

# **UNOCINI GUIDANCE**

**Understanding the Needs of Children in Northern Ireland**



## Foreword

All children need to feel safe and secure. As a society we have a duty to safeguard children from harm. We all want children to grow up and fulfil their potential as independent adults. For the vast majority, this will be achieved through the support of their families who will continue to nurture and enable them to grow up as adults and responsible citizens. The Northern Ireland Executive is committed to supporting children through their families and communities.

Some children experience problems and difficulties that their parents cannot adequately address and as a consequence their life chances are impaired. Other children do not experience a warm or positive relationship with their parents and as a consequence their problems can escalate and significantly impair their present well being and future potential.

It is important that we identify and assess the needs of these vulnerable children and have their problems properly addressed at an early stage. We have an over-riding responsibility to ensure that the identification, assessment and service provision is carried out in the most effective and timely manner.

The Northern Ireland Executive is committed to the development of high quality services for children, which is reflected in the 10 Year Strategy – “Our Children and Young People – Our Pledge”. The strategy aims to maintain the positive outcomes for those children and young people who are doing well; whilst at the same time addressing those areas where insufficient progress has been made to improve the lives of the most disadvantaged and marginalized children and young people within Northern Ireland.

The recent DHSSPS SSI Inspection of Child Protection Services entitled “Our Children and Young People – Our Shared Responsibilities” Overview Report (December 2006) identified a number of deficiencies and recommended action to:



- (a) Improve arrangements for safeguarding children and young people;
- (b) Increase public awareness in this important area;
- (c) Enhance professional practice, multi-disciplinary and interagency working and service provision; and
- (d) Inform policy development with regard to safeguarding children and young people.

Improving the assessment process is a critical component of enhancing professional practice, multi-disciplinary and interagency working. The UNOCINI assessment framework does this by providing a balanced assessment model that is consistent and capable of meeting the requirement of professionals from all agencies working with children. This guide offers a thorough and full explanation of the assessment framework and how to apply it in practice. It has been prepared from an extensive consultation process including frontline professional staff in Trusts and other agencies. It will help practitioners achieve a sufficient understanding of the needs of children in Northern Ireland to ensure that effective and safe decisions are made about their needs and how these needs may be addressed. The achievement of standards set out in this guide will require the combined and coordinated efforts from a range of professionals, departments, agencies and stakeholders. Through better assessment, together we should make safer decisions and establish a better bridge to the future for those children. As Chief Social Services officer I am confident that UNOCINI will provide such a tool.

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# 1 Introduction and Context

## 1.1 The Purpose of this Guide

This guide is aimed at practitioners who provide services to children, young people and their families, whether they work in the statutory, voluntary, community or private sectors, who undertake or contribute to assessments under the UNOCINI Assessment Framework. It is for practitioners working in children's social services, health, education, early years services, youth justice, the police, advice and support services, and for those who work in adult services because many of the adults accessing their services will also be parents or carers. The guide is also for managers, at both a strategic and operational level, who need to be familiar with the UNOCINI assessment framework in order to support and advise the practitioners in their organisations who are undertaking or contributing to assessments.

The purpose of this document is to provide guidance to support staff to better meet the needs of children and their family's through a comprehensive process for assessment leading to action. Additionally it also provides guidance about when and how to refer a child to children's social services when it has been assessed that their needs warrant this.

Section 2 provides an introduction to UNOCINI and its principles and features.

Section 3 provides guidance on the areas and domains of UNOCINI and this is supplemented by a detailed list of factors for consideration under each domain which can be found in **Appendix Two**.

Section 4 provides guidance on the UNOCINI assessment process and the different stages of assessment (preliminary, initial and pathway) that practitioners may be involved in undertaking or contributing to. Two supporting documents, the 'Thresholds of Need Model', developed to assist practitioners to describe the different levels of



children's needs, and 'Family and Child Care Thresholds of Intervention' have been published separately (link to be included).

The assessment and planning templates associated with the different assessment stages can be found in **Appendix One**.

**Appendix Three** contains more specific guidance on the completion of UNOCINI Preliminary Assessments and Referral for those who work with children and families and need to consider referral to children's social services. This should be read in conjunction with the main body of the guidance.

## 1.2 The Nature of Assessment

Taylor and Devine<sup>1</sup> describe assessment as;

*...a tool to aid in the planning of future work...Its purpose is the identification of needs; it is never an end in itself. From an agency perspective, the object of assessment is to make possible informed decisions about meeting client needs. For the client, 'assessment' is basically discussing the current situation with the helper.*

From this description it is clear that assessment is not only concerned with the gathering and summarising of information, although this is an important part of the process. In addition it involves the analysis of that information, i.e. making sense of it, in order to identify needs (including safeguarding needs or risks) as well as strengths and resilience and protective factors, making decisions and planning the actions, supports and services required to meet those needs, and taking action, i.e. implementing the decisions and plans made.

Professionals should therefore consider that assessment has five interconnected stages<sup>2</sup>:

1. *Preparation*: deciding who to see, what information will be relevant, what the purpose of the assessment is and what the limits of the task are.



2. *Information collection*: people are met and engaged with to both elicit information and also to discuss the meaning attached to respective viewpoints.
3. *Weighing the information*: drawing upon professional knowledge the information gathered is considered in answering the questions 'Is there a problem?' and 'How serious is it?'
4. *Analysing the information*: the information is considered to assist in developing an understanding of what is happening in the child's life and why, and to consider ways that the child and family's needs may be better met.
5. *Utilizing the information*: based on the above to agree concrete actions that will begin the process of responding to the needs of the child and the family – 'What needs to be done?' and 'Who needs to be involved?'

### 1.3 The UNOCINI Assessment Framework

In order to support staff to conduct high quality assessments that clearly identify children's needs and lead to these needs being met, a new inter-agency assessment model has been developed in Northern Ireland. This framework is called UNOCINI, which stands for **U**nderstanding the **N**eeds **o**f **C**hildren in **N**orthern **I**reland. The UNOCINI Assessment Framework has been developed to:

- improve the quality of assessment within stakeholder agencies.
- assist in communicating the needs of children across agencies.
- avoid the escalation of children's needs through early identification of need and effective intervention.

UNOCINI has three assessment areas which are each divided into four domains:

- the needs of the child or young person.
- the capacity of their parents' or carers' to meet these needs.
- wider family and environmental factors that impact on parental capacity and children's needs.



The UNOCINI Assessment Framework is not only concerned with a child's needs and any risks – it also wants to identify strengths in the situation that may support or protect a child and upon which professional interventions may be built.

## 1.4 Maintaining a Child Centred Approach

To maintain a child focused approach, the child must be seen and kept in focus throughout the assessment. Account must always be taken of the child's perspective and this attention must not be diverted by the many other factors that may be encountered when working with families. Speaking with the child, or using another form of communication, to assess their needs and circumstances is central to gaining an understanding of the child. It may be necessary to be creative with your communication techniques, for example using sign language, drawing or undertaking other activities with the child in order to communicate effectively. Equally, seeing the child and observing their behaviour and reactions throughout the assessment will provide a wealth of information about their current circumstances. The significance of involving the child in the assessment process cannot be overstated.

An assessment should tell the child's story and provide an overview of their wishes and feelings, their hopes and fears.

In the majority of circumstances, it will be essential to share assessment and planning information with the child or young person. It is not acceptable to take decisions to withhold information purely on the basis of age or understanding. It may be appropriate to share the information contained in an assessment in a style that is accessible to the child or young person and it could be that the written report is not shared. However, all attempts must be made to include the child and work in partnership with them at all times. In the minority of cases where it is not appropriate to share the assessment, it will be important to record the reasons for this decision, for example it may be that it has been judged that disclosure of a particular piece of information may cause the child unnecessary distress.



## 2 The UNOCINI Assessment Framework

### 2.1 What is the UNOCINI Assessment Framework

The 'Understanding the Needs of Children in Northern Ireland' (UNOCINI) is a framework to support professionals in assessment and planning to better meet the needs of children and their family's. The framework offers a logical process within which children and their family's circumstances can be considered, analysed and understood in order to develop robust plans that lead to action with the aim of improving outcomes for the child. The UNOCINI assessment framework has been developed by Health and Personal Social Services in conjunction with colleagues from other public agencies such as education and the police.

It is hoped that the UNOCINI assessment framework will be used by all professionals working with children as a tool to help them identify the needs of children at an early stage. In doing so it is intended that their needs do not unnecessarily escalate to a point where they subsequently require further intervention, including referral to statutory services. We all want better lives for children. Most children do well, but some do not. Unfortunately for some children they do not receive help at the first opportunity, often resulting in an escalation of need. We want to identify such children earlier and help them before things reach crisis point. The most important way of doing this is by all those working with a child and their family sharing responsibility for their general well-being and being prepared to help if support or services are needed.

The UNOCINI framework can also be used to make referrals to children's social services and other children's services. Using UNOCINI will ensure that children being referred come with the wealth of information that has already been collected by professionals working with them. Each level of the UNOCINI assessment framework builds on the previous one, ensuring a continuity of assessment. This will mean that children and their families will not need to go through the same questions with new professionals that others have already asked.



Once a referral has been received and assessed as appropriate by children's social services (as per 'Family and Child Care Thresholds of Intervention' <http://www.dhsspsni.gov.uk/index/ssi/oss-childrens-services.htm>), then an UNOCINI Initial Assessment will be completed and, where appropriate, this will lead to an UNOCINI Pathway Assessment. This is a comprehensive assessment building on the initial assessment. In this way there is clear process for assessing the needs of a child and for ensuring that these needs are addressed.

Most children's needs will be met by their family with the support of family and friends and universal services such as health and education. In some instances children and their families may have additional needs for support, services and intervention. In these circumstances it is important that families have the confidence that professionals with whom they have contact will identify their needs and seek to meet these either internally or through referral to other services. The UNOCINI framework can assist by:

- helping you to identify the needs of the child.
- offering a structure for recording information that you collect in conversation with the child, young person or family.
- providing a logical framework to help you analyse your information and reach conclusions about the most appropriate response to the strengths and needs you have identified with the child and family.
- communicating these needs clearly and concisely to professional colleagues, including those from outside your organisation.
- assisting you in getting other services to help, because they will recognise that your concern is based on evidence.

Increasingly other services in your area will be using UNOCINI themselves and so will identify with the framework and language you are using to understand and express the needs of children.



Throughout all elements of the assessment framework, four common themes must be considered and appraised to ensure that a balanced and an in-depth overview of the child's current circumstances is gained:

1. **Needs** – deficits in any aspect of the child's life, which have an impact upon their well-being and development
2. **Strengths** – aspects of the child, their life, the family circumstances and the environment, which are positive
3. **Existing and/or Potential Risks** – matters which may impair or endanger the child's safety and development
4. **Resilience and Protective Factors** – relationships and structures that promote the wellbeing of the child

The interplay between these factors enables the professional to complete an assessment that is informed by both good quality, balanced information that can then be thoroughly analysed and summarised in order to draw clear recommendations for addressing the needs of the child and their family and improving their outcomes<sup>3</sup>.

*It must always be borne in mind that in certain circumstances the risk factors may be so significant that they override all other current strengths/needs and therefore consideration must be given to referring the child to children's social services.*

## 2.2 Principles and Features of the UNOCINI Assessment Framework

The UNOCINI framework has been developed around a set of core principles that seeks to build on the practice experience and research evidence of good practice in work with children and families:

1. Assessment is an activity undertaken in **partnership** with the child and their family.



2. Assessments are **balanced**, incorporating all factors impacting upon the child and their family's lives and should always:
  - Build on the strengths of families to meet the needs of their children.
  - Be child centred and rooted in child development.
  - Be knowledge based and show the evidence which underpins the assessment.
  - Incorporates an assessment of the child's need for protection from themselves or others.
3. Professional interventions should be based on a clear assessment of need that **informs** decision making and action.
4. Intervention at an **earlier** stage rather than a later stage is always preferable, when needs are less pronounced and more amenable to assistance.
5. Be a continuous process, not a 'one off' assessment 'event'.
6. Value the contribution that different professionals and their agencies can make to both understanding the needs of children and in meeting these needs.

In addition the development of the framework has resulted in some key features:

1. UNOCINI will offer the potential to develop an universal set of documentation for all agencies in Northern Ireland working with children and families.
2. Improve information sharing by providing a shared format and language for understanding and planning to meet children's needs.
3. Balance data collection, analysis and conclusions.



## 2.3 When to use the UNOCINI Assessment Framework

The UNOCINI Assessment Framework should be considered whenever an individual practitioner identifies that a child may have needs that are additional to those of a similar aged child living in similar circumstances. The decision to complete an aspect of the UNOCINI framework is one that requires the judgement of both individual practitioners and their agencies, but should be guided by a clear understanding of what these additional needs are; to what degree families can provide for these needs; the resources available to the individual practitioner within their own agency; the need for resources from other agencies or professionals; and, any legal requirements.

In this regard it may be helpful to consider that children's needs can be categorised into four levels (Figure 1) and that assessments of need can take place both within each level and also across different levels. More detailed guidance can be found in the Departmental guidance documents:

**Thresholds of Need Model;** and

**Family and Child Care Thresholds of Intervention.**

<http://www.dhsspsni.gov.uk/index/ssi/oss-childrens-services.htm>

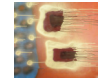


Figure 1: Levels of Needs Model

**Services Available to Children Across Four Levels of Need**





## 2.4 UNOCINI's 12 Domains

The UNOCINI framework has been developed to ensure that children's needs are seen holistically within the context of their parents ability to meet their needs, and the wider family and environmental situation within which they live. The framework seeks to identify the strengths within any situation and to build upon these, whilst also recognising a child's need for support and protection. The three areas has been sub-divided into twelve specific domains that represent the key aspects of children's lives:

### **Child or Young Persons Needs**

- Health and Development
- Education and Learning
- Identity, Self-Esteem and Self-Care
- Family and Social Relationships

### **Parents' or Carers' Capacity to Meet the Child's Needs:**

- Basic Care and Ensuring Safety
- Emotional Warmth
- Guidance, Boundaries and Stimulation
- Stability

### **Family and Environmental Factors:**

- Family History, Functioning and Well-Being
- Extended Family and Social & Community Resources
- Housing
- Employment & Income



These domains have been specifically designed for Northern Ireland's unique system of providing health and social services. They do, however, draw on the Department of Health Assessment Framework, the Special Educational Needs (SEN) Code of Practice, Asset and Onset (the Youth Justice Board's Assessment Frameworks), Assessment, Planning, Implementation and Review (APIR) - the Connexions assessment framework - and the Family Health Needs Assessment. The many sources used to develop the UNOCINI Assessment Framework ensure it is sufficiently comprehensive and flexible, and with familiar issues and language, to be utilised by professionals from across the multi-agency group working with children and families.

Detailed guidance on the 12 domains have been developed for use by all staff using the UNOCINI Assessment Framework. This can be found in section 3 of this guide. It is essential that professionals refer to these definitions of the domains to ensure they are utilising the framework as fully as intended.

## 2.5 The Different Stages of the UNOCINI Assessment Framework

The UNOCINI assessment framework has a number of interconnecting components. It is important to understand the purpose of each component and how they relate to one another.

Essentially there are four phases in the UNOCINI assessment framework. Some children may only be subject to one phase, whilst others will move through all four:

1. Agency Appraisal and Preliminary Assessment
2. Referral
3. Initial Assessment
4. Pathway Assessment

The UNOCINI **Preliminary Assessment** (Form A1) will usually be carried out by staff working in universal services, and the community and voluntary sector in situations where there is an early identification about a child's additional needs. The UNOCINI



Preliminary Assessment can be used at anytime and is particularly helpful in helping to make an informed judgement about whether these additional needs can be met by the professional or agency currently involved, or whether referral on is necessary. The first step in making a decision about the need for additional supports may be an UNOCINI **Agency Appraisal** (Form A1). This means undertaking a desk-top exercise (i.e. not working with the child or family) and using the UNOCINI Preliminary Assessment template (Form A1) in its totality to help you analyse your information and to use its logical framework to help you consider what the appropriate response to the child and family's needs may be.

The UNOCINI **Referral** (Form A1) will be completed whenever a professional or agency wishes to refer a child or young person to children's social services for support, safeguarding or a fuller assessment of a child's needs. If a Preliminary Assessment or Agency Appraisal has already been completed, this will then become the referral to children's social services.

Once a referral has been received and assessed as appropriate by children's social services then an UNOCINI **Initial Assessment** will be completed by children's social services within the HSC Trust. The Initial Assessment is not designed to be an in-depth exploration of a child and families circumstances. Rather it is to provide a timely overview of current circumstances in order to take appropriate decisions about the future management and thresholds of intervention, for example provision of statutory social services, referral to another more appropriate agency or case closure.

If the initial assessment indicates that children's social services should become involved then a more detailed and comprehensive UNOCINI **Pathway Assessment** will be completed. This will be tailored to the type of service most likely to meet the child or young person's needs.

**NB Form A1 is a multi-functional template that can be used for different purposes in order to record an Agency Appraisal, Preliminary Assessment, Referral and Initial Assessment.**



## 2.6 Good Recording in Assessment and Planning

It may be useful to bear the following in mind when using the UNOCINI Assessment Framework:

- It is essential to remember that **no section of an UNOCINI assessment is irrelevant**: if you think a section does not apply in a particular situation, it is likely that it is because it is a strength or resilience and a protective factor for the child and/or family. Please include all information relevant to a child and their family.
- **UNOCINI assessments should not be repetitive**: whilst information may overlap between different parts of the UNOCINI assessment, it is important to try to reduce repetition. This will make the assessment easier to read and shorter in length. In such circumstances try to include the information in the section that seems most relevant.
- **UNOCINI assessments do not replace contact sheets**: contact sheets should still be used as the ongoing record of contact with a child and their family; the assessment document is to be used purely for your assessment information – that is your analysis, summary, conclusions and recommendations.
- Your agency may already have **prior information** on the child and/or their family from previous involvement. It is imperative that this information is accessed and read to ensure that the UNOCINI assessment is grounded on all relevant information and is as comprehensive as possible.

Many professionals find the UNOCINI templates very easy to follow. They find they provide a logical framework within which to consider their assessment information, and that the sections provide a step-by-step guide that assists them in reaching appropriate and relevant conclusions and recommendations to improve outcomes for children and families. There are, however, some professionals who do not have the same experience or confidence in using the UNOCINI assessment framework and so some



easy-access pointers have been provided below to assist professionals in developing holistic assessment documents.

## 2.7 Significant Events

A **Significant event** is one in which the outcome of an action/inaction or incident has, or may have a major impact on the future health and well-being of the child/family. A significant event may also impact on the family support, child protection plan or looked after care plan. All significant events should be fully recorded in the case file and summarized in the Pathway Assessment report for the case planning meeting, case conference or looked after child review.

Any recurrence or incident of child abuse must be reported immediately to the designated manager and appropriate action agreed and initiated. All allegations of further neglect or abuse must be investigated in the time scales set out in the Area Child Protection Committee (ACPC) procedures.

Under no circumstances should a significant event be left without appropriate action until a review meeting. All significant events must always be reported to a designated manager to consider investigation.

The following significant events are offered as examples and do not constitute an exhaustive list:

- Death of significant relationship figure (e.g. parent, carer, sibling),
- Change of school (include exclusion of over a week),
- Change of carer and/or placement change (including one parent leaving household),
- Change of another child in placement (arrives or leaves),
- Change in birth family (e.g. another child born or removed, teenage pregnancy, miscarriage or termination),
- Change in any agreed contact arrangements,



- Change of social worker,
- Contact with someone who has been convicted of sexual offences,
- Court proceedings,
- Major conflict with (birth) family or peer group,
- House move (with same carers),
- Physical illness or injury requiring hospital treatment,
- Victim or perpetrator of crime with or without police involvement,
- Significant person enters or released from prison,
- Thoughts and/or actions of self harm,
- Involved in an investigation or complaint.

## 2.8 Linking Analysis to Action

When completing the **overview** sections, it is necessary to *analyse* information gathered from working with the child and family, and consider this in the context of information gathered from the other professionals working with the child and family and any significant others who have contributed to the assessment process. Analysis, at its most basic level is about making sense of information.

The 12 domains must all be explored in relation to the impact of the various factors upon the child and family, remembering to consider those aspects that are strengths as well as identifying the important area of needs. It is not necessary to repeat the same issues across several domains: there may be a number of issues that seem to relate to more than one domain, and in this instance it is advisable to select one domain to explore thoroughly, rather than to try and spread it across several domains.

When analysing the evidence and information, the following may be useful to consider:

- The different perspectives of child, family and professionals - their own understanding and interpretations of circumstances.



- The impact of the various factors - some factors will support children's development whilst others may mitigate against or undermine their healthy development. It should be remembered that it may be the combination of several seemingly minor factors that, when brought together have the greatest impact.
- Exploration and analysis of children's needs should be balanced against what would normally be expected at their age and development; the impact of disability, impairment or special needs should also inform this analysis.
- Similarly, parenting should be analysed in relation to the care that would normally be expected of a similar child.
- To enhance and add depth to the analysis, it may be helpful to cross reference statements from parents with the views expressed by other professionals working with the child and family.

The **summary** sections are where themes are drawn together from the overview section. The balance between the needs, strengths, risks, resilience and protective factors is considered, pulling together issues from the separate domains to create a more coherent picture.

## 2.9 Professional Judgement and Knowledge

In order to draw **conclusions**, the skills of professional judgement and knowledge come into play: it is necessary to consider the nature of the evidence and information available, and its implications for the health and well-being of the child and their family<sup>4</sup>. It is also necessary to ensure this judgement is informed through multidisciplinary liaison and good knowledge of current research and literature relating to the specific issues being considered. [Some of this knowledge will be known by the professional, for example they may have a thorough working knowledge of child development and associated issues; or perhaps they have expertise in working with children who have



been sexually abused.] It is the issues and circumstances that arise where the professional has limited knowledge that it will be necessary to seek out that knowledge in order to inform professional judgments. This is the section where broad consideration about types of intervention may begin to be considered.

Making **recommendations** should be based upon professional judgement about how best to respond to the child and family's needs, strength, risks, resilience and protective factors, drawing upon your analysis across the 12 domains, summary and conclusions. In this section, specific recommendations about intervention and service response become clearly outlined. When developing recommendations it is also necessary to consider the planned actions against the projected outcomes you are hoping to achieve for the child and their family. Additionally, recommendations would normally include required actions for all professionals working with the child and family, and also actions for the child and family to undertake in order to achieve a balanced and partnership approach to effecting change.

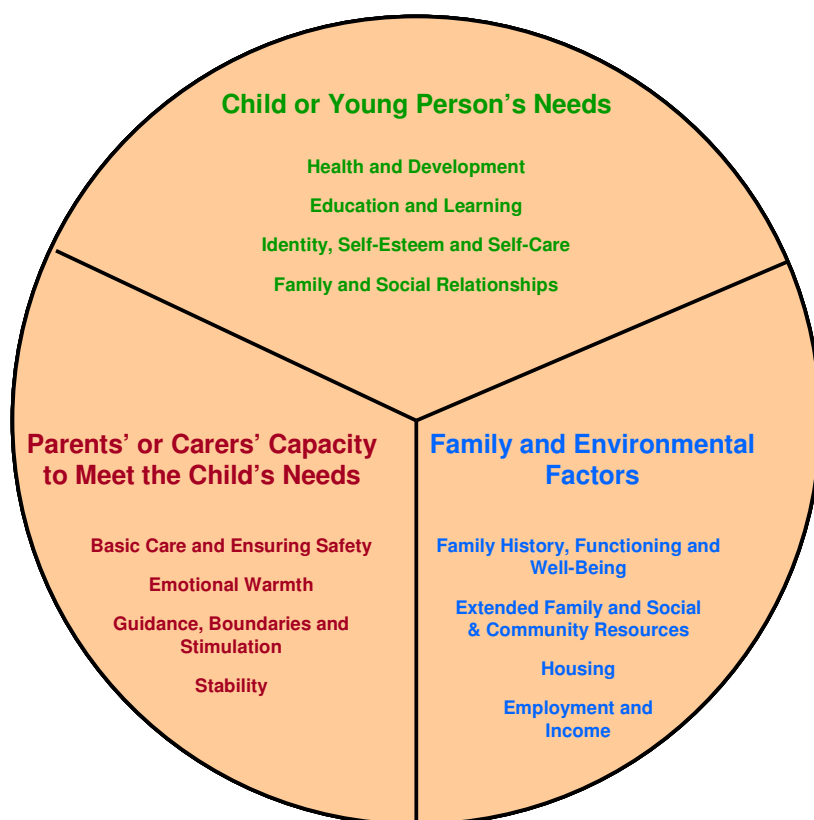


### 3 The 12 Domains of the UNOCINI Assessment Framework

#### 3.1 Introduction to the Areas and Domains

The UNOCINI assessment framework has three **areas** which are divided into twelve **domains** as illustrated in (Figure 2) below. Some of the domains are further divided into a number of **elements** - Appendix Two. All stages of the UNOCINI assessment process (see Section 4) require professionals to consider each of the domains / elements and plan services in order to address needs identified in the three areas.

Figure 2: The Areas and Domains of the UNOCINI Assessment Framework



This section provides general guidance relating to the areas and domains for professionals undertaking an assessment at any stage in the assessment process. A detailed list of factors to consider under each domain and element can be found in Appendix Two.



## 3.2 The Child or Young Person's Needs

Assessment of what is happening to a child requires that each aspect of the child's development and progress is examined, in the context of the child's age and stage of development. This includes knowing whether a child has reached his or her expected developmental milestones.

- In the early years, there is an emphasis on achieving physical milestones.
- In middle childhood, social and academic capacity becomes more prominent although the physical development continues.
- In adolescence the young person strives to reconcile their need for social and emotional independence and dependence.

Attachment<sup>5</sup> and resilience<sup>6,7,8,9</sup> are key concepts to consider and explore throughout this area of the assessment. Account must also be taken of any particular vulnerability such as learning difficulty, physical disability or a physically impairing condition, and the impact this may be having upon progress in any of the developmental domains<sup>10</sup>.

Consideration should be given to any socially and environmentally disabling factors which have an impact on the child's development. For example, limited access for those who are disabled and subject to other forms of discrimination.

Children who have been maltreated may suffer impairment to their development as a result of injuries sustained and/or the impact of the trauma caused by their abuse. There must be a clear understanding of what a particular child is capable of achieving successfully at each stage of development, in order to ensure that he or she has the opportunity to achieve his or her full potential.

Children's own perspectives on their experiences are an important source of knowledge. Increasingly, the validity of children's views on their lives is acknowledged in research. Children have views about what is happening to them. They attach meaning to events. They have wishes and feelings which must be taken into account and they will have



ideas about the direction of decisions and the way in which those decisions are executed<sup>11,12,13,14</sup>.

### 3.2.1 Health and Development

This domain includes consideration of growth and development as well as physical and mental well-being. The impact of genetic factors, learning difficulty, disability or any special needs should also be considered.

Research has shown the link between poverty and ill-health and there is a strong correlation between the physical health of children of all ages and adverse social and economic conditions<sup>15</sup>. This is particularly apparent in the infant mortality rate, which is directly affected by factors such as economic status, type of accommodation, access to basic amenities and access to preventative and supportive health care.

There is an increasing recognition of the importance of promoting the mental health and emotional well-being of children and young people<sup>16</sup>. Emotional well-being relates to the ability of the child in responding to change, adjusting to stress, coping with the demands placed upon them and maintaining a good level of personal and social functioning. The extent to which a child's speech, language and communications are developed may have a significant impact upon social integration and social development. Consideration should be given to current emotional and mental health needs, emotional maturity, and emotional attachments.

Particular groups of children such as those seeking asylum and those who have suffered significant harm from chronic abuse can suffer post-traumatic stress syndrome. This can be directly attributed to the past experiences of these children who may have experienced or witnessed death, violence and war.

The behavioural development of children and young people is a significant factor in relation to their education, friendships and peer groups, health, welfare and degree of social inclusion. Anti-social behaviour, offending and misuse of substances can create



serious barriers to learning: problematic behaviours such as substance misuse are associated with poor educational achievement and low aspiration, the exclusion (self or enforced) of young people from school, study or training, mental ill-health and criminal behaviour.

**N.B.** In the UNOCINI Looked After Child Pathway Assessment (Form LAC 2) , **Emotional Health and Well-Being** is a sub-section in its own right in order to ensure that this important aspect of the child's needs and strengths is considered carefully<sup>17,18</sup>.

When considering this domain, explore fully the relevant factors identified in Appendix Two, again considering needs and strengths, risks, resilience and protective factors. If you identify indicators that appear to be causing difficulties for children and are likely to affect their emotional health and well-being, it is important to consider the impact of these issues. In judging the impact, consider:

- How often the behaviour or concern is an issue,
- What level of difficulty it causes for the child or for others, and
- The range of settings in which the behaviour or concern occurs.

### 3.2.2 Education and Learning

The cognitive development of a child begins at birth and this domain seeks to explore all issues relating to this area of development, from early play and interactions with people through to developing a range of interests and skills and experiencing success and achievement. Young people's aspirations and an appraisal of the realism of these should also be considered within this domain.

Participation and the degree to which the child has access to and is engaged in education, training and/or employment is key to successful transition to adulthood later in life. Lack of engagement in education, through truancy or exclusion has been identified as one of the major risk factors for involvement in offending behaviour during adolescence. Other barriers to participation may be institutional, or may involve the lack



of transport, lack of flexibility over the delivery of courses and poor physical and educational access for people with learning difficulties and/or disabilities.

Achievements relate not only to academic achievement, but also to wider achievements of children and young people. For example sporting or volunteering achievements, overcoming particular barriers to success, engaging in a hobby.

**N.B.** The LAC Pathway Assessment (Form LAC 2) has a sub-section linked to **educational attainment**. It has been known for many years that progress as adults is often closely linked with educational attainment<sup>19</sup> and yet looked after children's educational outcomes are still considerably poorer than their school peers. In Northern Ireland, a recent survey indicated that care leavers are ten times more likely than school leavers in general (55% compared to 3%) to leave school without gaining any qualification at all<sup>20</sup>.

In order to pursue and achieve goals, it is often necessary to persevere and demonstrate personal resilience. For all children, it will be important to identify these motivating factors so that they can achieve their potential. This will be particularly important in the case of children who are vulnerable or disadvantaged.

### 3.2.3 Identity, Self-Esteem and Self-Care

Identity is important for all children. There are close links between the development of a child's identity and their emotional and behavioural development. Children who have emotional and behavioural difficulties, or who have a learning or physical disability may often have a poor self-image and low self-esteem.

Identity is difficult to define, yet it is central to every child's growing sense of their own individuality, place in society and value as a person. This includes issues relating to self-image and self-esteem, a sense of belonging and acceptance by those around them and whether the child has a positive view of him/herself. This domain also concerns the child's understanding of the way in which their appearance and behaviour are perceived



and the impressions being created. Consider appropriateness of dress for age, gender, culture and religion; cleanliness and personal hygiene and availability of advice from parents and caregivers about presentation in different settings.

A key point to consider here is the degree to which the child's self-image may be affected by bullying or discrimination due to their race, religion, age, gender, sexuality or disability<sup>21</sup>. This domain is closely related to emotional well-being and has been identified as a protective factor around issues such as anti-social and offending behaviours and substance misuse.

Consideration of self-care skills relates to the acquisition by a child of practical, emotional and communication competencies required for increasing independence. This includes early practical skills such as feeding and dressing, opportunities to gain confidence and practical skills to undertake activities away from the family, and independent living skills as older children. Consider the encouragement provided to acquire social problem solving approaches. Special attention should be given to the impact of a child's impairment, disability and other vulnerabilities, and on social circumstances affecting these in the development of self-care skills.

**N.B.** The LAC Pathway Assessment (Form LAC 2) has two sub-sections within this domain: '**attachment**' and '**preparation for independence**'.

**Attachment** is an important issue for all children<sup>5</sup>, and it is of particular importance to explore this issue in relation to looked after children. It is likely that many of them will have had poor or disrupted early attachments; many looked after children experience numerous placement moves requiring them to build attachments to a series of different carers. We know that poor early attachments often manifest in difficulties, particularly in the teenage years for looked after children.

*If the child feels loved and understood, the child will develop a mental representation (internal working model) of him/herself as lovable and psychologically coherent. And in a complimentary fashion, in the face of stress and challenge, secure people have a*



*positive view of others as a potentially available resource. The richer, more consistent and open is the communication between parent and child, the more 'mental state' information the child has, with which to make sense of the self and others. This is particularly true in the case of emotions and states of arousal. Children need to recognize, understand and regulate emotions if they are to become competent social players. Affect regulation is a major component of good mental health. With the help of their carers and an increasingly sophisticated understanding of their own psychological states, secure children remain relatively organized under stress. They show resilience. Negative feelings do not easily overwhelm or psychologically threaten them. Not surprisingly, securely attached children develop high self-esteem. They feel confident and effective<sup>22</sup>.*

It will be useful to consider their early, and current, relationships with care givers. When considering this sub-section it will be necessary for **the professional to ensure their knowledge about attachment theories, issues and impact, is current**. Additionally, the following excerpts may be helpful, but should **not be used in isolation without a full understanding**:

*Securely attached children know that at times of need, their caregivers are willing and available to respond; although secure children might experience uncertainty over the whereabouts of their caregiver, resulting in a degree of vigilance, they know that when the relationship has recovered, they will experience feelings of safety, containment and pleasure.*

*Insecurely attached children (of which the pattern of attachment may be avoidant or ambivalent), experience normal anxiety about the location of the care giver at times of need, but in addition they suffer uncertainty about the type and sensitivity of the response when they reconnect; there is a lack of confidence that the attachment figure will be available to provide physical or psychological safety at times of need; insecurely attached children find more of their mental time and energy is spent on issues of safety,*



*security and monitoring, leaving less time for exploration and pleasurable interaction with their caregiver.*

*Disorganized attachments: children who are parented by carers who are either frightening or frightened, or both, experience distress. Abusive and hostile carers hurt and frighten their children. Depressed, drunk or drugged parents can appear helpless, and they can also frighten children. Carers who are bedeviled by old unresolved losses or traumas from their own unhappy childhoods can feel confused and frightened whenever they find themselves being cast in the role of carer and protector by their child seeking safety and comfort. Their unresolved attachment traumas make it difficult for them to empathise with the needs and distress of their children.*

It will also be necessary to consider the impact their earlier relationships are having upon their ability to make and sustain friends and other appropriate relationships; their sense of identity self-esteem and sense of being valued; their behaviour and their ability to have fun, explore and learn; and their ability to have close physical contact with caregivers.

The sub-section looking at **preparation for independence** is to be considered in its broadest sense. Clearly for older young people, their transition into adulthood will be the primary focus and it will be necessary to consider their knowledge, skills, and emotional readiness for growing up and leaving care. However this sub-section is to be considered for all children of all ages.

Clearly a young child aged 3 to 4 years old is not going to be cooking meals or managing their money; however they should be learning to pick their own clothes, feed and dress themselves. Equally, a 10 year old should be beginning to learn how to spend and save their pocket money and perhaps become clearer about their clothing and food preferences; a twelve year old should begin to organise their school day to incorporate homework time and they should be visiting with local friends, safely navigating local roads.



It is critical that the professionals conducting the assessment with the child for this domain will have a good working knowledge of child development, including the appropriate stages of development for each age group and the impact that disability, impairment or special needs may have upon this.

### 3.2.4 Family and Social Relationships

Family and social relationships are central to every child's life. Early experiences of parenting and social relationships can construct a blueprint for later social interactions. Children depend upon the specific care and attention of at least one significant adult who is able and willing to respond to the child's needs for both physical and emotional care. Children are vulnerable, particularly in their early years and attachment to a significant adult fulfils a basic function to ensure their survival and wellbeing.

The formation of good attachments develops out of a relationship which is worked at by both child and adult over time. This relationship requires the participation of both parties, in that secure attachments are formed out of reciprocal relationships, in which there is a high degree of communication, matched by responsiveness and consistency<sup>5</sup>. The impact of separation and loss, where relevant, should also be considered within this domain.

Building successful family and social relationships is dependent upon the child's ability to empathise and build stable relationships and affectionate relationships with those around them. This includes consideration of relationships with family, peers, significant others and the wider community.

**N.B.** The LAC Pathway Assessment (Form LAC 2) has a sub-section **Contact and Need for Contact**. This sub-section seeks to explore contact in its widest possible sense. All too often looked after children lose contact with people from their past due to placement moves and lack of attention to this issue. Therefore when exploring this sub-section, it is important to consider the child's need for contact with:



- parents, siblings and friends
- grandparents and other members of extended family (e.g. cousins may be significant to the child)
- significant members of the community (e.g. religious leaders, teachers)
- previous carers and children from previous placements
- it may also be relevant to include contact with a significant animal or a pet.

### 3.3 Parents' or Carers' Capacity to Meet the Child's Needs

**N.B. This section also applies to the 'Placement's Contribution to Meeting the Child or Young Person's Needs' section within the LAC Pathway Assessment (Form LAC 2)**

Children's chances of achieving optimal outcomes will be dependent upon their parents' capacities to respond appropriately to their needs at different stages of their lives.

There are many issues affecting parents that may inhibit their responses to their children and prevent them providing parenting to a level necessary to promote optimal outcomes in children.

*The number of parents who set out to cause harm to their children is very small. The majority of parents, including most of those who neglect or maltreat their children, want to do the best for their children and have their interests at heart. However, 'Good parenting requires certain permitting circumstances. There must be the necessary life opportunities and facilities. Where these are lacking even the best parents may find it difficult to exercise these skills'<sup>23</sup>.*

In families where a parent is not living in the same household as the child, it is important to identify what role that parent has in the child's life and the significance to the child of the relationship with that parent. It cannot be assumed that parents who live apart are estranged. This arrangement may be by mutual agreement.



In all family situations, particularly where there is cause for concern about what is happening to a child, it is imperative to gather information about how the parenting tasks are being carried out by each parent or caregiver in terms of:

- The quality of the parent-child relationship
- The effect the child has upon them
- Their response to a child and his or her behaviour or circumstances
- The manner in which they are responding to the child's needs
- The areas where they are experiencing difficulties in meeting their child's needs or failing to do so
- Their understanding of the child's needs and development, including the special needs of a child with a disability
- Their comprehension of parenting tasks and the relevance of these to their child's development needs
- The impact of any difficulties they may be experiencing themselves about their ability to carry out parental tasks and responsibilities (distinguishing reality from aspiration)
- The impact of past experience on the current parenting capacity
- Their ability to acknowledge the cause for concern and the need for change
- Their capacity for adaptation and change in their parenting response

### **3.3.1 Basic Care and Ensuring Safety**

Critically important to a child's welfare, well-being and healthy development is the ability of parents or caregivers to ensure that the child's development needs are being appropriately and adequately responded to, and to adapt to his or her changing needs over time. Basic care relates to the extent to which the child's physical needs are being met by their parent or carer. These include the provision of food, drink, warmth, shelter, clean and appropriate clothing, dental and medical care, and adequate personal hygiene. It also relates to the additional physical needs a child may have, for example as a result of health problems or disability.



It is important that parenting capacity be considered alongside the context of the family's structure and functioning, to ensure everyone who contributes to the care of the child is included. It may be that the majority of all the child's needs are met by a lone parent, but in many families there may be a number of important caregivers in a child's life (e.g. parents, including step-parents, siblings, grandparents and other family relatives, child minders, baby sitters), each playing a different part which may have positive or negative consequences. A distinction has to be clearly made between the contributions of each parent or caregiver to a child's well-being and development.

The child needs to be protected from harm and danger, but within an environment that also provides challenge and the opportunity to develop and take risks appropriately. However, some parents may be directly responsible for maltreating their children. There is an important distinction between significant harm and abuse.

***Significant harm** needs to be understood separately from child abuse or neglect, although the two may coexist. The two can be differentiated by the idea that child abuse describes **acts** and **omissions**, significant harm describes **effects**... ill treatment may lead to the impairment or likely impairment of health and development... Some children may need protection to prevent the recurrence (of ill treatment); any child whose health or development has been impaired may need services to deal with the consequences of this<sup>24</sup>.*

Where a child has suffered significant harm, or there are concerns that they may suffer significant harm, it is particularly important to distinguish between the capabilities of the abusing parent/care giver and the potentially protective parent/care giver. This information can also contribute to an understanding of the impact the parents' relationship with each other may have upon their respective capacities to respond appropriately to their child's needs. The quality of the inter-parental relationship, which has an impact upon the child's well-being, will be considered more explicitly within the following section on family and environmental factors.



It is not only parent figures or caregivers who maltreat children. Additionally, children may be abused by siblings. Outside their families, children may also be at risk of encountering other perpetrators. Utting<sup>25</sup> has drawn attention to the particular dangers of child sexual abuse for children living away from home. It is important to understand why adults or other children maltreat children. Social workers should inform themselves about the characteristics of personality and behaviour, profile and methods of perpetrators of different forms of child maltreatment, including physical, sexual and emotional abuse, both where children are living with their families and elsewhere<sup>26</sup>.

### 3.3.2 Emotional Warmth

Healthy emotional development is entirely dependent upon the child experiencing emotional warmth during their childhood. A lack of emotional warmth is a known indicator of emotional abuse; children need unconditional and consistent love, care and commitment<sup>27</sup>.

Ensuring the child's emotional needs are met and giving the child a sense of being specially valued, and a positive sense of their own racial and cultural identity are central to this domain.

Consideration should be given to the extent to which the parents or caregivers ensure the child's requirements for secure, stable and affectionate relationships with significant adults are met. These relationships should include appropriate sensitivity and responsiveness and appropriate physical contact, comfort and cuddling sufficient to demonstrate warm regard, praise and encouragement.

Some parents and caregivers, particularly those who are experiencing their own difficulties, may find it difficult to prioritise the needs of their children over their own. For example, a parent just coming to terms with the diagnosis of their disabled child may be experiencing temporary difficulties in their caring role; or perhaps a parent who is an incest survivor themselves may be struggling to care for their child after disclosure of



abuse. The extent to which this may be occurring and the potential impact upon the child will require further exploration.

The ability or preparedness of a parent or carer to demonstrate affection and emotional warmth may be dictated by the family or community's rules about physical contact. However, emotional warmth can be more subtle than the observance of physical contact or affection: it is the tone of voice; the degree of caring eye contact; the interest shown in the development of the child's individuality and personality. All these factors need to be considered when assessing issues of emotional warmth.

### **3.3.3 Guidance, Boundaries and Stimulation**

Providing guidance and limits helps children learn to regulate their own emotions and behaviour and assists in providing a stable home environment.

The key parental tasks can be viewed as demonstrating and modelling appropriate behaviour and control of emotions and interactions with others. It is critical to provide guidance, which involves setting boundaries, so that the child is able to develop an internal model of moral values and conscience, and social behaviour appropriate to the society within which he/she will grow up. The aim is to enable the child to grow into an autonomous adult, holding their own values, and able to demonstrate appropriate behaviour with others rather than having to be overly dependent on rules outside themselves.

Some parents may find it difficult to enable their child to engage in exploratory and learning experiences as their desire would be to over-protect them from any potential danger or hurt. The extent to which parents are able to set appropriate boundaries that enable children and young people to grow and learn, whilst taking small risks and experiencing new and challenging situations may require sensitive exploration. This may be particularly relevant for parents of a disabled child.



### 3.3.4 Stability

To ensure optimal development, it is essential to ensure that the child grows up within a sufficiently stable family environment that enables the child to develop and maintain a secure attachment to the primary caregiver(s).

Increasingly many families have experienced some form of disruption, whether it is through parental separation, reconstitution of families or death of a significant person. The key issue is that any disruption in attachment is minimized for the child, thus ensuring consistency of emotional warmth over time. This should also allow for parental responses changing and developing according to the child's developmental progress.

It is also important to ensure that children and young people are enabled to maintain meaningful contact with important family members and significant others despite changes in other aspects of their life.

**N.B.** The LAC Pathway Assessment (Form LAC 2) has a sub-section relating to the **parents' ability to sustain a stable relationship with their child during the care episode**. It is known that many parents find sustaining their relationship during a care episode extremely difficult and reduce contact to a minimum and sometimes cease all contact with their child; whilst others are able to sustain their relationship, for example, through regular visits, phone contact, attendance at school events and health appointments.

Within this sub-section it will be necessary to analyse the parents' relationship with the child and consider any barriers that may be preventing the relationship remaining stable. These may be obvious barriers such as the need for supervised contact/no contact in order to protect the child or perhaps the child is refusing to see their parent(s). However they may also be less obvious – perhaps the parent was in care as a child themselves and it raises too many unpleasant memories for them to visit their child in placement; perhaps the parent senses hostility from the foster carer when they visit; perhaps the parent does not realise that they are 'allowed' to remain fully involved in their child's life.



## 3.4 Family and Environmental Factors

Evidence suggests that the families of children in need are those who are most disadvantaged, those living in poverty, in poor housing, without adequate social supports and in the poorest, hostile neighbourhoods. These families face multiple stresses which are interlinked<sup>28</sup>.

### 3.4.1 Family History, Functioning & Well-Being

Exploring the impact of family situations and experiences can assist in developing an understanding of current circumstances within a family. This includes consideration of both genetic and psycho-social factors. For example, a child may have a genetic condition or pre-disposition, which may affect current or future physical or mental health and the need for services. The relationships between family members (including siblings, parents and separated parents) may require substantial exploration in order to gain insight and clarity. Generating a genogram, an ecogram and/or a chronology of significant family events will help provide an overview for this domain.

An understanding of how the family usually functions and how it functions when under stress can be very helpful in identifying what factors may assist parents in carrying out their parenting roles. Of particular importance is the quality and nature of the relationship between a child's parents and how this affects the child. For example, sustained conflict between parents is detrimental to children's welfare. The quality of relationships between siblings may also be of major significance to a child's welfare. Account must be taken of the diversity of family styles and structures, particularly in consideration of who is identified as 'family' and who is important to the child.

The impact of multiple caregivers will need careful exploration in order to gain a full understanding of the context in which the care is being provided. Cleaver writes:

*Children can be protected from adverse consequences of parenting problems when someone else meets the child's developmental needs<sup>29</sup>.*



She adds that it is important to record where there is evidence that no one is responding appropriately to the child. In some circumstances, children who have a number of caregivers may be more vulnerable to being mistreated. Special attention should be given to the needs of children with disabilities who experience multiple caregivers as part of their regular routine, and to their need for reasonable continuity of caregivers.

Parents and/or significant others may be experiencing problems of their own which have an impact upon their own behaviour and their capacity to respond appropriately to the child. This could cover a variety of situations. For example it could be that the parents are not able to read or write and are therefore unable to respond to notes sent home from school; some parents may have serious health problems or impairments which may place responsibilities upon the child that are inappropriate to their years unless informal support and appropriate services are provided for the family. It is therefore necessary for social workers to understand what may inhibit parental responses to children and what the consequences of that inappropriate response may be for children of different ages.

It may also be that the lifestyles of parents and caregivers pose a risk to the child. For example, a child may be traumatised by witnessing his/her mother being regularly assaulted by her father<sup>30</sup>; the parents may have mental health problems that make the care they provide unpredictable, insufficient and/or dangerous<sup>31</sup>; the parent may use drugs and/or alcohol to the extent that it has an impact upon their child's safety and welfare<sup>32</sup>; the parent may be involved in criminal activities that engage the local neighbourhood in ways that leave the child vulnerable to harm and/or social isolation<sup>33</sup>. In the most complex cases multiple issues are often present<sup>28,34</sup>.

It is important that practitioners understand the impact of parental responses on the particular child. For example, a two year old may be at risk of significant harm from a parent whose practical caring skills are diminished by a misuse of drugs or alcohol, but a sixteen year old in a similar situation may be able to remain relatively unharmed. Understanding the interaction between parents' responses and capabilities and



children's needs is a key principle underpinning effective assessment and intervention. As Cleaver points out, not all children are equally vulnerable to adverse consequences of parental problems.

### 3.4.2 Extended Family and Social & Community Resources

The care and upbringing of children does not take place in a vacuum. All family members are influenced both positively and negatively by the wider family, the neighbourhood and social networks in which they live. The history of the child's family and of individual family members may have a significant impact on the child and parents. Some family members, for example, may have grown up in a completely different environment to the child, others may have had to leave their country of origin because of war or other adverse conditions, and others may have experienced abuse and neglect as children.

The role of the wider family can be a significant source of support. Conversely, extended families may not always be supportive. Sometimes, even when families live nearby, links are not maintained<sup>35</sup>. At times, the stresses within the whole family can be such that grandparents and other relatives cannot find a way to help, or are too caught up in their own problems. Some parents do not always wish to acknowledge to their wider family that they are not coping with a burgeoning problem. However, when problems became serious, extended family members are likely to rally round to provide protection and care<sup>36</sup>.

The narration and impact of family histories and experiences can play an important role in understanding what is happening currently to a family. Research suggests that parents' own childhood experiences may spill over into adult life<sup>37</sup>. For instance, experiences of rejection, abandonment, neglect and feeling unloved as a child may be associated with excessive reliance on others for fear of being left, or excessive distancing from others and fear of dependency in adulthood. An adult's capacity to care for their child(ren) may be crucially related to his or her childhood experiences of family life and past adult experiences.



Exploration of the wider context of the local neighbourhood and community and the extent to which the family are socially engaged and integrated within them is a crucial element of the assessment. Social isolation, through an absence of both physical and emotional support, is an important factor in limiting adults' sense of well-being over their lives<sup>35</sup>. Research on Home Start has also suggested that social isolation is one of the major reasons for referral for befriending support<sup>38</sup>. Therefore the extent to which the family has peer groups, friends and social networks must be considered. Additionally, the impact upon the child of the neighbourhood and community must be considered.

Where social isolation is combined with fears for personal safety because of a hostile neighbourhood, cumulative negative factors can have an impact on parents' mental and physical health. Additionally, the part the wider family and others may play in organised abuse needs to be understood. This includes threats to children from dangerous individuals and unsafe communities.

The range and availability of community resources (universal services of primary health care, day care and schools, places of worship, transport, shops and leisure activities) and the extent to which the family are engaged with, and utilise them, provides useful information. For example a family who are new to an area, or who are socially isolated and in need of support may not be making full use of the local services available. Or a child with a disability and their family may at times be restricted to the levels of support from the wider family and community due to the complexity of health and/or behavioural needs; there may also be limited resources available to promote inclusion for children with a disability.

### 3.4.3 Housing

Accommodation that is below an acceptable standard may contribute to a child's ability to thrive. For example damp, infested and overcrowded accommodation may contribute to a baby's failure to thrive, or may lead to chronic health difficulties such as ear, nose, throat and chest problems.



For those families who move house regularly, it will be important to explore the issues underlying these decisions. It may be that they are experiencing difficulties with their neighbours; their employment may be uncertain or changeable; the family may be in transition (e.g. asylum-seeking families); they may lead chaotic lifestyles that provide little opportunity for stability. All these factors require exploration to ascertain the potential impact upon the development of children and young people.

In considering the housing domain of this framework, include assessment of the interior and exterior of the property and its immediate surroundings; ascertain the level of basic amenities – water, heating, sanitation, cooking facilities, sleeping arrangements and cleanliness, hygiene and safety. The degree to which all these factors are impacting, or may impact, upon the child's upbringing should be considered.

It will also be relevant to consider the degree to which the child's accommodation may present a barrier to them. It may be that due to a learning difficulty and/or physical disability the accommodation requires disabled access or specific adaptations to ensure the child is not restricted in their lifestyle by their physical surroundings at home.

#### **3.4.4 Employment and Income**

The patterns of employment within the family should be considered: who is working; what hours household members are working; the stability of employment; the impact unemployment may be having upon the family; the impact of others' employment on the child; the impact their own working may have on the child; restrictions to employment due to the care needs of a child (for example, if a child in the family is disabled and has high care needs).

For example, a main carer may be working more than one job, or working very long hours that takes them away from their caring role with the child; the child may be required to work within a family business, thereby limiting their time for social interactions and play with their peers or reducing the time available to them for



completing schoolwork; one or both parents may be unemployed and this could be the cause of a significant amount of stress within the family.

In relation to income, it is important to consider income over a sustained period of time, in addition to focusing on what may be any significant immediate difficulty. Families who experience low income over many years, and families in which the parents have difficulty managing on a low income, can increasingly experience a general deficit in the standard of living within a household. This can have a significant impact upon the well-being of its members. For example, children may become bullied at school for not having the 'right' clothes and equipment.

Ensure the family are in receipt of their full benefit entitlement and explore the degree to which the family's income meets the family's needs. Explore issues with the family such as the prioritising of resources and the extent to which any financial difficulties may have an impact upon the child.

Research studies have shown that there is a strong association between economic disadvantage and living conditions and the chances that children will fail to thrive<sup>39</sup>. At a conference in 1998, Holman put it starkly: 'Poverty undermines parenting'. It has also been demonstrated that the cumulative effect of disadvantage can dramatically increase a child's chances of coming into the care system<sup>40</sup>.

### **3.5 Assessing the Needs of Specific Groups of Children**

Whilst all children are unique, some are living in situations or with specific needs that require additional consideration. For example, some children have a disability, others provide care to seriously ill or disabled parents and others present with behaviour of a sexual or violent nature that places others at risk. These very apparent needs may mask or overshadow a range of other needs, which may be considerable. Therefore, when assessing these children and young people, it will be useful to apply the following guidelines:



- Ensure there is a high degree of co-operation and co-ordination between all professionals working with the child or young person to ensure robust preparation, assessment, planning and communication. This will ensure that the child's needs do not become lost between the agencies involved and their different systems and processes. Additionally, ensure responsibility for ensuring the welfare of the child in need is clearly defined and allocated – this is best done through meeting with other professionals and the family to discuss the issues and the roles and responsibilities of the individual professionals involved.
- For those children where little is known, the G.P. may be a useful source of information.
- Extra care must be taken to ensure that there is a holistic overview of the child and their family's needs and that the presenting needs are not permitted to hide underlying needs.
- Particular attention should be given to the health and education elements of the assessment for these children. The older the child, the more these aspects may become overlooked or difficult to arrange.
- In most cases, it is likely to be helpful to the professionals involved to access current research and literature relating to the specific presenting issues in order to inform their assessment. A useful starting place is the Social Care Institute for Excellence (<http://www.scie.org.uk/children/index.asp>) which produces a wide range of informative and easily accessible literature for professionals.
- Remember that regardless of the reason for their involvement with your service (for example, due to their offending behaviour, mental health difficulties or exposure to family violence) these children should receive the same level of support, assessment, planning and intervention that other children in need have access to.



## **4 The Process of UNOCINI Assessment**

### **4.1 The UNOCINI Assessment Process**

The UNOCINI assessment process is intended to ensure that the needs of children and their families are identified at an early stage and that professionals and agencies are supported to respond to these needs in a meaningful way. As such, a UNOCINI assessment should be seen as a process that encourages staff to gather information, share it as appropriate with other professionals and to take action based on the assessment of the needs of the child. Assessment should not be seen as either an end in itself or as a single event – children’s needs will best be met through a process of linking information gathering to analysis and action, and of regularly updating the assessment to take account of improvements or changes in the child’s situation.

In many instances where a professional identifies that a child has additional needs for support, including protection from harm, it will be possible for existing services to meet these needs without a referral to another service. In instances where it is identified that these additional needs cannot be met adequately by existing services then the UNOCINI assessment framework can assist in identifying which agency is most appropriate to make a referral to, and to facilitate staff to be explicit about what is required.

### **4.2 Standards for the UNOCINI Assessment Framework**

In developing the UNOCINI assessment framework a number of guiding standards for children’s social services have been developed to support implementation.

1. All children in receipt of a service from children’s social services will have had an UNOCINI Initial Assessment undertaken with them to identify theirs’ and their families’ needs.
2. Every child receiving social work support following the UNOCINI Initial Assessment will have access to a UNOCINI Pathway Assessment appropriate to their needs:



- a. Family Support Pathway Assessments may be undertaken with children requiring a more in-depth assessment of their needs.
  - b. Child Protection Pathway Assessments will be undertaken with all children subject to Child Protection Registration. This assessment will be updated for each Review Child Protection Conference.
  - c. Looked After Child Pathway Assessments will be undertaken with all looked after children. This assessment will be updated for each Looked After Child Review.
3. In order to prevent drift, every child receiving social work support following the UNOCINI Initial Assessment will have a current UNOCINI Plan that:
- a. Identifies the assessed needs of the child and family.
  - b. Outlines the actions planned to respond to the identified needs, together with a stated timeframe and identification of the person responsible for undertaking the action.
  - c. Specifies the actions for children, parents, family members and other professionals as appropriate.
  - d. Specifies the desired outcomes.
4. All UNOCINI assessments and plans will be completed in partnership with the child and their family:
- a. They will be child centred, showing clear evidence of engagement with the child and they will clearly identify and record the child's needs, views and wishes.
  - b. The parent will be invited to participate and contribute in a meaningful manner and their views will be clearly recorded.
5. All UNOCINI assessments and plans will incorporate the views, assessments and analysis information from all those working with the child and family from across



the multi-agency group.

6. The level of detail within UNOCINI assessments and plans will be proportionate to the needs of the child and their family.
7. UNOCINI assessments and plans will consider the need for specialist assessment and/or a family group conference.
8. Having considered the issue of consent the content of UNOCINI assessments and plans will be shared with those who have contributed to them, and also with those who have been assessed within them, prior to distribution or presentation at meetings.
9. All UNOCINI assessments and plans will be quality assured by the supervising manager.
10. All UNOCINI assessments and plans will be shared with the child and family and they will also be provided with a copy.

### **4.3 UNOCINI Agency Appraisal**

It is hoped that most children's needs can be met by professionals and agencies already in contact with the child or young person and their family. The first step in making a decision about the need for additional supports may be an UNOCINI Agency Appraisal (Form A1). There may be times when it would not be appropriate and/or possible to undertake a Preliminary Assessment. For example, you may be concerned that to undertake an assessment with the child and family would place the child at risk of harm, or perhaps you do not currently have direct access to work with the child or family.

In these instances, it may be useful to undertake an agency appraisal. This means undertaking a desk-top exercise (i.e. not working with the child or family) and using the UNOCINI Preliminary Assessment template (Form A1) in its totality to help you analyse your information and to use its logical framework to help you consider what the appropriate response to the child and family's needs may be.



#### 4.4 UNOCINI Preliminary Assessment

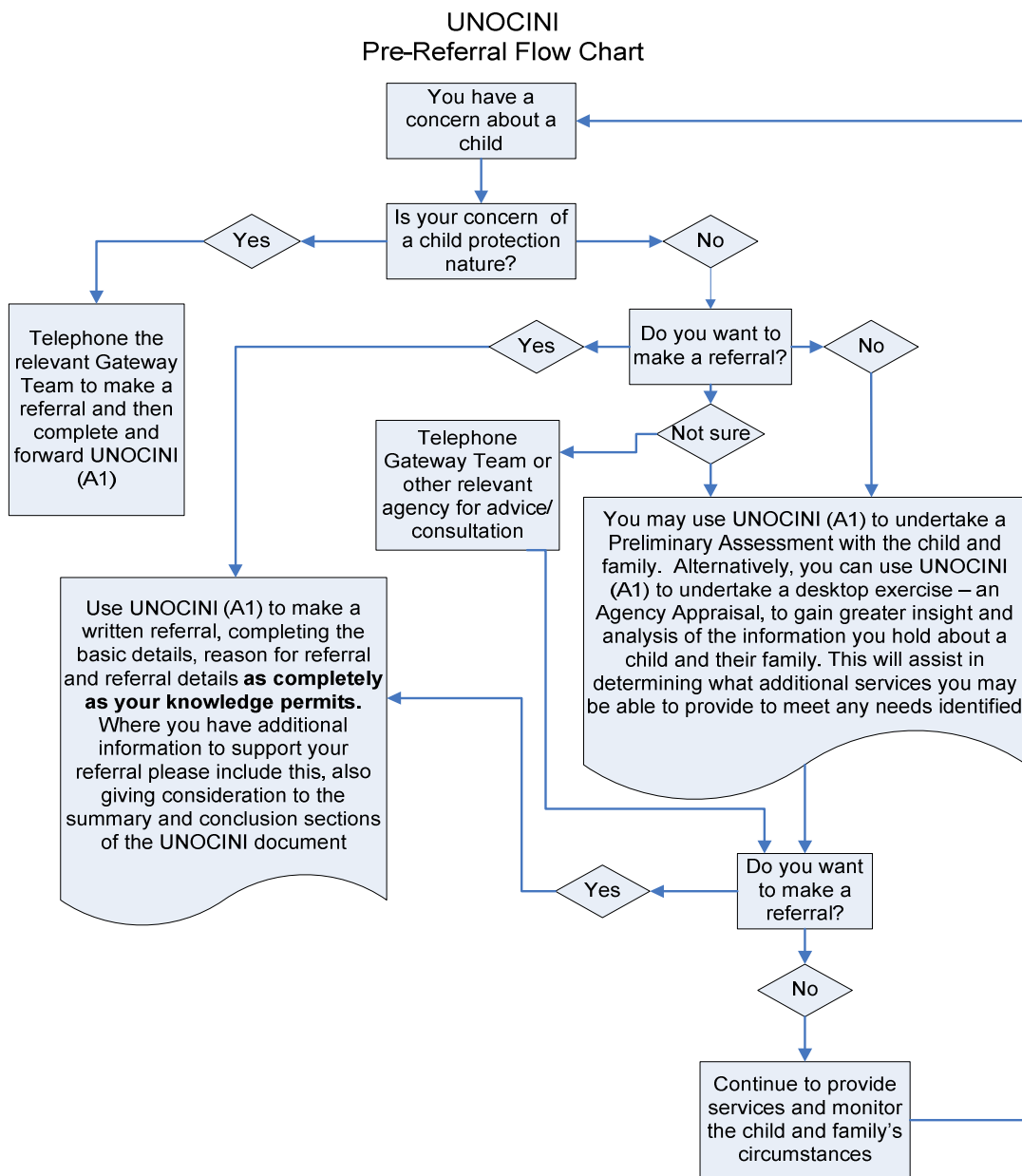
The UNOCINI Preliminary Assessment (Form A1) has been designed for use by staff providing universal services, and those working in the community and voluntary sector when they have an early concern about a child who has additional needs. The UNOCINI Preliminary Assessment can be used at anytime and the main difference from an agency appraisal is that the assessment involves discussion with the child and their family. It can be completed for unborn babies and new babies, and it can be used with children or young people. It is designed for use when:

- There is a concern about how well a child (or unborn baby) or young person is progressing in their development. The concern may be about their health, welfare, behaviour, progress in learning or any other aspect of their well-being. In these situations it may be that the child's needs are unclear, or broader than the existing service can address.
- UNOCINI would help to identify and clarify the child's needs, and/or engage other services to help meet these needs.
- It is thought that a referral to children's social services is appropriate.

It is anticipated that, over time, professionals will begin to undertake an UNOCINI Preliminary Assessment prior to considering making a referral to other services, except in cases where the child is in need of protection (in these cases immediate referral via the Gateway Teams is still required via telephone in the first instance and followed up within 24 hours using Form A1). It is anticipated that by conducting a UNOCINI Preliminary Assessment that a child's additional needs will be identified, and that this will on occasion support services already involved to meet these needs without the necessity to involve additional agencies (Figure 3).



Figure 3: Preliminary Assessment Flow Chart





## 4.5 Multidisciplinary Working and Information Sharing

In conducting a UNOCINI Assessment it may be necessary for an agency to gather information from other services to inform an assessment of a child's needs. In order to undertake an assessment, it is likely that other professionals working with the child and family will need to share information. Sharing information is vital for early intervention to ensure that children and young people with additional needs get the services they require. It is also essential to protect children and young people from suffering harm from abuse or neglect and to prevent them from placing themselves or others at risk.

Confidentiality of personal information and gaining consent to share such information is a feature of good assessment. The following is a list of key principles that may help you work with issues of consent and confidentiality:

- In order to undertake an assessment, it is likely that other professionals working with the child and family will need to share their information.
- Personal information held within agencies about children and families is subject to a legal duty of confidence and should not normally be disclosed without consent; however the law does permit the disclosure of confidential information if it is necessary to safeguard a child or if it is in the public's interest (e.g. in the prevention of a crime). Always seek urgent advice if in doubt.
- Children are entitled to the same duty of confidence as adults, provided that, in the case of those under 16 years, they have the 'sufficient understanding' (see below).

It is essential that consent is sought on the basis that the child has sufficient understanding to comprehend and reach rational and informed judgements about the issues that affect them. The concept of sufficient understanding is related in part to the child's chronological age, but it is also dependent upon their level of cognitive



development, any impact of personal and interpersonal conflicts and the complexity of the issues<sup>41</sup>.

Practitioners recognise the importance of information sharing but also feel uncertainty about when they can do lawfully. Forthcoming regional guidance aims to provide clarity on that issue. It is important that practitioners:

- are supported by their employers in working through these issues.
- understand what information is and is not confidential, and the need in some circumstances to make a judgement about whether confidential information can be shared, in the public interest, without consent.
- understand and apply good practice in sharing information at an early stage as part of preventative work.
- are clear that information can normally be shared where you judge that a child or young person is at risk of significant harm or that an adult is at risk of serious harm.

As such professionals should:

- Explain to children, young people and families at the outset, openly and honestly, what and how information will, or could be shared and why, and seek their agreement. The exception to this is where to do so would put that child, young person or others at increased risk of significant harm or an adult at risk of serious harm, or if it would undermine the prevention, detection or prosecution of a serious crime including where seeking consent might lead to interference with any potential investigation.
- Always consider the safety and welfare of a child or young person when making decisions on whether to share information about them. Where there is concern that the child may be suffering or is at risk of suffering significant harm, the child's safety and welfare must be the overriding consideration.



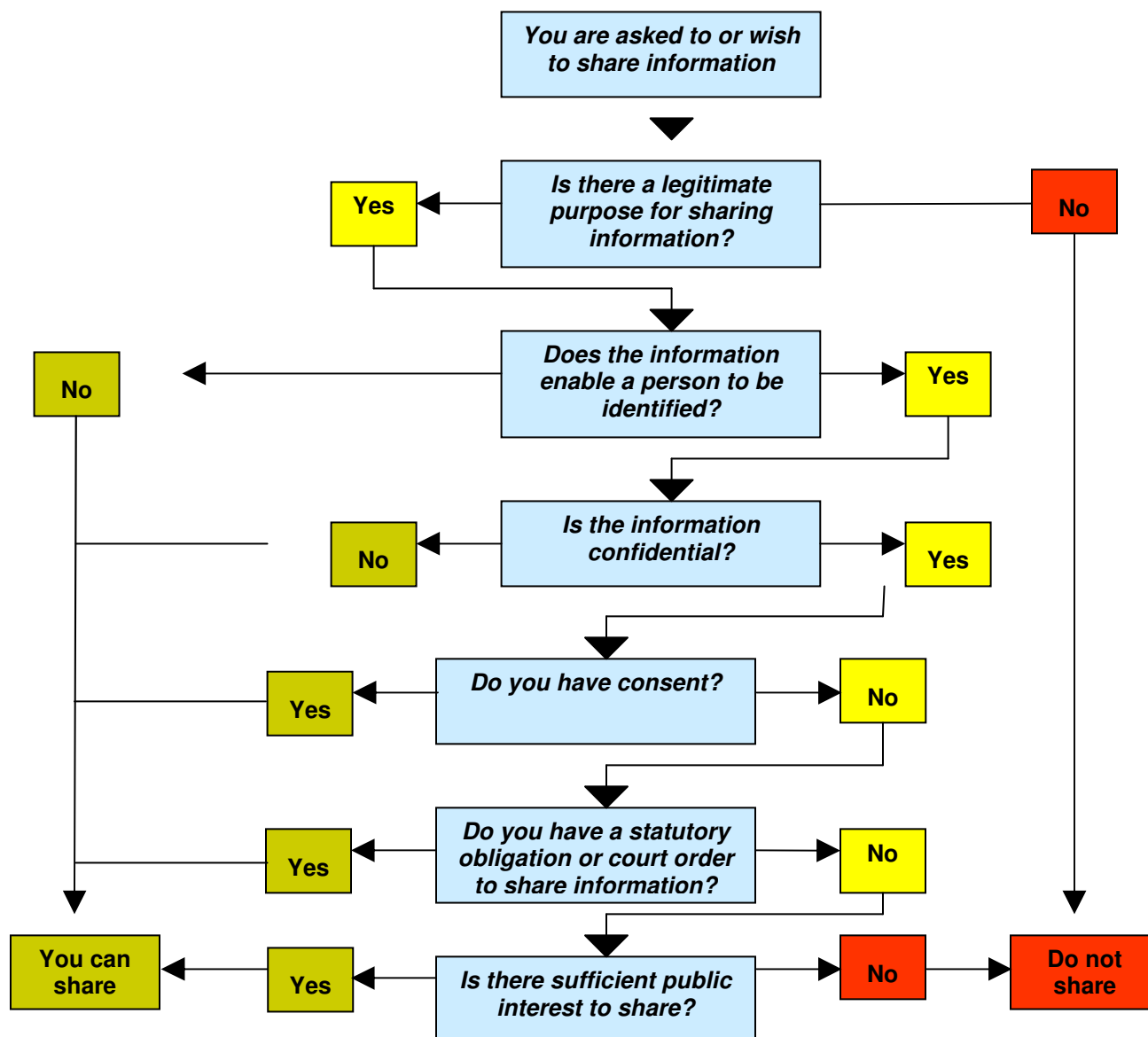
- Where possible, respect the wishes of children, young people or families who do not consent to share confidential information. You may still share information, if in your judgement on the facts of the case, there is sufficient need to override that lack of consent.
- Seek advice from a senior manager or professional where you are in doubt, especially where your doubt relates to a concern about possible significant harm to a child or serious harm to others.
- Ensure that the information you share is accurate and up-to-date, necessary for the purpose for which you are sharing it, shared only with those people who need to see it, and shared securely.
- Always record the reasons for your decision – whether it is to share information or not.

The Department for Education and Skills (2006)<sup>42</sup> developed a flow chart to support staff in arriving at decisions about information sharing (Figure 4). It is very important that in situations where there are concerns for the safety and well-being of children or others that self reports from children and families are cross referenced with information held by other professionals or family members. By doing this you can ensure that the safety needs of a child are fully considered. The need to protect someone from placing themselves or others at risk of significant harm outweighs the common law duty of confidentiality in these circumstances.

For staff working in children's social services there is a need to remember the recommendations from the Laming Inquiry<sup>43</sup> that encourage staff to seek information from other sources before making a judgement as to how to classify a referral. In these circumstances staff working in children's social services should check administrative databases and previous agency records for information pertaining to the child *and* other family members, and consider whether information is sought from other professionals before ruling out any child protection concerns.



Figure 4: Flowchart of key principles for information sharing



**Share information:**

- Identify how much information to share
- Distinguish fact from opinion
- Where possible seek consent to the sharing of information
- Ensure that you are giving the information to the right person
- Inform the person that the information has been shared if they were not aware of this and if it would not create or increase risk of harm

Record the information sharing decision and your reasons, in line with your agency's procedures or local policy

Seek advice from your manager, supervisor or child protection advisor if you are not sure what to do at any stage and ensure that the outcome of the discussion is recorded



## 4.6 How to make a good referral

### 4.6.1 Prior to Referral

Following the completion of the UNOCINI Agency Appraisal or Preliminary Assessment the need for onward referral to another service for a child and their family may be indicated. This referral may be to request further assessment, to seek advice or to request services. This will normally be in situations where the assessment has indicated the need for additional assessment or support that could not be provided by existing services. The exception to this would be where the referral is considered to be relating to child protection (see below), or where there is a requirement for specific medical intervention.

There may be instances (e.g. for those colleagues from PSNI and Accident and Emergency services) where you have a concern about a child or young person, but are not engaged in ongoing work with the child or young person and/or their family. In these cases, it would not be practical (or expected) that an UNOCINI Preliminary Assessment would have been undertaken prior to referral.

If there is more than one agency working with the child/young person and family, agreement should be reached about who will make the referral. There is no advantage in duplicating referrals.

**Please remember that the consent of the parent/carers and/or the young person (if they are competent to give this) must normally be given prior to a referral. An exception can be made when you consider that a child is in need of safeguarding and to try and gain consent may increase the risk to a child or young person. Issues of consent (including when consent is not forthcoming) must always be clearly recorded.**

If you are unsure whether you need to make a referral, or if you are unsure which would be the appropriate agency to make the referral to, it is advisable to speak with your



manager. You and/or your manager may also find it useful to phone the relevant agency(s) to discuss the potential referral (this could of course be a discussion where the child/family's name is not disclosed).

You do not have to be an expert to use UNOCINI, nor do you have to fill in all the boxes if you do not have the required information. You are simply expected to record your knowledge of the child and family's needs and circumstances, details of others working with the child and family and any relevant supporting information that you already know.

#### 4.6.2 Child Protection Referrals

If you are concerned that a child may be at suffering, or at risk of suffering, significant harm, then an **urgent** referral to children's social services through the local Gateway Service must be made. When making an urgent referral by telephone, the Duty Social Worker will advise you that you will be required to confirm your referral in writing on a UNOCINI (Form A1) within 24 hours. If you have already undertaken a UNOCINI Preliminary Assessment or UNOCINI Agency Appraisal, please update and use this as the basis for your UNOCINI referral as it will provide important information and facilitate a prompt and appropriate response. For further detailed guidance please refer to the Area Child Protection Committees' Regional Policy & Procedures.

#### 4.6.3 Non-urgent Referrals

Non-urgent referrals should be made in writing using the UNOCINI Referral (Form A1). It is likely that you will already have completed an UNOCINI Preliminary Assessment or Agency Appraisal and that these would form the basis of your referral.

If however you do not have an existing UNOCINI Preliminary Assessment or Agency Appraisal, you are encouraged to complete the UNOCINI template as fully as your knowledge allows. For the majority of professionals referring a child or young person to another agency it is likely that they will have a wealth of knowledge about the child and family's circumstances, their strengths, needs, risks and resilience and protective factors



and you are encouraged to pass on this knowledge at the point of referral with a UNOCINI.

There will be a very small minority of professional referrers who have very little information additional to their concerns triggering the referral (e.g. colleagues from PSNI; a teacher referring a child or young person on the first day at a new school) and in these circumstances, you are required only to complete the basic details, reason for referral, consent issues and referrer's details as comprehensively as possible on the UNOCINI Referral (Form A1).

#### **4.6.4 Completing the UNOCINI Referral**

The layout of the UNOCINI Referral (Form A1) has been designed to provide you with a logical framework within which you can complete your referral.

If you are making an urgent referral by telephone, you may find it useful to refer to the UNOCINI prior to making the telephone call to help you order your thinking.

##### **Basic Details**

The UNOCINI Referral (Form A1) guides you through documenting basic details including: the child or young person's name, address, date of birth, ethnicity, special needs, primary carers, household members, significant others, communication, school, GP, Health Visitor etc.

N.B. In this section, 'primary carer' means the person(s) who undertakes the day to day care of the child or young person (for example, this could be the mother and/or father, step-parents, grandparents, friend of the family etc). 'PR' means parental responsibility – i.e. the people in law who have legal responsibility for the child or young person.

You do not have to complete all the boxes if you do not have the required information - It is acceptable to leave blanks if you do not have the relevant information readily available.



### Reason for Undertaking UNOCINI

The next stage is to document your reason for undertaking UNOCINI and making a referral. Please also use this section to record whether this is a written referral following a telephone referral for child protection issues.

This is the section that will require you to consider your information carefully and to clearly outline how you are hoping the receiving agency will respond. Below is a list to assist you in organising your information. Please note that this list is not exhaustive, and should not be used as a checklist:

- What are your concerns? Please be specific.
- How/why have you concluded that a referral is necessary at this time?
- What is the context of your concern? Was there a specific trigger or event? What is the presenting need?
- How urgent is your referral?
- Have you made the referral to more than one agency? If so, please ensure this is clear.
- How have you tried to resolve these issues within your own work with the child or young person and their family (if relevant)?
- What will your continued input with the child or young person and their family be, if any?
- What do you want the receiving agency to do? Please be as specific as you can be.
- Additionally, please ensure you have included the specific information that the agency you are referring to will require. For example:
  - a. A youth justice agency will require information relating to criminal history and prior intervention.



- b. Child and Adolescent Mental Health Service (CAMHS), therapeutic, counselling or other mental health service will require information relating to the emotional health and well-being of the child or young person (e.g. issues of self harm, depression, suicidality, substance mis-use, prescribed medication, previous or existing diagnosis - with details of the medical practitioner who made the diagnosis) and an overview of family's mental health.
- c. An Education Welfare Officer will require information about school attendance and performance, and a history of educational placements.
- d. Child development clinics will require a medical and social history, an overview of health and social development, birth history, information about prescribed medication and any previous or existing diagnosis (with details of the medical practitioner who made the diagnosis).

### Previous Contacts

Provide an overview of previous contacts with the child or young person and their family – providing a brief summary of involvement.

Are immediate actions necessary to safeguard the child or young person? Document your view about whether immediate action is necessary, explaining your reasons if you think the child may be in immediate danger. **If you believe the child or young person is in immediate danger, then you will be pursuing an urgent referral** (see above).

### Consent and Confidentiality

Documenting issues of consent is an essential part of making a referral as the receiving agency will need to know whether the child or young person and their family is aware the referral has been made and whether they have consented to it prior to making first



contact. The first contact in a new relationship with children, young people and families is always critical, and clarity about this issue will assist in this first contact.

### Referrer's Details

The referrer's details are clearly essential information for the receiving agency (and you should expect to receive an acknowledgement of receipt of your referral within a few days of passing it to another agency).

### Overview

In the majority of cases, you would then be looking to the overview section of the template to convey your understanding of the child or young person and their family's current circumstances (i.e. your knowledge of the child's needs, the parents or carers capacity to meet their needs and the family and environmental factors). You may not have information relevant to all twelve of the domains, and it is acceptable to leave some sections blank: the expectation is that you comprehensively document the information that you have.

### Summary

It is also likely that you will have information relevant to the summary section, where you can comment on the strengths, needs, risks, protection & resilience factors affecting the child/young person and their family.

N.B. Where you write onto the template past your initial signature regarding referral, it is advised that you initial or sign against your entries for clarity. Please remember that signatures should be legible.

#### **4.6.5 Further information that it may be useful to consider**

There are a range of factors that may impact on a child's needs and their carers ability to provide for these needs. The following are examples:

- The child or young person's current location
- The date the child or young person was last seen



- Conflict between the child or young person and their parent/carer
- Bereavement
- Alcohol and/or substance misuse
- Domestic violence
- Housing or homelessness
- Non-school attendance
- Poverty, Financial Crisis, Parental Unemployment
- Cultural and/or racial harassment
- Violence and/or bullying
- Challenging behaviour
- Physical and/or mental ill health

#### **4.7 UNOCINI Initial Assessment**

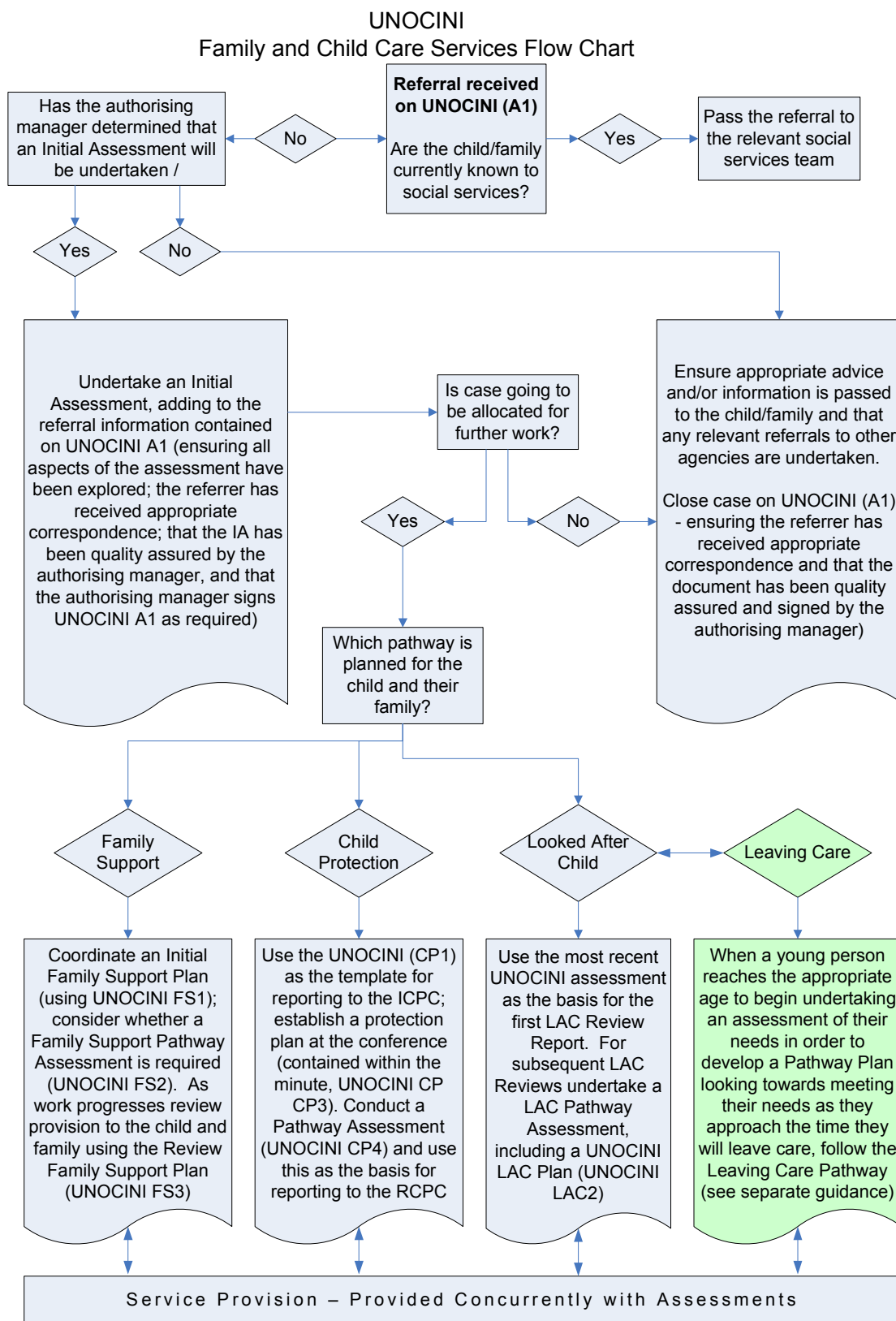
The UNOCINI Initial Assessment (Form A1) will be completed for all referrals received by and accepted as appropriate by children's social services (Figure 5). The purpose of the UNOCINI Initial Assessment (Form A1) is to provide sufficient information to enable the first case planning decision to be taken from an informed position.

The UNOCINI Initial Assessment (Form A1) is not designed to be an in-depth exploration of a child and families circumstances. Rather it is to provide a timely overview of current circumstances in order to take appropriate decisions about the future management and thresholds of intervention, for example:

- The transfer to family support services
- A referral to another agency and/or service,
- The initiation of a child protection investigation, or
- Case closure.



Figure 5: Family & Child Care Services Flow Chart





#### 4.7.1 Standards for UNOCINI Initial Assessments

In developing the UNOCINI Initial Assessment a number of guiding standards for children's social services have been developed to support implementation.

1. All referrals to social services allocated to a social worker must receive an UNOCINI Initial Assessment.
2. UNOCINI Initial Assessments should be completed within 10 working days from receipt of the referral.
  - This includes the quality assurance and sign off by the supervising manager.
3. All referrals progressing to an UNOCINI Initial Assessment will be checked against existing databases/IT systems to establish prior/existing input and/or concerns.
4. In most circumstances, a discussion should be undertaken with the referrer to obtain clarification of details.
  - Ideally this discussion would occur prior to first contact with the child/family.
5. The child or young person should be seen for completion of the initial assessment. In exceptional circumstances, this may not be possible (e.g. where the young person is missing) and, if this is the case, then the reason should be clearly documented in the assessment.
  - For those children of sufficient age and understanding the social worker should engage them in a discussion.
  - Where a child protection concern is indicated then the ACPCs' Regional Policy & Procedures requirement must be adhered to whereby the child or young person must be seen within 24 hours of receipt of the referral.
6. The social worker should meet with the parents and/or carers and seek to work in partnership with them in order to complete the assessment. In the event that this



has not been possible the reasons should be clearly recorded as part of the assessment.

7. Identify the professionals who are working with the child and family.
  - Seek consent from the family prior to inter-agency contact for all initial assessments that do not fall within the Child Protection Procedures.
  - In instances where a child protection concern is indicated social workers must establish what information is already known about the child and their family from other child welfare agencies before making contact with the family.
  - Ensure key professionals provide input and share information appropriately for contribution to the assessment.
8. Use all sections of the UNOCINI Initial Assessment (Form A1) appropriately:
  - Complete factual data accurately.
  - Record and review history of previous contacts.
  - Record initial analysis.
  - Undertake a holistic assessment of the child or young person and their family's needs (i.e. all 12 domains of the assessment framework must be considered).

*N.B. If you think a certain domain is not relevant, it may be that it is a strength for the child/family that requires analysis and recording.*

- Identify risk(s) to and resilience and protective factors impacting upon the child or young person's welfare and safety.
- Record decisions on further action/no action and their rationale.
- Inform other agencies of decisions taken and requests for service inputs.



9. Assessment should be based upon intervention that is both necessary and proportionate to the circumstances of the child or young person and their family.

## 4.8 UNOCINI Family Support Pathway

### 4.8.1 UNOCINI Family Support Pathway Assessments

The UNOCINI Family Support Pathway Assessment (Form FS2) is an in-depth assessment of a child and family's circumstances. It is likely to be developed over several weeks, involving a series of meetings with children and their families.

The UNOCINI Family Support Pathway Assessment (Form FS2) is designed to provide an overview of the child and their families' needs, in a format that encourages the analysis of information. One of the concepts behind the UNOCINI Framework is that of proportionality and this is particularly relevant to the Family Support Pathway Assessment which has been designed to allow for either a holistic assessment of the child and family's needs or a domain specific assessment (for example, you may have good assessment information on the parenting capacity and environmental factors, but wish to develop your understanding of the child's needs further and so decide to undertake a domain specific assessment looking only at the four domains relating directly to the child's needs).

The decision about whether to undertake an UNOCINI Family Support Pathway Assessment (Form FS2), and whether this should be domain specific or holistic, is one that should be undertaken in full partnership with the child, family and other professionals and should be ratified by the supervising manager.

- Many children and their families are likely to benefit from an UNOCINI Family Support Pathway Assessment (Form FS2) in order to analyse their current circumstances: their needs, strengths, risks, and resilience & protective factors.
- It is likely that some children and families may not require or benefit from an UNOCINI Family Support Pathway Assessment (Form FS2). For example, for



those children and families receiving time-limited and low level services, and whose needs are clearly understood by all involved, they may not require assessment further to the UNOCINI Initial Assessment (Form A1).

- In reaching the decision to undertake an UNOCINI Family Support Pathway Assessment (Form FS2), and whether this assessment should be holistic or domain specific, it is desirable to consider many factors, including the following:
  - The complexity and severity of needs and issues
  - The child and family's awareness of their issues and their ability to change
  - The child and family's ability and willingness to engage with the professionals working with them
  - The degree of detailed knowledge across all 12 domains
  - The quality of existing information about the child and family's circumstances
  - Conflict between the child and parents/carers
  - The degree of complexity within family dynamics
  - The potential for the child and/or family's circumstances to deteriorate
  - The history and outcome of any previous referrals and/or involvement from professionals
  - The views of all involved (child, family - including extended family, and professionals)

Consistent with the other UNOCINI assessments, it is expected that Family Support Pathway Assessments (Form FS2) are undertaken in full consultation with parents and young people. It is the aspiration that the majority of UNOCINI Family Support Pathway Assessments (Form FS2) will also be undertaken in full consultation with all professionals working with the child and family. This should enable social workers to



co-ordinate composite assessment for consideration within planning discussions and meetings, thereby reducing the number of individual professional reports submitted each time the plan is updated.

The UNOCINI Family Support Pathway Assessment (Form FS2) is supported by the UNOCINI Family Support planning framework:

- The Initial Family Support Plan (Form FS1)
- The Review Family Support Plan (Form FS3)

The Family Support Pathway Assessment (Form FS2) is to be used to inform planning discussions and meetings. For children and families with more complex and/or acute needs, the assessment may be undertaken as a continuing process, thereby enabling an update for each Review Family Support Plan (Form FS3). For children and their families with less complex needs, it may not be necessary to undertake the Family Support Pathway Assessment for each Review Family Support Plan.

#### **4.8.2 Standards for UNOCINI Family Support Pathway Assessments**

In developing the UNOCINI Family Support Pathway Assessment a number of guiding standards for children's social services have been developed to support implementation.

1. UNOCINI Family Support Pathway Assessments (Form FS2) to be completed in partnership with the child and family.
2. Where possible, the UNOCINI Family Support Pathway Assessment (Form FS2) will be a composite of the experience, views and assessment of all professionals working with the child and family.
  - The Social Worker will normally be responsible for co-ordinating all UNOCINI Family Support Pathway Assessments (Form FS2). In exceptional circumstances, local arrangements may be agreed by Assistant Directors of Trusts for co-ordination of the assessment by an alternative professional.



3. All UNOCINI Family Support Pathway Assessments (Form FS2) will be completed in a timely manner – the timing of these would normally be linked to the Review of the Family Support Plan.
  - The report to be shared in full with the parents and young people (if appropriate) prior to planning discussion/meetings.
  - Parents' and young peoples' (where appropriate) views of the assessment to be included in the final assessment document, encouraging them to be specific about any areas of disagreement.
4. All UNOCINI Family Support Pathway Assessments (Form FS2) to be shared with other professionals working with the child and/or family (subject to the agreement of the child and family).
  - It may be also be appropriate to share the outcomes of the assessment more widely within the extended family and/or with other significant people (again, subject the agreement of the child and family).
5. All UNOCINI Family Support Assessments (Form FS2) will be quality assured and signed off by the supervising manager prior to sharing with the planning discussions/meetings and the child/family.

#### **4.8.3 UNOCINI Family Support Plans**

Irrespective of whether a holistic or domain specific UNOCINI Family Support Pathway Assessment is undertaken, an UNOCINI Family Support Plan will be completed with all children and families in receipt of services from children's social services who are not subject to child protection or looked after children processes. These plans will be used to clarify the aim of social work input with the child and family; to outline to contribution required by the child and family and other professionals; to provide a contract and reference point for all involved and to prevent unnecessary drift in work with children and their families.



The UNOCINI Family Support Plans should be completed in partnership with children and their families. They should also incorporate the views and planned actions and input from other professionals engaged with the child and their family. For children and families with complex and/or acute needs, it is likely that a UNOCINI Family Support Planning Meeting, attended by the child, family and all professionals working with the family, would be the most appropriate venue for establishing the UNOCINI Family Support Plan. For other children and families, a planning discussion with other professionals (perhaps via telephone or secure email) followed by a simple meeting between social worker and the child and family may be sufficient to establish the UNOCINI Family Support Plan.

#### **4.8.4 Standards for UNOCINI Family Support Plans**

In developing the UNOCINI Family Support Plans a number of guiding standards for children's social services have been developed to support implementation.

1. UNOCINI Family Support Plans will be completed for every child/family in receipt of a social work service and not subject to child protection or looked after children processes.
  - The Initial UNOCINI Family Support Plan (Form FS1) to be completed within 20 working days from receipt of the referral.
  - The first Review UNOCINI Family Support Plan (Form FS3) to be completed within 3 months of the Initial UNOCINI Family Support Plan.
  - Subsequent Review UNOCINI Family Support Plans (Form FS3) to be completed at six monthly intervals.
  - Review UNOCINI Family Support Plans can be completed at more frequent intervals if the child and/or family's circumstance change and/or any person contributing to the plan calls for an earlier review.
2. Family Support discussions can be conducted by a social worker, with their supervising manager signing off the plan.



- Family Support meetings should be chaired by the social worker's supervising manager.
3. UNOCINI Family Support Plans to be completed in partnership with the child and family.
    - The views of the child and family to be clearly recorded prior to completion of the planning documentation, encouraging them to be specific about any areas of disagreement.
    - UNOCINI Family Support Plans will be copied and shared with the child and family.
  4. The UNOCINI Family Support Plan is to serve as the contract between the Trust and the family. This includes services provided by the social worker and any other professional offering a service.
  5. The UNOCINI Family Support Plan will contain specific actions for the child, family, social worker and other professionals as appropriate. These actions will be clearly identified, with relevant timeframes attached to them and all parties will be fully aware of theirs, and others, anticipated contribution.
  6. All UNOCINI Family Support Plans to clearly specify further assessment requirements, including specialist assessment if appropriate, and timescale for completion of the assessment.
  7. All UNOCINI Family Support Plans will include a summary/record of discussion or meeting content that will explicitly record areas of discussion, and any disagreements or dissent between those present and also any areas where significant negotiation was required in order to reach consensus.
  8. All UNOCINI Family Support Plans to be copied and shared with other professionals working with the child and/or family (subject the agreement of the child and family).



9. All UNOCINI Family Support Plans will be quality assured and signed off by the supervising manager prior to completion and sharing with the child/family.

#### **4.9 UNOCINI Child Protection Pathway**

The Child Protection Pathway is to be used with those children who are thought to be suffering, or likely to suffer, significant harm and are subject to a Child Protection Case Conference. Thorough assessment and planning for children in need of protection is essential as there is substantial research to suggest that the health and development of children, including their emotional health and well-being and their educational attainment, may be severely affected if they have been subjected to child maltreatment.

Children who are in need of protection require robust assessment that identifies theirs' and their families' needs and strengths. Furthermore, the assessments should have a particular emphasis on analysis of the harm that has occurred or is likely to occur as a result of child abuse. This should be balanced against analysis of the protective and resilience factors that may lead to a reduction in the likelihood of risk. This style of balanced assessment will inform recommendations about future plans and required service intervention. The planning framework for children in need of protection is set out in the Area Child Protection Committees' Policy & Procedures.

Whilst undertaking an assessment to establish levels of actual or potential harm, it is also necessary to take action to safeguard and promote the child's welfare: the duty to both safeguard and promote the child's welfare continues throughout the process of assessing whether there are grounds for concern that the child may be suffering, or is at risk of suffering, significant harm.

The Area Child Protection Committees' Policy & Procedures states that "a child protection case conference should be convened when it is clear either during or following an investigation that a decision has to be made on whether or not to place a child's name on the child protection register".



For the initial case child protection case conference the investigating social worker must prepare a written report – this is the UNOCINI Initial Child Protection Conference Report (Form CP2). This report utilises the UNOCINI Assessment as its basis, adding to it with recommendations relevant to the protection of the child.

#### **4.9.1 Initial UNOCINI Child Protection Conference Report**

The UNOCINI Initial Child Protection Conference Report (Form CP2) is intended to be used by social workers by building on any previous UNOCINI Assessment, whether this is an Initial Assessment or a Pathway Assessment for Family Support or Looked After Children. It utilises the basic details, assessment overview, summary of needs, strengths, risks and resilience and protective factors, and conclusions in their entirety.

Care must be taken when using the UNOCINI Initial Child Protection Conference Report (Form CP2) to ensure that the child protection issues have been adequately addressed. It may be necessary to add to, or update, an earlier UNOCINI assessment to ensure issues of risk and protection have been very carefully considered, analysed and summarised.

The Area Child Protection Committees' Policy & Procedures state that the Chairperson of the Conference is responsible for ensuring a systematic and ordered approach to the meeting. In this respect the UNOCINI Child Protection Conference Agenda (Form CP1) will guide the conduct of the Conference.

#### **4.9.2 Standards for the UNOCINI Initial Child Protection Conference Report**

In developing the UNOCINI Initial Child Protection Conference Report a number of guiding standards for children's social services have been developed to support implementation.

1. UNOCINI Initial Child Protection Conference Reports are required to include holistic assessments of the child or young person and their family's need (i.e. all 12 domains of the assessment framework must be considered).



2. The Summary section of the report (i.e. needs, strength, existing and/or potential risks, resilience and protective factors) is particularly important. Care should be taken to ensure the risks, resilience and protective factors have been critically analysed and outlined within the assessment.
3. Where possible, the UNOCINI Initial Child Protection Conference Reports will include information from other professionals working with the child and their family.
4. The UNOCINI Initial Child Protection Conference Report will serve as the report to all Initial Child Protection Conferences. The reports will include:
  - a. A recommendation regarding registration.
  - b. A recommendation regarding core group membership.
5. All Initial UNOCINI Child Protection Conference Reports will be quality assured and signed off by the supervising manager prior to sharing with the case conference chair and the child/family.
6. All Initial UNOCINI Child Protection Conference Reports will be completed in a timely manner.
  - a. The report is to be shared in full with the parents and young people (if appropriate) at least one working day prior to the Conference.
  - b. Parents' and young peoples' (where appropriate) views of the assessment are to be included in the final report to the Child Protection Case Conference, encouraging them to be specific about any areas of disagreement.
7. Consistent with the Area Child Protection Committees' Policy & Procedures, all Initial UNOCINI Child Protection Conference Reports are to be submitted to the Conference Chair at least two working days prior to the Child Protection Conference.



8. The outcomes of the Child Protection Conference will be formally recorded as a minute on Form CP3.

#### **4.9.3 UNOCINI Child Protection Pathway Assessments**

The UNOCINI Child Protection Pathway Assessment (Form CP4) is an in depth assessment of a child and families' circumstances. It is likely to be developed over several weeks, involving a series of meetings with children and their families, and should be available for the first Review Child Protection Conference.

The Child Protection Pathway Assessment (Form CP4) is designed to provide an overview of the child and their families' needs, in a format that encourages analysis of information and which serves as the report to the Review Child Protection Conference. The assessment will be undertaken as a continuing process, thereby enabling an update for each subsequent Review Child Protection Conference.

Consistent with the other UNOCINI assessments, it is expected that Child Protection Pathway Assessments (Form CP4) are undertaken in full consultation with parents (and young people, where appropriate. Child Protection Pathway Assessments (Form CP4) will also be undertaken in full consultation with all professionals working with the child and family. This would enable social workers to co-ordinate all assessment information provided by other professionals.

#### **4.9.4 Standards for UNOCINI Child Protection Pathway Assessments**

In developing the UNOCINI Child Protection Pathway Assessment a number of guiding standards for children's social services have been developed to support implementation.

1. UNOCINI Child Protection Pathway Assessments are required to be holistic assessments of the child or young person and their family's need (i.e. all 12 domains of the assessment framework must be considered).
2. The Summary section of the assessment (i.e. needs, strength, existing and/or potential risks and resilience and protective factors) is essentially important and



care should be taken to ensure the risks and resilience & protective factors have been critically analysed and outlined within the assessment.

3. Where possible, the Child Protection Pathway Assessment (Form CP4) will be a composite of the experience and views of all members of the Core Group (i.e. of all professionals working with the child/family and the parents of the child; in some instances this may also include the young person who is the subject of the conference).
  - a. The Social Worker will be responsible for co-ordinating all UNOCINI Child Protection Pathway Assessments.
4. The UNOCINI Child Protection Pathway Assessment (Form CP4) will serve as the report to Review Child Protection Conferences. The assessments will include:
  - A recommendation regarding registration.
  - A recommendation regarding core group membership.
  - A proposed plan, identifying actions for professionals, parents and children, together with achievable timescales, for consideration by members of the Child Protection Conference.
5. All UNOCINI Child Protection Pathway Assessments (Form CP4) will be quality assured and signed off by the supervising manager prior to sharing with the conference chair and the child/family.
6. All UNOCINI Child Protection Pathway Assessments (Form CP4) will be completed in a timely manner, with the first being completed in time for the first Review Child Protection Conferences which must be convened within three months of the Initial Child Protection Conference.
  - The assessment is to be shared in full with the parents and young people (if appropriate) at least three working days prior to the Conference.



- Parents and young peoples' (where appropriate) views of the assessment to be included in the final report to the Child Protection Conference, encouraging them to be specific about any areas of disagreement.
7. Consistent with Regional guidance, all Child Protection Pathway Assessments to be submitted to the Conference Chair at least 2 working days prior to the Child Protection Conference.
  8. The outcomes of the Child Protection Case Conference will be formally recorded as a minute on Form CP3.

#### **4.10 UNOCINI Looked After Child Pathway**

The UNOCINI Looked After Child Pathway (LAC2) is to be used with those children who are being looked after by one of the five Health & Social Care (HSC) Trusts. They may be the subject of a legal order, or they may be voluntarily accommodated.

Arrangements for the care of children looked after are subject to the Regulations and Guidance accompanying The Children (Northern Ireland) Order 1995, specifically:

- Volume One: Court Order and Other Legal Issues.
- Volume Three: Family Placements and Private Fostering.
- Volume Four: Residential Care.

This guidance and the associated HSC Trust Policy and Procedures should be consulted in relation to the specifics of the requirements for children who are looked after.

Looked after children require robust assessment that identifies theirs', their family's and their placement's needs and strengths. Furthermore, the assessments should consider the actual and/or potential risks balanced against analysis of the protective and resilience factors that may lead to a reduction in the likelihood of risk. This style of balanced assessment will inform recommendations about future plans and will enable better placement matching in foster and residential care.



The UNOCINI planning framework for looked after children is the UNOCINI Looked After Child Plan. (This is located in the UNOCINI Pathway Assessment and is called Recommendation/Proposed Care Plan). This plan is written at the first looked after review. The social worker co-ordinating the UNOCINI Looked After Child Pathway Assessment (LAC2) will complete an update of the plan at the start of the assessment, and then, together with the child/young person, their family and other professional colleagues, will consider appropriate recommendations and draw these into a proposed plan for consideration at the next looked after child review.

#### **4.10.1 UNOCINI Looked After Child Pathway Assessments**

The UNOCINI Looked After Child Pathway Assessment (LAC2) is an in depth assessment of a child and families' circumstances. It is likely to be completed over several weeks, involving a series of meetings with children and their families. The assessment is designed to provide an overview of the child and their families' needs, in a format that encourages analysis of information and which informs the care plan and the review of arrangements for Looked After Children. The assessment will be undertaken as a continuing process, thereby enabling an update to inform each subsequent looked after review. In the future a UNOCINI Leaving Care Pathway Assessment will be available and this will supersede the need for a UNOCINI Looked After Child Pathway for those who meet the criteria for Transition Services.

Relationships with their birth family are of prime importance to looked after children and young people. The UNOCINI Looked After Child Pathway Assessment (LAC2) provides a format for taking a flexible approach to the assessment of the parents' capacity to meet the child's needs in order to maximise the relevance to the child's current circumstances. For example, for those children or young people who may have reunification with parents considered within their plans, the assessment can be used to evaluate progress in the parents' capacity. Alternatively, for those children or young people whose plan is to remain looked after in the long term, the parents' capacity can be considered in relation to their contact with their child whilst they are looked after: e.g. do they maintain regular contact, in person and/or by telephone; do they attend parent's



evenings at schools; do they attend medical appointments, or do they perhaps invite the child or young person to participate in family events.

There is also an additional broad area within the UNOCINI Looked After Child Pathway Assessment (LAC2): *The Placements Contribution to Meeting the Child or Young Person's Needs*. In this section, the placement is considered in detail in order to provide a fuller assessment and an opportunity to consider the balance and/or relationship between the parents' capacity and the placement's contribution to meeting the child or young person's needs.

Consistent with the other UNOCINI assessments, it is expected that Looked After Child Pathway Assessments are undertaken in full consultation with parents. It is also of central importance that these Pathway Assessments are undertaken in partnership with children and young people. The age and understanding of the child or young person will likely dictate the degree to which they are able to engage in the assessment process, however professionals conducting these assessments must maintain a child centred approach at all times, using creative approaches to working with the child/young person to ensure they are able to participate as actively as possible.

It is the aspiration that the majority of UNOCINI Looked After Child Pathway Assessments will also be undertaken in full consultation with all professionals working with the child and family. This would enable social workers to co-ordinate composite assessments that contain assessment information, analysis and planning from across the multi-agency group working with the child and family.

#### **4.10.2 Standards for UNOCINI Looked After Child Pathway Assessments**

In developing the UNOCINI Looked After Child Pathway Assessment (Form LAC2) a number of guiding standards for children's social services have been developed to support implementation.



1. UNOCINI Looked After Child Pathway Assessments will be developed in partnership with children/young people to ensure a child centred approach is maintained.
2. UNOCINI Looked After Child Pathway Assessments are required to be holistic assessments of the child or young person and their family's need (i.e. all 12 domains of the assessment framework must be considered). Additionally, all UNOCINI Looked After Child Pathway Assessments will consider the broad issue of the *Placements' Contribution to Meeting the Child or Young Person's Needs* under the following domains:
  - Basic Care and Ensuring Safety.
  - Emotional Warmth.
  - Guidance, Boundaries and Stimulation.
  - Stability.
3. At least annually, UNOCINI Looked After Child Pathway Assessments will be informed by the outcomes from the:
  - Annual Health Assessment (or 6 monthly assessment for children under 5 years).
  - Annual Dental Assessment.
  - Annual Optical Assessment (where required).
  - Annual Emotional Health and Well-Being Consultation (pending).
4. The UNOCINI Looked After Child Pathway Assessment will be a composite of the experience and views of the child/young person, their family and all professionals working with the child and family.
  - b. The Social Worker will be responsible for co-ordinating all UNOCINI Looked After Child Pathway Assessments (Form LAC2).
5. The UNOCINI Looked After Child Pathway Assessment will inform the Looked After Child Review.
6. The UNOCINI Looked After Child Plan (located in the Looked After Child Pathway Assessment: Recommendations/Proposed Care Plan) will be shared in full at the Looked After Child Review.



- The plans will identify actions for professionals, parents and children, together with achievable timescales, for consideration by members of the meeting.
7. All UNOCINI Looked After Child Pathway Assessments will be quality assured and signed off by the supervising manager prior to informing the looked after review.
  8. All UNOCINI Looked After Child Pathway Assessments will be completed in a timely manner.
    - The report to be shared in full with the children/young people and their parents at least three days prior to the looked after review.
    - Children/young people and their parents' views of the assessment to be included in the final report, encouraging them to be specific about any areas of disagreement.

All UNOCINI LAC Pathway Assessment to be submitted to the Chair of the Looked After Review at least 2 working days prior to the meeting.

#### **4.11 Specialist Assessments**

In particular circumstances staff may need to conduct or commission more specialist assessments relating to specific issues, such as domestic violence, sexual offending or parental mental illness. In these situations the specialist assessment will be informed by the UNOCINI Pathway Assessment and in turn the UNOCINI Pathway Assessment will be informed by the specialist assessment. Both assessments should complement one another and children and their family's should be supported to understand how the two assessments will dovetail with one another.

In order to reduce unnecessary duplication of effort it is recommended that staff discuss at an early opportunity how the specialist assessment can utilise information already gathered through the UNOCINI assessment process and the areas of additional information about the needs of the child and their family that are required.



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## Appendix One: UNOCINI Forms

UNOCINI Forms	PDF version	WORD version
<b>A1- PRELIMINARY ASSESSMENT, AGENCY APPRAISAL, REFERRAL AND INITIAL ASSESSMENT</b>	 A1	 A1
<b>FS1 – INITIAL FAMILY SUPPORT PLAN</b>	 FS1	 FS1
<b>FS2 – FAMILY SUPPORT PATHWAY ASSESSMENT</b>	 FS2	 FS2
<b>FS3 – REVIEW FAMILY SUPPORT PLAN</b>	 FS3	 FS3
<b>CP1 – CHILD PROTECTION CONFERENCE AGENDA</b>	 CP1	 CP1
<b>CP2 – INITIAL CHILD PROTECTION CONFERENCE REPORT</b>	 CP2	 CP2
<b>CP3 – CHILD PROTECTION CONFERENCE MINUTES</b>	 CP3	 CP3
<b>CP4 – CHILD PROTECTION PATHWAY ASSESSMENT</b>	 CP4	 CP4
<b>LAC2 - LOOKED AFTER CHILD PATHWAY ASSESSMENT</b>	 LAC2	 LAC2



## Appendix Two: The 12 Domains – Factors to Consider

### AREA 1: CHILD OR YOUNG PERSON'S NEEDS

**1.1 DOMAIN: HEALTH AND DEVELOPMENT** - including general health, mental health, emotional and social development, behavioural development and physical development.

**1.1.1 ELEMENT: General health** – the child's current health condition including growth, development, physical and mental well-being

- health conditions, disability or impairments which significantly affect everyday life functioning, whether chronic or acute, including mental health, obesity, and any indicators of issues (e.g. frequent tiredness and lack of energy, frequent experience of extreme emotional responses of anger and rage; seeing or hearing things others don't see/hear, overly alert to danger signs, constantly agitated/can't settle/learnt behaviour from parent/others, self harm/substance misuse. Sibling substance misuse should also be considered in assessing risk to a child.
- are there any factors which have implications for the safety and welfare of the child? If so, please specify for e.g. awareness of parental mental health illness.
- a sufficient balanced and nutritious diet
- access to and use of appropriate health services, such as those provided by a GP/dentist/optician
- immunisations and appropriate developmental checks
- number and frequency of hospital admissions and accidents (including attendance at treatment rooms and Accident and Emergency Departments)
- access to and use of appropriate health advice and information, for example diet, sexual health and management of any health condition such as diabetes or asthma



### **1.1.2 ELEMENT: Emotional and social development; speech, language and**

**communications development** – the emotional and social response the child has towards parents/carers and others and the ability to communicate effectively, confidently and appropriately with others

- the importance of being special to someone, being able to express a full range of feelings, developing healthy dependence, developing healthy independence
- nature and quality of early attachments – behaviour of the infant, irritability, not easily comforted, constant crying, anxious, frozen watchfulness, lack of expression.
- temperament, coping and adjusting abilities e.g. after experiencing domestic violence, bereavement or family relationship breakdown, deterioration of parents mental health and or substance misuse.
- disposition, attitudes and motivation to change, including any difficulties (e.g. being withdrawn or uncommunicative, feeling sad or miserable, lacking joy/rarely laughing, struggles with change/has a need for a rigid routine, seems jumpy or uptight, high expressed emotion. (unrealistic expressed emotions relating to the situation).
- phobias or psychological difficulties (e.g. paranoia or suspiciousness, unusual beliefs, repetitive behaviour or rituals – such as checking or washing, flashbacks or intrusive thoughts/images from prior trauma, worrying excessively, is often irritable, overly interested in violence/death/gore)
- self-harm (including the nature of this, e.g. biting, scratching, pulling hair, head banging, swallowing objects, cutting, tying ligature or overdosing) or risk of self-harm (e.g. suicidal thoughts, plans/talk of non-existent or death, drug/alcohol induced self harm, eating disorders.
- placing self at risk (e.g. drawn to unsafe peers/environments, placing self at risk of exploitation through inappropriate relationships, running away/absconding, being sexually active in a risky way or involvement in prostitution, involvement in criminal activities, has no fear – puts self in danger, substance misuse, or potential psychiatric episodes.



- preferred means of communication; fluency of speech and confidence; vocabulary and comprehension; any visual, hearing or other disability which impacts upon communication, including any difficulties with speech or understanding of language, literal understanding of language – can't understand jokes or lies)
- ability to gain attention, make and sustain contact, access positive relationships, be with others, encourage conversation, including any difficulties (e.g. poor judge of personal space/poor social judgement, cannot express needs/seek help appropriately, is impulsive or impatient and interrupts constantly, is uncooperative or defiant)
- ability to communicate meaning, thoughts and feelings, influence others, negotiate and make choices, understanding of others
- appropriateness of social and communications skills, including body language, including any difficulties (e.g. excessive use of expletives or inappropriate language, abusive to others on the basis of race, gender, disability or other prejudices, dominates/intimidates others, seems insincere or to be playing a role, tells lies excessively, can't separate facts from fantasy, is generally loud or shouts a lot, speaks incoherently, makes unusual noises, echolalia – copies back exactly what is said). These may be indicators of mental health illness or substance misuse.

### **1.1.3 ELEMENT: Behavioural development** – the social adjustment and behaviour exhibited

by the child

- development of age-appropriate behaviours
- sleeping and eating patterns; including exploration of any difficulties (e.g. sleep disturbance/nightmares, over, or under eating, hiding food, self-induced vomiting)
- behaviour in class or other environments where the child comes into contact with their peers



- lifestyle and self-control (including participation in reckless activity, need for excitement, recklessness, thrill-seeking, attracted to danger, seeking sensation, requires physical restraint)
- substance abuse/misuse (e.g. drug, solvent or alcohol). If there is a history of substance abuse in the family it is likely, that the child will experiment with drugs or alcohol.
- anti-social behaviour e.g. destruction of property, fire setting, aggression towards others, harm or risk of harm to others
- sexually inappropriate behaviour and/or attempts to manipulate or control others (e.g. sexually harmful behaviours/actions, public masturbation)
- violent or aggressive behaviour/bullying at home or school (e.g. bullying/threatening to others, verbally aggressive, physically aggressive to people, property or pets)
- offending behaviour and risk of (re) offending; attitudes to offending; awareness of victims and victimisation (e.g. lacks empathy, seems to have no guilt, no cause-effect reasoning/can't predict consequences of actions, cheats, steals)

**1.1.4 ELEMENT: Physical development** – the child's level of physical and sexual maturity and/or delayed development, and mobility (can be affected as a result of mental health and or parental substance misuse).

- being active, rested and protected, acquiring physical skills and control of the body
- achieving milestones (height and weight)
- sexual maturation, puberty
- fine and gross motor skills, including
- crawling or walking, running and climbing
- ability to use a pen to write/pencil or draw
- ability to do puzzles and manipulate small objects



- co-ordination development: hand-to-eye, hand-to foot, (e.g. ability to catch a ball, play a racquet game, play football, or poorly co-ordinated, clumsy, has odd movements such as ticks/rocking/flapping)

**1.2 DOMAIN: EDUCATION AND LEARNING** – including participation in play, learning, education and employment, achievements and aspirations. (Can be affected as a result of mental health and or parental substance misuse)

**1.2.1 ELEMENT: Participation in learning, education and employment** - the degree to which the child has access to, is engaged in play, education and / or work based training and any reasons for non-participation

- opportunities for play, education and interaction with other children; with opportunities for gaining a range of skills and experience; lack of imagination or self-directed play
- attendance and stability of provision (e.g. change of schools, disruption due to long journey)
- the degree to which prior non-participation has led to current needs and circumstances (e.g. self-excluding or reluctance to attend school)
- access to appropriate and consistent adult support
- participation in community activities e.g. in sports, arts or vocational training, career guidance or work experience

**1.2.2 ELEMENT: Achievements and aspirations in learning** - the child's educational achievements and ambitions; any barriers to the child achieving his/her aspirations

- basic skills and achievements in learning, including Northern Ireland curriculum levels achieved, reading, writing and speaking and using mathematics at a functional level
- progress in learning, including any special educational needs identified, including remedial support to catch up when education has been disrupted; if the child has a disability, whether reasonable adjustments are being made to support their access to



the curriculum and school life generally; learning difficulty or disability; special educational needs – formally identified or awaiting assessment

- being creative and imaginative (with sound, other media and movement, imitating, mirroring, re-enacting, playing imaginatively with materials, pretend play)
- the child or young person's view of their progress and aspirations, including issues (e.g. doesn't see self as academically able or interested in education, feels stupid)
- the child or young person's level of self-confidence and motivation; concentration; distractibility; attention span; level of understanding
- Some children may be affected due to their parents mental health and/or parental substance misuse

**1.3 DOMAIN: IDENTITY, SELF-ESTEEM AND SELF-CARE** – including self-image, social presentation and independence

**1.3.1 ELEMENT: Identity, self-esteem, self-image and social presentation** - the growing sense of self as a separate and valued person.

- growing awareness of self, realisation of separateness and differences from others, recognition of personal characteristics and preferences, including exploration of issues (e.g. confused about gender identity or sexuality, lacking a sense of control over own life, blaming self for difficulties, having unrealistic expectations of self, expresses few or no views about what is important to him, behaviour or actions not organised by a sense of personal morality)
- importance of gaining self-assurance through a close relationship, becoming confident in what they can do, feeling self-assured and having a positive view of themselves, including lacking self-esteem or pride, having a poor view of self; self-critical/dislike praise
- knowledge of personal and family history; sense of self as a family member



- sense of belonging, being able to join in, valuing individuality and contributions of self and others, having a role and identity within a group, acceptance by those around them, being a member of a peer group, only friends with other looked after children
- sense of, or lack of, own race, religion, age, gender, sexuality and disability and how this may influence and impact upon social relationships and integration
- understanding of the way in which appearance and behaviour are perceived and the impression being created; lack of concern about how others see them. All of the above may be challenged when a child is living in a family where parent/carer has mental and or parental substance misuse dependants.

**1.3.2 ELEMENT: Self-care skills and independence** - the acquisition of practical, emotional and communication skills to increase independence

- discovering and understanding boundaries and limits and rules, knowing when and how to ask for help, learning when to say no and anticipating when others will do so
- learning about their body, demonstrating individual preferences, making decisions, becoming aware of others and their own needs
- practical skills e.g. coping with routine such as washing, dressing, toileting (including issues such as lack of self-care or hygiene, wetting/soiling, inappropriate toileting – smear faeces, urinates in rooms or inappropriately in public) and feeding (including swallowing, chewing and weaning in the case of the very young)
- opportunities to gain confidence and practical skills to undertake activities away from the family; has obsessive or narrow all-consuming interests
- independent living skills for older children; has difficulties with skills of daily life (e.g. organising daily routine, school work, pastimes, social activities)

**1.4 DOMAIN: FAMILY AND SOCIAL RELATIONSHIPS** - the ability to empathise and build stable and affectionate relationships with others, including family, peers and the wider community; At times children who live with a parent/carer who has mental health



&/or parental substance misuse can live in isolation from wider family and social relationships.

- stable and affectionate relationship with parent(s) or care givers; seeks reassurance or comfort excessively; reluctance to engage with family/support network
- relationships with siblings and other children in the household
- functional relationships with extended family and other significant adults
- involvement in helping others
- impact of living in a family where there are mental health &/or parental substance misuse, Domestic violence.
- the impact of a family member being absent (e.g. through separation, imprisonment, hospitalisation due to mental health &/or parental substance misuse.
- age appropriate and supportive friendships and exploration of associated issues (e.g. argumentative, teasing or winding others up, difficulty in connecting with others, apparent disinterest in building or maintaining friendships/relationships, making superficial, indiscriminate or overly close relationships, relationships characteristically chaotic, is shy, timid, bossed about or victimised by others)
- understanding of others' thoughts and feelings and awareness of consequences
- association with predominantly pro-criminal and/or substance misusing friends/peer groups

## **AREA 2: PARENTS' OR CARERS' CAPACITY TO MEET THE CHILD'S NEEDS**

**2.1 DOMAIN: BASIC CARE AND ENSURING SAFETY** - the extent to which the child's physical needs are met and they are protected from harm or danger, including self-harm and eating disorder

- provision of food, drink, warmth, shelter, clean and appropriate clothing, personal and dental care and medical needs



- provision of a safe environment where hazards and dangers are recognised and appropriate response given
- the child is not exposed to domestic violence, substance misuse, sexual exploitation or other abusive experiences either within or outside the home
- In appropriate behaviour due to mental health illness and parental substance misuse.

**2.2 DOMAIN: EMOTIONAL WARMTH** - provision of emotional warmth, giving the child a sense of being valued

- attitude and approach to caring for their child
- appropriate physical contact, comfort and cuddling sufficient to demonstrate love, praise and encouragement
- consistency and availability of adult contact may be due to mental health, substance misuse, physical or learning disability
- parents ability to prioritise needs of child over their own needs may be due to mental health, substance misuse, physical or learning disability

**2.3 DOMAIN: GUIDANCE, BOUNDARIES AND STIMULATION** - enable the child to regulate their emotions and behaviour; promoting their development through encouragement, stimulation and social opportunities

- modelling appropriate behaviour and control of emotions and interactions with others
- provision of clear and consistent guidance, boundaries and discipline so that the child can develop positive principles and values
- appropriate stimulation for learning
- ensuring the child's safety while encouraging independence and avoiding overprotection



- encouraging the children to participate in, and benefit from, education and leisure activities
- supporting the child's personal and social development to increase independence, self-confidence and formation of positive relationships

**2.4 DOMAIN: STABILITY** - provision of a stable family environment, in which the child can thrive – Is this compromised due to their mental health and or behaviours due to substance misuse currently? E.g. illegal behaviours due to drug dealing, alcohol parties and or both.

- ensuring the child's requirements for secure and stable relationships with significant adults
- maintain a secure attachment to the parent(s) or carers in order to ensure optimal development
- ensure the child keeps in contact with important family members and significant others, when it is safe to do so
- frequency of moves (e.g. of home, early years provision, school or place of employment)
- frequency of parents admission to hospital due to mental health and or substance misuse deterioration

### **AREA 3: FAMILY AND ENVIRONMENTAL FACTORS**

**3.1 DOMAIN: FAMILY HISTORY, FUNCTIONING AND WELL-BEING** - the impact of family situations and experiences on the welfare of the child

- culture, size and composition of the household – including changes in the people living in the accommodation since the child's birth and the age/maturity of parents



- family history – including any concerns about inherited illnesses, mental health and or substance misuse
- family routines (including disorganised and/or chaotic lifestyles, hospitalisation of parent/carer
- Safety planning for parent during times of mental health and or substance misuse deterioration
- impact of problems experienced by other family members such as physical illness, mental health problems, learning disability, bereavement or loss
- involvement in criminal activity/anti-social behaviour
- experience of abuse
- family relationships and their stability for the child e.g. the impact of siblings, absent parents including mental health and or substance misuse and any serious difficulties in the parents' relationship
- history of family breakdown or other disruptive events
- parental physical and mental health (including depression) or disability and learning difficulty
- involvement in alcohol and/or substance misuse and associated risks to the child particularly if the parent/carer has a mental health illness and or substance misuse
- whether anyone in the family presents a risk to the child
- genogram

### **3.2 DOMAIN: EXTENDED FAMILY AND SOCIAL & COMMUNITY RESOURCES –** including family's social integration

#### **3.2.1 ELEMENT: Extended family and social integration** - the family's relationships with relatives and others

- formal and informal support networks for the child



- formal and informal support networks for the parents or carers
- wider family roles and responsibilities e.g. including employment and care of others
- appropriate level of support from extended family members

**3.2.2 ELEMENT: Social and community resources, including education** – the neighbourhood and its impact on the child, including details of the facilities and services available

- neighbourhood characteristics e.g. levels of crime, violence, disadvantage, employment, substance misuse, trading of illegal drugs
- relationships with neighbours
- existing support and/or services being offered, and those being utilised
- availability and accessibility of universal services, including schools, day-care, primary health care, places of worship, transport, shops, leisure activities and family support services e.g. is the child withdrawn by the parent from social, community resources due to mental health illness, substance misuse /chaotic lifestyle
- barriers to accessing facilities and services, child's exclusion within the community due to stigma/fear of parent/carers mental health illness and or substance misuse.
- degree of the household's social integration or isolation including particular attention to mental health illness within the family
- the influence of peer groups, friendships and social networks

**3.3 DOMAIN: HOUSING** - current living arrangements, including amenities and facilities and the impact mental health and or substance misuse may have upon this

- type of accommodation, including owner occupier, tenant (consider rent arrears), temporary
- the exterior of the accommodation and immediate surroundings



- the interior of the accommodation with specific reference to the child's individual living arrangements
- water, heating, sanitation, cooking facilities, sleeping arrangements, cleanliness, hygiene, safety
- if homeless, reasons for this

### **3.4 DOMAIN: EMPLOYMENT AND INCOME**

**3.4.1 ELEMENT: Employment** - who is working in the household, the pattern of their work and any changes

- current employment, including stability and working hours
- the impact of work upon the child and the rest of the household
- how work or absence of work is viewed by family members

**3.4.2 ELEMENT: Income** - the income available over a sustained period of time

- the family's entitlement to and receipt of benefits
- sufficiency of income to meet the family's needs
- the ways in which the family's income is used
- how the family's financial circumstances affect the child e.g. inadequate legitimate personal income
- information concerning financial difficulties, including debt and whether the family is suffering financial hardship due to an emergency, e.g. loss of possessions/homelessness, fit for work or hospital admissions due to mental health illness and or substance misuse.



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Appendix Three:

## **UNOCINI GUIDANCE**

**Understanding the Needs of Children in Northern Ireland**

**PRELIMINARY ASSESSMENT AND REFERRAL**



## Introduction

This part of the UNOCINI Guidance will assist those organisations & disciplines who are considering making a referral into the Gateway Service. It will help you to:

- undertake a preliminary assessment with the family & child;
- gain greater insight and analysis of the information you hold about a child & their family;
- determine what additional services you may be able to provide to assist the child and their family;
- make a referral using UNOCINI (A1);

It should be read in conjunction with the main guidance.

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## 1 Why Use UNOCINI?

When you have concerns about an unborn or new born baby, child, or young person, it's not always easy to know what to do. You may not be sure what the problem is. Even if you are reasonably sure of the problem, your service may not be able to help. You may not feel confident that you can get other services to help.

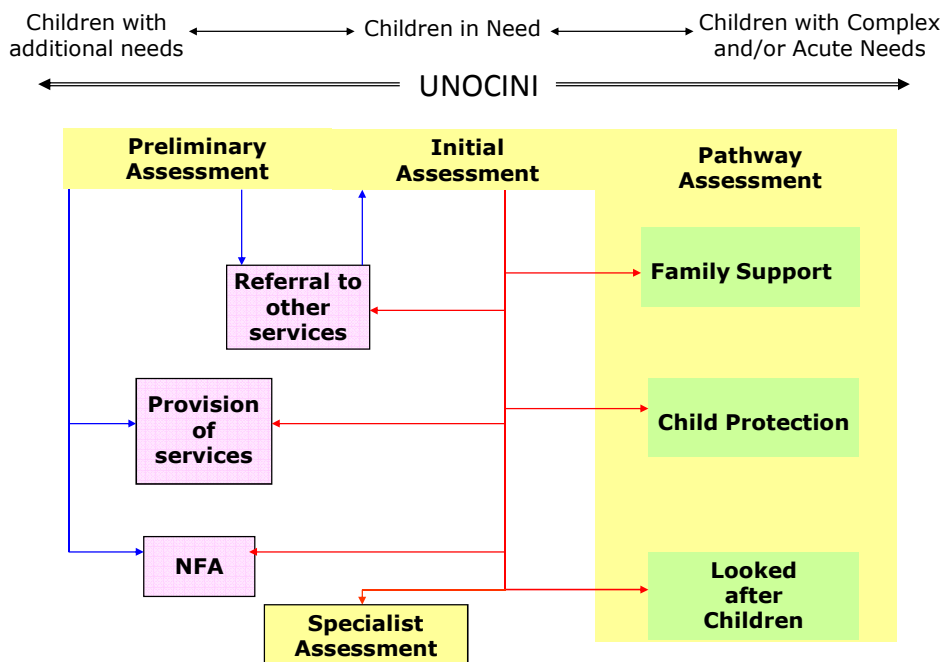
- UNOCINI can help you to identify the needs of the child.
- UNOCINI offers a structure for recording information that you collect in conversation with the child, young person or family.
- UNOCINI provides a logical framework to help you analyse your information and reach conclusions about the most appropriate response to the strength and needs you have identified with the child and family.
- UNOCINI can be used to communicate these needs clearly and concisely to professional colleagues, including those from outside your organisation.
- UNOCINI can assist in getting other services to help, because they will recognise that your concern is based on evidence.

Increasingly other services in your area will be using UNOCINI themselves and so will be familiar with the framework and language you are using to understand and express the needs of children.

## 2 Why is UNOCINI being introduced?

UNOCINI provides an assessment framework to assist professionals in identifying children and their family's needs. It can also be used to make referrals to Family and Child Care services and other children's services. Using UNOCINI will ensure that children being referred come with the wealth of information that has already been collected by professionals working with them. Each level of the UNOCINI assessment framework builds on the previous one, ensuring a continuity of assessment. This will mean that children and their families will not need to go through the same questions with new professionals that others have already asked.

If you think a child is a **child in need of protection** (i.e. a child who you believe to be **at risk of significant harm**), **you should follow the established ACPC procedures immediately**. If you are a professional working with the child and/or family, make your referral using UNOCINI, with all sections being completed as fully as your knowledge allows.



It is hoped that the UNOCINI assessment framework will be used by all professionals working with children, as a tool to help them identify the needs of children at an earlier stage, so that they do not require a referral to statutory services at a later date. We all want better lives for children. Most children do well. Some don't, but don't get help until things are really bad. We want to identify these children earlier and help them before things reach crisis point. The most important way of doing this is if every person, whose job involves working with children, shares the responsibility for their general well-being, and is prepared to help if something's going wrong.

The Office of Social Services has been working closely with colleagues from Health, Education, PSNI and voluntary agencies to develop the UNOCINI assessment framework. UNOCINI is now used as the referral template for all referrals into Family and Child Care services across Northern Ireland. The UNOCINI Initial Assessment and UNOCINI Pathway Assessments are also being used within Family and Child Care services across the Region. All UNOCINI assessments use the same framework for understanding children's needs and the same language for communicating these needs to others. This will mean that children in need who require more in depth assessments should already have a UNOCINI assessment to form the basis of fuller assessments.

It is intended that, with the combined use of the different levels of UNOCINI assessment, children will be able to receive services that make a positive difference to their quality of lives.

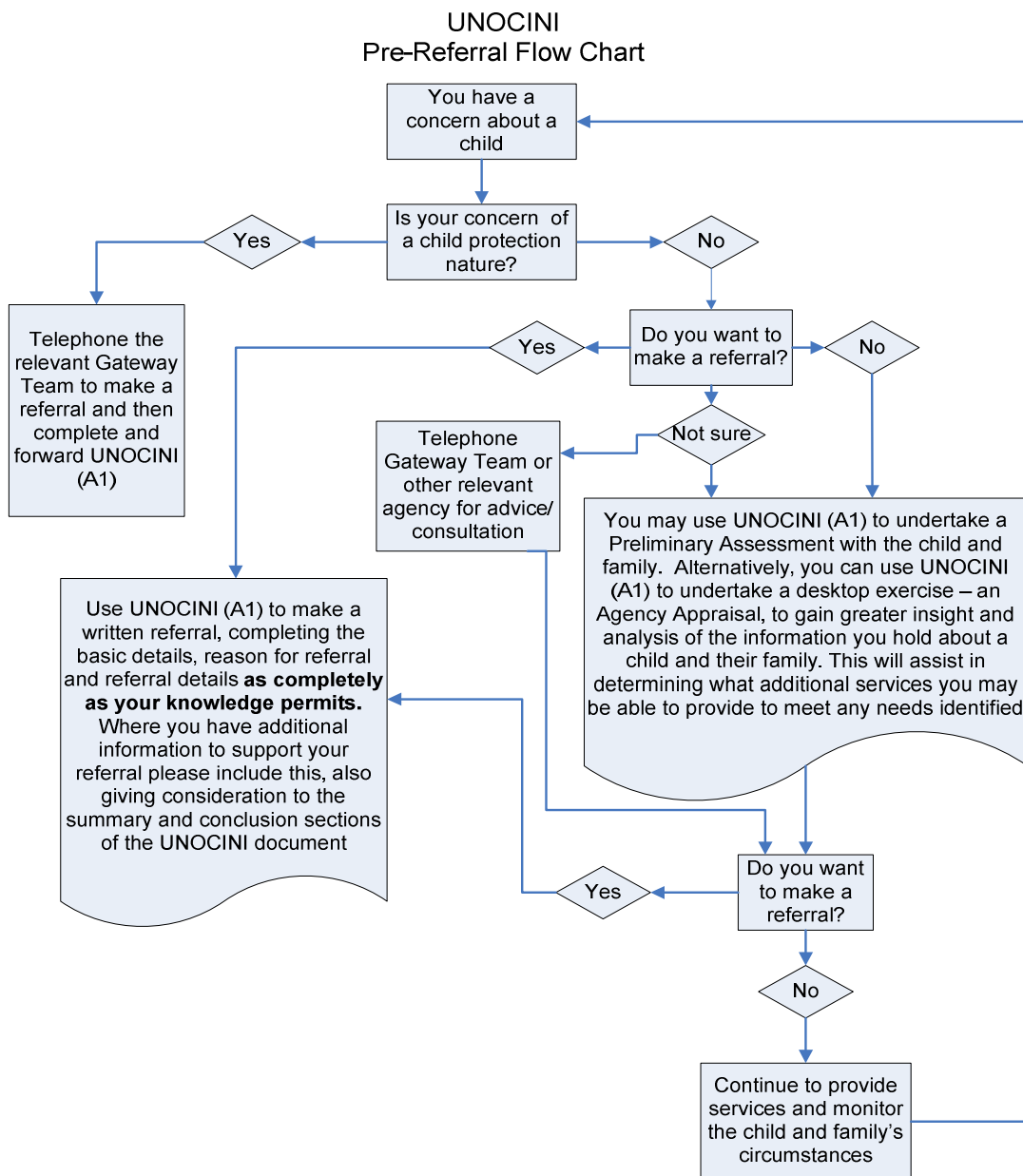


### 3 Principles & Features

1. 'Assessment' is an activity undertaken with the child and their family.
2. Assessments are undertaken in partnership with the child and their family.
3. Assessments are balanced, incorporating all factors impacting upon the child and their family's lives.
  - a. Build on the strengths of families to meet the needs of their children.
  - b. Are child centred and rooted in child development.
  - c. Are knowledge based and show the evidence, which underpins the assessment.
  - d. Incorporate risk assessment within all assessments.
  - e. Create a continuous process, not an assessment 'event'.
4. Utilise full inter-agency co-operation and involvement.
5. Are based on shared values.
6. Promote the UN Convention of the Rights of the Child.
7. Offer the potential for a universal set of documentation for all agencies in Northern Ireland working with children and families.
8. Improve information sharing by providing a shared format and language for understanding, and planning to meet, children's needs.
9. Balance data collection, analysis and conclusions.
10. Professionals working with children and their families need sufficient understanding of the needs of children through assessment to ensure that key decisions are safe. Professionals are then able to develop plans that improve outcomes for children.
11. Through earlier identification and better quality information about children and their family's needs UNOCINI will reduce unnecessary escalation of children's needs.
12. Assessment and decision making should always be quality assured by a designated manager.



## 4 When to use an UNOCINI Preliminary Assessment



You can use UNOCINI at any time. It can be completed for unborn babies and new babies, and it can be used with children or young people. It is designed for use when:

- you are concerned about how well a child (or unborn baby) or young person is progressing. You might be concerned about their health, welfare, behaviour, progress in learning or any other aspect of their well-being or when the child's needs are unclear, or are broader than your service can address
- UNOCINI would help identify and clarify the child's needs, and/or engage other services to help meet them



- you think that a referral to Family and Child Care service is appropriate

### **Consent**

Whether to use an UNOCINI Preliminary Assessment is a decision you should make jointly with the child and/or parent. If a child is old enough to understand, and is competent to make a decision, he/she should be the one to decide with you. Always encourage children to discuss things with their parents.

*N.B. If you are using an UNOCINI as the basis of a referral to Family and Child Care services for children who you think may be at risk of significant harm, it may not be appropriate to involve the child and/or the parent/carer if involving the child and/or parent/carer may place the child at further risk. (See section below on 'Agency Appraisal'.)*

## **5 How to Use the UNOCINI Preliminary Assessment**

**Step 1: Preparation** Talk to the child/young person and their parent. Discuss the issues and what you can do to help. Talk to anyone else you need to - your manager, colleagues, other staff - including staff in other agencies - already involved with the child. When using an UNOCINI assessment, seek the agreement of the child/young person and their parent as appropriate.

**Step 2: Discussion** Talk to the child, parent or family and undertake UNOCINI with them. Make use of information you have already gathered from the child, family or other practitioners so they do not have to repeat themselves. If there is already an UNOCINI assessment, add to, or update it, with the family. At the end of the discussion you understand better the child and family's strengths, needs, and what can be done to help. Agree actions that your service and the family can deliver. Agree with the family any actions that require others to deliver. Record this on the form.

**Step 3: Service Delivery** Deliver on your actions. Make referrals or broker access to other services, using the UNOCINI assessment to demonstrate evidence of need. Monitor progress. Where the child or family needs services from across a range of agencies, one professional should be identified to oversee the services – for example, when Family and Child Care services are involved, it is likely that they would take the lead in co-ordinating services.



## 6 How to Undertake an UNOCINI Preliminary Assessment with Children and their Families

The UNOCINI template is just a way of recording your assessment, which is informed by your observations and conversations with the child and/or their parent/carer, and liaison with other professionals. The process of UNOCINI is far more important – i.e. the identification of needs, strengths, risks, resilience and protective factors, and the referral or co-ordination of services to meet these.

The discussion does not have to be highly formal or presented as a “big event”. You will want to use a method and style that suits the child/parent, the situation and you. Key points to remember:

- the interview is collaborative – you are working with the family to find solutions – they will often know better than you;
- if the child, young person or family do not want to participate, you cannot force them. If that happens you may wish to use the UNOCINI to structure information that you do have, in order to aid you and your agency in decision-making (see section on Agency Appraisal). But you will need to record clearly that agreement to undertake UNOCINI has been refused. Before sharing any information you have gathered you will then need to consider carefully whether for example the public interest in sharing the information overrides the lack of consent;
- if you are worried about a child’s welfare or safety, or your own safety, act accordingly. If you’re not sure, seek immediate advice from your manager or your local Gateway Team.

## 7 UNOCINI discussions should have 7 main parts:

1. *Explain the purpose of the UNOCINI Preliminary Assessment* to the child and parents; why you are recording information and what will happen to it. Make sure they understand that an UNOCINI Preliminary Assessment is a resource to help them access services. There is no stigma attached. Check they consent to what is proposed. If the child is old enough to understand what you are proposing, they should give consent themselves. Do not assume that children with a disability or learning disabilities are not capable of understanding.
2. *Complete the basic details* as fully as possible.
3. *Go through the main areas*. You should consider each of the three broad groups separately:



- child's needs;
- parents' or carers' capacity to meet the child's needs; and
- family and environmental factors

Consider each of the elements in turn, as appropriate in the circumstances. You do need to comment on every element: if a certain section appears not to be relevant, it is very likely that is because it is a strength for the family and, as such, is just as important to record as the needs. It is not acceptable to use terms such as 'not applicable' or 'not relevant' when completing preliminary assessments. However, in some instances you may determine that your early assessment is insufficient and you may be recommending further assessment of some elements.

- You should focus on areas of strength within the family and not just the needs: children and their families want to be able to build on their strengths whilst addressing their needs.
  - Concentrate on the presenting issues. But you should consider the whole child, not just your own agency focus. The interview should not be threatening.
  - Don't be put off by the language within some of the elements. A quick explanation of what each element means in plain English is attached.
  - Wherever possible, you should base the interview and your comments on evidence, not just opinion. Evidence would be what you have seen, what the child has said and what the family members have said.
4. *Record, with the child or parent, your overall conclusions* and the evidence behind them. Agree what you say with the child or parent and record any major differences of opinion.
  5. *Identify solutions and actions.* Try to focus on what the child and family can do for themselves. If they need more, see if you can provide it. Or see if targeted support is provided within your agency.
  6. *Clearly record issues of consent.* Record the child or parent's consent to share the UNOCINI Preliminary Assessment information and any limitations on that consent.

N.B. If you are going to use the UNOCINI Preliminary Assessment as the basis for a referral, there may be times when it will be appropriate to do so without consent from the child and/or their parents/carers:

- a. If you have concerns that the child is at risk of significant harm and that you believe gaining consent could increase this risk.



- b. If you have concerns that the child may be at risk of significant harm and the child and/or parents/carers are withholding consent. In this instance it is good practice to inform the child and/or parents/carers of your intention to undertake UNOCINI and to endeavour to work in partnership with them.
7. *Agree who will do what and when you will review progress.* Give a copy of the UNOCINI to the child or family and explain that they can show it to other professionals if they wish to, so they don't have to keep repeating their stories.

## 8 What happens next?

The most likely outcomes of an UNOCINI Preliminary Assessment are that you will have:

- resolved your concerns – no additional action required; or
- agreed some actions for you or your agency and or the child/family: you undertake your actions, set a date for review, and monitor progress; or
- as well as your actions, you have identified actions required by other agencies: you undertake your actions, refer to or broker actions by other agencies, you (or another identified professional) monitor and/or co-ordinate overall progress; or
- where there is nothing further you or your agency can do, refer to another agency or practitioner if appropriate and discuss the referral with the receiving agency and share your information with them.

Since resources to pay for services are finite, UNOCINI cannot offer a guarantee that services will be delivered. However, it should increase considerably the likelihood that services will be delivered, because decisions will be backed up by evidence and more referrals will be directed to the right place. If you are concerned that your service or another service is not responding to the needs identified, take the matter up through your manager, through local partnership arrangements in which you are involved or through the relevant agency's complaints procedure.

## 9 What the Elements in UNOCINI Mean

### **Health and Development:**

- How far the child appears healthy and well, is growing and developing normally and is accessing health services (such as GP, dentist or optician) appropriate to their age. Does the child have contact with specialist supports (e.g. paediatrician, therapist, speech and language services)?



- Are there any factors which have implications for the safety and welfare of the child? If so, please specify, including mention of any specialist support/equipment used by the child.
- How far the child's physical skills seem to be developing normally for their age, for example whether they are crawling, walking and running as expected and whether their vision and hearing seems normal.
- How far for their age the child seems able and willing to speak, communicate, read and write, and express their feelings. Include the child's preferred method of communication.
- How well the child copes with everyday life, e.g. their disposition, attitudes and temperament, any phobias or psychological difficulties.
- How well behaved the child is and, e.g. any anti-social or aggressive behaviour, impact of disability.

#### **Education and Learning:**

- The extent, to which the child has opportunities for play and interaction with other children, has access to toys and books and opportunities for gaining a range of skills and experience.
- How far the child is engaged in and attending learning appropriate to their age, whether through play, early years settings, school or college/employment. Does the child/young person receive extra support to enable them to participate fully?
- The child's educational and/or other achievements and progress, including ability to read and write, compared with what would normally be expected from someone of their age. Does the child have a statement of educational needs? Include consideration of educational/training sporting, hobby and volunteering achievements etc.

#### **Identity, Self-Esteem and Self-Care:**

- How far the child seems to be developing confidence and self-assurance, and how far they have a sense of belonging.
- Is there any indication that the child may become socially isolated or excluded as a result of disability, race, religion or sexuality?



- How independent the child is for their age – how far they can do routine tasks for themselves and make their own decisions.
- The extent to which the child has a sense of individuality: race, religion, age, gender, sexuality and disability may all contribute to this.

#### **Family and social relationships:**

- How far the child is building stable and affectionate relationships with others, including family, household members, significant others, peers and the wider community.

#### **Basic Care and Ensuring Safety:**

- How far the parents/carers ensure the child is safe from harm or sexual exploitation, well-fed and cared for, and living in a safe, warm and clean home.

#### **Emotional warmth:**

- How far the child is loved and in contact with those who are important to him/her.
- How far the child has a sense of being valued and has a positive sense of their own racial and cultural identity.

#### **Guidance, boundaries and stimulation:**

- How far the parents/carers ensure the child is subject to and provided with appropriate guidance and discipline at home and elsewhere, and helped to learn.
- The degree to which the parents/carers ensure the child is stimulated and encouraged to learn. The degree to which the parents/carers understand and respond to the child's special needs or issues relating to disability, if relevant.

#### **Stability:**

- The degree to which the parents/carers maintain stability in the child's environment, ensuring secure attachments are not disrupted, there is consistency in responses to similar behaviour that develop over time as the child progresses.
- What are the things that provide the child with a sense of stability (e.g. secure attachment to parent/carer, school, friends, community)?
- Do the parents/carers enable the child to maintain contact with important family members or significant others, including friends?

**Family history, functioning and well-being:**

- Who lives in the household and how they relate to the child, including any changes since the child's birth; family routines; and anything about the family history, such as family breakdown, illnesses (physical or mental), disability or problems with alcohol or other substances that are having an impact on the child's development.

**Wider family and Social & Community Resources:**

- Whether there is an appropriate level of help for the child, or parents/carers from relatives and others, and is this help utilised?
- Impact on the child of the local area: including crime levels, availability and quality of shops, schools/colleges, leisure activities etc. This includes how well the child/young person fits in with neighbours, friends and others.

**Housing:**

- Whether the accommodation has everything needed for living safely and healthily, including basic amenities of water, heating, sanitation, cooking facilities, sleeping arrangements and cleanliness. Are adaptations and/or specialist equipment in place if required?
- Security of tenure and the frequency of moves

**Employment and Income:**

- The effect on the child of the work and financial situation of the family or household.
- Income over a sustained period - is the family in receipt of all its benefit entitlements?

## 10 Agency Appraisal

There may be times when it would not be appropriate and/or possible to undertake a Preliminary Assessment. For example, you may be concerned that to undertake an assessment with the child and family would place the child at risk of harm, or perhaps you do not currently have direct access to work with the child or family.

In these instances, it may be useful to undertake an agency appraisal. This means undertaking a desk-top exercise (i.e. not working with the child or family) and using the UNOCINI Preliminary Assessment template in its totality to help you analyse your information and to use its logical framework to help you consider what the appropriate response to the child and family's needs may be.



## 11 How to Make a Good Referral

### 11.1 You have a Concern about a Child or Young Person

If you have a concern about a child (including an unborn baby) it may be appropriate to make a referral to, or seek advice from, another agency. You may be looking for help, including:

- advice and information
- financial and/or other material assistance
- assistance with child minding and/or respite care
- additional support for the child or young person and their family
- therapeutic or counselling services
- mentoring, befriending or advocacy services
- assessment of the child or young person and/or their family
- protecting the child from harm
- treatment

### 11.2 Prior to a Referral

Before making a referral, every effort should be made to work with the child or young person and their family from within your own organisation or professional practice base. The exception to this would be where the referral is considered to be relating to child protection (see below), or where there is a requirement for specific medical intervention. Normally an UNOCINI Assessment (Preliminary, Initial and/or Pathway) or an UNOCINI Agency Appraisal will have been completed to be clear about the needs of the child or young person and their family. Using the UNOCINI in this way should also have helped you to be clearer about the outcomes you may be wanting when making a referral to another agency. These outcomes may be simple if intervention is only required for one specific issue (e.g. in Health for a referral to an orthopaedic clinic for hip assessment). There may be instances (e.g. for those colleagues from PSNI and Accident and Emergency services) where you have a concern about a child or young person, but are not engaged in ongoing work with the child or young person and/or their family. In these cases, it would not be practical (or expected) that an UNOCINI assessment or agency appraisal would have been undertaken prior to referral.

If there is more than one agency working with the child/young person and family, agree who will make the referral: there is no advantage to duplicating referrals.

**Please remember that the consent of the parent/carers and/or the young person (if they are competent to give this) must always be given prior to a referral. An**



**exception can be made when you consider that a child is in need of safeguarding and to try and gain consent may increase the risk to a child or young person. Issues of consent (including when consent is not forthcoming) must always be clearly recorded.**

If you are unsure whether you need to make a referral, or if you are unsure which would be the appropriate agency to make the referral to, it is advisable to speak with your manager. You and/or your manager may also find it useful to phone the relevant agency(s) to discuss the potential referral (this could of course be a discussion where the child/family's name is not disclosed).

You don't have to be an expert to use UNOCINI, nor do you have to fill in all the boxes. You are simply expected to record your knowledge of the child and family's needs and circumstances, details of others working with the child and family and any relevant supporting information.

### 11.3 Child Protection Referrals

**Urgent referrals will be required if you are concerned that a child or young person is being abused or that they may be at risk of significant harm.** In this instance you would need to telephone your local Gateway Service (in Family and Child Care services) to alert them immediately to your concerns.

When making an urgent referral by telephone, the Duty Social Worker will advise you that you will be required to confirm your referral in writing on a UNOCINI within 24 hours. If you have already undertaken a UNOCINI Preliminary Assessment or UNOCINI Agency Appraisal, please update and use this as the basis for your UNOCINI referral as it will provide important information and help speed up an appropriate response.

### 11.4 Non-Urgent Referrals

Non-urgent referrals should be made in writing using the UNOCINI template. It is likely that you will already have completed an UNOCINI Assessment or Agency Appraisal and that these would form the basis of your referral.

If however you do not have an existing UNOCINI Assessment or Agency Appraisal, you are encouraged to complete the UNOCINI template as fully as your knowledge allows. For the majority of professionals referring a child or young person to another agency it is likely that they will have a wealth of knowledge about the child and family's circumstances, their strengths, needs, risks and resilience & protective factors and you are encouraged to pass this knowledge on at the point of referral with a UNOCINI.

There will be a very small minority of professional referrers who have very little information additional to their concerns triggering the referral (e.g. colleagues from PSNI; those working in adult services; a teacher referring a child or young person on the first day at a new school) and in these circumstances, you are required only to complete the basic details, reason for referral, consent issues and referrer's details as comprehensively as possible on the UNOCINI template.

### 11.5 Key Information

The layout of the UNOCINI template has been designed to provide you with a logical framework, within which you can complete your referral.



If you are making an urgent referral by telephone, you may find it useful to refer to the UNOCINI prior to making the telephone call to help you order your thinking.

#### 11.5.1 Basic Details

The UNOCINI template guides you through documenting basic details including: the child or young person's name, address, date of birth, ethnicity, special needs, primary carers, household members, significant others, communication, school, GP, Health Visitor etc.

N.B. In this section, 'primary carer' means the person(s) who undertakes the day to day care of the child or young person (for example, this could be the mother and/or father, step-parents, grandparents, friend of the family etc). 'PR' means parental responsibility – i.e. the people in law who have legal responsibility for the child or young person.

You do not have to complete all the boxes - It is acceptable to leave blanks if you do not have the relevant information.

#### 11.5.2 Reason for Undertaking UNOCINI

The next stage is to document your reason for undertaking UNOCINI and making a referral.

Please also use this section to record whether this is a written referral following a telephone referral for child protection issues.

This is the section that will require you to consider your information carefully and to clearly outline how you are hoping the receiving agency will respond. Below is a list to assist you in organising your information. Please note that this list is not exhaustive, and should not be used as a checklist:

- What are your concerns? Please be specific.
- How/why have you concluded that a referral is necessary at this time?
- What is the context of your concern? Was there a specific trigger or event? What is the presenting need?
- How urgent is your referral?
- Have you made the referral to more than one agency? If so, please ensure this is clear.
- How have you tried to resolve these issues within your own work with the child or young person and their family (if relevant)?
- What will your continued input with the child or young person and their family be, if any?



- What do you want the receiving agency to do? Please be as specific as you can be.
- Additionally, please ensure you have included the specific information that the agency you are referring to will require. For example:
  - I. A youth justice agency will require information relating to criminal history and prior intervention.
  - II. CAMHS, therapeutic, counselling or other mental health service will require information relating to the emotional health and well-being of the child or young person (e.g. issues of self harm, depression, suicidality, substance mis-use, prescribed medication, previous or existing diagnosis - with details of the medical practitioner who made the diagnosis) and an overview of family's mental health.
  - III. An Education Welfare Officer will require information about school attendance and performance, and a history of educational placements.
  - IV. Child development clinics will require a medical and social history, an overview of health and social development, birth history, information about prescribed medication and any previous or existing diagnosis (with details of the medical practitioner who made the diagnosis).

### 11.5.3 Previous Contacts

Provide an overview of previous contacts with the child or young person and their family - providing a brief summary of involvement.

### 11.5.4 Are immediate actions necessary to safeguard the child or young person?

Document your view about whether immediate action is necessary, explaining your reasons if you think the child may be in immediate danger. **If you believe the child or young person is in immediate danger, then you will be pursuing an urgent referral** (see above).

### 11.5.5 Awareness of Referral and Consent

Documenting issues of consent is an essential part of making a referral as the receiving agency will need to know whether the child or young person and their family is aware the referral has been made and whether they have consented to it prior to making first contact: the first contact in a new relationship with children, young people and families is always critical.

### 11.5.6 Referrer's Details

The referrer's details are clearly essential information for the receiving agency (and you should expect to receive an acknowledgement of receipt of your referral within a few days of passing it to another agency).



### 11.5.7 Overview

In the majority of cases, you would then be looking to the overview section of the template to convey your understanding of the child or young person and their family's current circumstances (i.e. your knowledge of the child's needs, the parents or carers capacity to meet their needs and the family and environmental factors). You may not have information relevant to all twelve of the domains, and it is entirely acceptable to leave many sections blank: the expectation is that you document the information that you have.

### 11.5.8 Summary

It is also likely that you will have information relevant to the summary section, where you can comment on the strengths, needs, risks, protection & resilience factors affecting the child/young person and their family.

N.B. Where you write onto the template past your initial signature regarding referral, it is advised that you initial or sign against your entries for clarity.

## 11.6 Further Information it may be Useful to Consider

The child or young person's current location

The date the child or young person was last seen

Other issues that may be impacting upon the child or young person, for example:

- Conflict between the child or young person and their parent/carer
  
- Bereavement
  
- Alcohol and/or substance misuse
  
- Domestic violence
  
- Housing or homelessness
  
- Non-school attendance
  
- Poverty
  
- Cultural and/or racial harassment
  
- Violence and/or bullying
  
- Challenging behaviour
  
- Financial crisis
  
- Physical and/or mental ill health
  
- Parental unemployment



## Appendix Four: Composite UNOCINI Pathway Assessments

The concept of developing composite UNOCINI Pathway Assessments is new to many practitioners; therefore this appendix has been developed to support those new to the process. There is a spectrum of sophistication in developing these multi-agency assessment documents.

At the most basic level there are '**combined**' assessments, where each professional contributes an entire assessment from their own perspective that is then copied into a document that includes written contributions from other professionals. The positive aspect of this type of record is the reduction in the number of reports on the table at any given meeting. The down side is that these records tend to be repetitive and as such can be overly long.

Moving along the spectrum, there are **collateral assessments**, where colleagues from different agencies still submit individual contributions, but where the co-ordinator of the assessment (usually the social worker) writes their contribution with others' in mind. The positive aspects are again that this reduces the number of reports on the table at meetings, however it also delivers a report that is a little more coherent. The down side is these records can still be very long - depending upon how many professionals are contributing.

At the far end of the spectrum are the truly **composite assessments**, which incorporate a shared view and assessment from across the inter-agency group; some individual professionals may still submit written contributions to the co-ordinator that contain their expert assessment information, however the contents of these assessments will have been discussed, negotiated and agreed in order to maximise relevance and minimise repetition. Many aspects of these types of assessment will have been discussed at core group meetings of all the key professionals working with the child and family; they would, of course, also include views and assessment of the child and family both via the core group meetings and via ongoing contacts.



Care though must be taken to ensure that significant information is not missed and that due weight and attention is given to relevant factors.

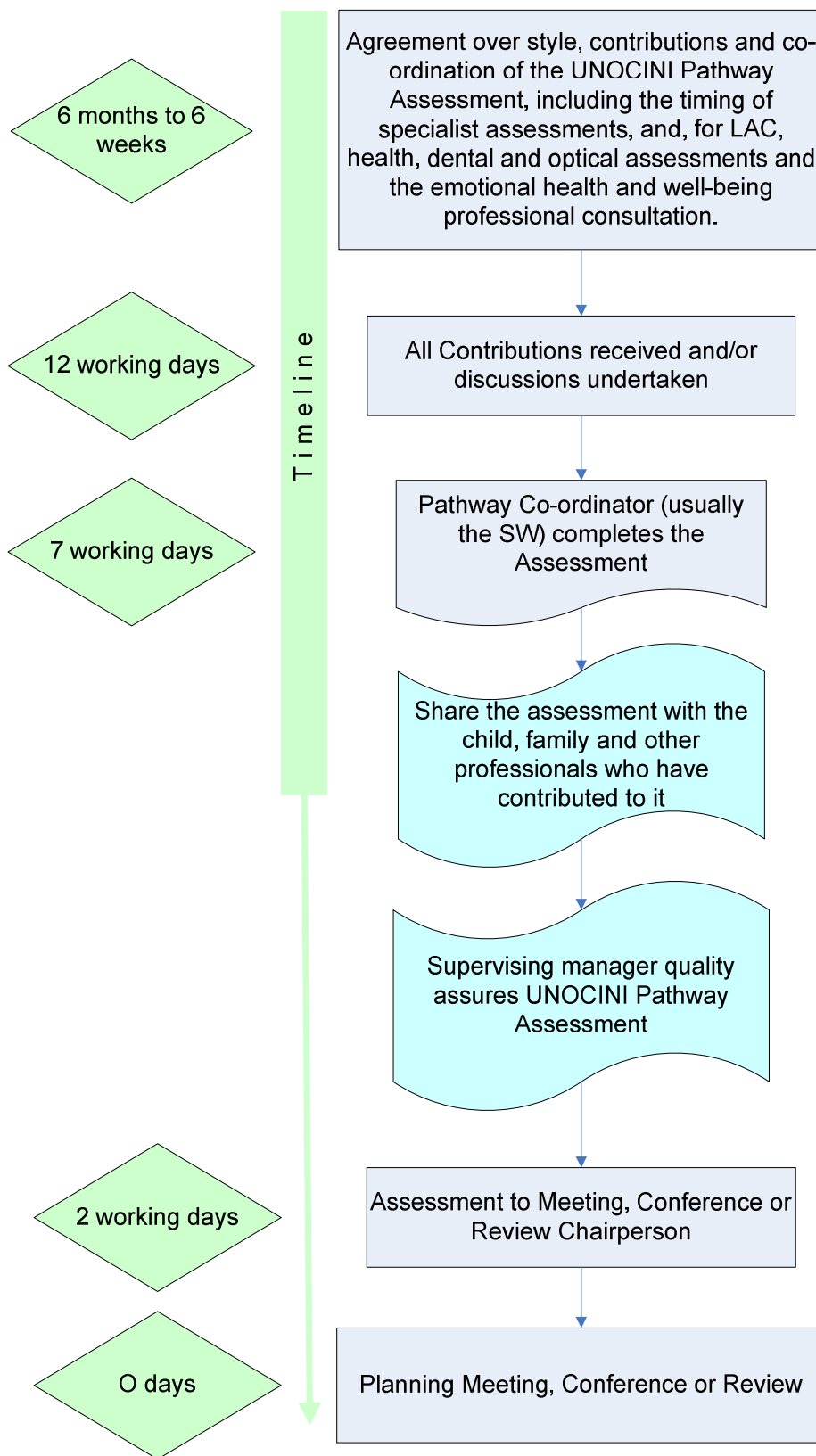
Throughout all styles of combine/composite assessments, it is essential that differences of opinion and/or disagreement about aspects of the assessment between professionals are clearly recorded within the assessment document.

Additionally, whilst working hard to engage with your colleagues from different agencies, do not forget the fundamental pre-requisite of undertaking UNOCINI assessments: they must be undertaken in partnership with the child and their family.

Below is a suggested timetable (Figure 6) for co-ordinating composite Pathway Assessments. This timetable has been found to be a useful planning tool to ensure reports are completed in a timely manner; it ensures that specialist assessments, health assessments and professionals' consultations (used for the LAC Pathway) inform the assessment; it ensures that managers responsible for overseeing these papers have sufficient time to quality assure them; it ensures that parents and young people (where appropriate) have the opportunity to contribute their views and opinions to the final papers; it also ensures that reports are with meeting/conference chairs in advance of the meeting/conference to ensure they are adequately prepared.



**Figure 6: Timeline for Completion of Assessments**



**Equality**

This guidance has been screened for equality implications as required by Section 75 and Schedule 9 of the Northern Ireland Act 1998, and it was found that there were no negative impacts on any grouping.

**Human Rights**

This guidance has been considered under the terms of the Human Rights Act 1998 and was deemed compatible with the European Convention Rights contained within the Act.