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Factors that assist early identification of children in need in integrated or inter-agency settings

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Key messages

- **Early identification of need is important in promoting and safeguarding children's wellbeing and welfare.**

- **Early identification can be defined in a variety of ways.**

- **The use of risk factors as indicators of potential need is problematic as their impact and interaction is complex.**

- **Effective inter-professional communication and cooperation is central to the promotion of children's wellbeing.**

- **Informed strategic planning and supportive management is fundamental to the delivery of efficient and effective preventative services.**

- **Services must respond to the diverse needs of children and families.**

Introduction

This briefing considers the refocusing of children's services in England and Wales towards prevention and early identification of children in need of protection and support. The policy vision for this is Every Child Matters.[1,2,3] However, the refocusing[4] of children's services needs to be located in debates in the mid-1990s concerning the direction and development of childcare policy and practice[5] and the wider inclusion agenda.[6,7] The philosophy underpinning Every Child Matters and the Children Act 2004 is that children's welfare and wellbeing can be safeguarded through collaborative practice, integrated service provision and early intervention of need. Both aim to ensure that all children are given the support and protection they need to promote and safeguard their welfare. The primary focus of the briefing will be to highlight those factors which research suggests assist the early identification of need. For the purposes of this briefing, 'early' is taken to refer to the point in time at which a child of any age becomes vulnerable to poor developmental outcomes[8,4] rather than solely in their early years. This will include both universal and targeted provision for children

and their families. The briefing does not evaluate interventions, specifically consider measures taken after the point of identification, or the position in those parts of the UK subject to other legislation or devolved administrations.

What is the issue?

The Laming report[9] into the death of Victoria Climbié highlighted that, despite coming into contact with a number of agencies, it is possible for children to fall through the child protection net. The report also indicated the need to identify, at the earliest possible stage, those children who may be in need of help and how agencies can best work together to ensure a consistent approach to service provision. Laming also promoted the need to ignore traditional boundaries in the provision of a reliable service to children and noted the lack of common thresholds for intervention. The government's response was the Every Child Matters green paper 2003[1] and later the Children Act 2004.[10] The response signalled a refocusing of services for all children through the introduction of proactive measures intended both to safeguard children from harm and to promote their welfare and wellbeing.[4] Alongside this development the National Service Framework for Children, Young People and Maternity Services[11] set out a ten-year strategy for improving children's health and wellbeing, including a national standard for safeguarding and promoting children's welfare.

The Children Act 2004 also led to a number of structural changes within the organisation of children's services. These include the appointment of a director of children's services for children's social services and education, the creation of children's services authorities, children's trusts and Local Safeguarding Children Boards, which aim to promote effective integrated working. There has also been a reconfiguration of services for children and families including children's centres, extended schools and multi-disciplinary teams. The Children Act 2004 makes clear the expectation that local collaborative arrangements will be developed that bring together services for children to enhance multi-agency working. The Act places a new duty of cooperation on local authorities and the other agencies they work with – including the police, health, education, youth justice, probation and housing services – to work together to safeguard children's welfare.

Sharing information between professionals and other agencies is an important step in early intervention and has led to the formation of information-sharing databases.[12] Increasingly, previously separate organisational and professional systems are being merged, or new integrated service systems developed.[13] This is evidenced by the development of the standardised Common Assessment Framework for early assessment of children's individual, family and community needs, and the development of the Lead Professional role.[14,15] The recent publication *Think family: improving the life chances of families at risk*[16] also emphasises the importance of both children and adult services in promoting children's welfare and wellbeing through a whole family approach, further extending the integrated service approach beyond children's services.

The aim of these reforms is twofold. Firstly, to change the culture of practice[17] to one in which the concept of 'safeguarding' children's welfare

is seen in the widest sense and as everyone's business, and where all agencies seize every opportunity for establishing partnerships.[18] Secondly, to provide a seamless integrated service,[19] with the emphasis on the development and implementation of proactive, needs-led preventative services.[20,6] The concept of 'early identification of need' as a signal for early (preventative) intervention is central to these developments.

Why is it important?

In 2005 it was reported that there were 385,900 children in need in England and Wales[21] (using the Children Act 1989 definition of 'children in need') of which 18 per cent were from minority ethnic groups and 15 per cent had disabilities. The diversity of experience and the complexity of need represented in these figures compounds the challenge to policy-makers and practitioners to improve or develop effective preventative and proactive services for children and their families.[22,23,24,25] These figures do not include those children who may have needs that have not been met but fall below the threshold of children in need found in Section 17 of the Children Act 1989. In the last 30 years there have, for example, been over 30 child death inquiries in the UK. Research analysing child deaths and serious injury to children found that a number of these children had not been identified as children in need of support and protection.[26]

The growing political interest in outcomes for disadvantaged children is reflected in legislation, policy and practice guidance published over the last two decades.[5,27,11] Underlying this agenda for children is legislation which seeks to ensure that all children in England and Wales have the opportunity and support to achieve and to maintain a reasonable standard of health and development.[28,10] An awareness of the factors that assist early identification of children in need is therefore important in several ways. Primarily, it facilitates the critical notion of timely, efficient and effective intervention in factors that may represent a risk to children's welfare. Additionally, it informs debates about the management, strategic planning and delivery of universal, targeted and specialist services. Key aims of integrated early intervention are to influence or remedy situations before acute crises emerge and to optimise the life chances of all children[29,1] by recognising a variety of opportunities for the early identification of need. It also means being well informed about the potential for successful interventions with older children or young people in order to avoid discriminating against this population and their families.[30,17,31]

What does the research show?

Primary research in the areas of early intervention and of integrated working are in their infancy[32] and there is, therefore, limited direct evidence.[33] As a result, this briefing draws on reflective commentaries, reports of programme evaluations and the 'grey' literature as well as published academic research.

Lack of agreement on definition

Definitions of early intervention are contested. Where accounts of risk and protection programmes specifically mention early identification as a goal, or discuss processes of early identification, 'early' takes on a variety

of meanings including: chronologically early in life; early in exposure to risk factors; early in relation to the development of problem behaviours; or early in relation to the likelihood that available interventions might be successful.[34,12,35] Any of these may be critical to consideration of 'early identification'. A useful definition of 'early identification', however, is where 'early' is taken to reference the point in time at which a child or young person becomes vulnerable to poor developmental outcomes.[8,17] For example, the aim of Sure Start Local Programmes is to work with parents in local communities to promote children's wellbeing and, thus, seek to combat the adverse effects of poverty and disadvantage by intervening early in the child's life.[36,18] Sure Start Local Programmes are conceptualised on two basic premises:[18,34] that successful intervention in the early years of a child's life offers the greatest potential for making a difference; and that geographic location may indicate need.[36,27,37] It should be recognised, however, that other forms of 'early identification' are necessary at different points in a child's life, possibly requiring more targeted or specialist interventions appropriate to the child's needs.[38,17]

Most approaches to early identification of need suggest the need to be vigilant in relation to risk factors that may indicate the actual or potential vulnerability of a child and/or family to poor outcomes, and include both structural and individual variables.[26] Examples would be: living in poverty; growing up in a disadvantaged neighbourhood; experiencing problems in school; poor parenting; substance misuse; domestic violence; and levels and quality of formal and informal support.[39,17,20] Despite this convergence in thinking, research shows that there is still much to be learned about the outcomes produced from the influence and

interaction of individual risk factors across children's lives.[38,26] Gaining indications of vulnerability from the intersection of risk factors is, therefore, complex and there is evidence that 'clustering' of risk factors is not always a sound indicator in this respect.[40] Research also increasingly recognises the importance of coping strategies, protective factors and children's resilience.[41,42,43,44,45] In addition, there is acknowledgement that some factors, for example membership of a large family, have the potential both to increase risk or, alternatively, to enhance protection.[41,46]

The challenge of working together

It is now increasingly accepted that early identification of need relies in part on the effective coordination of services across the range of children's life experiences.[1,13,17] The move towards preventative strategies for children and their families has proved to be a catalyst in this respect.[26,4] The production of multi-disciplinary assessment procedures and resolution of conflicting professional perspectives has, however, been both complex and challenging.[47,48] The difficulties around inter-agency communication and lack of understanding of roles, for example, have been well documented,[8,20,26,49] while those relating to the establishment and maintenance of the effective partnerships upon which successful intervention programmes rely, are only now emerging as significant issues.[50,34,29]

In child welfare, in particular, some practitioners have struggled to achieve shared understandings of problems and responsibilities as highlighted by the Laming report.[9,51] Challenges therefore appear to lie in bringing about the changes in practice and attitudes required to achieve the

aims of the Every Child Matters.[2] In this respect, national evaluation studies[18,12,52,53,54] are useful in illustrating practices that assist inter-agency collaboration. These include:

- a shared understanding of aims and objectives

- acceptance and understanding of thresholds of risk and need

- confidence in information sharing with parents and other professionals

- systematic recording systems

- regular contact with, and access to, informal advice from other professionals

- co-location of services

- joint budgets

- regular dissemination of research findings.

Finally, in relation to the most clearly recognised barrier to collaborative working – ineffective communication – the Common Assessment Framework[14,15] may provide a bridge for communication between members of the children's workforce. However, without the development of a 'communication mindset'[55] on behalf of practitioners, its utility is seriously undermined.[56] Further to this, inter-agency professionals need to develop a sense of belonging to a single system that takes account of shared values, philosophy and mission, and works towards a shared identity.[55,57,20]

Management, planning and resources

There is a continuing need to address some of the structural problems that stand in the way of providing a responsible, accountable and accessible preventative service.[58] Providing services in a way that does not stigmatise children and families is important.[36,18] Involving children and families in the planning and development of services by identifying patterns of local need and potential solutions thus encourages a greater sense of involvement in the type of service provided.[8] Some research suggests that locating services where children and families ordinarily go for support, such as schools or local community and primary care settings,[59,8] makes preventative services more appealing and accessible. It also provides the opportunity for early identification of need. Consideration also needs to be given to better publicity of services and providing the services at times that are most likely to attract children and families.[60] Research exploring the preferences of people who use services and their engagement with preventative services[61,62,12,18] suggests there are potentially three styles of user take-up:[18] self-referral; facilitated referral (perhaps due to language barriers, illness or isolation); and a conditional acceptance of services (which may be linked to religious belief, cultural norms or other severe restrictions).

Effective leadership and management are seen as being particularly important for helping staff to transcend traditional professional boundaries, work well together and produce effective multidisciplinary teams.[36] Supportive and enthusiastic managers therefore have an important role in implementing early intervention programmes. Ongoing inter-agency training provides a way of promoting effective working relationships and an understanding of respective roles and responsibilities.[15] This does, however, necessitate a strategic awareness of, and commitment to, joined up working,[18] shared expertise and pooling of resources.[10]

Implications from the research

For organisations

There is a substantial body of literature commenting on factors that might work against early identification of children in need, which focuses on 'barriers' to coordination and cooperation.[55,20,51,26] Recognised barriers include poor inter-agency communication, lack of trust and the lack of a shared professional value base.[9,55,57] There is, therefore, an important role for organisations in addressing the factors that contribute towards these barriers. What is key is overcoming issues around role boundaries; budgeting; communication and confidentiality; tensions in professional responsibilities; differences in professional/agency language; culture and perceptions of other agencies/professionals as capable or reliable.[63,64]

In multi-agency teamwork, professional knowledge boundaries may also become blurred, particularly if the pace of change does not allow new identities to settle,[65] and may result in role confusion and lack of shared understanding. This may be compounded by the unrealistic expectation that locating professionals in the same physical space would in itself result in effective multi-agency working.[32,56,65,66] Factors that promote success in this context can be described as the simple opposites of barriers[67,26] and include:

- appropriate resources (including personnel and financial)
- willingness to be involved
- understanding of roles and responsibilities
- good communications and information sharing practices
- clearly defined protocols
- supportive leadership and management.

Collaboration between professionals continues to be a challenge.[48] The development of new structures that promote collaborative learning and respect the expertise essential for more targeted services are key if the aims of the Children Act 2004 are to be realised.[18] Opportunities for this can be created as a result of local strategic approaches to capacity building through training, harnessing the potential of induction processes and having a comprehensive and integrated training programme across the children's workforce.[18] Finally, the literature suggests an exclusive focus on coordination across organisational boundaries should not be embraced uncritically as increased external coordination may lead to a withdrawal from professional responsibility.[8] Better outcomes for children and their families may not, therefore, be related simply to inter-agency and inter-professional coordination alone, but to the quality of internal organisational climate, workers' attitudes and positive motivation and support.[68,26,15] In this context, organisations should also pay attention to issues of race, ethnicity, culture and faith as they impact on decision-making, training and service delivery.[69]

For the policy community

The programme of investment in children's centres, extended service schools and multi-agency teams as 'integrative mechanisms' is intended to bring children's services together.[1] These are seen as positive developments likely to provide an organised structure to support multi-agency, inter-professional and integrated (single-system) working.[20] They are also intended to encourage and enable replacement of

fragmented practices with common assessment and information sharing frameworks. However, a number of perennial issues remain unresolved. Firstly, a lack of clarity and agreement about respective aims and objectives may create tensions between services designed to protect and services designed to support families. Clear and well-disseminated policy and practice guidelines thus have an important role to play in the promotion of effective practice.[18]

Secondly, accessible, enabling, needs-led support services are not yet the reality in many cases. Some children and families struggle to access services before a crisis occurs.[59,8,58,26] At this point it is useful to distinguish between inaccessible services and non take-up of services for they raise different issues. In the former, lack of information, inaccessible premises and distance to venues are among reported obstacles. In the latter, stigma and fear of the consequences of engagement are recorded as barriers to take-up.[18] Furthermore, research that examined evidence from early intervention services for black and minority ethnic children and their families, for example, noted a lack of appropriate, culturally sensitive service provision.[22,70]

For practitioners

While the Common Assessment Framework[14] is designed to enhance early identification of need, its utility is dependent upon the degree to which the professionals engage with the prerequisites of sound assessment. For example, researchers[49,58,60] have found assessments frequently lack one or more of the following elements:

- a social history
- the drawing together of information from different sources

- an analysis of how the family problems had developed over time
- a description of who had contributed to the assessment
- the underpinning theoretical basis
- evidence to support recommendations.

In addition, workers also found it hard to explain why a particular range of services had been offered to children and their families. The researchers concluded that practitioners making assessments need adequate time for the task, administrative and IT support, and opportunities to gain confidence in undertaking assessments. Thus, there is a need for practitioners to have more strategic and evidence-based training, as well as an opportunity for personal development.[47,9,26,18]

Research found that parents, carers and children in need of support, value and are more likely to engage with practitioners who are accessible, approachable and responsive.[36,18,58] They are also more likely to take up services if they are culturally sensitive.[60,70,71] The importance of giving equal weight to strengths and needs in the assessment process as well as the need to involve both parents and children unless there are significant contrary indications is stressed by other studies.[72,73,60] These moves are perceived as evidencing a more inclusive assessment strategy that supports both integrated working and early prevention.

For users and carers

The benefits of children and their families being involved in the planning, delivery and evaluation of services are well documented.[60,73,74,75] The United Nations Convention on the Rights of the

Child (UNCRC) 1989 emphasises the right of children to be listened to and for their views and opinions to be taken into account in decision-making and planning about their lives. Both Every Child Matters and Children Act 2004 and the National Service Framework reflect the importance of involving children and their families when assessing and planning service provision. Despite this, there is some way to go to ensure that children are involved in discussions about their needs and concerns, practitioners still tend to rely on adult proxies such as parents, carers and professionals to speak for the child.[60]

Children have the right to protection from harm and to the provision of any early intervention services that they may need. Their perceptions of good parenting, harm, risk and need should be harnessed and inform decision-making and service provision. Children and their parents/carers can make important contributions to assessments of need and risk and have the right to be made aware of the preventative service they can access.

Useful links

Barnardo's – Founded in 1867, Barnardo's is a charity that originally ran residential homes and orphanages but now uses the knowledge gained from direct work with children to campaign for better childcare policy and to champion the rights of every child.
www.barnardos.org.uk

ChildLine – ChildLine is the UK's free, 24-hour helpline for children in distress or danger. Trained volunteer counsellors comfort, advise and protect children and young people who may feel they have nowhere else to turn.
www.childline.org.uk

Children's Legal Centre – The Children's Legal Centre, funded by grants from Central Government and by charitable trusts, is a unique, independent national charity concerned with law and policy affecting children and young people. It opened in 1981 and is staffed by lawyers and professionals with experience in child law.
www.childrenslegalcentre.com

Children's Rights Alliance for England (CRAE) – CRAE is an alliance of over 180 organisations committed to children's human rights. It is a registered charity, which supports and works in partnership with children and young people so that they can learn about and use their rights.
www.crae.org.uk

Community Care – This website is for social work and social care professionals. Short articles of relevance to practitioners can be accessed here.
www.communitycare.co.uk

Department for Children, Schools and Families – Established in 2007, this government department aims to give children and young people the opportunity to reach their full potential by focusing on integrated children's services and educational excellence.
www.dfes.gov.uk

Every Child Matters – This website is mainly for people who work with children and young people, and the people who make decisions that affect children and young people. One of the main aims is to make sure that people such as teachers, doctors, social workers and the police are able to work better together to help children and young people.
www.everychildmatters.gov.uk

Joseph Rowntree Foundation (JRF) – The JRF is one of the largest social policy research and development charities in the UK. The JRF's purpose is to search, demonstrate and influence, providing evidence, solutions and ideas that will help to overcome the causes of poverty, disadvantage and social evil.
www.jrf.org.uk

National Children's Bureau – A charitable organisation that acts as an umbrella body for organisations working with children and young people in England and Northern Ireland.
www.ncb.org.uk

National Society for the Prevention of Cruelty to Children (NSPCC) – The NSPCC is a charity which lobbies and campaigns for better laws and policies to protect children. It also has several helplines, including ChildLine, for children in need of support and protection.
www.nspcc.org.uk

NCH Action for Children (UK) – Previously known as the National Children's Home, this charity has over 500 projects

across the UK. It is also a major provider of family and community centres, children's services in rural areas, services for disabled children and their families, and services for young people leaving care.
www.nchafc.org.uk

The Children's Society – An organisation with a national network of projects supporting children and their families. Its work is based on a substantial practice base, a robust research programme, dedicated social policy work and nationwide campaigning.
www.childrenssociety.org.uk

Related SCIE Publications

Report 06: Managing risks and minimising mistakes in services to children and families (2005)

Research briefing 11: The health and well-being of young carers (2005)

Research briefing 16: Deliberate self-harm (DSH) among children and adolescents: who is at risk and how it is recognised? (2005)

Research briefing 19: What is the impact of environmental housing conditions on the health and well-being of children? (2005)

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