

**Strong Foundations- how effective can the Integrated Children's System be when working with vulnerable children and their families?**

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## **Abstract**

This article examines how the Integrated Children's System (ICS) may affect social work practice with vulnerable children and their families. It begins by setting out the theoretical basis of the ICS model, locating it within a government agenda for change and the introduction of evidence based practice. It goes on to highlight some concerns about the specific pieces of research on which the model is based, specifically the Looking After Children documentation, and questions the usefulness of basing the ICS on problematic ideas. Finally it attempts to show how the ICS model may have implications for practice, calling on the tradition of inquiry and debate that has previously characterised the professional development of Social Work.

## **Introduction**

The modernisation of Children's Services and the Quality Protects Initiative (Dept of Health 1998) have formed the basis of improvement within local Social Services provision for children. They have resulted in a number of changes to the way that social work practitioners have structured interventions and the way that such services are received. These changes have been led by the Department of Health who has driven the agenda for change, and linked large parts of the implementation to financial payments to local authorities (Dept of Health 1998, 1999). The New Assessment Framework represents one of the most recent aspects of this change, and the challenge to practitioners is to use this tool effectively in their work with vulnerable children and their families (Dept of Health, DfEE & Home Office 2000).

However the agenda for change does not stop with the Assessment Framework (AF), and indeed the Department of Health is already begun the implementation of another system, which will incorporate the AF into a wider mechanism for the assessment and monitoring of services to children and families. The Integrated Children's System (ICS) (Dept of Health 2000) includes the Looking After Children documentation (Dept of Health 1995), and the requirements for young people leaving care (Children (Leaving Care) Act 2001). It is:

"Designed to ensure that assessment, planning and decision making leads to good outcomes for children...[it] will set out what information will be collected when working with children away from home, those for whom the plan is adoption and care leavers. (DoH 2000 p.1)

The potential for change can be seen as a positive influence in the context of modernisation and the need for reform in a service that has long been associated with poor user experiences and detrimental outcomes for those involved in its work at a variety of levels (Iwaniec & Hill (2000)). However there may be a need to be cautious about the introduction of

this model of practice, for a number of reasons, not the least of which is the need to ensure that any model reflects the values that lie at the heart of social work practice and development.

This article highlights some of the issues that the ICS may pose for social work with vulnerable children and their families, and explores how these issues may challenge the current basis of practice, which rests upon a commitment to social justice and challenging oppression at a number of levels. These may be primarily located within the areas of ideology and the theoretical basis of the ICS model.

### **The Research Agenda**

The Integrated Children's System, is defined by, and positioned within, the current changes in personal social services in England. This development contains a number of challenges to the existing understanding of the derivation, validation and use of knowledge in practice. Who defines knowledge, in a sense defines practice, and as Garrett notes in relation to the Looking After Children System:

"The primary definers are a powerful alliance comprising the DOH, senior civil servants, strategically placed senior managers in local authorities and authoritative academics with a seemingly, validated and 'objective', knowledge base." (1999b p.60)

Such concern about the validity and objectivity of knowledge is not new (Wheelahgan & Hill 2000). In medicine the production of 'knowledge' and the definition of practice are often linked to external factors, for example; drug companies and their ability to influence clinical and medical intervention, and the dilemmas resulting from such a powerful position. (Meikle 2002) Such factors have not influenced social work research to the same degree, yet fears about research agendas, which are transferred from the 'successful' arenas of health into social work, may well be justified.

Social work research has focussed on an agenda that was driven by a need for social justice, fairness and equity, and which held the needs of service users as central (Dominelli 1988, Dalrymple & Burke 1995, Katz 1995). The new agenda for research is more focussed on the notion of outcomes and how the model of evidence based practice can be implemented (Cox & Hardwick 2002). This is a shifting view of welfare and the new 'tough love' agenda (Jordan 2000, 2001) requires practitioners to step back from the previous role of the state and to re-evaluate the role of social work (Parton & O'Byrne 2000). Consequently there seems to be a developing attitude within the Department of Health of 'the State knows best' when it comes to social work practice (see Dept of Health 2001b, Davies 1998, Jackson et al 1996). In this

new position, left to its own devices, social work may develop ineffective systems of intervention that may lead to a repeat of the numerous catastrophes of the past twenty years (see for example Colton et al 2001, Dept of Health 1992).

The DoH, it is suggested, has used the agenda for change to implement a wider policy shift. This can be seen as a move from the structural changes that represented the first stage of the Quality Protects Agenda (Dept of Health 1998), towards a qualitative change in the methods and practice of social workers, to a more prescribed interaction with children and families (Dept of Health, DfEE, Home Office 2000, Dept of Health 2001b). This shift has led to the development of a research programme that supports the position of the Dept of Health in relation to children's services; see for example Ward (2000), Horwath (2001) Dept of Health (2001a). Such research supports the Assessment Framework, and its claim to academic validity, and whilst there may be a case for support, there is a danger of one perspective becoming the only way of working, with certain consequences:

"Assessment in child care... is in danger of becoming 'anti-intellectual' in the sense that, although it is attempting to root its assessments in credible research, this removes the process from a critical role to a clinical one" (Cox & Hardwick (2002, p.44)

Some of the difficulties associated with this may be that the research, and its outcomes, may not always match. For example the Dept of Health (2001b) propose that the new Assessment Framework will be based on the success of the LAC systems, whilst at the same time acknowledging that:

"The use of the [Action and Assessment] records is ongoing and more research is expected which will show if the records can help professionals improve outcomes for looked after children." (2001b p.126)

Such contradiction should raise concerns about the construction of a programme based on apparent uncertainty; however, there is little dissent from this new approach to Children's Services, and little research to support alternative views in the social work world. In cases where opposition is voiced, the response has a tendency to dismiss the concerns as invalid, see for example Jackson (1998), in response to Knight & Caveney (1998).

The justification for this prescription can be found in the adoption of Evidence Based Practice (EBP). The premise that predictable outcomes will resolve the issue of ineffective social work practice is laudable, no one more than social workers are aware of the impact of poor practice and unforeseen outcomes on service users (Neate 1997). Such a commitment to EBP is central to the Department of Health's ongoing strategy to modernise social services:

“Practice is expected to be evidence based, by which it is meant that practitioners:

- Use knowledge critically from research and practice about the needs of children and families and the outcomes of services and interventions to inform their assessment and planning”

(Dept of Health, DfEE & Home Office 2000 p.16)

However, it could be suggested that EBP is not the panacea that is presented in some writing; its adoption in medical services has not been unproblematic (Hollway 2001). Similarly in social work it rests on an unspoken assumption that what happens at present is not evidence based, and that practitioner wisdom, knowledge and insight have a reduced role in effective practice. This underplaying of social workers professional abilities may not be helpful in responding to the complex issues which form the basis of the reality of practice (Parker 1998).

There also appears to be a conflict between an agenda for change and modernisation, which includes establishing a level of professional credibility, with a call to knowledge, testing, research, and authenticity in practice, and the ICS may not possess these qualities in depth. Such authenticity can only occur over time, as has happened with other social work methods, and models of practice (for example the implementation of task centred case working, see Payne 1997). Rather, what we are faced with is a model that claims to be effective because it is supported by very specific, funded and structured research. It is not, however, open to the types of enquiry that have characterised social work development in the past, and the type of research that may, in the long term, determine its effectiveness. As a consequence we may find more truth in Cox and Harding's assertion that:

“Social work practice has moved from its original aims – meeting welfare needs, redistributing resources, providing emotional/therapeutic support and guidance, advocacy - to a much more managerialist approach” (2002 p.43)

### **LAC System Ideology.**

That the ICS finds itself within the context of a developing debate on the nature and value of evidence is not the only issue that it faces. There are also concerns about an implicit agreement that its forerunners, the Looking After Children materials, Assessment Framework and Leaving Care models, are effective and proven methods of social work intervention.

These models are not as unproblematic as it first appears. The timescales for the introduction of the various models have in some way obscured their effectiveness. Both the Assessment Framework and Leaving Care materials are recent introductions to the social work world, and

as a consequence neither has been the subject of scrutiny, rather they are in the process of implementation, and effectiveness can only be measured after a reasonable time period. This situation does raise questions about the validity of basing the Integrated Children's System on largely untested models and methods.

This is further compounded by the status of the LAC system, in social work methodology. A number of writers have heralded the triumph of LAC in resolving the chaotic nature of care planning for looked after young people (Ward 1995, Jackson et al 1996, Jones et al 1998), and it would be unreasonable not to do so, given the lengthy and justifiable issues that had been raised prior to its implementation (Parker et al 1991, Dept of Health 1992, Iwaniec & Hill 2000). The Looking After Children materials do attempt to rationalise and give coherence to a process that was unregulated and poorly managed on the whole prior to its introduction (Ward 1995). However, that is not to say that it does not have its critics (Wheelahgan & Hill (2000). The theoretical basis of the LAC systems, rooted as they are in a research tool, and translated into practice without many changes, have raised concerns for some about their ability to meet the requirements of a comprehensive planning tool (Garrett 1999a,b&c Knight & Caveney 1998).

Questions have also been aired about the values base that underpins the Looking After Children documentation. Issues about the assumptions contained within the documents, which may reflect ideas about the nature of childhood, children and experiences of growing up in the UK, may not make it the most effective method of planning and monitoring care services for young people (Knight & Caveney 1998). The diversity of experiences and the nature of being 'in care' in a sense remove children from the 'run of the mill' experiences that may or may not exist outside of middle England (Bebbington & Miles 1989). Children in care are certainly already portrayed in a number of ways (see Goldson 2000 for example), which is not helped by the use of language and assumptions in the LAC documents (Knight & Caveney 1998). Assumptions that could be said to represent a class based view of the world, and of the way children and young people experience that world, as Garrett notes

"Despite the taken-for-grantedness of much of this content [of the LAC Assessment and Action Records] what we are actually presented with is a profoundly ideological view not only of children and young people, but also of the world which they inhabit." (1999a, p. 40)

There are a number of differing discourses about the nature of childhood and the elements that make up any one person's experiences (James et al 1998, Hendrick 1990, Smith & Cowie 1991, Trinder 1999). Diversity of experience is recognised as central to understanding and no attempt is made to reduce childhood to a single set of experiences. As Trinder suggests:

“For practitioners it is essential to bear in mind that there is nothing ‘natural’ or ‘fixed’ about how we see children...I would argue that practitioners need to be as reflective as possible in identifying how their own practice constructs children” (1999 p.6)

Consequently it may be difficult to attempt to measure the success of intervention on the basis of a small number of scales. Indeed we would not seek to reduce adulthood to anything so simple. Yet through the LAC documentation there is an attempt to reduce the experiences of children in care to a small number of areas, and to plan, implement and review their success by the use of scales which represent success (Garret 1999b) as Knight and Caveney note:

“They [Assessment and Action Records] seem to us to present a view of what children should demonstrate at any particular age in terms of development without any examination of the circumstances and wider context of that demonstration.” (1998 p33-34)

Such measures must be treated with caution. The LAC documentation may represent one way of understanding some of the experiences of children in the care system, it can show us how a number of different factors may be interrelated, and impact upon each other in children’s lives. It is dangerous to think that it is the only way of understanding the experiences of these children, and the only way of judging outcomes for them. As Wheelaghan & Hill note:

“Critics...fear that the materials may be serving governance and bureaucratic purposes to the detriment of empowerment based work that gives a central place to the voices of service users” (2000 p.148)

Other writers such as Jackson (1998) have refuted these concerns about the nature of the Looking After Children materials and suggested that critics are misjudging the role that such systems may play (Wheelaghan & Hill 2000), there is as yet little evidence from research to support such arguments.

### **Restructuring the Role of Social Work?**

As well as ideological challenges to the validity of the ICS model, there may also be challenges to practitioners about the nature of their practice with children and families. What the ICS proposals appear to suggest is that social work as a professional discipline, within the statutory childcare sector, may be reduced to a case management role (see Rickford 2001 in relation to the shift in social work generally). A sophisticated computerised method of planning, and monitoring services certainly lends itself to the possibility that those who are

using it, do so purely to manage and control service provision, and that the social work role becomes reduced to that of a purchaser and monitor of services (Harris 1999). As Jordan notes:

“It would be ironic if the movement to enhance professional standards of social work turned out to have been a tool for deskilling them and putting them in a kind of developmental straightjacket” (2001 p.540)

Social work with children and families has traditionally resisted the pressure to change this aspect of the work, perhaps unavoidably, for example in the area of child protection, where direct contact with families and children is a necessity. In this arena the skills of communication and direct contact facilitate the most positive working relationship. As the Department of Health itself remarked about the nature of practice:

“Social workers need to be skilled in direct work with parents and children and to be able to work closely with foster carers...Skilled social work combines evidence based practice with sophisticated direct work” (2001b p.136)

The resistance may be also partly out of a need to continue the tradition of social work as a task that engages real people in the real world. It could be suggested that social work writing reflects these facts (Howe 2000). There is little written about social work with children and families, either recently or historically, that suggests that suggests that case management is a way forward for this form of social work (see for example Colton et al 2001). Rather, writers continue to focus on the need for building a casework-based relationship to strengthen the role that social workers undertake. This is in contrast to the experiences of other sectors and foci (Jordan 2000, 2001, Parton & O’Byrne 2000)

Practitioners should also consider how the model might directly affect their practice in relation to more recent policy suggestions. The New Labour government has struggled with the issue of how it deals with ‘problematic’ populations (Jordan 2000). The perceived threat to civil society from disorder, criminality and those involved in immigration systems (Sone 1997, Travis 2002) has led to a more focussed approach to monitoring populations. The recent suggestion of Identity Cards, to ensure access to services by those who are seen to be deserving (Black & Wintour 2002), highlights this. Protecting the deserving from the undeserving has become a major concern of policy, and social work may find itself drawn into this debate, through the ICS implementation.

The system lends itself to monitoring through its data production and access methods, given that the proposals include levels of access at local, authority and national levels (DoH 2000). This may not be far removed from using the information to track problem populations. Social

work has always resisted calls to be involved in such monitoring (Garret 1999c), however given the Home Secretary's, and the police's, concern about monitoring delinquent children from an early age (Johnston 2002, Dowling 2002, Branigan 2002), they may be left with no choice but to cooperate. Indeed the LAC documentation has been open from the start to criticism about its potential to track young people involved in immigration systems (Garret 1999b). Such debates may take on more importance, as immigration again is of concern to government, and practitioners may find themselves again being asked to make a choice about the use of information that they have recorded.

## **Conclusions**

The ICS model raises issues for social work about the nature of statutory interventions with vulnerable children and their families. The potential within the model to change social work practice, and the experiences and skills of practitioners suggest that it may be the most radical change since the establishment of local authorities in the 1970's. Consequently practitioners and managers need to think about how they respond to the issues that it raises.

Historically, the experience of practitioners has always been to ensure that practice has reflected the needs of service users, and that methods and models have sought to promote the access of users to fundamental rights (Cox and Harding 2002). These have included being heard and being able challenge the way that the state intervenes in their lives.

ICS may be of benefit to social work in the UK, a structured approach to the management of cases, an improved use of computer technologies, and over time the application of evidence based practice to ensure the most positive outcomes for users would not harm the professional standing of social work. What practitioners need to clarify is that the benefits outweigh any potential deficits. The potential of the model to change practice irretrievably may not be in the interests of either practitioners or service users and consideration should be given to this.

Historically, the exposure of theory to critical debate has typified social work development; this has not been a characteristic of the implementation of the ICS model. Practitioner debate is essential if the ICS is to promote the rights of the most vulnerable members of society, through effective social work practice, not just the needs of government for efficiency and modernisation.

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