Victoria, and the University of Melbourne Social Work Department conducted a study to asses the feasibility of applying the UK child wellbeing assessment model in Australian family support programs.

Between September 2000 and March 2001, the Assessment Framework and accompanying Core Assessment Records were trialed in eight family support programs within Anglicare Victoria Family Support programs. Each worker involved in the trial set out to use the Core Assessment Records in place of existing assessment procedures for at least one new client family received by the program during the implementation period. Prior to this, workers took part in training in the use of the materials and resources.

The primary aim of the study was to find out whether the Children in Need information and assessment records are useful tools to focus family support work toward children's needs under a holistic and comprehensive service delivery framework, and whether they fit with family support practice. The capacity of the Children in Need information and assessment records to facilitate a holistic response that focuses on children's needs was judged by workers' and clients' subjective ratings on questionnaires, as well as by a focus group discussion with team leaders.

An outline of the evaluation methodology and a detailed discussion of the findings on the effectiveness of the information and assessment records to deliver holistic,

comprehensive services to vulnerable children and their families will be available in a report to be published by the Australian Institute of Family Studies.

UK assessment records fit for family support services?

The remainder of this article discusses the question of whether the information and assessment recording forms fit in family support. Readers are reminded that the study is a small-scale piece of work. It involved only one agency providing family support programs, and the sample was derived on a "convenience" basis, information collected being based on workers' subjective reports. The reliability and generalisability of the results must therefore be judged in this context.

Implementing the Assessment Framework through use of the information and assessment records highlighted some tensions between an approach that uses administrative procedures focusing on the needs of children and the general aims and models of working with families in family

It would appear from this information and open-ended responses reported later in this article that working with a wide range of professionals within a holistic and child focused service approach is an acceptable framework for family support work.

Yet while the theoretical underpinning of the Assessment Framework was generally acceptable, completing the information and assessment records contrasted with practice in family support work. Workers gave the statement *"the record was not compatible with my general work practices in family support"* slightly more scores in the upper end of the scale, indicating that the statement applied (mean score 3.2, median score 3.0).

Responses to open-ended items on the worker questionnaire highlighted the tensions between assessment procedures operationalised through the Children in Need information and assessment records and workers' approaches to working with families. Some respondents felt an early assessment process may impact on their

> For any information and assessment record to be used effectively, practitioners must accept the theoretical basis underpinning it, as well as its applicability within the context of family support services.

support services. However, the study also showed general agreement between the Assessment Framework and family support programs in the theories and practice principles relevant to working with families.

Consistency in philosophy and intent

For any information and assessment record to be used effectively, practitioners must accept the theoretical basis underpinning it, as well as its applicability within the service delivery context. Connections between principles, philosophies and/or theoretical orientations of existing family support programs and the Assessment Framework suggest how well the Framework reflects the way workers in family support programs think about and undertake their work.

In the questionnaire to workers, respondents were asked to give the statement *"the Assessment Framework was not compatible with my program's principles, philosophy and/or theoretical orientation"* a score between 1 (indicating that the statement did not apply) and 5 (indicating that the statement definitely applied). The mean (or average) score of 2.7 on this item indicated that slightly more respondents indicated that the statement did not apply. The median score (or the score value that divides the distribution into the lower and upper 50 per cent of the scores) on this item was 3.0.

There was a general feeling that a focus on individual children was appropriate in family support work. In other words, relatively more workers gave the statement *"the focus on individual children was unsuited to my role in family support"*, a score in the lower end of the scale indicating that this did not apply (mean score 2.1, median score 2.0).

The relevance of a focus on children's needs, irrespective of whether the family self-refers to a family support service or is referred by child protection services or another agency, is reflected in this statement made during the focus group discussion with team leaders:

> "Obviously we are in the business of improving the lives of children, and our team – even before the Children in Need project came up – had identified that we needed to find ways of getting more focus on the children. Because your main work – at least at first, if it is a self-referral, or even if it isn't – is with the parent, and they're articulating their needs, their perspectives, and you can, as a worker, get swallowed up by that." (Team leader)

engagement with clients. Developing a working relationship with family members is not easy to achieve, and the relationships that workers establish are likely to be a key factor in what can be achieved for the family. Early comprehensive assessment of children's needs would, in the view of some workers, diminish clients' trust in the service because of its perceived similarity to an assessment of risk undertaken by child protection workers.

The following feedback about the Core Assessment Record highlights such views:

> "There is frequently only a tenuous foothold in working with some of these families. So such a massive enquiry into people's lives may be quite counter-productive even if it means we know a heck of a lot about what's going on." (Family counsellor)

> "I felt the whole process was intrusive and threatening to most of our clients." (Multiple roles)

> "Intimidating to clients, promotes mistrust, hampers engagement." (Parent educator)

> "Certain clients are very mistrusting of records and forms etc." (Multiple roles)

Despite these concerns, there was also a sense that if the assessment was undertaken sensitively and skilfully, it need not undermine workers' engagement with their clients:

> "I think there's a potential there [for clients to withdraw]. But I think if we're careful about our practice and our communication with people it shouldn't be an issue." (Team leader)

Although responses to the statement *"use of the record undermined the family's trust in me"* indicated the assessment process did not necessarily hamper engagement with families (mean score 3.3, median score 3.0), open-ended responses suggested something different:

> "The emphasis on the child and his/her development was not in keeping with family support's focus on the whole family … it is usually the parents who are the main players." (Multiple roles)

> "Being a family-focused program, it became very difficult to be child focused when our aim is to support parents achieve the goals they set for themselves." (Multiple roles)

"The Core Assessment Record would need major changes to make it an effective tool for assessment and planning. For example, make it family focused." (Multiple roles)

On balance, the information suggests a service model with an explicit focus on children from the point of initial contact with families using relatively rigid administrative procedures is at odds with general practices in family support.

Although child inclusive practice and the use of assessment processes are regarded to be generally compatible with existing models of service delivery, the process of engagement with families in family support services usually begins with attention to parents' needs within a strong social support approach. Undertaking an early comprehensive child-focused assessment would involve new ways in engaging families so that a focus on children is not at the expense of the client's trust in his or her worker(s). However, the question still remains as to whether an initial focus on children's needs is more effective in improving child outcomes than engaging parents as individuals in the first instance.

Practitioners' skills

To deliver a program that attends to the needs of children within a holistic and inter-agency service model, practitioners must possess a comprehensive knowledge of human development, and skill in sensitive assessment and intervention. Implementation of the information and assessment records requires experience in the use of diagnostic instruments for early detection of disabilities and mental health needs.

Responses to items on the worker questionnaire indicated that family support workers had good knowledge of written assessments. Relatively more workers stated *"I was not familiar enough with the practice of written assessments to use the tool[3] effectively"*, a score in the lower end of the scale (mean score 1.6, median score 1.0). Further, relatively more workers gave the statement, *"written assessments are not representative of the work I do in family support"*, a score in the lower end of the scale (mean score 1.8, median score 1.0). Relatively more workers also gave the statement, *"more training in child development was needed to use the record effectively"*, a score in the lower end of the scale (mean score 2.4, median score 3.0).

family support workers, and early parenting support workers. Programs within the broad area of family support also have distinctive aims and philosophies and different criteria for accepting clients – some programs receive referrals from child protection services, so clients have an expectation that services will focus around children's needs, whereas other services are open-access, so services tend to focus more on parents' reason(s) for contact. Knowledge of and ability to apply assessment procedures and case management practices is therefore likely to vary across programs and roles within family support. Indeed, when all the study data are considered it is clear that using the information and assessment records was more acceptable and less challenging to some types of workers and programs than others.

If the assessment and recording forms were to be used across programs and by all staff in the field of family support, then designing a program structure that ensured a balance of case management, direct services and general skills would become an issue. This would likely involve changes in the professional infrastructure of programs through services, standards, skills and practice, as well as development of organisational infrastructure through clear criteria for prioritising tasks, workload management systems, and eligibility criteria and thresholds for services.

Collaborative arrangements

As already mentioned, a core theoretical perspective underpinning the Assessment Framework is inter-agency collaboration and commitment from within the community of service providers to work on a focal problem. The information and assessment records provided some insight into the extent to which services were available to help address the multiple needs of the families concerned, as well as the cooperation family support workers received from other professionals and agencies.

Responses to the statement *"resources within the wider community were not available to implement the plan of action"* showed more responses were located at the lower end of the scale, indicating this statement did not apply. Responses to the statement *"other agencies I would have liked to involve would not cooperate"* were also clus-

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> **To attend to the needs of children within a holistic and inter-agency service model, practitioners must possess a comprehensive knowledge of human development, and skill in sensitive assessment and intervention.**

Despite general feedback that practice standards and experience in assessment and developmental practice were sufficient to use a developmentally based assessment tool, the qualitative information suggested additional training in child development and assessment processes is needed to refine child-sensitive practice:

"Anxiety and lack of experience for some staff in formal assessments" [Comment in reference to barriers to effective implementation of the Children in Need Framework]. (Multiple roles)

"What it [implementation of the Children in Need Framework] has also highlighted is that we have got quite a significant training needs wish list for the program." (Team leader)

Organisational arrangements

There are many positions in family support services including family counsellors, case managers, in-home

tered around the lower end of the distribution (mean score 1.7, median score 1.0).

The study also showed the wide range of professionals and agencies family support workers engage with. During both assessment and intervention, family support workers liaised with a range of housing, corrections, police, welfare, education, psychological mental health, drug and alcohol, paediatric and general health services.

However, the qualitative information suggested that the practice of working with other agencies is not always straightforward:

"Agencies and schools I worked with, for example, rehab, are very insular and choose to work with their own systems." (Family counsellor)

"It appeared that for some agencies the concept of inter-agency cooperation was good. However, formal agreements and follow-up for some seemed lacking." (Multiple roles)

> *"Specialist services are so structured …and there's so few generally stretchable services that try and be flexible like us. But they're just trying to make a sale because that's all they do." (Team leader)*

This suggests that, however well they facilitate thinking about the range of a child's needs and the agencies and professionals that can respond to them, practice tools will not translate into access of appropriate community resources unless there are sufficient resources in the community and clear protocols for accepting referrals. Agencies and services must be responsible through some formal arrangement to accept referrals from family support programs, such is the case in the United Kingdom for children who are determined as being "in need"[4].

Otherwise, family support programs need to be allocated brokerage funds in order to give services flexibility to purchase short-term supports/interventions. The significance of brokerage funds in the delivery of family support work was neatly summed up by one team leader in reference to the activities in family support that benefit families:

> *"That beautiful thing the Strengthening Families Program has got that everyone wants – brokerage." (Team leader)*

Resources

The other resource component of a holistic, comprehensive community-based response to children's needs pertains to the additional time and skills that would be required within family support programs to conduct assessments and coordinate case plans for children and their families. The capacity of non-government agencies to provide opportunities for learning and development will have an obvious and direct impact on the success of any effort to enhance workers' competencies in these areas.

Supporting programs to assess needs, provide some direct service, and coordinate or broker referrals to existing services will require substantial resources, as this response from a team leader highlights:

> *"I see it as being a core element of good practice to liaise with other people who are working with your client and mutual clients. But I think it's a time factor, that it takes a lot of time to actually set up meetings to liaise with workers, bringing case conferences together. But it is very central and if you don't do it I think the practice, you know whatever you're doing, can be quite ineffective. So it's a bit of a Catch-22 and I think the funding arrangements don't allow for that intricate work that's required." (Team leader)*

Conclusion

Child welfare organisations in Australia and elsewhere have been recognising the need to refocus services to vulnerable children and families. This changed agenda is based on the idea that reduction in the incidence of factors that can lead to child and family dysfunction requires a coherent system that can meet the diverse needs of families and their children as early as possible. The overarching framework for such a strategy adopts holistic, integrated and child-centred approaches.

The experience of using the UK Children in Need information and assessment records in family support programs suggests that holistic and comprehensive services for promoting child wellbeing are compatible with the philosophy and practice underlying family support work. However, directing practice toward the needs of children through the use of inflexible assessment procedures at early points of contact with families creates tensions within the context of voluntary, open-access services.

Whether to mandate this type of response in government-funded family support services, or to provide greater flexibility for assessment and planning around the needs of children within the same theoretical framework, will require more information about the impact of these approaches on child outcomes.

What is clear, however, is that translating the theory of inter-agency and holistic services in practice will require the development of eligibility criteria and thresholds for services to enhance cooperation among the community network of services, and new funding arrangements to ensure children and families receive services once identified. Responding to practitioners' needs and developing organisational arrangements that support a child-focused model, as well as developing organisational policies and structures, also appears relevant in this regard.

Endnotes

1 It should be noted, however, that referrals could be made to Family Support Services at any stage in the Child Protection process.

2 It should also be noted that there are a large number of cases that are notified but not investigated.

3 This refers to the Children in Need Core Assessment Record.

4 According to the 1989 Children Act, a child shall be taken as being "in need" if "he is unlikely to achieve or maintain a reasonable standard of health and development without the provision for him of services by a local authority".

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