Developing a Multi-Agency Pre-Referral Common Assessment Approach to the Identification of Children in Need in the Community

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Abstract

This paper sets out key findings from a pilot study that sought to introduce a pre-referral common assessment system for children and families within the city of Swansea. The aim of the scheme was to build a basic assessment format that comprised indicators of parenting capacity and child development linked to thresholds of concern. The objective was to help focus an appropriate preventive intervention that would recognise strengths and resilience in the child and family. Using a 'before and after' analysis of implementation, together with a comparative approach involving another nearby Welsh local authority that had no such scheme, it was possible to note a number of positive changes. The key effects included a reduction in missing information; more reference to child and family strengths and capacities in assessments; and a reduction in the proportion of referrals that did not get a service. However, there was relatively little change across both intervention and comparison sites in relation to the way assessments revealed the experiences and views of children with professionals generally giving little prominence to the expressed wishes of children who were of an age to discuss their needs and concerns and relying more upon parents and carers to speak for the child.

Keywords

Assessment, common assessment, children and families, referral, action research, comparative studies

Background and rationale

A core element of Welsh Assembly Government and UK government policy in child and family services is the notion of multi-agency collaboration in order to meet the needs of children. Children in need and their families are the subjects of planned intervention through the Assessment Framework (National Assembly for Wales 2000; DH 2000). This Framework contains domains, dimensions, and measures to identify needs that are conceived as inter-related about the individual child, the child's family, and the child's environment. This Framework comprises initial and core assessment procedures for which local authority social services have lead responsibility and whose staff will investigate in depth a range of issues around a child's welfare. However, children have in the first place to be referred to a local authority with social services responsibilities in order for such assessments to occur and thus the role of referrers (for example, teachers, health staff, police, voluntary sector, courts) is crucial in children coming to local authority notice and obtaining a service.

Children in need

Until recently, referrers in Wales and England have tended to operate their own criteria about the sorts of needs or circumstances that should trigger their contact with social services about a child. Such criteria may (or may not) have been agreed with the local authority or indeed

Research Policy and Planning 23 (3): 139-148 © 2005 SSRG

stem from local authority guidance on referral making. The point, however, is that there are few examples of a pre-referral assessment procedure shared by local agencies which will help identify appropriate cases to refer to social services. The aim of this study therefore was through collaboration with Swansea local authority social services and local partner agencies, to design, implement and evaluate a *pre-referral common assessment protocol* that was compatible with the Assessment Framework. This we believed would help generate standardised procedures and promote appropriate referrals to the local authority social services resulting in better targeting of resources to children in need as defined by the Children Act 1989 s17.

A major debate within the field of UK child care (see Peel and Ward 2000:5) concerns the way an emphasis on child protection investigations has tended to overshadow a more preventive and needs-led intervention thought likely to promote family stability and reduce crises, meaning that the well being of all children in need is thought to have been affected adversely. Thus, a key issue for social services is how to re-focus practice toward a more preventive approach via the notion of 'children in need' whereby child protection is part of a continuum of provision to meet need, rather than the dominant element. Indeed, as a means of helping to re-balance provision the Assessment Framework was launched by the Department of Health in England in 2000, and by the National Assembly in Wales in 2001(DH, DfEE and Home Office, 2000; National Assembly for Wales, 2000). The Framework tools and guidance (see DH and Cleaver 2000; DH, DfEE and Home Office, 2000, p.63) stress that children's needs and their families' circumstances will require inter-agency collaboration to generate full appreciation of what is happening and to ensure an effective response (see Hudson 1999).

The pre-referral common assessment tool: building on Loughborough

Our purpose was to complement the Assessment Framework initiative by enhancing the way that the early identification of need is understood and shared between various practitioners working in numerous agencies. Thus, our project aimed to generate commonly agreed standards against which needs can first be identified and prioritised in order to determine whether a situation warrants referral to social services or some other agency. We sought to do this by developing, piloting and evaluating a pre-referral common assessment protocol that would help standardise the way in which children in need who are aged 0-4 and 5-9 years come to notice. We did not think it feasible in the time available to address the broad spectrum of needs of children and young people aged 0-18. Nor did we include child protection referrals in our initial piloting of this project in Swansea although it was our belief that such a scheme could properly encompass child protection referrals once we were confident that it operated effectively.

Our study built on work undertaken by the Centre for Child and Family Research, Loughborough University between 1996 and 2002 with one northern local authority (and a comparator) in England (Peel 1999; Peel and Ward 2000; Ward and Peel 2002). Results from this pilot suggested that initial fears that the new approach would require extensive additional investment of time and resources from child welfare practitioners or that social services would be overwhelmed by new referrals, proved unjustified. In fact, there was a drop in child concern referrals during the pilot period. The reasons for this cannot be attributed solely to the pilot scheme but it does seem evident that many professionals concluded from their use of common assessment standards that a referral to the local authority social services was not necessary (see Peel and Ward 1997; Peel and Ward 2000). Significantly, there was no corresponding rise in child protection referrals (see also Hardiker et al, 1996) and

there was a clear decrease in the number of referrals recording 'no further action'. The Loughborough pilot, together with more general guidance on assessment techniques (Meyer 1993; Millner and O'Byrne 1999; Waterhouse and McGhee 2002), was pivotal in our development of tools and methods of assessment accessible to practitioners from different agencies. To be effective, such tools must be organized around well-understood ideas about child development and those factors which promote or inhibit successful progress, based on research evidence and integrated with policies and procedures. Thus our aim was to agree and pilot a pre-referral common assessment tool that would help ensure that referrals to social services owned some consistency over concepts and thresholds, thereby reducing inappropriate referrals and helping target scarce resources. The scheme would also help determine if the matter could be dealt with by the agency first involved or be referred to some other organization. As a first stage search procedure, its primary aim was to identify those needs of children aged 0-4 and 5-9 years, which might require additional services and refer these to Swansea Social Services which would decide if the matters presented warranted further attention via the Assessment Framework initial and core assessment tools into which they would incorporate the information from the pre-referral common assessment.

Methods

Common assessment domains and thresholds

The focus of the common assessment was the child and the key categories were drawn from Assessment Framework dimensions. These categories structured the common assessment document and included the child's:

- health;
- education;
- identity and social presentation;
- family and social relationships;
- emotional and behavioural development and self care;
- physical and social environment.

These core categories were each connected to (a) indicators of parenting capacity (b) key areas of child development (c) thresholds of concern - mild, moderate, and serious (see below). These materials were crafted as an age-band specific document for children who were either 0-4 or 5-9 years old. Professionals would be asked to enter their comments across the categories in relation to thresholds of concern about parenting capacity and child development insofar as they had relevant and appropriate knowledge. It is important to note that the formats require professionals to stress child and family strengths as well as needs and to outline any advice to social services they may have about the sorts of intervention that might best assist the child. These elements of the common assessment were first introduced and tested in the Loughborough research (Peel and Ward 2000). These formats then became the subject of consultation with key stakeholders in Swansea and an adjusted version was agreed (Pithouse et al 2004) and introduced through a sequence of training. The training of local childcare professionals in the undertaking of common assessments was predicated upon principles of partnership and openness; such essentials speak both to service users and providers (Lloyd and Taylor, 1995; Peel and Ward 2000:9). Service users often evince distrust of local authority social services (see Smith, 2001) and experience some discomfort in having to explain their circumstances to different professionals. Our scheme addressed these issues directly as the tool required clear involvement of parents and children in the assessment process and their agreement in a referral being made, unless there were overriding concerns about significant harm.

In order to agree indicators of parenting capacity and key areas of child development linked to the thresholds of concern (mild,

moderate, or serious), we needed to take into account the views of providers and service users including children. Here, it cannot be assumed that conceptual and administrative materials that categorise need can simply be 'plugged-in' and accepted by service users and other agencies. As we describe below, it was essential to engage providers and local people in the operation of assessment concepts and their presentation in the assessment tool so that the design was 'owned' by key participants. It was also essential to engage providers and public in the selection of indicators and thresholds in order to take note of any local and/or cultural issues, particularly the Welsh language, which might influence our understanding of need and the process of assessment itself. Aspects of language and other areas of potential discrimination within assessment thus received close attention (see Burke and Harrison 2000; Robinson, 1998; Rojeck, 1988).

As mentioned earlier, the thresholds of concern that were linked to each of the above assessment categories comprised mild, moderate, or serious concerns. These thresholds were operationalised in relation to definitions of children in need within the Children Act 1989 s.17. *Mild* concern could, for example, refer to families that were not receiving support universally available from statutory providers but otherwise would not need additional assistance and while this matter would be attended to, a referral to social services would be unlikely. *Moderate* concern would refer to circumstances where a child was 'unlikely to achieve or maintain or have the opportunity of achieving or maintaining a reasonable standard of health or development without the provision of services' (CA 1989 s17). Here, a referral is assumed but might not be considered an immediate priority. *Serious* concern would address concerns that 'a child's health or development is likely to be significantly impaired or further impaired without the provision… of services' (CA 1989 s17). Here an immediate referral would be expected.

Fleshing out these broad notions in relation to indicators of parenting capacity and key areas of child development was the subject of initial consultation with key stakeholders. This was accomplished through a sequence of group exercises and training sessions with key players including professionals from health, education, police, social services, and the voluntary sector. Participation in such sessions has been found to reveal substantial areas of common ground between professionals from different disciplines, and thereby to be an important factor in strengthening the mutual trust between agencies upon which this project depends (Peel and Ward, 2000). Likewise, a focus group of parents from the research area commented and advised on the materials. Gaining the views of children was a more delicate matter and it was considered unlikely that the materials being developed would be readily accessible to most 0-9 year olds. Nor did we think it appropriate, for reasons of sensitivity and confidentiality, to request access to children who had recently been assessed and who might not easily make an informed choice about whether to participate. However, in matters of welfare we all too often neglect the views of children, and we have much to learn about the way they perceive adults, especially 'officials' and how this influences their readiness to trust and disclose feelings and experiences (Butler 1997). Consequently, we explored the availability of existing children's forums convened by the local authority in the research area which had a membership sufficiently mature to conceptualise issues around children's needs and good parenting. Here we used, as did Peel and Ward (2000), vignettes from popular television programmes to generate discussion with a selection of youngsters about how they perceived a range of needs and good parenting in particular. Our assessment materials were adjusted and agreed in light of these events and we then embarked on a programme of training local agencies in the purpose and function of the scheme.

Training

Developing the local provider system through a basic familiarisation with the aims, concepts and procedures of common assessment was an ongoing feature of the project. The first phase of training involved some 130 professionals (mainly health, education, voluntary sector) in small groups composed of agency-specific members attending half-day sessions. *Ad hoc* training of mixed groups continued thereafter (which included housing and police) and over the study period, some 250 people received instruction and guidance in undertaking common assessments and referrals. During training the key issues that arose for trainees were to do with the likely response of social services to assessments received; limited knowledge of what social services had to offer; time costs in completing the forms; know-how to undertake assessments for occupational groups that had little background in engaging with parents and seeking their consent; referring reluctant parents to social services and related aspects of stigma. The benefits perceived by trainees included standardised approaches to assessment, shared standards, and shared awareness of areas of concern.

Researching the impact of the scheme

Our methodological position was a careful mix of the comparative, the quasi-experimental and action research. We sought to evaluate events in an environment that we were seeking to change through training and through agreed amendments made to the materials as we moved along. We were not examining discrete phenomena that could be abstracted from their surroundings and measured with full confidence. The study therefore comprises an unavoidably partial snapshot of the impact of the scheme. While we believe the study has been as robust as feasible within the time and resources available, we do not claim to have determined all the effects of the scheme, or to have accounted for other intervening variables that may have affected referral and assessment activity in the study period.

The research comprised five key elements: consultation in the design and preparation of the assessment tool; training in the use of the tool; implementation; evaluation; report and dissemination. The key research questions we asked of the scheme were to do with the following impacts, viz., did implementation lead to:

- Evidence of enhanced joint working?
- Congruence of pre-referral assessments; for instance, did agencies incorporate/switch to the protocol?
- More family and child involvement in pre-referral assessments?
- Evidence of a relationship between identified need and services provided?
- A drop in child concern referrals due to the protocol reducing inappropriate selection?
- No direct consequences for child protection referrals (which followed a different route) stemming from under or over reporting of child concern or used inappropriately for child concern cases in order to ‘win’ quick responses or resources?
- Better linking of referrals to initial assessments?
- Better quality of referrals received by social services, thus easier to prioritise cases?

In order to evaluate the impact of the scheme it was important to undertake a comparative research strategy that would both take a ‘before and after’ view of the scheme within the participating authority of Swansea and compare this with results from a comparator local authority in Wales. Such an authority was identified where no similar scheme was being introduced but which shared similarity in service structure and had adopted the new

Assessment Framework that was being introduced across Wales when the study commenced. The research design comprised a case-based analysis of 120 referrals in the 12 months before implementation and 120 referrals in the 12 months after implementation in both authorities together with structured interviews with key stakeholders. We considered the sample size of referrals to be sufficient to allow SPSS manipulation and some statistical testing. An extensive audit tool (140 items) based on Assessment Framework domains and referral categories was applied to 120 referrals pre and post implementation across both authorities in order to identify whether there were discernible changes around information provided and the impact of these upon cases.

The sample (before and after) was reasonably well matched by referring agency, age of child, family structure, primary reason for referral. The age of the children were 0-4 and 5-9 years and they were referred because of specific needs that were not, in the first instance, to do with urgent child protection and who were not re-referred as a pre-existing open case whereby recent assessment work would likely have already been undertaken. We did not include police referrals in our analysis because they were unable to engage in the scheme for operational and resource reasons, albeit they were able to participate in the Loughborough research (op cit).

Key results: pre and post implementation

In the 12 months before implementation, there were 480 non-police referrals for children aged between 0-4 and 5-9 years in Swansea that did not involve urgent child protection enquiries. The majority of these referrals were from health, education, courts and probation, local authority, housing, and the voluntary sector. In the 12 months post-phase, there were 448 referrals (not including police referrals), representing a reduction of seven per cent. By contrast, in the comparator site, the number of non-police referrals rose from 287 to 495, representing an increase of 72 per cent. Similar increases were also observed in other authorities in South Wales.

Referrals from family and kin

During the same period, there was a reduction in referrals by family and kin from 301 to 193. Thus, there would appear to have been no 'knock-on' effect whereby professionals might have (improperly for reasons of expedience) encouraged service users to refer themselves directly so as not to have to spend time completing the assessment and referral forms.

Child protection

It was important to examine if (a) there had been any increase in child protection referrals over the study period that might be linked in some way to the implementation of the scheme and (b) to consider if any such increase may have been due to professionals using this route improperly as a means to 'fast-track' referrals and avoid completing the assessment forms. Across these two periods, there were no evident increases in child protection referrals from education, health, and voluntary agencies as a consequence of collaborating in the scheme.

Referrals using the new forms

Initially, we sought to win co-operation and support over time from other agencies for the project. Over an 18-month period of piloting and data collection in 2003/4, some 169 referrals were received from referrers trained in using the assessment materials. Of these, 88 completed the common assessment materials and 81 did not, thus compliance with the project was not immediate and fulsome. However, as the scheme progressed the numbers not using the new materials fell markedly and towards the end of the first 12 months, most used the common assessment forms. Thus, our sample post-implementation (n=88) was smaller than the 120 referrals we planned to accumulate but was adequate for broad comparative purposes.

Background information: reduction in missing areas

When looking at essential information absent from referrals pre and post implementation in Swansea, we can observe the following reduction in missing material which is notable in some instances and which was not evidenced in the comparator authority.

When looking at information entered about other professionals and agencies already involved with the family it was possible to note a marked increase in this information from 110 entries in the Swansea pre-phase referrals (n=120) compared with 228 entries in the post phase referrals (n=88). There were no marked increases in the comparator authority.

Children's views in common assessments

In respect of children's views entered or not before and after implementation we noted little change across intervention and comparator sites and time periods. In Swansea, only four per cent of pre-referrals and five per cent of post-referrals recorded children's views. Similar distributions were noted in the comparator authority.

Main referrers: health and education

Perhaps unsurprisingly, health and education referrals using the common assessment tended to predominate. When looking at referrals from health, we noted relatively little change in Swansea across both periods in respect of information around immunisations, dental records, and type of assistance needed from social services. More information however was entered on the child's development strengths (up from 10 to 24 per cent of referrals post implementation) and on the parent's capacity to meet child's health needs (up from three to 24 per cent). In regard to education, we can note much more information in Swansea referrals about the child's education strengths (up from three to 38 per cent) and more on the child's education needs (up from 13 to 51 per cent. In regard to assessment domains such as identity and social presentation, emotional and behavioural needs, child's family and social relationship needs, there was less change over the study period. The reasons for this are not clear; it may be that the more 'interior' and less tangible nature of a child's emotional characteristics were areas where referrers seemingly lacked the knowledge and conceptual tools to offer insights. Most seemed more comfortable to describe the more visible aspects of a child's conduct or circumstances.

More emphasis upon strengths

There was much more information provided post-implementation in Swansea referrals about environmental factors likely to impact on the child and family. There were also more details on parent/carer capacities to meet the needs of the child. Swansea referrals were much more likely than comparator referrals to comment on positives in the child and parent. Thus, in the post phase there was a marked increase of 30 per cent or more in information entered on categories such as: family history, housing deficits, social and community strengths, employment and income deficits and 30 per cent or more information in regard to parenting capacities such as basic care, ensuring safety, emotional warmth (strengths), boundaries (strengths), stability (strengths). To repeat, a notable difference was the tendency for Swansea referrals in the post stage to give more emphasis to child and family strengths (more so than in the comparator authority). Out of a possible 15 referral categories and assessment domains in the audit tool that referred explicitly to strengths it was possible to note that all found some reference within the Swansea referrals and common assessments. By contrast, comparator referrals made reference to three of these 15 strengths only.

Table 1: Comparison of areas where information was missing pre and post implementation

Information area	Proportion where information was missing	
	% Pre	*% Post*
Ethnicity	27	10
First language	80	46
Religion	94	85
Parental responsibility	27	9
Had always lived with parent	73	19
Looked after or not	77	27
Registered as 'disabled'	75	23
Child protection registrations	68	23
Parent/carer aware of referral	39	7
Consent noted	76	17

More information entered

It proved possible to note where there were differences across both sites in relation to 140 referral categories and assessment dimensions as contained within our case audit tool. Overall, there was more movement at the intervention site in relation to information entered into referrals in the post stage. Here there was an *increase* in information in respect of 61 referral categories and assessment dimensions. In the comparator site the figure was 36. This does not suggest that referral information in the comparator site is somehow of inferior quality or relevance, rather, the point made is that there appears to have been less change in the comparator site across the two periods. In order to test whether this change between two periods could be subjected to more rigorous examination, we collapsed the data and re-coded it into a binary score to indicate whether information was missing or present for each item. Comparisons were then made across intervention and comparator site to examine any differences in the proportion of missing data within each of the 140 items in the audit tool; these were assessed using the non-parametric Pearson Chi-Square test, suitable for such basic categorical data. Examination of the Swansea and comparator pre-implementation data revealed no significant differences in the proportion of missing information for the vast majority of the audit items, indicating that the standard of completion was not much dissimilar at the outset. No significant differences were evident when the pre and post audit data for the comparator site were analysed. In contrast, the Swansea audit data showed significant statistical differences on 31 items between pre and post implementation. For 5 of the items there was more missing information at post than at pre implementation. For the remaining 26 items, however, the audit data at the post stage revealed more information than obtained at pre, and for all bar two items the decrease in missing information was dramatic. It would seem likely therefore that the implementation of the common assessment did have an impact, and that statistically this was at a significant level for a substantial number of items across referral categories and assessment domains.

Further action on referrals

It was important to detect if there had been any change in further action as a consequence of the referral and common assessment being made. The following potential outcomes were examined as indicators of work being better focused. Thus, a reduction in advice and information giving was thought a likely outcome of referrals being more focused around needs. Here we can note that in Swansea in the post-phase fewer referrals received advice only, down from 35 to 28 per cent. Also,

there was a reduction in referrals not receiving a service and being 'posted' on to other agencies, down from 15 to seven per cent. By contrast, more cases were allocated for social services intervention, up from 17 to 26 per cent. There was also a reduction in 'no further action' as an outcome, which fell from 47 to 38 per cent. Initial assessments rose from 33 to 44 per cent, which suggests that referrals may have assisted in identifying needs with more effect. In the comparator authority, there were no similar changes, rather there were increases in the proportion of referrals defined as 'no further action' and proportionately fewer cases passed to social services teams for intervention.

Professionals' views on using the forms

Throughout the study, we sought to gather the views of participating professionals. Initial resistance from some agencies stemmed from a belief that it was the role of social services to assess and not the job of the referring agency. Respondents from health and education acknowledged that the scheme provided an opportunity to learn more about family functioning while focusing on the needs of a child as an individual. It also provided an opportunity to encourage the family to have their say and to be involved in the decision making around appropriate services tailored to individual needs. Referrers were concerned that the assessment would raise expectations of services being available to meet the needs that were identified during assessment. Referrers were unsure to what extent they should specify in the referral the sorts of services that could best meet the child's needs. Health workers seemed more comfortable than other referrers with the idea of seeking consent from parents/carers in making a referral. Most respondents endorsed the more constructive stress on 'positives' in family capacities that arose in the format of the common assessment and most saw significant value in the way the forms provided indicators and thresholds for locating and describing their concerns. Social workers in the local authority who received the common assessments found them useful and were keen for the scheme to continue subject to adjustments that would help streamline and delete areas of repetition. They found the common assessments helped them prepare for their encounters with families and offered a valuable starting point in identifying and understanding specific needs. They also recognised that improvement in their feedback to referrers was needed if the scheme was to maximise support and co-operation from referring agencies.

Conclusion

We consider the scheme to be a qualified success. It is acknowledged that the pre-referral common assessment materials are in need of adjustment and streamlining. It is acknowledged that better feedback is needed from social services to referrers in order to provide essential information and to generate a sense of reciprocity in order to elicit support for and compliance with the scheme. However, the scheme demonstrates potential that is well worth developing further via an amended common assessment protocol. The local authority recognises this and there are now plans to introduce the scheme across the authority for all age groups of children and young people and for child protection referrals as well. This will generate a more inclusive pre-referral assessment mechanism that will support the local authority's aim to offer a more integrated approach to child and family support.

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