

A systemic approach to the 'Framework for the Assessment of Children in Need and their Families'



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The 'Framework for the Assessment of Children in Need and their families' (hereafter the Assessment Framework) was developed by the Department of Health to provide a tool for practitioners when undertaking assessments of children in need and their families. The aim of the Framework is to improve outcomes of children in need and to promote inter-agency work (DOH, 2000a).

The Assessment Framework provides a systematic way to help practitioners analyse, understand and record what is happening in the child's life (DOH, 2000a). It uses a systems perspective to look at how three dimensions, 'Child Developmental Needs', 'Parenting Capacity', and 'Family & Environmental Factors' interact together, and how this interaction has a direct impact on both the current and long-term welfare of the child (Jones, 2001; Bentovim & Bingley Miller, 2001; Cleaver, Walker & Meadows, 2003). Although the Assessment Framework is utilised by all practitioners who work with children, this framework is used mainly by social workers when undertaking assessments to establish children's unmet needs and to formulate outcomes to ensure that these needs are met.

The Practice Guidance issued by the Department of Health (2000b) suggests applying systemic thinking when undertaking the Assessment Framework. The Practice Guidance highlights that systemic thinking provides a baseline to plan any necessary changes and to negotiate solutions with the family, whilst identifying areas of strengths and difficulties. Apart from the Assessment Framework, systemic thinking has also been recognised as an important framework in social work practice as it

offers a distinctive way of looking at the 'problem' within the family (Bowman & Jeffcoat, 1990; Reder & Duncan, 1999; White, 2002). Systemic thinking conceptualises individual behaviour as symptomatic of more complex family processes and wider influences (Hoffman & Long, 1969). It provides a circular rather than a linear way of assessing children's needs within their wider context.

This paper presents an outline of a study undertaken to explore the implications of adopting systemic thinking when undertaking the Assessment Framework. The findings demonstrated that, notwithstanding the benefits of systemic-thinking in undertaking such assessments, social workers, who are not fully literate in systemic theory risk considering the three domains of the Assessment Framework in series, rather than in a circular and systemic fashion. This diffuses any potential benefits that a systems perspective may have in undertaking children's assessments. The findings of this study make a case for the development of a systemic thinking curriculum for social work practitioners undertaking children's assessments.

Method

For the purposes of this investigation, an exploratory qualitative study was undertaken with social workers or practitioners who have a social work background, to explore how systemic training helped them when undertaking assessments using the Assessment Framework. Ten practitioners were recruited to participate in this study. The inclusion criteria consisted of: 1. a requirement for a social work background, and 2. further training in systemic

thinking. Participants were required to also have worked as social workers in the Children & Families services in Britain, and to have used the Assessment Framework as a tool after they received systemic training. Semi-structured interviews were undertaken with the participants to explore their experiences of undertaking assessments systemically. An interview guide was structured according to the main themes highlighted in the Assessment Framework. The interviews were audio-recorded and fully transcribed for subsequent analyses. Content analysis, based on Attridge-Stirling's (2001) thematic network analysis, was undertaken on the transcribed text data of the interviews in an effort to discover the meaning network around systemic thinking and its application in assessments.

Findings and discussion

Participants claimed that the Assessment Framework is a tool which needs to be looked at using systemic thinking. Systemic thinking is useful in looking at how the different contexts within the children's lives inter-relate. The dimensions outlined in the Assessment Framework, namely, 'child development', 'parenting capacity' and 'family & environmental factors', tap into these inter-related contexts. Due to their inter-relatedness, the Assessment Framework can be considered as a systemic tool. However, undertaking the assessment in a systemic way is far from natural or straightforward, and requires a bedrock of systemic thinking to inter-relate the various dimensions. Without this bedrock, practitioners risk starting with assessing 'child development', then progressing to 'parenting capacity', and 'family and environmental factors'

in series. This leads to an illusion that a holistic assessment has been carried out by virtue of the fact that all dimensions have been considered. In actual fact, however, the inter-relatedness of the contexts would have been totally overlooked. Respondents claimed that such a linear assessment falls short of providing a comprehensive account of the situation:

"... depends very much on what the referral is about, but [what] systemic training and systemic practice has taught me is that sort of linear explanations don't suffice, and that it's much more useful to think about a problem as being constructed by a number of factors" (Participant 6, CAMHS).

However, respondents highlighted the fact that it was systemic thinking that enabled them to make the leap from undertaking assessments in a linear investigative and problem-focused way to paying attention to other factors:

"I do look at family structures and family dynamics in a completely different way [...]. I don't think any social work can be done today without having any training in systemic thinking [...] the world is too complex, systemic thinking will help to understand the diversity and complexity in the societies today and you can't do without" (Participant 9, Children & Families Team).

Systemic training changed the way participants undertake assessments using the Assessment Framework, by modifying the way they looked at the children's situations and the referred problem. Systemic thinking helped them emphasise the role of relationships, beliefs and the influences of the wider context. This was brought about by their acquired ability to adopt a circular, rather than a linear perspective to undertaking assessments. Systemic thinking helped respondents map problems and track family changes across time. This, in turn, enables a dynamic assessment to be carried out, in marked contrast to getting a static picture of the child's life when a referral is received.

Although the participants affirmed that the child's interests were always paramount, they claimed that one needed to look beyond the 'problem', to take into consideration other matters such as whether the problem has a 'function' within the family, and whether it may be covering up other family issues (Hoffman & Loner, 1969). Participants argued that

social workers who are not systemically trained may be prone to blame parents and to solve problems by offering solutions. Social workers who are not trained in systemic training may be prone to look at the situation in terms of the change the parents are required to make. Adopting such a stance prevents social workers from giving attention to wider influential contexts, both historical and present, which could be impacting on the parent's ways of taking care of the child.

"I think I was very linear, you're the parents, this is the child I'm worried about I need to understand what you're doing with this child and how you understand the child. Now I think I'm much more interested about their own experience of growing up and being parented" (Participant 6, CAMHS).

Participants identified a number of systemic theories and techniques that are useful in obtaining information as part of the assessment. Participants claimed this helped parents feel less defensive and less blamed for what was happening in their child's life. This promoted a better working relationship between parents and professionals. As one participant claimed:

"Systemic thinking provided me with additional tools with regards to thinking of the family in a much wider context... it is the shift from not being so linear in the direct questions asked to asking more open questions, looking at meaning and action [...] finding out more what's influencing the behaviour rather than making assumptions" (Participant 5, CAMHS).

Participants claimed that looking at the referring problem from a systemic perspective helped them take a different approach to assess the child's level of risk. It helped them to feel comfortable to adopt a position of safe uncertainty (Mason, 1993). Participants felt that systemic thinking helped them create a therapeutic environment, rather than an investigative one. Instead of 'blaming' parents and making demands on them about what needed to change, systemic thinking helped social workers look at the family's strengths and resources and the family's ability to change (White, 2002). Such a stance helped them promote better working relationships not only during the assessment, but also through the intervention process since parents were led to feel they were an integral part of the system, and that they could help in

bringing about change. As one participant stated:

"Systemic training has helped me stand back from the referral in a way that perhaps when I was a social worker I used to run very much on anxiety and feeling very concerned about the child [...] and be able to hypothesise about all sort of things that might be going on [...] I am now more able to comment about change and what change would look like" (Participant 6, CAMHS).

Conclusion

This study achieved an understanding of the usefulness of systemic thinking when undertaking assessments using the Assessment Framework. The underlying values, principles, assumptions and theories of change within systemic thinking influenced the practitioners' ways of looking at the referring problem, and enabled them to give importance to the different contexts and to the relationships between them. More importantly, this study has demonstrated a gap between systemic thinking and practice. Undertaking a *systematic* assessment, that is considering the various dimensions outlined in the Assessment Framework *in series*, in and of itself, does not equate with undertaking a *systemic* assessment. To undertake systemic practice, a bedrock of systemic thinking is required. It is this bedrock of knowledge that enables practitioners to consider not only the various dimensions, but also how they weave and inter-relate in children's lives. This bedrock of systemic thinking enables practitioners to move from systematic to systemic assessments, retaining the Assessment Framework as the assessment tool.

To adopt such a stance, practitioners are required to change their way of thinking, from assessing risk linearly to looking at relationships, beliefs and context, and looking for circular patterns of interaction between the three domains outlined in the Assessment Framework. This thinking enables systemic assessments, where the consideration of the development needs of children, parenting capacities, and family and environmental factors is not merely undertaken in series. Rather these dimensions are looked at simultaneously, as constantly evolving, and as dynamic in nature. For these reasons, it is therefore recommended that basic systemic training be provided to social workers undertaking

assessments using the Assessment Framework. Such training could be based on Bentovim and Bingley-Miller's (2001) training tool. This additional training tool, issued by the Department of Health, is an evidence-based assessment that aims to expose social workers and other professionals to systemic thinking, and acquire relevant systemic knowledge for undertaking the Assessment Framework. Such training would help in translating systemic thinking into systemic practice, and moving from systematic to systemic children's assessments.

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Parenting apart

Jean Walker and Semra Gulbahar

Introduction

This paper presents our experiences of running a group for separated/divorced parents within a CAMHS setting. The paper will describe the setting up of the group and our reflections on the processes, dynamics and outcomes involved. We will explore how group-work can complement individual/family clinical work undertaken by CAMHS, by linking a number of systemic ideas to practice.

A number of children referred to our service come from families who struggle with the fall-out of separation and divorce. We often find that parents get locked into their own adult dynamics and struggle to control their responses, which may not be in the best interest of their child at the time.

Who are we?

We are two female family and systemic psychotherapists working in Enfield CAMHS. Between us we share experiences of divorce and both have children. We are both white but differ in our cultural heritage. We have been part of the same team for many years and, on a number of occasions, have co-worked in family therapy teams. Our common training enabled us to co-work with ideas from a shared paradigm.

Tom Andersen (1992) talks about therapy and points out the significance of being in the moment but also holding onto the importance of how the moment fits into the wider structure and context. Our relationship, developed over time, made it effortless for our different styles and personalities to weave in and out of the context, which enabled the moment to be utilised in the most effective and fitting way. This fluidity was also a way of demonstrating parenting styles that were both different yet valuable in their contribution.

Setting up the group

The format of the group was based on an American model developed by Christina Mcghee. Attendance at these groups in America is compulsory while parents' divorce is going through the courts. Our own experience of attending the training gave us an insight into how powerful group-work can be in making individual and inter-personal connections and hence promoting change

We remained loyal to the content of the model, however the practice of facilitating the group was both informed and enriched by our systemic ideas and experience. The model, structure and introduction of the workshop was adapted to fit into our local CAMHS context. The move from the American compulsory model to voluntary attendance meant we had to rethink the referral and initial engagement process.

To begin with, we introduced the idea of the workshops in our team meetings across the service. In our discussions we explored the viability of running such a group as an additional resource with an explicit focus within CAMHS. Referrals for the group came from within CAMHS, either following an initial assessment or as an additional intervention for on going clinical work.

The workshop ran over two days and was planned so that the morning sessions would mainly be information-based and in the afternoon the group would split into two and be facilitated separately. We hoped that this demarcation would enable ex spouses to attend the morning session together knowing that they would have a space in the afternoon to discuss their individual issues separately. The group consisted of both genders and ran across different class and ethnic backgrounds. Consequently, there was an opportunity for more detailed discussions and interactions between group members to take place. The afternoon groups also helped participants to consolidate information received during the morning session.

Following the feedback from last year's pilot workshop, we included DVD clips, experiential tasks and small discussion groups.

Evaluation of the workshop

Each morning and afternoon session was evaluated separately. This included scaling questions and comments made by participants. After a month we interviewed parents separately to find out which ideas they felt had continued to be useful. We also interviewed referring clinicians to assess the impact it had had on work in progress. Clinicians felt that having the workshops as a resource with an explicit focus helped