
**EVALUATION OF THE PILOT PROGRAMME OF THE
INTEGRATED CHILDREN'S SYSTEM:
THE DISABILITY STUDY**

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1 Background

The Integrated Children's System marks an important stage in Government policy to improve outcomes for children in need and forms part of the *Every Child Matters: Change for Children* agenda in England, focusing on five key outcomes for children's well-being: be healthy, stay safe, enjoy and achieve, make a positive contribution and achieve economic well-being; and the *Children and Young People: Rights to Action* in Wales, which has seven key aims: a flying start in life; a comprehensive range of education, training and learning opportunities; the best possible health, free from abuse, victimisation and exploitation; play, leisure, sporting and cultural activities; treated with respect and have their race and cultural identity recognised; a safe home and community; children and young people not disadvantaged by poverty. The development of the ICS is taking place alongside a number of other projects and policy initiatives to re-shape local services for children and families, including the National Service Frameworks for Children in England and Wales, the Common Assessment and Information Sharing and the development of Children's Trusts in England. All these initiatives highlight the importance of joined up working and systems which can aid appropriate information sharing. In this context, the ICS is logically attractive. It should enable communication, avoid duplication, make it easier to identify children at serious risk, and provide a standard and helpful framework for collecting and checking information. In a computerised form it offers the potential to generate much useful management information and save practitioners time in producing reports and checking files.

The intention is that the ICS will provide local authorities in England and Wales with a comprehensive system for collecting information about children in need who are in receipt of service by providing a single approach to undertaking the processes of assessment, planning, intervention and reviewing. Key aspects are that it should be understandable to the children and families and informed by them, that it should improve multi-agency working and that it should be implemented in electronic format. The records (exemplars) have been developed from the materials which support the Assessment Framework (AF) and Looking After Children System (LAC). They have been refined and adapted on the basis of research, consultation and audit findings. The exemplars are for practitioners to use to gather and record information in a structured way and can be transferred to other records/reports. The exemplars should support management in monitoring children's progress over time, demonstrate how a single entry system would operate and provide data for corporate planning locally and national statistical returns.

This evaluation of the implementation of ICS in four pilot authorities aims to build upon the earlier work by Ward and Skuse (2001) on the Looking After Children (LAC) materials and that of Cleaver and Walker (2003) on the implementation of the Assessment Framework. While there is general agreement that the framework has contributed to the development of good social work and inter agency practice by

providing a clear framework for the process of assessment through to review, there are concerns about the use of the records by practitioners – both in relation to completion and quality, and the ongoing difficulties local authorities in both England and Wales are facing in transforming the data into management information (Ward and Skuse, 2001; Gatehouse and Ward, 2002). The ICS attempts to address some of the difficulties identified in the previous recording systems. However, particular issues surround the relationship between good information collection, the use of the materials and best practice with children and families. Research has identified that even when data is routinely collected about children’s progress and entered into management information systems, this data is often not used to inform decisions and improve outcomes for individual children (Gatehouse and Ward, 2002).

Further questions arise about the use of ICS with different groups of children and young people – especially those who are socially excluded – and the degree to which it can enhance the social work process and the involvement of families in that. The implementation of the ICS with disabled children raises particular concerns for children whose development is not expected to follow normative patterns. A key question is the extent to which use of the system facilitates a focus on issues which have specific relevance to disabled children and their families – for instance, support for children's special health needs, access to appropriate communication and/or mobility aids, and a focus on the needs of all family members. A further issue is the need for children and their carers/families to take as full a part as possible in decision making about their individual plans. The sub-study of disabled children which is reported here examines the application of the ICS to these children and their families by exploring children’s, parents’ and practitioners’ views and experiences of the system.

2 Aims of the research

Overall, the aims of the study were to:

- Support and coordinate the introduction of the Integrated Children’s System in five local authorities – three in England and two in Wales¹.
- Provide a formative evaluation of the pilot implementation programmes in these local authorities through an investigation of:
 - the ways in which the system works to improve services for specific groups of children and families in a local authority social service context, including a sub sample of children with disabilities, taking into account any additional time and resources required, and
 - whether the system improves the core processes from referral through to closure from the perspectives of the service providers and the children and families concerned.

¹ Later changed to four pilot sites as one authority dropped out before the evaluation started.

- Complement a related study, funded jointly by the Treasury, Department of Health, Welsh Assembly Government and Department for Education and Skills, to ensure that, in so far as funding allows, a core set of comparable data are collected on as large a sample of children and young people as possible.

The research sought to answer the following questions:

From the perspective of both service providers and service users:

- How well do the different parts of the ICS, from referral to assessment, planning intervention and review fit together and promote best practice in direct work with children of all ages and abilities and their families or carers?
- Does the ICS help children, young people and their carers from different subgroups, in particular children and young people with disabilities, to better understand the social work process and to make more sense of what is happening in their lives?
- Is the system acceptable to all children, young people, practitioners and their managers and does it help to promote partnership working and information gathering?
- What difficulties have been experienced in implementing the ICS and how could these be overcome?

From the perspective of the service providers:

- What additional time will staff need to complete the records and what are the costs?
- What training needs are identified, including in the use of technology?
- What additional technology will be required and what are the implications for councils' IT systems?

The disability sub study had three specific aims:

- To explore parents/carers' and disabled children's experiences of how information is currently being collected under the ICS system and, where relevant, contrast this to previous experiences of information collection. Is the information collected relevant to disabled children's and their families' own views of their needs?
- To compare parents/carers' and disabled children's own understanding of the information they are giving and services they expect to receive with the actual information that is recorded in the ICS system and the services received.
- To explore practitioners' experiences of using the ICS and its perceived relevance and appropriateness for disabled children and their families.

In this report, we focus on results relevant to the first and third aims. Results for the second aim will be dealt with in the full final report of the evaluation, as they form part of the record study which is not yet complete.

3 Methods

Data for the disability study was collected with the aid of qualitative interviews with a sample of disabled children² and their parents who had recently experienced an ICS assessment/review and the social worker who had conducted each family's assessment/review. Fieldwork was conducted over six months in all four pilot sites.

3.1 Fieldwork preparation

Information packs for families

In order to recruit families for the project, information packs inviting parents and disabled children to participate were developed and then distributed to each social work team working with disabled children and their families. Social workers from the disability teams within all four pilot sites agreed to distribute the packs to a purposively selected sample of families (see sample criteria section). Separate packs were developed for parents and for children. The parents' pack contained a letter of introduction from the researchers, an information leaflet and a parents' response/contact details form. The children's pack similarly contained an introductory letter, information leaflet and response/contact details form. In addition to the above based on the written word, two symbols based letters and response/contact forms were enclosed, these were produced using Rebus and Boardmaker symbol systems. These two symbols based systems were chosen as discussions with social workers had indicated that these were the most frequently used by and/or easily recognisable to disabled children. An audio version of project information was also produced, social workers were asked to send this to families as and when appropriate.

Developing and piloting topic guides for parents and disabled children

Two separate topic guides for parents and children/young people and a brief family circumstances questionnaire were developed. The family questionnaire (see Appendix 1) asked parents to report general background information on their socio-economic circumstances and their child's disability.

The topic guides were semi-structured and sought to explore parents and children's experiences of the ICS system and the information that has been collected as part of their assessment/review process. More specifically, the parents' topic guide focused on five broad areas:

² For brevity, the term children will be used to cover all children and young people involved in the study.

- Format adopted for the assessment/review
- Preparation of parent and child (including knowledge of ICS)
- Information sought from parent and child (including type, scope and relevance of information and the issue of outcomes)
- Participation of parent and child
- Post assessment/review outputs and outcomes and a parental evaluation of the process (especially comparisons with previous pre-ICS assessments/reviews).

The children's topic guide explored a similar range of areas but in a simplified format and focused on only the child's experiences. These included:

- Assessment/review preparation (including choices and feelings)
- Information sought (including likes/dislikes and understanding of the information process)
- Participation (including being listened to and feelings)
- After the assessment/review (especially feelings, outputs received and outcomes of these).

Recognising that children with different levels of cognitive ability would be interviewed, two topic guides were developed, both guides were based on the same themes but one was longer and consisted of more in-depth questions than the other. The researcher would choose the most appropriate after meeting with the child³. It was hoped that this flexibility would enable participants to respond with different levels of information and understanding, for example, discussing their experiences in terms of feelings and emotions (i.e. feeling happy, sad or ok) or in a more evaluatory manner (i.e. likes and dislikes, prioritising these). In order to assist participants with communication impairments, the researcher developed a tool kit of rebus symbol based flashcards and key questions. The flash cards drew on a wide range of relevant symbols, such as key people and professionals, feelings, activities and meetings and advocacy, and the questions were printed and laminated in the format of symbols.

The family background questionnaire and topic guides were piloted with nine parents and five children, all the families interviewed lived in the North of England. Although the families had not experienced the ICS, all parents had experienced numerous social services assessments/reviews and could thus discuss previous information collecting and recording experiences and appreciate the general aims and objectives of ICS.

³ As far as possible, the researcher sought to chat with the child before interviewing them and parents were interviewed first, as this provided essential background information.

Table 1: Pilot interviews with parents

<i>Parent</i>	<i>Child's Age (years)</i>	<i>Child's Gender</i>	<i>Interview Method</i>
Mother	13	Female	Group
Mother	13	Female	Group
Mother & Father	9	Male	Group
Mother & Father	13	Male	Group
Father	7	Male	Group
Father	10	Male	Individual
Mother	12	Female	Individual

Table 1 indicates that parents of disabled children (impairments included cerebral palsy, autistic spectrum disorder and more specific syndromes, such as Aicardi's and Charge) discussed the topic guides either individually or in small groups. Parents were given the option of meeting individually or in a group, some preferred the latter, as they felt, it aided discussion and debate. The interviews were conducted in parental homes and with the informed consent of parents were tape-recorded. The interviews lasted between one and a half and two hours.

Table 2: Pilot interviews with children

<i>Gender</i>	<i>Age (years)</i>	<i>Interview Method</i>
Male	10	Individual – using symbols
Male	16	Individual – verbal
Male	17	Individual – using symbols
Female	16	Individual – using symbols
Male	7	Individual self completion – electronic communicator

As Table 2 demonstrates, the children interviewed ranged in age from 10 to 17 years. Three of the children were interviewed at a youth club, one child was interviewed at home and one child self completed the topic guide (at home with his father) assisted by his electronic communicator. Three interviews were conducted with the aid of symbols. The children's impairments included learning disabilities and autistic spectrum disorders. Interviews lasted for between 20 minutes and one hour depending on the participant's concentration span. Three of the interviews were tape-recorded; one child chose not to be recorded.

The researcher listened to the pilot interview tapes and analysed notes from the meetings, a list of both parents' and children's suggestions and comments was made. The family circumstances questionnaire and topic guides were amended in light of these suggestions. For the parents' topic guide, the amendments focused upon additional questions or prompts suggested by the parents.

The amended parents' topic guide focused on seven rather than five key areas:

- Assessment/review preparation of parents and child by the social worker
- Information sought from parents and the child during the assessment/review process
- Parent and child's aims and/or objectives from the services they sought
- Parent and child's involvement and participation
- Information received about and knowledge of ICS
- Procedures and outcomes of the assessment/review
- Parents' evaluation of and suggestions to improve the collection and recording of information.

Past literature (for example, Rabiee *et al.*, 2005) and the researcher's own experiences of interviewing disabled children reiterated the value of using symbols; indeed, seven key advantages came to the fore from the pilot interviews. The flash cards had helped to:

- Focus attention
- Jog memories
- Create a more relaxed, fun atmosphere
- Give participants confidence (recognising symbols was a positive event even if the child could not answer a specific question)
- Helped participants rank answers in a meaningful way (i.e. most or least important)
- Enabled the researcher to check answers in an unobtrusive manner
- Symbols provided an alternative point of contact and focus (this was important for two of the children with autistic spectrum disorders who sought to avoid eye contact with the researcher).

The use of symbols based interviews also highlighted the importance of having a simple and relatively short topic guide for the children. In light of this, it was felt that the shorter topic guide should be more closely focused on questions that facilitated the use of symbols. For example, asking a question such as: 'when you go to X (foster carers, respite unit) how do you feel?' and then showing the child a range of symbols. It was also decided to include an opportunity for children to construct four symbol maps, as this would encourage active participation, provide a tangible outcome and be enjoyable.

The amended symbols based topic guide focused on four key areas:

- Talking to my social worker - topics discussed, who present at meeting, who does most of the talking and feeling listened to
- Leisure activities and school life
- Important people in the child's life – including family and friends
- Identifying things that the child can do and things that they need help with (and for some, things that they would like to do or would like more help with).

3.2 Sample criteria and sample achieved

Initially, the disability study aimed to draw on a purposive sample of 20 disabled children and their families from three of the four ICS pilot sites (Authorities A, B and D). Due to the relatively small sample size, it was felt to be most advantageous to focus on three rather than four authorities, as drawing a sample from four would lead to recruiting very small numbers from each authority. Specific sampling criteria focused on including children transferred from earlier systems and those referred after implementation of ICS. In order to achieve a sample of 20 families, it was felt necessary to target 45 families from the three authorities: 15 families from each authority. Ideally, a diverse sample of families was sought, as far as possible, from different phases and stages of the ICS, such as those undergoing an initial assessment record, a core assessment record and a review or pathway plan. In addition, the sample would also seek to encompass children in different age groups, such as pre-school, primary, secondary and transition (to adult services) and also children with different types of impairments. We sought to include, wherever possible, families from minority ethnic communities. From each of the three authorities, it was hoped that an achieved sample of seven families would agree to participate. From this sample of around 20 families, the researchers aimed to interview 10 disabled children (aged 10 years and above). However, it was recognised that this was dependant on the children's level of understanding and communication impairments.

In practice, achieving this level of diversity was not possible due to a number of technical and practical problems that all four authorities have faced implementing ICS. Two key issues ultimately limited and directed the achieved sample:

- The small number of families actually experiencing an assessment under the new ICS system
- Decisions in three of the pilot sites (Authorities A, B and D) to implement the exemplars in a phased manner, hence, not all the exemplars were being used when sampling took place.

In light of these ongoing problems, it was decided to extend the potential sampling pool from three to all four pilot authorities. Authority C was thus included, this was particularly advantageous as Authority C did not take a phased approach but rather chose to implement all exemplars simultaneously. Ultimately, information packs were sent to between 15 to 20 families depending on the number of eligible families in each authority. In two authorities (B and D), this was practically every family that had experienced an ICS assessment/review.

Despite these problems, 22 families agreed to participate in the study. As Table 3 demonstrates, the response rate was relatively poor in all four pilot sites, despite personal telephone reminders from individual social workers.

Table 3: Information packs sent to families in each authority

<i>Authority</i>	<i>Number of information packs sent (1st round)</i>	<i>Number of families responding positively</i>	<i>Number of information packs sent (2nd round)</i>	<i>Number of families responding positively</i>	<i>Overall number of positive responses</i>
A	20	8	0	0	8
B	14	1	6	6	7
C	17	4	3	1	5
D	15	2	0	0	2

In two sites (B and C), a second round of sampling and distributing information packs was undertaken. This was practically possible as ICS assessments were continually being conducted and so new families could be approached. Re-sampling successfully recruited seven families. Although, Authority D similarly had a poor response rate, re-sampling was not practically possible due to site's late ICS implementation and project deadlines. Re-sampling in Authority A was not necessary, due to the initial response rate of eight families. Only three families returned a response form indicating that they did not wish to participate.

3.3 Interviews with parents

Face to face interviews were conducted with all 22 families. Three families preferred a joint interview with both parents, 18 were held with the disabled child's mother and one with their foster mother. The interviews were conducted in the family home with the aid of the amended topic guide and, with each parent's consent, were tape recorded. The interviews ranged in time from one to two hours. Before each interview, parents were sent a summary of the topic guide and were asked to complete the short background questionnaire.

Tables 4 to 7 provide details of the parents interviewed. As Table 6 highlights, these were predominantly parents of teenagers, only seven families had disabled children below 12 years. Just under half of their children were girls (nine families). The children had a range of disabilities, including Down's syndrome, cerebral palsy, learning disabilities, autistic spectrum disorders, challenging behaviour and epilepsy. Many had multiple and complex disabilities. Although parents were at different stages of the assessment/review process, this was not evenly spread across the sample, as Table 4 demonstrates. Indeed, all the families in Authority A were ongoing care reviews.

Table 4: Families interviewed by type of ICS assessment/review in each authority

<i>Authority</i>	<i>No. of families interviewed</i>	<i>Type of ICS assessment/review</i>		
		<i>Ongoing care review (short break or LAC)</i>	<i>Core assessment</i>	<i>Initial assessment or updated initial assessment with action/care plan</i>
A	8	8	0	0
B	7	1	0	6
C	5	0	3	2
D	2	0	0	2
Total	22	9	3	10

Table 5: Details of families by family member interviewed in each authority

<i>Authority</i>	<i>No. of families interviewed</i>	<i>Family member interviewed</i>		
		<i>Mother</i>	<i>Mother and Father</i>	<i>Foster carer (mother)</i>
A	8	5	2	1
B	7	5	2	0
C	5	5	0	0
D	2	2	0	0
Total	22	17	4	1

Table 6: Gender and age of the disabled children in families interviewed

<i>Authority</i>	<i>No of families interviewed</i>	<i>Child's gender</i>	<i>Age range of children (years)</i>	<i>Average age of children</i>
A	8	7 male 1 female	9 – 16	14 years 2 months
B	7	3 male 4 female	10 - 18	14 years 5 months
C	5	3 male 2 female	7 – 16	11 years 10 months
D	2	1 male 1 female	12*	12 years

* Both children were 12 years old

The families interviewed received a range of services and support organised by social services, however, the focus was predominately on respite care and leisure activities with many of the families being multiple service users. Respite care was provided via foster families, carers coming into the family home or at a specialist unit. Some families (seven) used, or were planning to use in the near future, direct payments to organise this care. Leisure activities were attended in the local community both in mainstream and specialist settings.

It must be noted that the sample was somewhat atypical in the number of children attending specialist residential schools, many of which were out of county and jointly funded with education and health. As Table 7 demonstrates, over half of the families interviewed in Authority A had children attending a residential school.

Table 7: Disabled children attending specialist residential school

<i>Authority</i>	<i>No of families interviewed</i>	<i>Children attending residential school</i>
A	8	5*
B	7	2
C	5	1
D	2	0
Total	22	8

* One child had care provided for 52 weeks of the year

3.4 Interviews with children

Across the four authorities, seven children participated in the research. Initially, as noted above, the aim had been to interview 10 children of 10 years and above with a range of communication and mobility impairments. However, due to the type and level of disabilities, especially communication and learning disabilities, that the children of the sample families experienced, this was not possible. At every opportunity, children were invited to participate via the range of different topic guides and participation mediums (for example, verbal, symbols, drawing) the researcher had developed.

The researcher aimed to explore if information relevant to each child’s life had been collected by their social worker. Due to the children’s level of understanding and participation in the assessment/review process, it was not possible to specifically discuss ICS implementation and the children’s knowledge and experiences of ICS.

Tables 8 and 9 provide details of the children interviewed and the context of their interview.

Table 8: Children interviewed in each authority by gender and age

<i>Authority</i>	<i>No of children interviewed</i>	<i>Gender</i>	<i>Age (years)</i>
A	3	3 males	16*
B	2	1 male 1 female	18**
C	1	1 female	15
D	1	1 male	12
Total	7	5 males 2 females	12-18 (age range)

* All 3 were 16 years

** Both were 18 years

Table 9: Children interviewed in each authority by type of interview

<i>Authority</i>	<i>No of children interviewed</i>	<i>Interview type</i>	<i>Interviewed with or without parent present</i>
A	3	3 symbols based	3 without parent
B	2	2 verbal	1 without parent 1 with parent
C	1	1 symbols and drawing	1 with parent
D	1	1 verbal	1 without parent
Total	7	3 symbols based 3 verbal 1 symbols and drawing	5 without parent 2 with parent

As Table 8 demonstrates, at least one child participated from each authority. Although a small sample and one based mainly on the later teenage years, participants had a diverse range of disabilities, including Down's syndrome, cerebral palsy, learning disabilities and autistic spectrum disorders (four of the children had an autistic spectrum disorder). Over half of the children chose to communicate with the aid of symbols (Table 9). All the interviews were conducted in the family home and lasted between 15 to 40 minutes, depending on the child's level of concentration. Five of the seven children chose to speak alone with the researcher; only two preferred their mother to remain in the room. With the child's consent, interviews were tape recorded. In addition to the seven children who finally participated, interviews were scheduled with two others. However, on the day of the interview, one child decided not to participate and the other was cancelled due to illness.

3.5 The social worker sample and interviews

The sample

In order to complement and provide a more rounded picture of information collection and recording during the process of ICS assessment/reviews, and to explore how social workers have experienced using the ICS system, social workers who had

conducted each family's ICS assessment/review were invited to participate. This involved 16 social workers across the four pilot sites and all agreed to participate (see Table 10).

Table 10: Number of social workers interviewed across the four pilot sites

<i>Pilot site</i>	<i>Number of social workers</i>
Authority A	6
Authority B	4
Authority C	4
Authority D	2
Total number of social workers	16*

* Although 22 families participated, 16 social workers were interviewed, as some social workers had more than one participating family on their caseload.

Table 11: Social workers interviewed in each authority by their current position

<i>Authority</i>	<i>No. of social workers interviewed</i>	<i>No of team leaders interviewed</i>	<i>No of senior social workers interviewed</i>
A	6	1	3
B	4	0	0
C	4	1	0
D	2	0	0
Total	16	2	3

Table 12: Social workers interviewed by their time employed in families with disabled children teams

<i>Authority</i>	<i>No. of social workers interviewed</i>	<i>Time employed in Disability Team (Range)</i>	<i>Average time employed in disability team</i>
A	6	5 years to 5 months	3 years 10 months
B	4	9 years to 1 month	5 years 3 months
C	4	12 months to 2 months*	9 months*
D	2	5 years to 2 years	3 years 6 months
Total	16	9 years to 1 month	3 years 4 months

* Families with disabled children team re-structured (approximately 12 months) prior to interviews

As Tables 11 and 12 highlight, just under a third of the social workers interviewed were senior staff and there was variation amongst staff with regard to time employed in their disability team. It is important to note that social workers in Authority C, with an average of nine months, stood in contrast to the other three authorities, where the average time employed in disability teams was three years or more.

Interviews with social workers

Recognising the busy schedules of social workers, telephone interviews were conducted, as this provided a relatively quick and flexible method for both parties.

Prior to the telephone interviews, each social worker was sent an information pack. The pack contained a letter confirming interview details, project information, a summary of the proposed telephone interview topic guide, a short background questionnaire and a consent form. In the short questionnaire (see Appendix 2), social workers were asked to:

- Provide details of their role and position within the team
- Background details of the ICS assessment/review they had conducted with participating families
- Indicate the resources (as provided by the CDC on the DfES website) that they use/had used
- Evaluate the usefulness of the ICS exemplars that they had personally used.

Interviews were conducted with the aid of a semi-structured topic guide, which focused upon three broad areas: using the ICS; views and experiences of ICS; and ICS and social work practice. Social workers were also asked to focus specifically upon issues relating to the ICS and its appropriateness for families with disabled children. Within these three broad areas, the sub-themes explored were:

- Using the ICS
 - differentiating between IT training and the ICS system.
- Views and experience of ICS
 - using the exemplars: experiences and evaluations
 - ethnicity issues
 - inter-agency working – improvements and problems
 - family awareness of the ICS system
 - family participation within the process of assessment/review information collection
 - information routinely received by families
 - electronic records: their role and impact so far.
- ICS and social work practice
 - transferability of information – within/between authorities
 - effects of ICS on social work practice
 - discussion of disability and outcome related issues with families
 - overall evaluation of the advantages and disadvantages of ICS.

The interviews lasted between one and one and a half hours and, with participants' consent, were tape recorded.

3.6 Data analysis

All interviews (parents, children and social workers) were transcribed. Analysis of parent and social worker interviews was conducted by a staged process of

'framework analysis'. Framework analysis (Ritchie and Lewis, 2003; Ritchie and Spencer, 1994) provides a comprehensive mechanism to identify over-arching themes across the transcripts. It allows for progressive data reduction, displays the data in matrix form (which facilitates examination of the data both within and between cases) and, importantly for drawing and verifying conclusions, includes a mechanism for tracing back to the source data. There are four key stages to 'framework': (1) familiarisation with the data displayed in its initial forms through reading transcripts and studying related materials; (2) identifying and applying a descriptive coding framework to the transcripts; (3) developing a more interpretive thematic framework and displaying the key points of the coded data in a set of matrices known as 'charts'; (4) tracing patterns and associations in the charted data, in order to identify over-arching themes and conclusions. In each of the stages 2 to 4, it is important for the analyst to adopt a reflexive approach, which means checking tentative decisions on coding, charting and conclusions with the raw data.

To promote the reliability of the analysis, two researchers familiarised themselves with the data and worked together on the initial coding framework. One researcher then took the lead on analysis, with a sample of the coded material being cross-checked by the other researcher.

Separate frameworks were developed for parents and social workers to reflect the content and focus of the interviews conducted. On completion of charting the themes, the researchers were then able to identify over-arching themes and draw comparisons between individual families and social workers and also across the pilot authorities.

Recognising the qualitatively different nature and depth of the children's interviews it was not appropriate to analyse these via framework analysis. The researcher analysed each interview separately, noting key points and ideas from each transcript and then sought to identify shared themes and issues raised by the children.

4 Results

This section presents the results of the face to face interviews with parents/carers and the telephone interviews conducted with the 16 social workers working with the 22 families across the four pilot authorities⁴. The experiences and ideas of the parents/carers and social workers have been grouped into four broad themes and will be reported as follows: Section 4.1 explores training, technology and management issues; Section 4.2, experiences of using the ICS exemplars; Section 4.3, issues relating to service users and carers; and finally in Section 4.4, social work practice,

⁴ The names of all participants and their families (social workers, parents, disabled children and siblings) have been altered to pseudonyms.

both general and disability specific issues are considered. As noted above, the interviews conducted with children and young people differed from parent and social worker interviews as symbols were the main mode of communication. These interviews focused on the young people's experiences of services in terms of their likes and dislikes, the key people in their lives and their experiences of meeting their social worker. Findings from these interviews are considered within the section on social work practice.

4.1 Training, technology and management Issues

Information technology training

Across all four pilot sites, it was apparent that basic IT training and a range of courses, such as using Word and in-house e-mail systems, was available to social work staff on request. The onus was largely on staff identifying their training needs and gaps in their knowledge/skills and then attending a relevant course. In general, this was felt to be satisfactory and the majority (13) of social workers interviewed regarded themselves as relatively 'IT literate', in the sense that they felt comfortable using a computer and were open and willing to develop new skills. However, in two authorities (A and B) there was a small minority (three) who felt that a more structured programme of basic IT skills should have been offered to staff. These were largely social workers who felt that they lacked the relevant IT knowledge and skills to input data onto the ICS exemplars. Unsurprisingly, this caused the social workers additional anxiety at the thought of completing exemplars electronically.

ICS operating systems and training

Amongst the four pilot sites, social workers experienced different operating systems, as all four sites were implementing the ICS on software written by different providers. Only one of the authorities had developed its own in-house operating system, the other three authorities had employed different external software providers. All the pilot sites provided some form of introductory training to their operating system on which the ICS is grounded. Training across all four sites was provided in-house by IT staff and those with designated ICS responsibilities, for example, members of ICS implementation teams. Training broadly consisted of a general introduction of how to access and navigate the system, input and then retrieve data. Training was conducted prior to ICS implementation and lasted between one to three days. Amongst the social workers interviewed there was a great deal of variation in both their confidence in using the operating system and their level of understanding regarding how it worked and what it sought to achieve. This was also related to social workers' previous IT knowledge and confidence using new systems.

When asked if the training received had been useful, two key problems came to the fore, related to timing and implementation. The first problem arose from a time lag between social workers' initial operating system training and actual ICS implementation. Social workers in two pilot sites (B and D) had experienced

numerous delays of up to 12 months from receipt of their training to the start of ICS implementation. For these social workers this meant that they had forgotten important aspects of their training. Indeed, two social workers felt that a brief refresher course would have been useful.

The second problem was more practical and focused on receipt and access to use of a personal computer. Three out of four social workers in one authority (B) noted a six to 12 month delay before receiving a computer on their desk, indeed, at the time of interviewing, one social worker was still waiting for a personal computer and so handwriting assessment/reviews for administrative staff to input onto the ICS system. This caused extra work for both social workers and administrators and as above, problems of familiarisation with the system. In addition, it also raises the wider problem of resources. This authority (B) was clearly struggling to meet the additional resource demands that ICS had and continues to incur.

Unsurprisingly, amongst the two authorities where initial operating system training and implementation were more closely dovetailed, this was not noted as a problem and thus highlights the importance, as far as possible, of providing training immediately prior to implementation. It is recognised that this time lag problem was largely beyond the control of the authorities where concerns were expressed, due to numerous and extended time delays imposed by their software providers. However, it is interesting to note that two social workers in the authorities (B and D) experiencing a time-lag felt that their implementation teams had learnt from this mistake and training for subsequent social work teams had or was being delayed until implementation was guaranteed.

The aims of ICS

ICS is clearly part of the wider government programme to co-ordinate and modernise children's services. However, it is important to differentiate the operating system from the ICS. The latter is a specific system for children's social service departments to collect and record assessment, planning, intervention and reviewing information, whereas, the operating systems in the pilot authorities are much broader and may support other information systems and straddle child and adult services. However, it is clear that in three of the authorities (A, B and D), only two out of 14 social workers clearly recognised this distinction. The vast majority (12) expressed some confusion and found it difficult to differentiate between the two systems; they tended to merge into one rather hazy electronic recording system.

Well, yeah, because to tell you the truth we didn't, you know we didn't realise, well I didn't realise that they were initially separate things at the time and obviously, you know, then doing the training with ERIC and all the rest of it, you know, they were saying that the ICS forms are separate from ERIC and are DoH, you know the framework.

(Social worker)

I think because it [ICS] came in with the electronic record system as well the two got too blurred and they really forgot about giving us specific information about ICS. I mean initially a lot of people didn't realise the forms and things were ICS, they just thought it was all this, you know, electronic recording record system, so they weren't clear at all where things were coming from.

(Social worker)

For social workers in one particular authority (B), this confusion was further compounded as a result of technical problems, which meant that most of the exemplars they were currently using were word documents rather than ICS documents accessed via their operating system. All four social workers in this authority were generally confused about which system or software they were using, discussions focused upon a general move to electronic inputting, beyond which the specifics were unclear.

In contrast, the one authority (C) where social workers had a clearer grasp of the difference between their operating system and the ICS was the authority that had developed their own in-house system from a pre-existing system. Staff thus had prior knowledge of the operating system. Amongst the other authorities, in two of the pilot sites (A and B), social worker confusion seemed to emerge from the fact that implementation and/or introduction to their authority's operating system and the idea of ICS had occurred within a very similar timeframe. Hence, they had been seen as one and the same. Retrospectively, five social workers (Authority A) had come to recognise the difference between ICS and their authority wide operating system and felt that staff training and the information provided by management had not explained this differentiation adequately, especially the fact that ICS is a government based initiative, UK wide, whereas their operating system is specific to their own authority and broader. In the other authority (D), a number of other initiatives, such as Children's Trusts and the FAME project were similarly being piloted. In this authority, it was apparent that the social workers were also unclear of the differences between the separate pilots and felt they all merged into one.

The dissatisfaction social workers in authorities A and B expressed in terms of differentiating ICS and their operating system continued in their evaluation of specific ICS training received. Eight out of 10 social workers felt that ICS had not been adequately explained to them and would have welcomed further information; in particular, the aims and principles underlying ICS and why the system was being introduced. These social workers thus felt that the training programme offered to staff should make these basic distinctions clearer, managers should not presume a level of knowledge amongst staff, which, as these social workers have demonstrated, did not exist. For these social workers, this presumption and lack of understanding amongst management and in-house IT experts highlighted a wider problem, namely, that training had largely been top-down and management-led, with very little social worker input.

It was done in a very top down type of way without any consultation with social workers or, you know, the people who are actually going to have to work with this system.

(Social worker)

Indeed, three social workers stated very clearly that if they had been consulted about training needs, their level of knowledge and what they felt they needed or would be useful to know, training could have been better targeted and more useful. This lack of understanding amongst social workers reiterates the need for clearer and more in-depth training which specifically focuses upon ICS. These comments had been made to managers and it was noted that future training programmes had taken this on board and planned to differentiate more clearly ICS and the operating system.

And I think they've learnt, obviously with hindsight, I understand they are setting up a better training programme for the next sort of roll out, for the next sort of offices that will be using the ICS system.

(Social worker)

However, one cannot presume that 'bottom-up' or peer led training is always successful. One authority complemented their general training with the use of 'champions', that is, social work or administrative staff viewed as having additional ICS and operating system knowledge and expertise. A champion was identified or allocated to each social work team and ideally acted as an accessible resource for colleagues. Amongst the four social workers experiencing champions, it was acknowledged that they were a good idea and were generally accessible. However, knowledge levels amongst champions were felt to differ enormously, especially during the early days of implementation when help and advice was most needed. In many ways, this is inevitable, as the 'champions' were staff similarly learning a new system.

ICS system: disability specific training for social workers

None of the four pilot authorities had organised specific disability related training for social workers working with disabled children and their families, such as how ICS and its exemplars address and incorporate disability specific information. Only one social worker felt that disability orientated training was unnecessary. This was based upon the view that the wider aims of ICS were regarded as of key importance, disability specific issues could be addressed as and when they were encountered. It is, however, important to put this comment in context, as the social worker had only recently joined the disability team, previous experiences, especially in other spheres of social work, such as child protection, may have coloured her judgement. For all remaining social workers, some consideration or discussion of the relevance and applicability of the ICS for disabled children and their families would have been welcomed. Indeed, one senior social worker (Authority A) had attended two national conferences organised by external voluntary organisations which discussed the ICS and disabled children. These conferences were viewed as a useful learning and networking experience as they provided an opportunity to share initial concerns and

experiences with colleagues working in the field of disability, both in social services and beyond. However, this opportunity to attend such conferences was limited to management, a factor the social worker lamented, as she felt the experience would have been useful for all her team colleagues.

Personally, I went on a couple of sort of national meetings in London about the ICS and its use for disabled children and they were useful in terms of primarily I guess networking with other authorities who were about to go down this route as well and sharing information and possibly confirming that we were all feeling similar and probably that gave me a lot more background about the ICS and how it had evolved and the reasons for it, so it was useful in terms of putting it more in context.

(Social worker)

It is interesting to note that social workers in this authority (A), once again felt that if management had, prior to training, consulted staff regarding their training needs, this would have been raised as an issue.

On the DfES website there is a specific ICS section. These pages provide general information about the ICS and its aims, access to exemplars, research conducted to-date and also sources of help and support for social workers working with disabled children. In particular, there is a list, collated by the Council for Disabled Children (CDC) and Triangle, of useful communication and assessment/review tool kits for social workers to draw upon when working with disabled children and their families. This website is potentially an important and informative resource for social workers to tap into; however, it is disappointing to note that three quarters (12) of social workers had not seen the ICS website and three out of the four social workers who had accessed the website were from one authority (A). Informing social workers of this resource has clearly been overlooked.

Most social workers knew that tool kits for working with disabled children existed but once again, only five had actually used any of these tool kits and this was prior to ICS implementation. ICS has, to-date, clearly not encouraged or facilitated the use of disability related tool kits when collecting information during the assessment/review process. Amongst those who had used tool kits in the past, the two most frequently noted were: *'I'll Go First: the planning and review toolkit for use with children with disabilities'* produced by Kirkbride, L. and the Children's Society, and *'Personal Communication Passports'* produced by the Communication Aids for Language and Learning Centre.

During this project, the DfES commissioned the CDC (in the two English pilot sites) to explore social workers ICS disability related training needs and discuss disability issues with those working with disabled children and their families. However, the CDC has faced numerous problems meeting social workers to discuss these issues, due to the many technical and implementation problems that the English pilot sites have faced. Indeed, as a result of time delays, the CDC could only discuss these

issues with one of the two authorities (Authority A). Amongst the social workers interviewed in the one authority that the CDC worked with, only half (three) could recollect a meeting. It was unclear if the other three had met the representative but could not remember this or if the representative had only met with some of the team. The three social workers who had met the representative found the meeting a useful opportunity for discussion and consideration of disability within ICS. Despite this, there was still some uncertainty over the longer term usefulness of these discussions and what would actually be achieved.

Electronic records

Advantages and disadvantages for social workers

Movement to electronic records raised a number of advantages and disadvantages for social workers. Three advantages came to the fore, all of which focused upon making life easier for social workers. Half of social workers across all four authorities felt that electronic records made, or had the potential to make, information sharing with social work colleagues in other teams quicker and easier.

I think the advantages are definitely having it all on one system, which is accessible within teams.

(Social worker)

In addition, over half of social workers (nine) also noted that electronic records were specifically advantageous for duty social workers seeking to access information quickly about families not on their case load. This was felt to be particularly useful in issues relating to child protection queries or concerns.

I think they [electronic records] have advantages as a database as it were and, you know, as a way of certainly on our help desk, 'cos we all have to take it in turns as it were to spend time on the help desk and it is easier to access a child's record rather than having to sort of specifically go to a cupboard and find a file.

(Social worker)

Thirdly, four social workers raised the practical advantage of transferring basic or core client information, such as name, age and address across exemplars, thus reducing the time and effort spent inputting data. Unsurprisingly, this was viewed as advantageous by IT competent staff and it must be noted, was always prefixed with 'when the system works', as numerous technical problems had been experienced with data self population. It is also important to acknowledge, that this technical advantage was only recognised by a small number of social workers, once again reiterating the limited technical knowledge and confidence that many of the social workers held and also the distance between social workers on the ground and in-house IT experts and managers, for whom this was a crucial issue.

Technical problems were felt to be the key disadvantage of electronic records, in particular, anomalies and inconsistencies when trying to insert data, coupled with the system crashing. Frequent crashing was viewed as particularly frustrating by 11

social workers, as this prevented access to client records and thus hampered day to day working. Indeed, three of these social workers felt that such unreliability led to duplication of information and effort, in the sense that paper records needed to be kept up-to-date, 'just in case' the system was down when information was needed. Across all four pilot sites, social workers thus viewed a dual system of electronic and paper records as a continuing necessity. The idea of a paperless office was viewed very much as a future reality, if it could be achieved at all.

So paper files are still important alongside the electronic one?
(Researcher)

Yeah, they've not disappeared, they've increased in size 'cos we have to duplicate everything because we don't always have access to the electronic ICS, the service link goes down, the hardware breaks down, the software crashes on a regular basis.
(Social worker)

On the other hand, the importance of electronic records was clearly recognised by most social workers, indeed, only three (authority B) felt that paper records continued to be more important than electronic records. Although this is a small minority of social workers interviewed, it is significant to note that this was three out of four social workers in Authority B. The continuing importance allocated to paper files must be put in context, as social workers in Authority B were completing the ICS exemplars as word documents and some were even handwriting their assessments/reviews for administrative staff to input. Their day to day use of electronic records was very limited. This stands in contrast to social workers in the other three authorities where social workers input the majority of data themselves.

Access and security

It is important to differentiate between general technical problems, such as computers crashing, which are often an inevitable teething problem of implementing a new system, and more specific problems with electronic records, such as access and security issues. These issues raised a mixed response from social workers. Five social workers could not see any real confidentiality issues, four were ambivalent and six expressed concern. Amongst those who were not unduly concerned, this was based on a belief that privacy issues existed with both paper and electronic storage. Electronic files could be 'hacked into' but paper files could also be stolen and viewed by unauthorised people.

Paper records can be lying around anywhere and anyone can, I think they can get into an office and they can look at what's on them, paper's very hard to hide.
(Social worker)

Only a very small minority of social workers felt that electronic records were definitely more secure than paper records, with access controlled via passwords.

In contrast, amongst those raising confidentiality fears, three social workers felt that the issue of access was complex and had, as yet, not been adequately considered or agreed protocols developed and would thus need careful future consideration. It is interesting to note that only one social worker suggested that families had not been adequately informed of the move to electronic storage of their records and felt that they should have been.

These issues raised by social workers mirror many of the experiences and views expressed by the parents interviewed. The majority of parents (19) had no knowledge or could not remember being informed that their records would now be held electronically. The three parents with some, albeit limited, knowledge, had gained this through informal 'chats' with their social worker rather than formal notification from the authority. When asked if they could foresee any problems or concerns with electronic storage, parents expressed a range of views which were not authority specific. Seven parents did not foresee 'any real' confidentiality issues, as they hoped or assumed that safeguards were already in place. There was a high degree of trust for professional integrity and foresight.

I'm assuming that they'll have all the necessary safeguards in there, you know, as they do within these big establishments. So no, as long as the information is all correct and confidential, I'm assuming that they'll have all those safeguards, no, I haven't got a problem with it.
(Parent)

However, as noted above, this cannot always be presumed. Clear procedures did not always exist in the authorities. In many ways, this is unsurprising, as issues of 'who' and 'how' access should be controlled are complex and continually evolving, especially at initial implementation.

Seven parents were fearful, questioning who would or could access their records and the degree of information that could be viewed. The idea of expanded boundaries and potential of remote access were a worrying prospect.

I always think that people can tap into them; I don't think they're entirely safe. I think if you're going to start messing about sending stuff like that to other people's computer, I'd be frightened that people can tap in and get the child's information and I think there's too much of it, if you've got a child with a disability it feels like everybody knows your business, well everybody could now get to know your business.
(Parent)

However, it must be recognised that only two parents felt that they should have been given an opportunity to consent to electronic storage of their records prior to transfer.

... the new system is, it's moving to electronic records, information is being stored on the computer, I wondered if that was explained to you?
(Researcher)

I think it's only right that it should be explained 'cos parents should have the choice as to who sees what information what's recorded, none of that was mentioned.

(Parent)

So you think it would have been advantageous to mention it?

(Researcher)

Too right it would, it's all about confidentiality isn't it, about what is and isn't shared and who it's shared with, you know, I think it's really important that parent have some say in that.

(Parent)

In contrast, eight parents took a rather more pragmatic view in line with some of the social workers, namely that both paper and electronic files faced access issues, in each case security could not be guaranteed.

There will always be weaknesses but this is the way we're going to go, it's progress, you can't stop it and let's be honest, it's the same weaknesses as you've got in paper records and disposing them in a tip.

(Parent)

Indeed, for three parents, issues of security were not paramount, as they had 'nothing to hide' and it was also felt that a certain loss of personal and family privacy was often the price paid for receipt of services.

I mean there's always a fear that government knows too much about you, 'cos there should be a limit to which departments can speak to whom, shall we say. However, when you are disabled or have a disabled person in your family, you can't afford that actually, it's much better that the information is disseminated.

(Parent)

The impact on families

All the social workers recognised that in some ways families would have so far seen very little change in the move to electronic storage, as they could not access the ICS system and its data base. Hence, any information that they receive is in paper format. However, six social workers expressed concern that electronic records were potentially less accessible for families. Previously, if a family wanted to access their file, they could go to the office and view it. With the move to electronic storage, parents were now dependent on social workers printing out their file for them. Social workers are currently thus more in control of access to information and although not explicitly stated, it is easy to see how issues of selectivity could arise in decisions as to what is printed out. The degree of this imbalance could, of course, alter if parents are granted electronic access to the ICS. Indeed, the potential to develop electronic communication and information exchange between social workers and families was noted by five social workers across three authorities (B, C and D). Here, it was felt that some families would welcome an opportunity to directly e-mail their comments or any amendments they may wish to make to written reports of

assessments/reviews, thus saving time and effort for both parents and social workers. However, it was also recognised that this was a future consideration and issues of access and security would need to be considered. It was acknowledged that many families did not have access to a computer or computer skills and so paper records and more traditional methods of communication would continue.

In contrast to social workers, the majority of parents did not discuss the issue of electronic accessibility and the potential for an increase or decrease they may face. Only four parents noted that an ability to e-mail information to their social worker would be advantageous, whereas, one parent felt that her lack of IT knowledge and skills may put her at a potential disadvantage if information was only available or transferred electronically. Most parents had not so far considered issues around electronic exchange of information.

The potential advantages that parents foresaw for themselves from electronic records emerged as a result of electronic recording enabling social workers (and also professionals from other agencies) to transfer and share information with one another more efficiently and effectively. Fifteen parents hoped that this would improve information sharing. For many (nine) this was based upon past experiences of poor information sharing amongst different social workers, different social service authorities and also different agencies.

If they [health, education and social services] can all access that information then possibly it could be for the better 'cos otherwise Charlotte's, Charlotte's going to have a file held by health, she's going to have a separate file in another building held by the paediatrician, she's going to have a separate file held somewhere in social services about her social sort of side of things. So maybe if there was sort of like a central information system that might help but I think that's probably a long way off. It certainly couldn't be any worse that it has been in the past. There's maybe light at the end of the tunnel but we'll just have to wait and see, won't we?

(Parent)

I mean it can only get better, I think from where it has been, shuffling paper around and I just think, perhaps if we'd had it four years ago or something, so when we moved, Claire's whole system could be accessed by them here [professionals in new authority], just send everything down, it would have been a lot better.

(Parent)

Indeed, two parents felt that previously they had had to co-ordinate the transfer of information amongst professionals themselves and hoped that this would decrease in the future.

Related to this, three parents hoped that improved information sharing may help to reduce constant repetition of information, either year in, year out to social workers or

to different professionals who do not communicate with one another, as this was both time-consuming and wearying for parents.

I just sit there and they say, 'can he wash?', 'Yes', can he do this?' 'Yes', can he do that? 'No'. I answer the same questions year in, year out, you know what I mean.

(Parent)

I think, I think it's talking on board that it [information giving] goes on for so many years and sometimes it doesn't change and it's exactly the same and exactly the same answers and you almost feel embarrassed to say, 'well actually, no he doesn't do any more than that and that's how it's going to go', it just goes on and on ... you know, Henry has been like that since birth and he's going to be like that till his death and it just wears you down a bit, you think, 'oh no, the same bloody questions', it goes on and on and on.

(Parent)

4.2 Using the ICS exemplars

General issues and experiences

The following discussion focuses on social worker experiences and evaluations of using ICS exemplars and their applicability, both general and disability specific. However, it is important to note that during the course of the fieldwork all four pilot sites modified and adapted the official ICS exemplars. Adaptations occurred at different points in time and in different degrees, for example, Authority A modified the official exemplars before staff started using them, whereas Authority C adapted the exemplars at a later stage and did so in a more staged manner. In light of this diversity and potential for ongoing change, it was not always clear when social workers were referring to the format of official exemplars or to their authority's modified format and staff were not always aware if or what modifications had been made.

From a potential list of over 26 ICS exemplars for information collection and recording, social workers interviewed had personally used a range of exemplars, the ten most frequently used are summarised by authority in Table 13.

Table 13: ICS exemplars used by social workers interviewed across authorities⁵

<i>Exemplar</i>	<i>Authority A</i>	<i>Authority B</i>	<i>Authority C</i>	<i>Authority D</i>	<i>Total</i>
Contact record	5	2	0	0	7
Referral and information record	4	3	2	0	9
Placement information record	6	0	1	0	7
Closure record	4	2	2	0	8
Initial assessment record	5	4	2	2	13
Core assessment (11 to 15 years or post 16 years)	2	0	3	1	6
Child/young person's plan	6	0	4	0	10
Child/young person's care plan	6	0	2	0	8
Child/young person's child in need review	6	1	1	0	8
Child/young person's LAC review	6	2	2	0	10

The three most commonly used exemplars were the Initial assessment record, the child/young person's plan and the child/young person's LAC review. Indeed, the Initial assessment record is the one exemplar that social workers used across all four authorities. This result is unsurprising, as these three exemplars are often regarded as key recording tools, especially for disabled children and their families and the services they receive. Social workers in authorities A and C were using the widest range of exemplars, whereas in Authority B, the social workers interviewed had only used 6 different exemplars and in Authority D, only two exemplars (Initial assessments and Core assessments). These results reflect the wider implementation policies and problems that authorities have faced and also the different time spans from initial implementation. For example, Authority C introduced all the ICS exemplars at initial implementation, whereas, Authorities B and D introduced the exemplars in a phased manner. Authority A similarly introduced the exemplars in phases; however, implementation occurred over a year earlier in this authority (December 2003) compared to the other three authorities. Indeed, as noted earlier, Authority D only implemented the ICS in July 2005; implementation of exemplars was at very different stages amongst the four authorities when the social workers were interviewed. The many technical problems faced by all authorities have also delayed and influenced decisions to implement additional exemplars. During the interviews with social workers, it was frequently noted that management wanted to ensure existing exemplars were working before introducing additional ones.

As noted in section two, all social workers interviewed completed a short questionnaire asking them to evaluate the exemplars that they had used on a scale

⁵ Table 13 refers to the exemplars that the social workers interviewed had personally used. It is recognised that other social workers in the authorities may have used different exemplars. However, the interviews with social workers suggested that these were the key exemplars that their colleagues were also using.

of one to five, with one, very helpful and five, very unhelpful. Tables 14 to 19 summarise social workers' evaluations of key aspects of these 10 exemplars. The number of social workers evaluating the exemplars in each authority was small, and the figures given relate to evaluations across all four authorities. However, it should be noted that even when aggregated numbers using each type of exemplar are small, so conclusions cannot be made about differences between individual exemplars. Social workers were asked to fill in separate evaluations of the exemplars for parents and children, however, social workers felt that their evaluations were the same for parents and children and so many only completed one set of tables, predominately the parent ones. The following tables thus present social workers evaluations of ICS exemplars for parents, however, as the social workers themselves stressed, if a particular exemplar was thought to be helpful when working with parents, it was similarly viewed as helpful when working with children.

Table 14: Social workers' evaluation of the general format of exemplars

<i>Type of Exemplar</i>	<i>Rating Scale</i>				
	<i>1. Very helpful</i>	<i>2. Helpful</i>	<i>3. Neither helpful or unhelpful</i>	<i>4. Unhelpful</i>	<i>5. Very unhelpful</i>
Contact record (n=6)	0	1	3	2	0
Referral and Information record (n=9)	1	5	1	1	1
Placement information record (n=6)	0	3	2	0	1
Closure record (n=8)	0	5	2	0	1
Initial assessment record (n=13)	2	6	3	2	0
Core assessment (11 to 15 years or post 16 years) (n=6)	0	3	1	1	1
Child/young person's plan (n=9)	0	6	1	1	1
Child/young person's care plan (n=8)	0	2	3	1	2
Child/young person's child in need review (n=8)	0	4	2	1	1
Child/young person's LAC review (n=10)	1	5	2	1	1
Total no. of social workers ticking each rating across exemplars	4	40	20	10	9

Table 14 indicates that the general feeling amongst social workers was that the format of the exemplars was helpful rather than unhelpful, however a substantial number of social workers were ambivalent (20) or felt that the format was unhelpful (19). The four exemplars most frequently noted as helpful were the Referral and

information record, Closure record, Initial assessment record and Child/young person’s plan and LAC review.

Table 15: Social workers’ evaluation of the general language used within exemplars

<i>Type of Exemplar</i>	<i>Rating Scale</i>				
	<i>1. Very helpful</i>	<i>2. Helpful</i>	<i>3. Neither helpful or unhelpful</i>	<i>4. Unhelpful</i>	<i>5. Very unhelpful</i>
Contact record (n=7)	0	1	4	1	1
Referral and Information record (n=9)	0	5	2	1	1
Placement information record (n=7)	0	1	3	1	2
Closure record (n=8)	0	3	4	0	1
Initial assessment record (n=12)	0	3	4	5	0
Core assessment (11 to 15 years or post 16 years) (n=6)	0	2	2	1	1
Child/young person’s plan (n=10)	0	3	3	2	2
Child/young person’s care plan (n=7)	0	1	4	1	1
Child/young person’s child in need review (n=8)	0	3	2	1	2
Child/young person’s LAC review (n=10)	1	2	5	0	2
Total no. of social workers ticking each rating across exemplars	1	24	33	13	13

Table 15 suggests that many social workers were ambivalent about the general language used in the exemplars, finding it neither helpful nor unhelpful. However, none of the social workers found the language very helpful, whereas, some social workers found it very unhelpful. This issue of language being very unhelpful will be further explored later in this section, with regard to the appropriateness of ICS exemplars when working with disabled children.

Table 16: Social workers' evaluation of the type of information exemplars seek to collect

<i>Type of Exemplar</i>	<i>Rating Scale</i>				
	<i>1. Very helpful</i>	<i>2. Helpful</i>	<i>3. Neither helpful or unhelpful</i>	<i>4. Unhelpful</i>	<i>5. Very unhelpful</i>
Contact record (n=7)	0	3	2	1	1
Referral and Information record (n=9)	0	5	3	0	1
Placement information record (n=5)	0	0	0	4	1
Closure record (n=8)	1	4	2	0	1
Initial assessment record (n=12)	0	9	2	1	0
Core assessment (11 to 15 years or post 16 years) (n=5)	0	4	1	0	0
Child/young person's plan (n=9)	0	5	2	1	1
Child/young person's care plan (n=7)	0	3	3	0	1
Child/young person's child in need review (n=7)	0	2	4	0	1
Child/young person's LAC review (n=9)	0	3	4	1	1
Total no. of social workers ticking each rating across exemplars	1	38	23	8	8

Table 16 highlights that the type of information the exemplars sought to collect was regarded as more helpful than unhelpful. However, a substantial number of social workers were once again ambivalent. The type of information that the Initial assessment record and Core assessment collects was evaluated most consistently as helpful by social workers and the type of information that the Placement information record collects as the most unhelpful.

Table 17: Social workers' evaluation of the depth of information exemplars seek to collect

<i>Type of Exemplar</i>	<i>Rating Scale</i>				
	<i>1. Very helpful</i>	<i>2. Helpful</i>	<i>3. Neither helpful or unhelpful</i>	<i>4. Unhelpful</i>	<i>5. Very unhelpful</i>
Contact record (n=7)	0	1	4	1	1
Referral and Information record (n=9)	0	7	1	0	1
Placement information record (n=6)	0	3	2	0	1
Closure record (n=8)	1	4	1	1	1
Initial assessment record (n=12)	1	8	1	2	0
Core assessment (11 to 15 years or post 16 years) (n=5)	0	4	0	1	0
Child/young person's plan (n=9)	0	3	2	3	1
Child/young person's care plan (n=7)	0	2	3	1	1
Child/young person's child in need review (n=7)	0	4	1	1	1
Child/young person's LAC review (n=9)	0	2	5	1	1
Total no. of social workers ticking each rating across exemplars	2	38	20	11	8

Table 17 indicates that more social workers expressed the view that the depth of information exemplars seek to collect was helpful rather than unhelpful. However, there was, once again, ambivalence amongst a number of social workers. The two exemplars where the depth of information was noted as helpful by a high proportion of those using them were the Referral and information record and the Initial assessment record, whereas, the Child/young person's plan was regarded as unhelpful by just under half of the social workers using it.

Table 18: Social workers' evaluation of general flexibility when using the exemplars

<i>Type of Exemplar</i>	<i>Rating Scale</i>				
	<i>1. Very helpful</i>	<i>2. Helpful</i>	<i>3. Neither helpful or unhelpful</i>	<i>4. Unhelpful</i>	<i>5. Very unhelpful</i>
Contact record (n=7)	0	1	1	3	2
Referral and Information record (n=9)	0	3	2	3	1
Placement information record (n=6)	0	0	3	2	1
Closure record (n=8)	1	1	2	3	1
Initial assessment record (n=12)	1	3	5	3	0
Core assessment (11 to 15 years or post 16 years) (n=6)	0	2	2	2	0
Child/young person's plan (n=9)	0	3	2	3	1
Child/young person's care plan (n=7)	0	1	1	4	1
Child/young person's child in need review (n=7)	0	2	0	4	1
Child/young person's LAC review (n=9)	0	1	3	4	1
Total no. of social workers ticking each rating across exemplars	2	17	21	31	9

In contrast, Table 18 highlights that in terms of the general flexibility of exemplars, more social workers felt they were unhelpful (either unhelpful or very unhelpful) rather than helpful. The Contact record, Child/young person's care plan and Child/young person's child in need review were the three exemplars most frequently noted as unhelpful.

Table 19: Social workers' evaluation of the space allocated to record service outcomes within exemplars

<i>Type of Exemplar*</i>	<i>Rating Scale</i>				
	<i>1. Very helpful</i>	<i>2. Helpful</i>	<i>3. Neither helpful or unhelpful</i>	<i>4. Unhelpful</i>	<i>5. Very unhelpful</i>
Placement information record (n=6)	0	2	3	0	1
Closure record (n=8)	1	4	2	0	1
Initial assessment record (n=12)	0	7	3	2	0
Core assessment (11 to 15 years or post 16 years) (n=5)	0	1	2	2	0
Child/young person's plan (n=9)	0	4	3	1	1
Child/young person's care plan (n=7)	0	2	3	1	1
Child/young person's child in need review (n=7)	0	1	4	1	1
Child/young person's LAC review (n=9)	0	4	4	0	1
Total no. of social workers ticking each rating across exemplars	1	25	24	7	6

* Social workers did not view outcomes as relevant to the contact record and referral and information record, hence these have not been included in this table

In terms of space allocated to recording service outcomes (Table 19), a key aim of the ICS and focus of the exemplars, it is positive to see that in this sample of social workers, more felt that they were helpful rather than unhelpful, with the Closure record and the Initial assessment record evaluated as helpful by over half of the social workers that had used them. However, a substantial number of social workers were once again ambivalent.

Although a small sample of social workers, Tables 14 to 19 demonstrate that overall, the Initial assessment was evaluated as 'helpful' more frequently than the other exemplars, in terms of general format, type and depth of information collected and space to record service outcomes. However, the tables also highlight that a substantial number of social workers were consistently ambivalent about all the exemplars, finding them neither helpful nor unhelpful. Opinion is clearly divided amongst social workers and it must be remembered that for some of the social workers interviewed, these are very much initial impressions. Indeed, the telephone interviews demonstrated that many of the social workers' evaluations of the exemplars must be viewed in context of the numerous technical problems that they had and continued to experience. Over half of those interviewed (nine) noted problems such as formatting irregularities (page/line breaks, not able to insert text into the correct field) or saving and retrieving.

The importance of the ambivalence demonstrated in the above tables was also mirrored in the fact that just under half of the social workers noted very clearly in their interviews that they did not see any real difference between previous LAC forms and the new ICS exemplar. The exemplars were essentially collecting the same information on a new form and under a new format. This feeling was particularly pronounced amongst social workers from Authority A (four out of seven). Only four social workers expressed the opinion that the new ICS exemplars were clearly different to the old forms they had completed and two social workers could not make pre and post ICS comparisons, as they had only recently qualified as social workers. The social workers expressing disappointment indicated that they had hoped for an improved, 'new' system but felt ICS had not achieved this – it was viewed as a 'missed opportunity'.

The old LAC paperwork was again not very sort of focused on the needs of disabled children and we were I suppose hoping that the new system would be much more user friendly and present a sort of better picture but it hasn't done really, it seems very, the wording's sort of changed slightly and format but no great changes.

(Social worker)

Alongside a general feeling that ICS exemplars were 'more of the same' there were a number of specific disability related issues, these will be discussed in more detail later in this section.

Helpful tools

Over half of the social workers (10) across all four sites felt ICS exemplars brought an increased depth of information and a more structured format, which was welcomed. Within this, three key issues came to the fore. First, it was noted that more focused and specific questions were potentially advantageous for social workers, as they guided the direction of assessments. In contrast, previous forms, such as LAC were felt to have been vague and unspecific, very much dependent on each individual social worker's interpretation of what questions to ask and the depth of information to record. Direct guidance on the ICS exemplars provided greater clarity for both social workers and also families that they were working with.

Secondly, related to this, is the issue of information transferability. A small minority (four) recognised that if all social workers are using the same form and asking the same questions, then information should potentially be more transferable between social workers and different departments or authorities.

I like the idea when it does come in [i.e. ICS implemented across the UK] that everyone around the country is doing it, in fact it's the same paperwork, that's what I like, so that means everyone if focused on the same bits of information.

(Social worker)

The third issue focused on service outcomes for families. Encouraging social workers to discuss and record different family members' expectations and wishes for service outcomes in a more coherent and uniform manner is a key principle within ICS. This aim was noted and welcomed by a small number (six) of social workers. Amongst these social workers a more direct and consistent focus on service outcomes, in terms of the questions asked and information required to be recorded, was viewed as advantageous, as it brought greater clarity of roles and responsibilities for all parties. It was felt to establish who is doing what, when it would be done and why it is being done.

I think it clarifies responsibilities because the form says, this is what the child's needs are, this is how we're going to respond to the needs, who's going to do it, when are they going to do it, how are they going to do it, what are they going to achieve, you know ...
(Social worker)

Four of these social workers who noted the importance of outcomes and related this to an increased emphasis within ICS exemplars were from Authority C. Discussion of outcomes and their importance had clearly been raised to staff by management in this authority and thus was reflected in the social workers' comments and wider overview of the aims of ICS.

Key themes in the above comments are the importance of depth of information and the degree of question standardisation; however, more information was not always viewed positively. For one social worker, ICS exemplars brought too much information, which was felt to be counterproductive for all parties as professionals and families did not have either the time or inclination to read this depth of information.

I think we really need to go back to the drawing board and look at it, say what information do we need? ... Do we need all this information?
(Social worker)

Hence, this social worker argued that written summaries were now relied upon more often than in previous recording systems, thus leading to wasted time and effort for social workers completing ICS exemplars.

Although expressed by one social worker, this issue feeds into the broader theme that the ICS was a 'lost opportunity' to practically assess what type and level of information is required within the assessment process.

In addition, three social workers found the ICS exemplars generally too prescriptive and focused, preferring previous recording systems that enabled them to work in a more flexible manner, that is, the ability to choose which questions to ask and the degree of information recorded. It was felt that a social worker could do a 'good' assessment without a prescribed list of questions, which may or may not be relevant to all families and situations.

It's so prescriptive, it has no room for any imagination or, or innovation or anything like that, it's just sort of you do this and then you do that and then you do something else, you know, you have to follow a pathway.

(Social worker)

The degree of structure is a complex issue, as one social worker noted, a defined list of questions can help safeguard against social worker inconsistencies and personal preferences, that is, everyone is asked for the same information. However, it was also recognised that practically, the list of questions used in ICS exemplars were those that many social workers had previously discussed with families. The underlying issue for all three of these social workers was the potential challenge to their professionalism, in particular the ability to make informed judgements. This is part of a wider concern regarding professional autonomy, an important practice issue, which will be discussed in more detail in 4.4.

Problems encountered

Completing the exemplars raised a number of practical problems and issues. The most frequently noted issue was the length of time ICS exemplars took to complete. All social workers interviewed, in all authorities, acknowledged that ICS exemplars currently took longer than previous forms to complete. However, the degree to which this was viewed as problematic varied. A small number (three) placed this in a wider context recognising that this would improve as they became more confident and familiar with the exemplars and their ICS operating system.

However, for other social workers there were wider issues to consider, which impacted both upon their role as social workers and also the service they provided to families. An increase in time spent in the office filling in forms was viewed by ten social workers as a potentially negative re-direction into a more administrative role.

It's made me feel more of an administrator and, and more of a bureaucrat as well as being a social worker.

(Social worker)

In addition, it was also noted by eight social workers that time spent in the office led to less time available for family visits, especially visits not directly associated with assessments or reviews, that is, popping in for a chat. This was regarded as an important loss for both social workers and family members, time spent developing a relationship with families was valued.

.... The fact that this is so time consuming and , you know, not just the forms but the whole process, the whole system has just made is so much more difficult for us to spend any real time with, you know, families and children, just, you know, doing all the fun things, all the direct work, you know, that's virtually non-existent.

(Social worker)

These two concerns regarding re-definition of social workers' role and time spent with families raises important practice issues, especially professional autonomy and knowledge, these will be discussed in more detail in Section 4.4. However, it is important to note here that these particular practice fears were concentrated amongst social workers in two authorities (A and B).

The question of 'where' to insert information was also raised. Six social workers felt this was frequently unclear and thus led to confusion and ambiguity. Indeed, four social workers noted that they often duplicated information because they were not sure where it should be placed and thus ended up inserting it in numerous sections. This had a knock on effect of making written reports long and repetitive for readers and for those completing reports, it was often wasted time and effort. Indeed, one social worker felt that separating information under numerous headings and sections fragmented reports and inhibited a holistic overview of family life and circumstances.

One senior social worker recognised that this was a common complaint amongst social workers and felt that it was clearly a problem as she had seen many poorly completed forms. However, it is interesting to note that she felt this was due to a lack of understanding of the ICS and its wider aims rather than poorly designed exemplars. Once again, training and understanding of ICS are important issues, a fact acknowledged by this senior social worker.

Disability specific issues and experiences

Discussions with social workers regarding the usefulness and appropriateness of the ICS exemplars when working with disabled children and their families highlighted a number of specific issues and areas of concern. However, before exploring these, it is important to note that fears were largely voiced by social workers in three of the four authorities (A, B and D); social workers in Authority C stood in contrast, as they did not tend to raise these issues or view them with concern. There are many potential reasons for this, however, one of the key differentiating factors between Authority C and the remaining pilot sites relates to the length of time social workers have spent in the field of disability. As previously noted in Table 12, amongst the social workers interviewed in Authority C, the average time employed in disabled children teams was only nine months. This stands in contrast to the other three authorities where the average time employed was three years and ten months in Authority A, five years and three months in Authority B and three years and six months in Authority D. One of the social workers interviewed in Authority C had only recently qualified and the remaining three social workers had joined the team from other areas of social work. This was largely due to the fact that the disability team in Authority C had recently been re-organised (approximately 12 months prior to interview). Thus, the relatively short time span that these social workers have had to encounter and address disability issues and potential problems and their limited prior knowledge/experience in relation to disabled children may well have influenced their

approach to disability issues and their views regarding the applicability of ICS exemplars for disabled children and their families.

Inappropriate aspects for families

Discussions with social workers revealed that although many acknowledged and wished to promote the idea that disabled children are 'children first', a key policy principle in children's services and the ICS, practically, the ICS exemplars were felt to be inappropriate and often unhelpful recording tools for disabled children and their families.

Well, I just kind of apologise, explain that the forms aren't geared just for disability they're across the board and they are child protection focused so, you know, please forgive me for having to comment on these sort of intrusive issues.

(Social worker)

For example, the Framework for the Assessment of Children in Need has previously been criticised for being insensitive to the needs of disabled children and their families due to their focus upon and bias towards child protection issues.

...it's not really though out in terms of disability issues, actually looking at disability, it's very, it's generic and the fact that the same paperwork applies for child protection and disabled children that's not good.

(Social worker)

In addition, the LAC forms were frequently felt to have been unresponsive to the needs and circumstances of disabled children classified as 'looked after' due to the fact that the care received from services such as respite units, short break carers and residential schools is quite different from care associated with other looked after children.

We were hoping that this would, would be an improvement but it wasn't really, it didn't seem, I mean it didn't even have a space where you could describe a child's disability in any kind of detail and their particular care needs ... you know, tick boxes type of stuff which had absolutely no relevance, I mean, just another case really of disabled children having to fit into what was there rather than having anything designed particularly for them.

(Social worker)

For over half of the social workers (nine) interviewed, a child protection bias was felt to persist within ICS exemplars, as they mirrored many aspects and criticisms of The Framework for the Assessment of Children in Need. Indeed, these nine social workers viewed the ICS exemplar more as a continuation of the 'Framework' rather than a radical improvement or re-direction and were thus disappointed with ICS exemplars, questioning the very idea that they were 'new'. It is also important to note that this was a key issue for social workers in Authorities A and B; indeed, it was raised by nine out of 10 social workers in these two authorities. Furthermore, one specific concern noted by seven social workers was the use of inappropriate child

protection language in ICS exemplars, such as ‘parenting capacity’. This was felt to be potentially insensitive and offensive to parents with disabled children, as it questions their parenting skills and commitment.

Oh, I hate ‘parenting capacity’, the phrase ‘parenting capacity’ ... you know, and I think it just, as soon as you say parenting capacity, you know, it’s like, ‘oh, you know, actually am I a good parent or am I a bad parent’, that’s what it says to me ...
 (Social worker)

Table 20: Social workers’ evaluation of the exemplars use of disability specific language

<i>Type of Exemplar</i>	<i>Rating Scale</i>				
	<i>1. Very helpful</i>	<i>2. Helpful</i>	<i>3. Neither helpful or unhelpful</i>	<i>4. Unhelpful</i>	<i>5. Very unhelpful</i>
Contact record (n=7)	0	1	1	3	2
Referral and Information record (n=9)	0	1	4	3	1
Placement information record (n=6)	0	0	1	4	1
Closure record (n=8)	0	0	5	2	1
Initial assessment record (n=12)	0	3	4	5	0
Core assessment (11 to 15 years or post 16 years) (n=6)	0	1	1	3	1
Child/young person’s plan (n=9)	0	1	3	4	1
Child/young person’s care plan (n=7)	0	0	2	4	1
Child/young person’s child in need review (n=7)	0	0	2	4	1
Child/young person’s LAC review (n=9)	0	1	2	5	1
Total no. of social workers ticking each rating across exemplars	0	8	25	37	10

Evaluating the exemplars' general use of disability specific language, Table 20 demonstrates that over half of those completing the questionnaire felt it was unhelpful (unhelpful/very unhelpful). Once again, a substantial number of social workers were ambivalent and only a very small minority regarded it as ‘helpful’, indeed, no one viewed it as ‘very helpful’. Unhelpfulness of disability specific language within one particular exemplar did not emerge, dissatisfaction was spread across exemplars.

Discussions with social workers during telephone interviews highlighted that half of them (eight) also felt that specific disability related information was included on ICS exemplars almost as an afterthought rather than important information central to the

assessment/review process. For many disabled children being assessed or reviewed, their disabilities are multiple and complex and thus cannot be explained in a sentence or two or neatly slotted into a specific area of a child's life or development. However, many social workers felt that it was not clear where to record specific disability relevant information or how much to record (i.e. what was expected). This was noted in relation to a child's health needs if they impinged upon other areas of the child's life, such as their social activities, education, emotional development. Should this information be repeated in each section of the form, if it is appropriate? This created confusion, but perhaps more importantly was felt to highlight the fact that disability specific issues and information had not been fully considered when developing ICS exemplars. Once again, it is important to recognise that although these were issues noted by social workers from across all four authorities, six out of eight were from Authorities A and B.

Can one exemplar fit all families? This was a key question for a substantial number of social workers and was raised on two accounts. Firstly, seven out of ten social workers in Authorities A and B felt that the ICS exemplars were in danger of producing potentially rather bland and generalised family information, for example, with the specific care needs of a child and caring strategies adopted by each family not at the fore. Recognising this problem, these seven social workers felt that previous recording tools they had used, such as the *Oxford Placement Plan III (Oxford Social Services)*, were in some ways better recording mechanisms for disabled children and their families compared to ICS exemplars, as they provided more in-depth information based on 'pen portraits' of families. The latter were felt to provide a snap shot of a family's day to day caring strategies, that is, the child's care needs and the everyday care parents provide. This was regarded as an important source of summary information for anyone picking up a child's file, as it gave an accessible and up-to-date overview of everyday life without necessarily reading a child's complete file or long, potentially inaccessible assessments. This information was felt to be absent within ICS exemplars.

'Cos they're just assuming that they're the same as everyone else and they get the same forms but there's no real place to put anywhere a sort of pen picture of the child and their sort of, you know, how they are and how they communicate, there's no sort of picture of the child within the forms, there's nowhere you could sort of get an overview of things.
(Social worker)

Hence, it comes as no surprise that previous recording mechanisms were still used and completed by social workers in Authorities A and B in addition to ICS exemplars. This raises some important wider issues for social workers and the use of ICS, as completing additional forms is both time consuming and leads to extra administration and form filling.

For ICS, there is also the issue that exemplars are being modified and adapted to fit the specific needs of disabled children and their families. This obviously challenges

ICS's wider aims of standardising information collected and the approach used by social workers, if different authorities are adapting exemplars in different ways. Furthermore, there is also the practical issue of where to attach these additional forms, many are completed in a paper rather than electronic format. Once again, the continuing importance of parallel recording systems comes to the fore and the fact that paper files may include different information to electronic files. In order to gain a comprehensive picture of a child and their family, both would need to be accessed.

The second issue raised by social workers focuses on a mismatch between chronological age and cognitive development for disabled children, most notably demonstrated in Core Assessments. Over half of social workers (nine) (and here it is important to remember that not all those interviewed had completed a core assessment), felt that core assessment exemplars were unhelpful for families with disabled children due to associations between 'standard' developments/milestones and chronological age. For example, many questions surrounding social awareness, independence and developing sexuality were regarded as inappropriate for disabled children, especially those with learning, communication or emotional disabilities.

The core assessments are framed very negatively, what the child can't do because they're strictly by chronological age and many of the questions are inappropriate we thought for children with severe learning disabilities ... It all comes out very negative, no the child can't do this, can't do that, they haven't achieve that, they won't do that and the parents comment on it as well.

(Social worker)

For these nine social workers, this raised the problem of which core assessment exemplar to use, an age based one or one more appropriate to the developmental milestones that a child has met. For example, one social worker was faced with the decision, should she use the core assessment 11 to 15 years for a 15 year old, when many of the questions would be inappropriate and the parents would be continually replying 'no' or 'not applicable'. Alternatively, a more 'appropriate' assessment matching the young person's development could be used but this was based on one for the under fives. Using either form was felt to be a potentially negative and patronising experience for all family members, as each exemplar highlighted a lack of achievement.

.... It just became, it sort of, 'cos you have to do it with the parents and it became sort of quite insulting. So for instance, the ones on teenagers we'd be looking at drug awareness, sex education and stuff like that when you've got a child who's got, they've got a learning disability with a cognitive age of a two year old, it didn't apply and it became like another form for parents ... it sets off like another grieving process in the parent and we feel they don't really achieve very much.

(Social worker)

For three social workers, these problems surrounding core assessments were felt to be more pronounced in the teenage years, as independence issues are prioritised.

However, there was a general feeling that this mismatch between chronological age and cognitive development transcended all age groups and was a general problem that needed to be addressed. It was felt that ICS had failed to develop core assessments that reflected the needs of disabled children more accurately and in a more positive manner. One social worker stressed the importance of core assessment exemplars providing more specific opportunities for social workers to highlight and record alternative but related milestones and achievements. For example, in the 11 to 15 year Core assessment record she noted the focus on mainstream educational SATS and recording levels of achievement. Other achievements, especially specific educational achievements used by special schools (such as P scales) were not considered or prioritised, although she recognised that alternative achievements could be noted in the social worker summary box at the end of each section, a specific question relating to 'other educational achievements' would be welcomed, as it provides a positive focus recognising that disabled children frequently pursue other paths but achieve within these.

... You know, things like the education where you're having to put 'no' to everything that she, and it looks like she's achieved nothing but in fact for her level of functioning she actually has achieved in school and she's met targets, but there's nowhere to actually put that in ... yes, because children with disabilities aren't going to do their SATS and things, but they do other tests in school, which you know, aren't highlighted ... and just have space for an achievement that they've actually got, you know, all the tests that they've done and outcomes of those tests.

The ICS Core assessment has clearly created a great deal of concern for many social workers. However, it must be noted that this view was not shared by all those interviewed; in contrast, two social workers viewed the Core assessment as potentially progressive, using the exemplar did not automatically have to be a negative experience. These were social workers from Authority C and as noted above, they were drawing upon less experience with disabled children than social workers in the other three pilot sites. For these two social workers (Authority C), focusing on a child's developmental needs and the problems that they can face is paramount, as this enables resources to be targeted to meet need in the most effective manner.

It's the first set of forms that I've come across that focus on the child's developmental needs and, and that's good for us because that's the way we work, you know, we're working with disabled children, we're very much focusing on what are the developmental need of this child and what can we do to support the child to ensure that they reach their potential. So ICS just lends itself to that, you know, it's the best set of forms we've had.
(Social worker)

They felt that the ICS Core assessment exemplar provided a tool to do this more clearly and methodically than previous recording mechanisms. These social workers noted the importance of social worker sensitivity and flexibility, being responsive to each family's needs and circumstances.

This is an important counter-argument and raises wider issues with regard to social work practice, in particular, how ICS exemplars should be used by social workers. There is also the question of perceived changes in social work practice as a result of ICS. These issues will be considered further in Section 4.4. However, here it must be reiterated that most social workers (across all four pilot sites) recognised the importance of social worker flexibility and sensitivity, especially being responsive to each family's needs. Despite this, irrespective of how sensitive one tries to be, on a personal level many felt uncomfortable asking the questions from the core assessment, as they demonstrated a lack of disability awareness and understanding. In addition, as noted earlier, spending time getting 'to know' families and their circumstances was felt to be increasingly difficult, as ICS required more time to be spent in the office filling in forms and thus reduced time available for informal, non-assessment based home visits.

Inappropriate aspects for children

Related to the previous question: can one set of exemplars fit all families, a small number of social workers (three) from Authorities A and B also questioned if one exemplar is appropriate for all family members. The exemplars were viewed as essentially 'parent/carer' forms, which are frequently meaningless for children and young people, especially as they are based on the written word. Once again, issues of inaccessible and jargonistic language, uninteresting formats/layout and also depth and degree of information recorded were noted as problematic. Indeed, it was clear that very few social workers from any of the pilot sites actually sent children/young people a copy of completed assessments or forms, a 'family' copy was generally sent to parents. Recognising that this was potentially exclusionary for children and young people, especially as young people approach adulthood, it was suggested that the development of separate, more appropriate exemplars for children and young people would be welcomed. These exemplars should be based on easy to understand language and communication that extended beyond the written word, for example, using symbols.

You know, it's all very much about children first but we need, we need forms that are sensitive to disability ...
(Social worker)

Well, we don't give these forms to children, I wouldn't give these forms to children, you know, families/parents have these forms but we could do with a format that in its basic form or whatever within the ICS, not us [social workers] again being creative and you know, doing what we need to do ..
(Social worker)

However, it was similarly acknowledged that developing separate exemplars for children would further increase the administrative demands made upon social workers and thus the time spent in the office rather than 'hands-on' social work.

Working with disabled children, particularly children who have communication impairments, requires practitioners to use different modes of communication, such as drawing, symbols and photos, to help them to obtain children’s views. However, if these cannot be incorporated into ICS records the opportunity to provide evidence of the child’s views is lost.

Table 21: Social workers’ evaluation of the exemplars ability to incorporate information in a different format

<i>Type of Exemplar</i>	<i>Rating Scale</i>				
	<i>1. Very helpful</i>	<i>2. Helpful</i>	<i>3. Neither helpful or unhelpful</i>	<i>4. Unhelpful</i>	<i>5. Very unhelpful</i>
Contact record (n=7)	0	1	0	3	3
Referral and Information record (n=9)	0	1	2	4	2
Placement information record (n=7)	0	0	1	4	2
Closure record (n=8)	0	0	3	4	1
Initial assessment record (n=11)	0	0	4	7	0
Core assessment (11 to 15 years or post 16 years) (n=6)	0	0	1	4	1
Child/young person’s plan (n=10)	0	1	3	4	2
Child/young person’s care plan (n=8)	0	1	1	4	2
Child/young person’s child in need review (n=8)	0	0	2	4	2
Child/young person’s LAC review (n=10)	0	1	3	4	2
Total no. of social workers ticking each rating across exemplars	0	5	20	42	17

Table 21 demonstrates that just under three-quarters (59) of social workers had found the exemplars unhelpful in their ability to incorporate information in a different format. Only a very small minority found the exemplars helpful (5).

Problems associated with incorporating information beyond the written word were also highlighted in social workers’ telephone interviews. Over half (four) of social workers in Authority A felt that attaching alternative forms of information and communication to electronic records was problematic. Previously, if children had communicated their ideas and feelings via more visual modes of communication, such as drawings, symbols or photos, this information could easily be inserted into paper records.

There's still no place really within the forms to incorporate any views of the young person in whatever format they may wish to do that. There's no questions that are overwritten with Widgeit [symbols package] or anything that they could understand and there's no way to incorporate, other than attach documents, anything they may do pictorially. So although we're trying to incorporate their views within it, it's really expecting us to do it within the written word.

(Social worker)

With the movement to electronic records, these social workers (in Authority A) did not know where to include such alternative modes of communication or, if indeed, they could be attached. The written word was felt to be the key mode of communication and was viewed as a regressive and potentially exclusionary step, as it meant that only the social worker's written interpretation of a child's drawing or symbol response could be included. In order to try and counter this, visual communication was once again inserted into paper records. However, it was recognised that this could disjoint the collection of information as one could not guarantee that a child's wishes/feelings would be taken on board, if only electronic records were read.

Well it's slightly ironic that we've sort of got two records going alongside each other and you need to have the two together really to get a whole picture and, and you know there are many notes saying 'see paper file' or whatever.

(Social worker)

This concern was voiced only by social workers in one authority but it must be recognised that these social workers have been using ICS exemplars and operating systems for a substantially longer period of time than social workers in the other pilot sites and have thus had more time to experience problems and consider their implications. It is also important to acknowledge, as one social worker indicated, that this problem of attaching visual information is not necessarily or inevitably a problem with regard to ICS exemplars but is rather a wider technical issue that requires further consideration. For example, he suggested developing the available resources to enable social workers to easily scan other types of information into electronic records and similarly, training and informing staff how and when to do this.

In addition, it was generally acknowledged across all four authorities that social workers frequently have to rely on parents or other adults who know the child well for children's views, due to their complex communication disabilities. However, it is interesting to note that a small number (six social workers from Authorities A and B) felt that they were now more reliant than previously on parents and their verbal comments in order to collect information and complete exemplars.

The times when I've been able to sit down and chat to a child about how they feel it's so much better for them to have their voice, whereas, in a way I feel that, you know, we're spending so much more time with the carers and less with the child, we're marginalising the child.

(Social worker)

It is a paradox that although ICS may advocate and prioritise the inclusion of children's views throughout the exemplars, for these social workers it was viewed as more difficult to include and demonstrate their views if they were not in a written format. In many ways, social workers have to be more determined and committed to including children's views than previously, as currently to include them requires extra time and effort on the part of each social worker.

Becoming more reliant on parents for children's views and experiences is also understandable, if social workers feel they now have less time to spend and listening to and developing an understanding of children with communication disabilities. This takes time and cannot be achieved at a single meeting.

Black and minority ethnic families with disabled children

Amongst the social workers interviewed, only four across three authorities had black and minority ethnic families on their caseload. Experience of completing ICS exemplars in relation to ethnic and culturally specific issues was very limited. However, experiences and opinions diverged. One social worker did not feel that there were any specific differences in how ethnicity was addressed (that is, the questions asked) and information recorded in comparison to previous recording systems. In contrast, two social workers found the exemplars unclear and confusing, in particular, where to insert specific cultural information.

More general guidance and specific prompts on exemplars was wanted. However, different social worker contexts and levels of experience were also highlighted, as it was recognised that prompts may not be appropriate or necessary for social work colleagues in other authorities with large numbers of black and minority ethnic families on their caseloads.

4.3 Service users and carers

Family awareness of the ICS

As noted in Section 3, interviews with families were timed to ensure that the focus of each interview was their experience of an assessment/review under the new ICS system. Information should thus have been collected using ICS exemplar, inputted onto an electronic record and families should have received a written copy or summary of the assessment/review within the new ICS format. However, in practice, discussions with the 22 families highlighted that most (19) had little or no knowledge of the ICS system, with regard to the fact that their social service department was piloting a new information and recording system or the wider aims and objectives of ICS.

Was the new ICS of recording and collecting information explained to you?
Was it explained to you that the new process had been undertaken?
(Researcher)

No it wasn't, no, it wasn't explained to me that it was new.
(Parent)

I mean, I didn't even know they were doing it [ICS] in a different way, you know Margaret [social worker] hadn't said but again, it's something that I don't think is a major thing anyway, you know, I don't think it's major as long as at the end of the day the, the information is correctly put in.
(Parent)

Any information or knowledge that these 19 families could recollect appeared to have been gleaned from information that the researchers had sent about this project and its focus on ICS prior to establishing an interview.

None of the families had received a formal letter from their authority informing them of the introduction of ICS and what it would mean to them. Of the three families that did have some knowledge, it is interesting to note that they were all in Authority A, but their knowledge was limited and had arisen from informal discussions. For two mothers, their knowledge was gained from brief discussions with their social worker and focused on the move to a computerised system. It appeared that their discussions had focused on the many technical problems that social workers were experiencing using personal computers and trying to input data onto an electronic database rather than the wider aims and objectives of ICS. It was clear from interviews with these parents that they both had an interest in and knowledge of using computers and different IT systems, a factor which their social worker knew and thus may have influenced their decision to discuss some of the technical problems surrounding ICS.

Well, don't forget a lot of them [social workers] aren't computer literate and they're fighting ... plus I believe the programme itself was a only a beta version and it sounds like quite a long winded thing ... it's dragging them screaming into the twenty first century, you see you never really think of social workers and computers going together.
(Parent)

Knowledge for the third parent had arisen from an NVQ course they were undertaking, the tutor had mentioned ICS in relation to the wider policy changes currently being implemented within children's services. Here, the important point to note is that any information families had received was ad hoc and appeared to be dependent on personal circumstances or interests.

Despite this lack of information, opinion amongst parents regarding the degree of information about ICS wanted or required varied. Only nine parents wanted more information. This was based upon the belief they had a 'right' to be informed.

I think you should have a written letter [about ICS] beforehand giving an explanation so that you can then say, 'right, ok, what's this about and what's that about' and like when you've come to see me you sent me this beforehand, so if I had any question I could say, 'ok, can you explain a bit

more about his please?’ and then you know, you’re more prepared for it rather than somebody turn up and suddenly say, this is A, B, C and D and you don’t get a chance to think about it, you know.

(Parent)

Yeah, ‘cos I think parents like to know things like that [ICS] and I think, yeah, I like to know exactly what’s going on, why they ask these questions and if it’s a whole new system, yeah, I’d like to know.

(Parent)

In contrast, 10 families did not want, or did not feel it was important to receive, more information about ICS and three families were ambivalent. Amongst those not wanting more information, for some this was based upon either scepticism that changes are frequently implemented irrespective of their opinion; hence, being asked for their views as parents was essentially pointless. For others, information about recording systems such as ICS was viewed as peripheral, the key concern and issue was not how information is collected, but rather the results of assessment/review processes, the services that are suggested and provided.

Given parents’ lack of ICS knowledge, it is unsurprising that none could similarly recollect their son or daughter being informed (formally or informally) of the new information and recording system. However, this was not viewed as problematic or an issue by parents, as it was felt the introduction of ICS was a relatively abstract concept with very little meaning or relevance for their child in every day life. It was also acknowledge that it would be difficult for social workers to explain this to their child, many of whom had complex disabilities, especially learning disabilities.

Information provided about ICS by social workers

Discussions with social workers presented a similar picture of an uncoordinated and ad hoc approach to informing families of ICS and its introduction. None of the social workers could recollect a formal letter from their authority being sent to families, either prior to or during implementation of ICS. From a social worker’s perspective, the question of how much information to provide and its relevance was recognised as complex and not clear cut, in fact, many social workers appeared to be unsure of the best approach to adopt. Any information about ICS that social workers provided was given to parents on an informal basis. In practice, this was usually just before an assessment/review was conducted. Over three quarters of social workers (14) indicated that they had informed parents of ICS ‘as and when’ appropriate. All social workers recognised and valued the principle of keeping parents informed and their ‘right to know’. However, beneath this, there were clearly different degrees of keeping parents informed based upon social workers’ personal assessments of both the level and type of information that different families wanted or required. This was highlighted by the two social workers discussing the technical problems they were encountering in ICS with parents; both social workers noted the parents’ knowledge of IT and thus their interest in ICS. Hence, social workers stressed the importance of

being sensitive to the needs of each family and the degree of information required. Some parents wanted more information than others, whereas providing too much information for some parents was felt to be potentially detrimental and could be an added burden.

In addition, as similarly noted by parents, the issue of relevance was raised by just under half of the social workers (seven, across all four authorities). Once again, families were felt to be less interested in receiving information about ICS changes and the process of information collection and recording compared to the actual results of assessment/review and services commissioned.

Social workers' approach to ICS information for disabled children also mirrored parents' experiences and feelings. When asked if they inform children of ICS changes, many gave a vague answer suggesting that explanation depended on the child's level of understanding. However, when pressed further, it was apparent that nearly three quarters of social workers (11) across all four authorities did not explain or mention ICS to children, as it was viewed as inappropriate.

I think families are, are not really aware of changes in the forms that we use, they're just more interested in getting a service after the assessment's completed and that's, that's their focus isn't it, you know, what are able to do to help them, it's not the means that we use, it's just the service that they get at the end of the day.

(Social worker)

Providing information 'as and when appropriate' may appear both a pragmatic and altruistic approach, however, in light of parents lack of real knowledge about ICS and its implementation, any information that social workers are providing has had little impact and meaning for families. It is also important to recognise that there are wider issues of control, as social workers are making value judgements and acting as self-appointed gate keepers to information and knowledge.

Receipt of written information: social workers' evaluation of information produced by ICS

This question of how much and in what format to provide families with information after an ICS assessment or review similarly emerged as a complex and much debated issue. Only three out of the 16 social workers interviewed felt that the written information ICS produces is a clear improvement to previous information produced and sent to families. For these social workers, ICS information was felt to be more focused and easier to read, as aims and objectives were more defined.

When asked if they felt that families now (that is, post ICS) receive more written information than previously, social workers expressed a range of opinions. Five social workers did not see any real change, nine felt that families received more information, as ICS produces more basic and routine data for families (for example, family details and circumstances) and the actual volume of information produced (for

example, the length of assessments) had increased. Two social workers were unable to make pre and post ICS assessments (due to recently qualifying as social workers). However, for five of these nine social workers the situation was complex because although ICS may potentially produce more written information, in practice, the information ICS produced was felt to be too long, unclear and confusing. This is important as it raises a number of wider issues and reiterates previously noted problems.

I think in some ways the receive, some families they probably receive less as social workers are choosing not to send some of it out because they don't feel happy with it.
(Social worker)

For these five social workers (and it must be noted that they were all from one authority - A), the format in which information is currently being produced reflects both technical implementation problems and the inappropriateness of ICS exemplars. For example, technical problems such as those surrounding the format of written information, and inappropriateness in the use of jargon and disability specific language. For these social workers, the importance of being sensitive to parent's information needs and preferences was paramount, providing too much, inaccessible information was viewed as a potentially intimidating and alienating experience. However, once again, this raises the issue of selectivity and social workers acting as information gatekeepers, making decisions as to what information a family should or should not receive. One social worker acknowledged the power relationship that this created and the potential for abuse, but also felt there were important issues for social workers in terms of protecting families and exercising informed professional judgements. Balancing the information needs of individual families with professional autonomy was clearly a complex issue.

I'm gate keeping, I'm cautious about using that word because actually it's about power relationships and it's about me deciding what that parent should have what they shouldn't have but you know, you still work with it, you know, with the knowledge of the power of information but nethertheless I still do it because there's a point at which you think, 'gosh, this is a complete waste of time sending this'.
(Social worker)

Danger of information overload was also an important consideration for these five social workers; indeed, it was similarly noted by seven other social workers (total 12 social workers across all four sites) who were very conscious that ICS may overburden some parents with the sheer volume of information produced. In light of this, five social workers felt that ICS highlighted an increasing role for them, guiding parents through a maze of information.

Sometimes the questions they don't understand, some of the wording and it's about explaining this, what it means to them.
(Social worker)

Social workers could not or should not merely send ICS assessments to parents, explanation, now more than ever, was required.

These are complex issues and raise wider social practice considerations, which will be further discussed in Section 4.4. However, here it is important to note that although a key aim of ICS is to establish more uniform practices and standardise information received across families, social workers' individual practice decisions continue to ensure diversity and inhibit uniformity.

Receipt of written information: parents' experiences and evaluations

Parent interviews similarly demonstrated that information overload was an issue for eight families. These families generally felt that they received too much information and it was frequently rather overwhelming and confusing, a common reply was: *We seem to get such a lot of paper* (parent).

Indeed, during discussions, it was often unclear if parents were discussing information they had received from social services, education or health. For parents it all seemed to merge into one. It is important to note that out of these eight families, five were from one authority (A) and had been receiving services from social workers for a considerable number of years, whereas some of the families in the other pilot sites had had much more limited contact with social services and their receipt of information was substantially less.

As noted above, social workers expressed a range of views in terms of the depth and quality of written information they felt parents receive, post ICS. Discussions with parents indicated that over three quarters (18) had received a written copy or summary of their previous assessment/review, receipt of written information was felt to be standard practice. Not all parents commented on the accuracy of their assessment/review summary but amongst those that did, 11 felt it was accurate and generally reflected what they had said at meetings or to their social worker. Only one parent felt it was inaccurate and had challenged some statements and requested amendments.

Inaccessible and jargonistic language was highlighted by some social workers. However, only six parents specifically noted that written information recently received had been difficult to access, due to jargonistic language, complex sentences or overly long text.

Some people can be a bit put off with, you know, if it all gets too technical, too much jargon, you know. I mean some of the headings here: child/young person's developmental needs/health and then child/young person's developmental needs/education, emotional and behavioural development, it can be a little bit, well even I thought that some of the things were a bit heavy.
(Parent)

In contrast, 13 parents noted that the language and writing style of information was formal but not inaccessible and for those that had previously received written information, there was no discernable change post ICS.

There was not jargon in it that'd you'd have to think, well what does this mean, we understood everything in it.

(Parent)

These comments must be put in context, as a substantial number of parents had 'been in the system' for numerous years and received many written documents from social workers. Indeed, seven of the parents (across all four sites) interviewed were professionals or in related professions (such as nurses, social care) and thus acknowledged that they were used to formal, potentially jargonistic language and similarly recognised that, although they may not be worried by the language used, some parents may well find it inaccessible and intimidating.

It's quite a complex sentence, yeah, I think some people would be quite intimidated by it. I think that the language that they use is definitely more geared towards social, for social workers' benefit rather than parents' benefit. It think it needs to be simplified, make it more reader friendly, more user friendly, more parent/child friendly rather than it being specifically designed, I mean, like you and I work in education, you understand it but give that to somebody outside education, they can kind of get overwhelmed by it all. I think for some people it might be a bit difficult for them to follow.

(Parent)

Furthermore, these parents stressed that they would always ask for clarity if they did not understand a phrase or specific terminology. Once again, it must be recognised that it is always easier to question when one is experienced and confident and has learnt to do so.

In terms of the general usefulness of written reports and summaries recently received, eight families viewed them in a very practical manner, they were a bureaucratic form to be kept but of very little interest or value.

And do you find it useful having the report?

(Researcher)

No, because they're usually one liners; placement remains the same, Harry's doing well and that's it.

(Parent)

In contrast, seven parents valued them more highly, noting that it was important to have their own written copy, as this could be a key reference point or safety net if disputes arose; they gave a sense of security.

Further information changes associated with ICS: signing records

A key objective for ICS is family participation and ensuring that parents are informed of and in agreement with proposed outputs and outcomes of their assessment/review. A tangible symbol of this is ensuring that parents (and children where possible) sign their agreement to the written copy of their assessment/review. However, discussions with parents highlighted that only five out of 22 could definitely remember signing or being asked to sign a copy of their recently conducted ICS assessment/review.

Did you sign it?
(Researcher)

Yeah, we signed it and sent it back, didn't we? [to husband].
(Parent)

For the remaining 17 parents, 14 had not signed or could not remember being asked to sign any documentation and three had signed some written documentation but were unsure if this related to their social service or education assessment/review, as these had occurred either as joint reviews or within a similar timeframe.

I've just got a copy of it, do we sign it or not? No, I don't think I do sign it, they [social workers] sign it, they sign it, Susan signs it and Sally will sign it.
(Parent)

This ambiguity once again reiterates the general confusion that many parents have regarding the different types of information received. Two important points emerge: first, it is currently not routine practice across any of the four pilot sites for families to sign their assessment/reviews, despite the implementation of ICS. Secondly, this was often not viewed as an issue of concern by parents who had experienced assessments/reviews prior to ICS, as it appears signing had not previously been common practice. Indeed, none of the parents experiencing ongoing reviews in authority A (eight) could definitely remember being asked to sign. Parents' perceptions were confirmed by the social worker interviews, as two social workers in Authority A clearly indicated that families were currently not routinely being asked to sign or amend a copy of their assessment/review, as it was felt to be too complicated and time consuming with the new operating system. Sending reports out to families for signing and amending would lead to extra administration and system updating, an added burden that could not be coped with.

And do they have to sign anything and send it back to you or what, what happens?
(Social worker)

No, they read it, we don't do that, we don't do that, this is another thing that we sort of said, this is how we're going to work and use this, there is a bit for it to be signed but it's a nightmare because it's not just parents who have to sign it, there's lots of other people have to sign it and ... it's just,

we never used to have, it never used to be signed beforehand, so we've just decided that we don't, we don't do that part of it because again, it's

just completely time consuming. If the parents have got a problem with it they come back to us, so it doesn't particularly mean anything anyway.
(Social worker)

Practically, one can appreciate this decision; however, it contradicts key aims of the ICS and once again, demonstrates how different authorities are interpreting and modifying ICS. It also presumes that families will request amendments if they feel these are necessary. The onus is very clearly on parents to initiate these changes; this, of course, depends on a certain level of parental knowledge and confidence, which not all parents have. One social worker (Authority A) acknowledged these problems and was concerned that parents were losing an important right. However, the problem was located wider than ICS within electronic records themselves, as it was felt that paper records had enabled parents to contribute more easily and had ensured that their comments were read and included within their file. With electronic records, parents are dependent upon social workers/administrators inputting their comments or making amendments to their electronic record.

As indicated in Section 3, the parents interviewed were at different stages of the assessment/review process and had very different degrees of contact with social services. Some parents were thus unable to make pre and post ICS evaluations, especially those experiencing Initial assessments. Despite this, amongst those who offered a comparison (15), 12 did not feel there were any significant differences between the written information and correspondence recently received and previous (that is, pre ICS) information.

The last review you had, was it any different in the collection of information and how was presented to you? If I hadn't told you it was under ICS, would you have noticed any difference?
(Researcher)

No, I don't know if I should have said 'yes' but the answer is no.
(Parent)

Only three families noted changes, two related to Core assessments and one to an updated Initial assessment/care plan. The written information in these assessments was felt to be more in-depth, structured with clearer headings guiding the reader and also more focused with discernable aims and objectives.

We got the forms a couple of weeks after.
(Parent)

And did you find them quite accessible?
(Researcher)

Yeah, they're easy to understand and they're not technical and they break everything down into sections such as health, social and all that lot, so you just read it instead of having a huge document that you think, I can't get through all this. It was actually, was easy to read, so you remembered things and that because with being in a section and then the comments about different things, it didn't look daunting ... I was surprised how quick it was all done, I was expecting it to take longer. So I was really impressed because it's the first time that with social services we've not had to wait for anything ...

(Parent)

The actual format of it [written core assessment report received] was very, very thorough I thought, in comparison, my comparison will be that of two years or a year previously, I'd been waiting two years for a piece of A4 assessment and I was given two sides of A4, that was my comparison and then I got this very thick document outlining everything really.

(Parent)

In addition, one family felt the information was more personal and specific, as previously it was viewed as rather general and vague.

... it made it like she's talking about my children and not a statistic, you know, they're not just numbers, they're my children and she's made it really as if she really cares the way she's done it ... because some forms that I've had, especially like the early stages of Elsbeth, I mean she's ten now, so going back some years, the way they talk about her, this child should be doing this but isn't doing this and it's horrible but these, these documents it was just like ready a story really about my children.

(Parent)

Indeed, these three families were the only parents who felt there were any discernable changes between their post ICS assessment/review and previous assessments/reviews. For the remaining parents who felt they could make a comparison, they suggested that if the researchers had not asked them to consider ICS and their current assessment/review, they would not have been aware that any changes had taken place in the collection and recording of information or the format of assessments/reviews, especially meetings. One parent noted that changes had probably occurred 'behind the scenes' for social workers but for herself and her family, changes were not apparent.

I don't remember anything actually changing, it's changed for them [social workers] probably but not for me ... No, I can't because the information's gathered in the say way, you see, I don't see what goes on behind the scenes.

(Parent)

The changes highlighted above by the three families, reflect the wider aims and objectives of ICS, however, one must be wary of making a direct association with the introduction of ICS, as in all three families different social workers conducted the pre and post ICS assessments. All these families noted that the social worker's personal

approach in the recent assessment was more thorough and personally engaging than their previous assessment. In addition, for two of the families, their previous assessments had not been fully completed, hence they were not comparing like with like. The approach a social worker takes during the assessment/review process is clearly an important consideration and in some ways may be linked to or affected by wider ICS changes, such as the time a social worker is able to spend with families and the number and type of questions asked. However, social workers' approaches are often personal and this can also affect assessment/reviews and parents' experiences and evaluation of the process. Trying to untangle these is complex and will be further discussed in Section 4.4.

Family involvement within the process of information collection and recording

Social workers' evaluations of parental participation

When asked if they considered increased family participation to be an aim of ICS, three quarters (12) of social workers across all four pilot sites did not view or had not considered this to be a key aim of ICS. Amongst the four social workers who recognised increased participation as an aim, there was a difference of opinion. Although two noted the theoretical objective, they were not sure how it would practically be achieved or how much impact it would really have on parents' experiences.

In contrast, the two remaining social workers (both from Authority C) were more positive, as they felt that a clearer focus on participation within exemplars actively encourages social workers to include parents throughout the assessment/review process.

I think it does focus you because you have to get the comments of parents, so it probably is a better assessment because it involves the parent, it focuses you into the fact that at the back it says, parents' or child's comments, so it's saying, hey, you can't just do this assessment by yourself.

(Social worker)

There was a similar difference of opinion when asked if they felt that ICS had actually changed parents' level of participation. A quarter (four) of social workers could not see any real change and four could not make any pre and post ICS comparisons. However, five out of the eight made the general comment that their own approach to involving parents had not changed as a result of ICS and thus they did not really expect parents to experience any real change in their level of participation. Individual social work practice was viewed as an important consideration.

Amongst the remaining eight social workers, six felt that ICS had or may lead to a decrease in parental participation. Concern was expressed by social workers in two authorities (A and B) and focused upon two broad issues associated with electronic records and information. Within the former, as noted previously, movement towards electronic records was associated with parents being less in control of the

information that is inputted, especially in terms of any amendments suggested. Parents are essentially reliant upon social workers inputting their comments. In addition, it was also suggested that parents may experience the process of collecting information as more detached and less interactive, as the social worker spends more time in their office inputting information. The implication is thus that social workers now have less time to spend with parents listening to the ideas.

I think in some ways its separated them a little bit from it, as I said earlier in terms of not possibly sitting down together and writing a form or, or doing it together in the home.

(Social worker)

Information, the second issue, questioned the presumption that asking parents for information can be equated to increased involvement, especially if, as noted earlier, questions are felt to be inappropriate or insensitive to the needs of families with disabled children.

Only two social workers, both from Authority C felt that ICS had the potential to increase parents' participation, as it was now harder not to record parents' views and feelings; they were specifically requested on the exemplars. In order to record parents' views, social workers would thus need to include and consult parents throughout the assessment/review process. For these two social workers, ICS was thus seeking greater uniformity with regard to social workers' commitment to parental participation; less is left to individual interpretation or practice. Once again, these issues raise wider questions regarding the complex relationship and interactions between social work practice and ICS, that is, how ICS can be affected by practice and conversely, how practice can be affected by ICS.

Parents' experiences of participation

Amongst the parents there was a general consensus that they had been listened to and felt involved during the assessment/review process. Although families had experienced a range of assessments and reviews and had different personal circumstances, three factors emerged as important within parents' participation: the format assessments/reviews take; being kept informed and social workers' personal approach. The first factor, format of assessments/reviews focused for all parents on the importance of having relatively informal meetings. More specifically, parents valued a relaxed and open atmosphere within which they were given opportunities and time to express their views and raise any issues they considered important.

Indeed, half of the parents (11) highlighted the usefulness of having an informal pre-meeting chat, either face to face or via the telephone, with the social worker before a more formal assessment or review meeting. Pre-meetings were valued, especially by those experiencing ongoing reviews, as they enabled parents to discuss the impending review meeting with their social worker in an informal manner, raise and consider any issues of concern and for some parents, develop an agreed meeting

strategy if other professionals were involved. Indeed, all eight parents from Authority A experiencing ongoing reviews noted the importance of a pre-meeting with their social worker. A pre-meeting before a more formal review was largely viewed as standard procedure or 'the norm' amongst these parents. For many of these 11 parents, a pre-meeting gave them extra confidence when entering more formal meetings, as they felt more prepared and in control.

So yeah, it's just a case of updating Sally [social worker] about what's going on and she'll say, 'right, what do you want me to mention, anything, you know, what do you actually want us to be doing' or those sort of things ... It's sort of things that specifically I want to bring up, that I'm not happy with or I'd like to change and she'll make a note of it and then she'll bring it up at the meeting. So we usually do that they day before.
(Parent)

Do you find the pre-meeting useful?
(Researcher)

I wouldn't like to go into a meeting without it.
(Parent)

Being kept informed throughout the assessment/review process was the second key factor. Six parents highlighted the importance of being kept informed of information collected, meetings their social worker had with other professionals or relevant parties and any decisions made or delays encountered, being 'kept in the loop' was clearly welcomed.

When she first came she went through everything, she explained what would happen, why she had to ask particular questions, why it's got to be asked and then the process of her going back to her manager and all that process. She let me know on each step of the process, right, this is what we're doing, when she went down to see the children in school she told me she was going, she didn't just go to the school.
(Parent)

The third factor, social workers' personal approach, in many ways underpins the previous two factors, as a good relationship between parents and their social worker helps to facilitate informal, relaxed meetings and regular communication updates. Building such a relationship and open atmosphere was based upon three additional factors. Over three-quarters of parents (19) stressed the importance of being respected as a 'knowing parent' with social workers asking them for information about their child's medical and care needs and also wider family needs, such as partners and siblings. Here, it was apparent that being consulted and listened to in a non-patronising manner was paramount.

Over a quarter (six) of parents also valued social workers demonstrating active listening, such as the social worker continually checking that they had understood a parent's ideas or perspective rather than just presuming understanding.

She was listening and she just made the odd notes which was nice because normally, I hate it, it's like when we got the doctors to see one of the consultants you're sitting talking to the side of their head and in the end you think, 'you're not bloody listening, why, why am I wasting my time but with Katrina [social worker] because everything I said she went over it and at the end, so I know she'd definitely listened and when I was saying something she would then ask something about whatever I was saying and it would lead onto something else.

(Parent)

She's [social worker] a good listener and she, she'll listen to you and then she'll say, 'right, so what do you want to put?' and it's just making sure that the information that you've taken off somebody is exactly what they've said, that they haven't go themselves a bit confused while you've been talking, do you know what I mean, 'cos sometimes you do. Sometimes what Jan [social worker] will do will just say to me, 'well hang on, what was that we were going to put about this?' and then we'll write it down.

(Parent)

Parents (nine) also valued direct action and tangible evidence of being listened to, for example, if information has been asked for, it is subsequently provided or if amendments have been requested, these are respected and reflected in revised copies' of written information.

Just good communication really, right from the word 'go', she's been brilliant, lots of information, I know I can phone her is I've got an issue ... and just making sure that, you see when I phone she never brushes you off ... it's always, 'I'll get back to you, you know, if I can sort it out now, I'll find out for you' and then within five or ten minutes she's phoning back saying, 'this is where you need to go' or 'I'll just ask so and so'.

(Parent)

However, it is important to acknowledge that a small minority of parents (four) also recognised that being listened to operated on different levels. For example, one can be listened to on a personal level but this is a separate issue to the results or decisions made at the end of assessment. Being listened to, does not ensure that you receive what you want, these parents were aware of wider factors and decision makers, such as social service managers' economic prioritisations.

The good personal relationships that parents interviewed in this study had with their social worker must be put in context, as for many they had developed over a number of years. Indeed, for nearly half of those interviewed (10), especially families experiencing ongoing reviews or updated care plans in authorities A and B, they had had the same social worker for over three years. In many ways, this is not typical and these parents will clearly have a different relationship and experience of participation compared to parents meeting a social worker for the first time.

When asked if their level of participation had recently altered, only three parents felt it had increased. Five were unable to comment (as they had not experienced the assessment process before) and over half had not experienced any recent changes, pre and post ICS. Once again, social work practice was paramount. For those who could not see any changes; this was based on the fact that their social worker had not altered their practice to previous assessments. In contrast, the three parents who noted increased participation were making comparisons with previous social workers and poor practice. For these three, increased participation may have been aided by ICS but the importance of good social work practice was also pivotal, trying to disentangle the two is difficult.

Social workers' evaluations of children's participation

Amongst those social workers able to make pre and post ICS comparisons (a quarter felt unable to do so) over half (10) feared that ICS would lead to reduced rather than increased participation and involvement for children, especially disabled children. These social workers were spread across three of the four authorities; once again it was social workers in Authority C that stood apart. Concern, as highlighted earlier, focused on social workers having less time to spend building a relationship with and listening to disabled children, a result of spending more time in the office inputting ICS data.

It's an ongoing problem that we, in the very nature of our work you need more time to be able to record meaningfully children's information and, and allow them time to communicate their needs and I guess the knock-on is that we feel that because there's so much more input on the keyboard and needing to be in the office to do that, you've actually got less time to do that.

(Social worker)

Nurturing an informed and trusting relationship with disabled children, especially those with communication disabilities takes time and numerous meetings, a factor these social workers were very aware of. Indeed, they felt frustrated at the lack of time they could set aside to listen to children during the assessment/review process, and, as previously noted (in relation to the appropriateness of ICS exemplars for disabled children), six social workers suggested that post ICS, they relied more on parents or other informed adults for children's views. For social workers in Authority A, there was also concern that ICS was too focused on the written word, particularly, when working with disabled children. Incorporating children's alternative forms of communication, such as drawings and photos was currently problematic and frequently did not occur. Children's views and visual communication may be included in paper files but, if the future is to be electronic, this marginalises their views and relies on paper files being read in conjunction with electronic files, which in many ways contradicts the wider aims of moving to an electronic system.

Social workers in Authority C, once again, adopted a different view. Although two could not make pre and post ICS comparisons, two very clearly felt that ICS had the

potential to increase children's participation, as exemplars formally required social workers to collect and record children's views as a matter of course.

I think there's a heightened awareness of the need to consult with children with disabilities and get them involved, these forms it really has pushed that because it's on almost every form, you know, what's the child's view on this, that sort of thing, so that's heightened it in a sense.

(Social worker)

Complaints that social workers did not have time to listen to children, especially children with communication disabilities were dismissed as narrow and misguided. ICS was a tool to be used by social workers, thus the onus was on individuals making time to listen to children or think creatively, such as drawing on the expertise of others who know the child to listen and record their views.

These are sharply diverging perspectives and raise some complex issues around the role of social workers. For example, how much time should social workers have for informal family visits? Social workers expressing concern felt that 'popping in' visits, unrelated to specific assessments/reviews, which they regarded as an important part of social work and were valued by families, were in danger of being reduced or even lost. On a personal level this was lamented by social workers but more importantly it was felt to limit disabled children's avenues of communication, both in terms of providing information and also having opportunities to share problems or concerns.

In addition, there is also the question of whether social workers can or should interpret children's drawings when translating them into the written word. For four social workers (Authorities A and B) this was viewed as a potentially dangerous route to take. However, it must be noted that for a small minority (two) these concerns were viewed as wider than ICS and were related general concern surrounding 'output based social work' and electronic records.

Parents' views on their child's participation

Amongst those interviewed, for 11 families it was apparent that their assessment/review had involved a more formal meeting with their social worker and frequently, the involvement of other professionals or relevant parties, such as health or education representatives, social service managers or foster carers. These assessment/reviews were predominately ongoing short break or LAC reviews or updated care plan meetings. Of these 11 families, five children had attended part of their meeting and six had not attended at all. It is interesting to note that the five children who had attended (part attendance usually at the end) were all experiencing ongoing reviews rather than assessments. Within the former, procedures are or should be more formally established, whereas in the latter (i.e. assessments, here updated initial assessments) this is often at the discretion of social workers. For those that had attended part of the meeting, parents felt this had worked well and valued the fact that their child had been included for a range of reasons, such as it

was 'their' review, the child wanted to be included, parents did not like talking about them when not present and it was important for professionals to see their child's disability first hand, especially if they did not know the child.

I think it's good to have Henry there so that they [different professionals] know what they're talking about, otherwise people have no concept of ... I mean I think it's good as long as they know who and what they're talking about, so to talk about toileting and care, they actually need to see Henry.
(Parent)

He's [son] involved in them now and I'm not talking about him as if he's not there, you know, like he's not there, that used to upset me all the time, 'cos when I was talking about him and he wasn't there, you know, I hated it ... so I'm fine with meetings now.
(Parent)

Although these five children may have attended part of their review meeting, this was at the end when decisions had been largely made. Discussions with these children focused upon 'having a chat' and checking that they were happy with services or, for older young people, what they 'liked doing' with a view to the future in terms of independent living and post school routes.

For those not attending a more formal meeting, none of the parents indicated that they wanted their child to attend, indeed, when a social worker suggested attendance, one parent had chosen not to pursue this route. Here the general view was that it was not appropriate for their child to attend, as they could not meaningfully contribute due to their impairments and level of understanding. Potentially, it was also viewed as an intimidating experience, especially, if the young person did not know all those present.

Sometimes we have to talk about the negative side of what she can't do rather than the positive side of what she can do ... it's like, it's that thing with Claire as to how much she does understand, really it's questionable and obviously 'cos it's done in school time, she'd rather be at school than sitting in an office with us all chatting around her.
(Parent)

I don't think it would mean an awful lot to him, not really, no. He knows we're there, he knows we're there for a meeting but how do you, we could tell him there was a meeting with lots of people there but I don't really know that he'd fully comprehend, it's not something he's ever participated in ... so, in Andrew's case, you know, if he was a perfect talker than yes, I would have said 'yes, it's very important that you've got the young person's viewpoint, what they want out of life and where they want to be and how they want to achieve it, yes, but not in Andrew's case, 'cos he can't express himself well enough, that my ideas anyway, it wouldn't gain anything.
(Parent)

Amongst the remaining 11 families experiencing Initial assessments or Core assessments, meetings were largely between parents and the social worker. Here, it appeared that none of the 11 children had been actively involved in the meeting between their parent(s) and social worker, although some may have been present. Only two parents out of the 22 interviewed suggested that they would like increased participation, with the social worker spending more time listening to their child. For one parent, review attendance had not been discussed but future consideration at her son's ongoing short break review was welcomed.

I don't know that he'd be really that interested ... but I was thinking like at his annual review at school he does come into that one, just to join in one part of the review, which is quite a good idea. Yeah, he could probably come in just for part, you know, just maybe to talk to him about what we're doing and just for a short time, you know ...

(Parent)

Do you think he'd like that?

(Researcher)

He quite liked doing the school review ... it wasn't too long, it was just part and he quite liked that, being included.

(Parent)

For the majority (across all four authorities) they were satisfied that their child had been involved as much as they felt was 'realistically possible'. Attending formal reviews is, of course, only one form of inclusion for children, speaking to social workers at other times is important and parents were generally satisfied that their social worker had made an effort and taken the time to meet and 'chat' with their child either before/after meeting with them or had arranged a separate meeting. For parents, this inclusion demonstrated respect for their child and also provided an opportunity for the social worker to gain a sense (as far as possible) of their wishes and feelings. Whether or how this was recorded was generally not discussed by parents, it was the very act of spending time with their child that was valued.

She'll [social worker] go and have a chat with William there [respite unit], now what goes on there I don't know. She will communicate with him verbally, what they talk about is private, it's their, you know it's between William and Sally, it's between them and I'm fine, I've got no problem with that.

(Parent)

She was friendly to the children, she spoke to them and didn't ignore them ... she was chatty to them as much as she could be and she didn't patronise them, 'cos I pick up really quickly if somebody's patronising the children and it really annoys me, you know, I'd rather they not bother talking than if they're going to patronise them.

(Parent)

She's [social worker] very calm with him, she laughs with him as well which is nice, you know it's nice that she can act with him like that and she

would ask him, I think she tries to get him to relax by talking to him about how's school's been and what he's been doing ...
(Parent)

When asked if they could see any difference in their child's level or type of participation since the implementation of ICS, out of the 15 families able to make pre and post ICS comparisons (seven felt unable to do so), 14 could not identify any changes. Only one parent clearly noted increased participation comparing a previous core assessment with their current core assessment. In the previous one, their daughter had not been consulted, whereas she had been actively consulted in the latter.

She [social worker] also undertook a piece of work about Charlotte's views; you'll understand from Charlotte if you do try to speak to her that it's quite difficult to actually ascertain her views. So Sonya [social worker] had to find out about Charlotte's views, so instead of being here and, she actually gave that to a worker at the hostel and the hostel lady actually sat down with Charlotte over a period of weeks and talked about things and then was able to write Charlotte's views.
(Parent)

And do you think it worked well?
(Researcher)

I think it did work well, yeah. I think it needed to be like that, you know, how can a social worker know everything about your child, you know.
(Parent)

However, once again, one cannot make direct associations with the introduction of ICS, as two different social workers were involved and took very different personal approaches. ICS may have aided participation but the parent also felt her current social worker's personal approach and practice was important.

Here, it is also interesting to highlight the issue of time, as none of the parents noted social workers spending less time 'chatting' to their child, whereas this, as noted above, was a key concern for social workers.

4.4 Social work practice issues

Inter-agency working

All social workers interviewed felt ICS had, as yet, little or no relevance to inter-agency working and the experiences of professionals from other agencies. Indeed, social workers noted that professionals from other agencies could not access ICS exemplars or their operating system. The only professionals who may have access to ICS exemplars are those employed directly by social services, such as project workers, family support workers or occupational therapists. Three-quarters of social workers felt that knowledge of ICS amongst other professionals was limited; some

social workers wondered if they were even aware of its existence. However, it was acknowledged that very little, if any information appeared to have been given or made available to other professionals. This is not surprising given the limited information that social workers in the pilot authorities had themselves received. Within day to day practice, it was suggested that other agencies are still completing and submitting their own assessment forms and it was felt that very few would want to change the forms that they use or, take on extra assessment responsibilities, as they are happy for social workers to take the lead.

I don't think there's been much of a change at all; the change with multi-agency working has literally been down to us as a team to do rather than the ICS. They don't use the same forms as what we do; they have different ways of assessing things to how we do, so I think the only way that multi-agency working's been pushed forward is via ourselves as teams really.

(Social worker)

It is clear that separate ways of working remain and half of the social workers interviewed indicated that they continue to input other professionals' data onto their clients' records. This information is either inputted directly onto ICS electronic files or a note is placed on the electronic record and a hard copy of professionals' information (such as a letter or assessment form) is placed in the client's paper file. For over half (four) of social workers in Authority A this was viewed as problematic for two reasons. First, it demonstrates a 'mismatch' between current technology and practice ideas, as other professionals cannot access the ICS system and thus there is continuing reliance on paper records.

This was felt to defeat the wider objective of moving to an electronic system if 'bits' of information are held in different places. Once again, to gain a comprehensive overview of a disabled child and their family both records would have to be accessed and read, which is not always possible.

Secondly, it was also felt to be an inefficient way of working and potentially burdensome for social workers, as it duplicates time and effort amongst professionals rather than streamlining data input. Although it was recognised that these may be implementation problems, only a small minority (three) of social workers highlighted the future benefits that ICS may procure for inter-agency working. For two social workers (both from Authority C), the more focused and specific nature of information recorded within ICS exemplars was felt to have the potential to clarify the roles and responsibilities of different professionals working with a family. For example, action plans clarifying who is doing what and when they will be doing it. This was viewed as a positive development, as previous recording tools were regarded as vague, thus providing an opportunity for other agencies to circumvent responsibility.

The other potential advantage noted by all three social workers was broader and focused on the benefits of one document, shared and accessed by different

professionals across agencies. It was hoped that this would improve data sharing and reduce information duplication. However, it was acknowledged as clearly a future goal. Indeed, one of the social workers raised wider access and confidentiality issues similar to those previously noted in relation to electronic records, such as 'who' would have access and how would client confidentiality be safeguarded?

When asked to assess everyday inter-agency working, there was general consensus amongst all four disability teams that as a team, and as individuals, they had good working relationships with health or education. It is interesting to note that none of the pilot sites felt they had good links with both health and education. For three of the disability teams, relationships had recently improved due to being located in the same building as health colleagues, thus aiding communication and information sharing. Despite this improvement, it was also recognised that joint working was still frequently reliant on individual relationships and actions rather than general policies. Indeed, over half (ten) of the social workers suggested that although ICS may advocate closer inter-agency working and information sharing amongst professionals, to actually achieve this would take more than implementing ICS. Wider and deeper problems persist such as different professional practices (that is, ways of doing things and 'mindsets') and a desire to retain and protect professional power and boundaries.

There's still a whole issue around gate keeping and I mean there are far bigger issues that what paperwork people get involved in. I think there are far more fundamental issues that prevent us working together, you know, protecting professional boundaries and actually lack of trust generally between professionals, you know, I think that's a far bigger issue than paper.

(Social worker)

In order to begin to address these issues, three social workers noted the need for clearer and more comprehensive programmes of joint training.

Discussing disability issues with families

Social workers' evaluations

When asked if the introduction of ICS had altered their discussion of disability issues with families during the assessment/review process, all 12 of those able to compare pre and post ICS discussions (four could not comment) did not feel that the content or scope had changed in any noticeable manner. Indeed, four social workers from Authority A were disappointed with ICS as a social worker tool, noting that disability issues remained peripheral.

Do you think the introduction of ICS had altered the emphasis that's placed on disability?

(Researcher)

I think it has just highlighted and just continues to highlight how perhaps more marginalised they [disabled children] continue to be and how generally it, you're still fighting their cause for them.

(Social worker)

Despite this, all 12 social workers stressed that disability issues were discussed with families, as their personal practice had not changed, post ICS. Discussion of disability was viewed as paramount, part and parcel of good practice when working with families of disabled children. These social workers thus suggested that they asked the same questions and still raised issues with families that they felt were important or needed to be addressed, irrespective of ICS exemplars.

Parents' experiences

Discussions with parents mirrored the social workers' comments. All 22 families interviewed felt their social worker had discussed disability issues with them, particularly their child's disability in relation to medical needs, care routines and any changes recently experienced or regarded as important. Indeed, the vast majority of parents (20) also felt that the social worker conducting their assessment/review had asked the right questions and given them, as parents, an opportunity to state their opinions and raise any issues that they felt were relevant to their child's disability and its impact on the child's life.

They usually ask what I think are his [son's] needs and how I would like to see things changed or how I see his disability needs, you know, probably over the next six months or the next year.

(Parent)

The two parents that did not suggest this were generally dissatisfied with the result of their assessment and this may have coloured their opinion. However, it must be remembered that over half (12) of these parents are a quite specific group, experiencing ongoing reviews or updated care plans and with well-established social worker relationships (that is, over three years). For these families, disability issues, such as medical needs or care routines had not always been discussed in depth during the current assessment/review (that is, post ICS) if they had not changed from previous assessments. It was also suggested that because their social worker knew their family history and service use, that is, there was an 'understanding', and many questions did not need to be asked or alternatively only relevant questions were asked.

Over half of parents interviewed (13) stressed that they frequently took a pro-active approach to information provision, in the sense that if they had a concern, a problem or felt social workers needed to know changed circumstances they would initiate contact and inform them. Unsurprisingly, many of these pro-active parents were those with informal, ongoing social worker relationships and thus felt they could take the initiative and also knew how to do this, i.e. they knew who to ring. However, it

appeared that this approach was also frequently viewed as necessary, learning, often from past experience, that 'you cannot sit back and wait to be asked'.

I'm not one that'll sit back, I won't just let somebody else say, 'oh, we're going to do x, y and z', I sort of stop and say, 'now hang on a minute, I'm not happy about that', you know ... I've fought and fought and fought for so long and for so much stuff that now I go in and say, 'well, I want this', you know ... There's no point going in guns blazing on either side, 'cos you don't get anywhere, you know, you have to think about what you're going to say and how you're going to say it, but I'm definitely not one that'll just sit back and say, 'oh yeah'.

(Parent)

In terms of ICS implementation, the key point to note here is that none of these families felt there was any different approach to disability issues, pre and post ICS. As far as they could note, social work practice remained the same, a common replies were:

I don't remember it being any different.

(Parent)

You don't feel the questions have changed at all?

(Researcher)

No, no because the questions are always changing, it's an ongoing thing, once a question's been asked and an answer received then there'll be a different question asked, so no, nothing I can pinpoint.

(Parent)

Only one parent noted a changed focus. She felt the social worker had wanted to know about her child's disability but had also prioritised her daughter as a child first and foremost. Thus looking behind the category of 'disabled' to personalise the impact the disability had upon her daughter's life. This contrasted with a previous assessment the mother had experienced when the label 'disabled' had been applied in a routine and impersonal manner.

First she asked me to talk about the children and describe their disability and then she didn't go into it too much, she was more about the child rather than the disability ... autism is just a huge spectrum, she was 't interested in autism itself she was interested in Elsbeth and what she was like. So she looked more at the individual child than the disability.

(Parent)

Were you happy with that?

(Researcher)

Yeah, because I mean just because Elsbeth's got one condition you could have a hundred kids with the same condition, they're all individuals and we all parent our children differently, so my parenting may be different from another child with the same condition with has a different end result.

So no, it's nice to see people not look at a disability, they're children first, the disability is just something, you know, that comes with them.
(Parent)

Once again, it is difficult to disentangle if this a result of ICS or the social worker's personal approach and practice, as two different social workers conducted the assessments.

Social workers, as discussed earlier, were concerned that ICS exemplars contained inappropriate and insensitive questions for families with disabled children. However, only seven parents across three authorities (A, B and D) noted inappropriate or irrelevant questions and these had not caused offence. This was largely due to their social worker's personal approach which was informal and chatty; questions were frequently sensitively pre-fixed with 'this may not be relevant for you'.

... but Sophie [social worker] will always say, 'I don't know whether I should be asking this' or 'do you want to read it', she'll verbalise that she doesn't feel comfortable asking these things.
(Parent)

I mean sometimes the forms are set out, there's a lot of questions that aren't relevant, especially with the disability because a lot of the questions could be to do with someone whose blind or someone whose in a wheelchair but normally, as we're doing the forms Ruth [social worker] will say, 'oh well, that one's not relevant, that's not relevant for you ... I mean she doesn't sit and ask the irrelevant questions, she'll just go through and leave those out and if I've got anything to say, then I'll say it.
(Parent)

Furthermore, only one parent clearly indicated that they found the constant repetition of providing information about their son's disability needs a negative experience, as his needs had not improved. This was viewed in the context of a number of years rather than a post ICS change. These comments reiterate the importance of how social workers' approach, their skill when communicating with parents, and also their knowledge of each family's circumstances and preferences.

Disability information and other family members

Collecting information about the needs and experiences of other family members, such as parents, siblings and extended family is also important, as it is well documented in the literature (such as Beresford *et al.*, 1996) that having a disabled child impacts upon the lives of all family members. It is thus positive that two-thirds (15) of parents were satisfied that they had been asked about their needs as parents and that the social worker had taken this seriously and respected their feelings. Indeed, seven of these parents highlighted that their social worker had been supportive and often encouraged them to consider and prioritise their own needs as a parent. Once again, it must be acknowledged that many of the parents experiencing ongoing reviews frequently talked in general terms rather than specifically limiting themselves to their previous ICS review. However, this reiterates

the important point that pre and post ICS changes were not discernable, parents felt that their social worker had always asked them about their needs, practice had not changed.

Only seven parents wanted social workers to raise, or give them an opportunity to discuss, their needs as parents in more depth and to be given greater priority: *Well, I think they should listen to us more and what we say really* (parent).

Indeed, six out of these seven parents also wanted more support from social workers to discuss their needs as parents, as they personally found discussing their own needs difficult or they felt uncomfortable doing so, as the disabled child was usually regarded as the key focus.

I mean, I think it's sometimes quite difficult to talk about your own needs because, you know they always come second place ... I think there should be more focus on parents, there should be as much focus on the parents as carers as there is on the disabled person ...

(Parent)

... I get to a crisis point and then I go, 'I can't deal with this' but like she [social worker] says, 'I've got to learn to actually say sometimes I'm getting to that point and before I get to that point, can I have help' ...

(Parent)

Information about their disabled child was clearly prioritised by parents but only two parents suggested that they did not expect or want social workers to focus on their own needs. The vast majority of parents felt their needs were important and should be discussed. However, the degree to which they should be discussed varied amongst families. For three families, issues of privacy were also raised, balancing the need for open discussions with social workers in order to gain appropriate services whilst retaining some semblance of personal privacy was viewed as important but often complicated.

... but they do ask you, I mean there's all manner of thing that they cover about Andrew, so anything over and above what they do, to me would be intrusive.

(Dad)

When you say intrusive, in what sense?

(Interviewer)

Well they would be prying into our life and how we live it, wouldn't they? ... then it would be intrusive and we'd spend more time talking about things that.

(Mum)

Nothing to do with them.

(Dad)

Nothing to do with them and they can't alter anyway.
(Mum)

Unless you can do something or something's going to happen, it's nothing to do with you, you know enough about me anyway.
(Dad)

Parents also indicated that social workers generally raised or gave parents an opportunity to discuss the impact of their child's disability upon siblings.

I mean she was here for about three hours and we chatted about loads of different things ... we talked about family, the fact that our family don't live round here, that we feel quite isolated when it comes to, when it gets very stressful up here with Charlotte when we're having challenges, you know on a daily basis, when my son is then getting very stressed because he's having to witness such horrible scenes.
(Parent)

Amongst the 18 families where discussion of siblings needs was relevant, 14 were satisfied and only four parents suggested that they would have liked more discussion of siblings' needs, as they felt these were frequently ignored or generally not prioritised.

Amongst those satisfied with sibling discussions, five prioritised and welcomed their social worker making time to meet siblings on a one to one basis, giving them an opportunity to discuss their feelings.

She [social worker] helps arrange things for Flora [sibling], she will always, you know, ask Flora if she's enjoyed them. She'll always talk to her about them.
(Parent)

The most advantageous approach was felt to be an informal chat, relaxed and not too intense.

... it's not a direct, 'how are dealing with Claire [disabled sister]' thing, she's just say, 'how's it going and any problems?' It's just a general chat to the boys and 'have you been ok?' ... she's very good, very at ease I think in the family situation as well. You know, she doesn't feel uncomfortable walking in and the kids can be screaming and she's just fine, completely relaxed with the whole situation.
(Parent)

Eleven families discussed the issue of extended family, especially grandparents.

Yeah, she talked about grandparents, my brother, she did a drawing of Tim's family and my family, like an extended family history thing, tree, you know and she'd got a picture of the extended family as well and asked who were the main ones in the children's like, how they had an impact on the children's lives and also how it affects the grandparents because from

the grandparents we rely on a lot of support, more support than what you would normally do and that.
(Parent)

Only one family expressed dissatisfaction with their depth of discussion. For the vast majority, parents felt that their social worker had appreciated the role and impact that grandparents can have within families with disabled children.

Discussions focused on three areas: the practical support role that grandparents, especially grandmothers, can play; the important effect of distance on families, i.e. the lack of close family support for parents to draw on when other family members live far away; and conversely, the support role and thus extra care that parents themselves may provide to elderly parents.

It is interesting to note that there were no discernable differences across the pilot authorities in terms of parents' satisfaction with social workers' discussions of the needs of other family members, the importance of individual social worker practice, rather than formal procedures or policies, appears to be the most important factor. With regard to collection or discussion of other information, such as finances, employment and cultural or religious issues, none of the parents interviewed indicated that this had been discussed in any depth. For many experiencing ongoing reviews or with established social worker relationships, this is unsurprising, as this type of information was only discussed if changes had occurred. For those experiencing Initial assessments, it appeared to be discussed in a roundabout rather than direct manner, for example, social workers asking parents if they would like more information about state benefits.

Discussing outcomes with families

Social workers' evaluations

When recording information, planning and evaluating services, the importance of differentiating between service outputs and service outcomes is recognised and well documented within current policy directives and recent research. Indeed, the ICS seeks to not only assess/re-assess need and plan appropriate and relevant services but also encourage families to explore their own outcomes and document their progress. Grasping the difference between outputs and outcomes is not always easy or clear cut and this was demonstrated in the interviews with social workers, as many gave rather vague and woolly answers when asked to differentiate between the two concepts. Only five social workers made a clear distinction, most did not use the term 'outcome', they seemed to prefer and feel more comfortable thinking about it in terms of families achieving their aims and objectives.

As a result of social workers ambiguity over the distinction between 'outputs' and 'outcomes', discussions were conducted in terms of 'aims', 'objectives' and 'aspirations' rather than outcomes. The results reported below thus related to social

workers' evaluations of their practice in terms of discussing aims, aspirations and achievements with different family members.

When asked to consider the impact ICS has, so far, had on their approach and level of discussion with family members of aims, aspirations and achievements, six social workers felt on a personal level it had not changed their practice. It is interesting to note that these six social workers were all from one authority (Authority A) there was a clear difference of opinion and approach between these social workers and those from the other pilot sites. The social workers in Authority A indicated that they had previously discussed aims and achievements during the assessment/review process, there was a general feeling that as a team, they had good well established practices and thus did not feel that ICS had significantly impacted on them.

In contrast, the remaining ten social workers across all three authorities (B, C and D) felt that they now spent more time discussing and considering aims with families.

Well, it's on every, every form now isn't it, you know, the outcomes, I think we've just become more aware we've got to think in terms of outcomes for families and children through the system, probably through the ICS.
(Social worker)

However, different assessments of their starting point, based on prior practice and knowledge emerged. For some, it was acknowledged that previously, discussion of aims and achievements had been very limited and not really prioritised.

Do you think the introduction of ICS has helped you to discuss service outcomes more easily with families?
(Researcher)

I don't think it's had any impact ... I mean I don't really have that much discussion to be honest. I know we're tending to have, you know, been told we've got to focus more on it but, you know, it hasn't really been that extensive so far.
(Social worker)

Whereas others felt that discussion had been previously present, but ICS had reinforced and extended this. It was generally recognised that ICS focused more clearly on recording service aims and their achievement than prior recording mechanisms, where previously they had been peripheral and frequently left up to individual social worker's personal interpretation and prioritisation. In contrast, ICS exemplars' specific questions about outcomes (both planned and achieved) encouraged or 'forced' social workers to consider and discuss them with families at different stages of the assessment process and in different areas.

Well, the plans have to have a purpose, so we always say: what is it we're trying to achieve? You know, if we do this, what are we doing it for? What are we trying to get to? What outcomes are we trying to get to, and then

we review it, kind of, progress towards outcomes or actual outcomes or what are you up to?
(Social worker)

With ICS it's, these are what the child's needs are and this is what we're going to do about it, and this is what we're going to try and achieve, yeah, it's very much more outcome focused than the LAC forms were.
(Social worker)

Four social workers specifically noted that consideration of aims and achievements could no longer be left until the end of the assessment process or as an add-on, whereas previously there was a temptation to do this.

Although social workers in Authority A assessed the impact of ICS on their practice differently from social workers in the other authorities, it is important to note that one social worker (in Authority A) recognised the potential advantages of a more focused approach within ICS, especially for social workers or authorities that had not previously considered or prioritised service aims and achievements for different family members. In terms of practice, it was thus recognised that there was a potential for greater uniformity amongst social workers and for families, more consistent assessment/review experiences and more transparent information, with clearer and more focused action and service plans.

Well, we're asking more specific questions, you know before it depended more on the social worker's skills of gathering information for an assessment but now we're, we're sort of guiding the conversation because we know we've got to get, you know, information for specific headings for the assessment. So I feel there is more information being gathered and each social worker will be following the same procedure.
(Social worker)

Discussions with social workers highlighted that social workers (across the four authorities) discussed service aims and achievements with parents, however, discussions with children were only 'as and when appropriate' or practical, level of understanding was viewed as paramount.

... if a child that I'm working with has sufficient understanding for the implications of a service then I'd always discuss with them and look at what they are wanting to achieve and they're hoping for.
(Social worker)

A very small minority (two) recognised that this is not an ideal situation, as different family members have and prioritise different aims and achievements and a further two social workers stressed that they tried to think creatively, for example, using photos or pictures to explore a child's enjoyment of a service, but it was noted that this takes time, a contentious issue, as previously indicated by many of the social workers.

Parents' experiences: child outcomes

First, it should be noted that the vast majority of parents were generally satisfied with the type of services that they and their child received or were due to receive (that is, those agreed during initial assessments), unsurprisingly many would have welcomed more support but this was not a strong issue of contention. Only two parents (one in Authority B and one in Authority C) were dissatisfied and felt the service was inappropriate, meeting neither their child's or their own needs.

During discussions with parents it was apparent that they were similarly unsure of the distinction between outputs and outcomes. However, this may be expected if their social workers were similarly vague and unclear of the difference and did not use the term 'outcomes' during discussion. Parents also talked in terms of the aims and goals that they wished services to help them achieve and also the benefits that they hoped services would bring for their child and the family as a whole.

When asked if outcomes (that is, aims, goals, benefits) for their disabled child had been raised during the assessment/review process, over half of parents (14) across all four pilot authorities felt this had been discussed with the social worker. Discussion focused on three of Qureshi *et al*'s. (2000) four categories of outcomes: autonomy outcomes, social participation outcomes and economic participation outcomes. For the vast majority of parents discussing outcomes, their concern was for their child to develop greater independence and to extend their social network and participation beyond the family (both nuclear and extended). As many of these parents' children were teenagers and soon approaching preparation for transition towards adulthood, parents wanted their child to gain greater independence skills and confidence in order to live as independently as possible.

Socially, many parents prioritised increased social participation with peers, doing age appropriate activities in the community. For some parents this was with disabled peers, for others it was with non-disabled peers, depending on what was perceived as most appropriate. The importance of support was paramount; however, parents wanted age appropriate support and thus wanted young carers and 'buddy' systems. Economic participation outcomes were discussed by those parents whose son or daughter was preparing to leave school. Here, finding an appropriate but stimulating college course which reflected their child's interests and achievements was the key concern.

At the moment she stays two nights [at specialist residential school] and in preparation for her coming up to sixteen, three more years at school I've requested that she goes four nights to prepare her for transition into adulthood, 'cos ideally I want Charlotte to live in supported living or community living or somewhere autism specific. I don't want her to come home and live with me full time which is, you know, although it may sound quite hard but, you know, I think it's better for Charlotte in the long term, I think it's better for us as a family as well.

(Parent)

She knows that I plan for Becky to go to college for three years and then I'll be looking for an independent home in the community, so supported living in the community. I said to Ruth [social worker] that I'd like her to become independent and that's the aim really for the future.
(Parent)

... for Paul to get involved in other activities, to have opportunities to be with other people, maybe learn new skills with them, have new experiences with them.
(Parent)

Although eight parents felt that they had not discussed outcomes with the social worker, one cannot presume that they did not have wider service aims and objectives for their child. All the parents interviewed were very clear what they wanted for their son or daughter, the enjoyment and personal benefits that they hoped their child would gain both in the short and the longer term.

There are, of course, different levels of discussion, over half of the families interviewed (13) felt that their discussion of outcomes had been 'about right' or that action was or would be taken.

For example, you have reminded me, Jackie [daughter] said she wanted to meet people, so they [social workers and carers] followed that through and it came up at the next review and then Jackie started attending an outward bound sort of thing to meet people and they're hunting around actively now for a friend. So what will happen is they'll look round and come back to me with what they've found and we'll talk it over ...
(Parent)

However, nine felt that they would have liked more discussion.

... the transition, obviously sixteen you're coming up to adulthood and changes, is that discussed? You said you want Andrew to live in a community.
(Researcher)

Well we've tried to bring it up but they said nothing much happens at sixteen, it's eighteen ... but that's what we want and we've made that very clear.
(Parent)

Is that you instigating discussion?
(Researcher)

No, no, they don't instigate anything like that, no.
(Parent)

It is interesting, but unsurprising, to note that those wanting more discussion tended to be families experiencing ongoing reviews or updated care plans rather than initial assessments. As noted above, the families experiencing ongoing reviews had been

in receipt of services for numerous years and had established good relationships with their social worker. In this context, they were perhaps more likely to expect a discussion of outcomes, especially as their knowledge of available services had developed over the years, and to feel able to raise these issues with their social worker. Indeed, half of the parents interviewed (11) indicated that they rather than their social worker had raised the issue of service aims during discussions. Amongst these 11 parents, they were predominately families with ongoing reviews.

Parents undergoing Initial assessments appeared to have less knowledge of services and what they may achieve for their child. They were understandably more reliant on the social worker's guidance. It must also be acknowledged that parents experiencing ongoing reviews focused on service aims beyond their previous review. This, however, once again, demonstrates that parents had not experienced any real changes post ICS implementation in terms of the depth of discussion or how social workers collected information about service aims. In fact, the vast majority of parents who felt able to make comparisons did not note any discernable change, either positive or negative; in how or in what depth aims for their child were discussed with them.

Parents' experiences: outcomes for themselves and other family members

Discussion of outcomes for parents and other family members is also a priority within the wider aims of ICS. Discussions with parents highlighted that over half (14) across all four authorities felt they had discussed aims and achievements for themselves with the social worker. Conversations focused on parents' satisfaction with the degree of respite care provided, was it enough for them to achieve personal goals, such as spending more time with their partner or other siblings or having personal time and space for themselves.

I mean again, it's back down to fostering, you know, if we can get the foster care then if he [son] has a weekend away, we [rest of family] can relax, we can either stay at home and just do nothing but not worry. I said to Margaret [social worker], the daftest thing is, people must think I'm mad but to me to be able to go to bed at night and not think, 'I've got to get up in the morning in time to give him his tablets', that to me or to be able to go out at night without thinking, 'God, I hope whoever's got him remembers, you know, like if I've left him with a babysitter', that gives me so much space and breathing space, it's something so little but it means so much, it means so much to me.

(Parent)

Evaluations varied amongst parents but over half (15) suggested that the level of discussion had been adequate, whereas seven parents were clear that they would have welcomed more opportunities for discussion. Although over half of parents were generally satisfied, it is important to acknowledge that a small minority (three) did not view discussion of parental aims and aspirations as a priority or even relevant. This was based on two factors: first, parents' desire to retain privacy in their own lives,

discussion of personal hopes and aspirations was viewed as beyond the scope of social workers, and secondly, related to this, there was a sense of realism that they may not be able to achieve certain goals and so it was pointless to discuss them.

Do you think it's something you'd like to discuss more with the social worker?

(Researcher)

No, not really, it's my life, I want some privacy, you feel as though they've got files about everything about you ...

(Parent)

I'm quite relaxed with, you know, what she [social worker], what she's there for really. I don't think she's there for me to, to know that that I'm trying to do, you know what I mean, as far as these things, she can't really help me with them. I mean, we've organised a sitting service, so they come in and they enable me and Jack to go the gym and things ... so literally, me and Jack will discuss how much time we think, you know, we feel we need to be more relaxed and more chilled together, so we tend to run it on our own agenda ...

(Parent)

It is also important to note that although many parents felt they had discussed outcomes for themselves, there was a general recognition, irrespective of their own satisfaction with the depth of discussion, of the importance of social workers supporting and encouraging parents to discuss outcomes for themselves.

Do you think it's important for parents to think about their wider goals and objectives?

(Researcher)

Yeah, yeah I think it is because what happens was, it was like me saying all these things and then like I got this feeling that maybe, you know, I suppose it's guilt, you know, I just thought, 'God, am I asking for something maybe I'm not supposed to .. and don't forget there are other influences on me, you see, there are other family members, my mum being the first who'll say, 'what do you need that for? You've got all of us' ... a general acknowledgement at the beginning to make me feel a bit more at ease, which she [social worker] did at times, you know, she said, 'oh maybe you need a night out' or that kind of thing.

(Parent)

Indeed, some of the ongoing review parents (four) stressed that 'new' or more timid parents were frequently at a disadvantage, as they did not like to raise the issue of their own hopes and aspirations.

It makes me feel quite sad for parents who are vulnerable and don't have the capacity to speak up and, you know, and feel possibly intimidated by the fact that somebody is a social worker and that they can't ask things

like, or be honest with them and say, 'you know, I need a bit of space' or are afraid of saying what they really want to say.
(Parent)

Hence, the importance of social workers taking an active role supporting parents and legitimising discussion of parents' aims and aspirations was clear.

Outcomes for siblings raised similar patterns of discussion, as just under half (10) of those who had siblings of a relevant age (four families either did not have siblings or they were significantly older) felt that aims and objectives for siblings had been discussed. Consideration was given to the need for siblings to have time away from their disabled brother or sister and if services, predominately leisure activities, had been organised, whether they had achieved and enjoyed this 'time out'. Those who had discussed this with their social worker were generally satisfied. In many ways, parents found it easier to discuss outcomes for their other children than themselves.

As before, ongoing review parents and those with established social worker relationships tended to focus on outcomes discussions beyond their last review, once again noting that there was no discernable difference between pre and post ICS assessments/reviews. Indeed, only one parent out of 22 families contrasted previous contact with social services to her current assessment, suggesting that in the former, consideration had not really been given to service aims and achievements for parents or other siblings, whereas in the latter this was clearly addressed. Trying to disentangle social work practice and the impact of ICS is, once again, difficult, as two different social workers conducted the reviews. However, the important general point to note is that parents', especially ongoing review parents and parents with well established social worker relationships, comments that social workers had not altered their practice pre and post ICS did not always mirror the comments of social workers themselves from Authorities B and C. Here, the social workers suggested that as a result of ICS they focused more clearly on service aims and achievements with families. Indeed, there were no clear differences between parents across the four pilot authorities as to whether service aims had been discussed, whereas from social workers' accounts there were differences in the approaches taken in some authorities pre and post ICS. This is an interesting but complex situation and although the number of respondents is small, demonstrates how parents and professionals can view the same situation very differently.

Social work practice with disabled children: interviews with children

As noted in Section 3 (methods), all the children interviewed had complex disabilities which included learning and communication impairments. Indeed, over half (four) of the interviews were conducted with the aid of symbols and those conducted verbally were based on the short and simple rather than the longer topic guide. In light of this, the data gleaned is of a different nature and depth to that presented by the parents and social workers and is thus presented separately. Throughout the interviews it

was also apparent that any discussion of ICS was not appropriate or meaningful for the children. ICS as both a concept and system of information collecting and recording was far too abstract. However, on a practical level it must also be noted that social workers had clearly indicated they had not sought to explain ICS to children they worked with, it was viewed as inappropriate. The results presented here focus on children's perceptions of their informal meetings with social workers, what was discussed and also attendance and the format of more formal meetings.

Before discussing specific meetings, it is important to put the children's comments in context. Six out of seven of the children had been in receipt of ongoing social service support for a number of years and all seven children indicated that they were happy with the services that were currently organised for them. These services focused on respite care and leisure activities. Five of the children attended specialist leisure clubs/activities or had a youth worker/'buddy' to facilitate access to mainstream leisure activities. The children indicated that they looked forward to 'going out' with their leisure club or 'buddy' and doing activities such as bowling, going to the cinema and playing snooker. Four of the children received respite care: two with foster carers and two at a specialist unit. Both types of care were valued, foster carers and keyworkers were discussed in terms of being 'special friends', indeed, the carers were viewed in a similar manner to family members. Here, continuity was important, as both children had developed a relationship with their foster carers over a number of years. Similarly, over half of the children (five) had had the same social worker for three years or more.

Meeting with their social worker

Chatting to the children, it was clear that six out of seven had met with their social worker in the recent past. One child (from Authority C) could not remember meeting their social worker at all and had no concept of who their social worker was or what they did. This family was undergoing a core review with a new social worker. The social worker, as Mum noted, had met with their daughter but the meeting had been brief and focused on saying 'hello'. Amongst those that could remember meeting with their social worker all had met them at home, half (three) had met their social worker with a parent (usually Mum) present and half without parents or anyone else present. Despite this variation, all were 'happy' with the situation; it was not an issue of contention or questioned but simply viewed as the norm. Indeed, those who met their social worker with Mum present explained that they liked Mum to be present; they seemed to find this reassuring.

Do you see your social worker with your Mum or is it just you and your social worker?
(Researcher)

With me mam most of the time because I like me mam with us.
(Child)

For five of the six children, the meeting with their social worker was very clear in their minds and it appeared that 'chatting' with them was a fairly routine practice. Only one child was vague about their meeting and could not indicate any specific things or points of interest that had been discussed. Discussion appeared to focus on three broad areas: what they had been recently doing, important people in their lives and the future. Within the first area, it appeared that social workers asked the children to tell them what they had been recently doing at school, youth club or at home with family. Participants clearly enjoyed telling their social worker about hobbies and what they liked doing in their spare time. Important activities included, spending time listening to pop music, watching television or favourite videos/DVDs, playing on the computer and doing artwork. It comes as no surprise that the important people all the children highlighted in their lives were members of their nuclear family; Mum, Dad and siblings. However, relationships with friends from school, foster carers and service providers, such as keyworkers and leisure 'buddies' were also valued.

The future was also discussed in terms of leaving school and becoming more independent, this was highly relevant to these children as they were all teenagers and over half (five) were 16 to 18 years, a time when transition options and plans should be being discussed with families. Four of these five teenagers knew that they were going to be leaving school in the future (however, 'when' was rather vague) and indicated that they had talked with their social worker about going to college. More specifically, social workers had discussed courses, asking the children what they enjoyed doing now at school and would they like to do at a college in the future; and if they had visited a college, did they like it? In addition, two of the children indicated that they had discussed becoming more independent and 'doing things for themselves'. Here, the focus was on activities such as shopping, going into town and using a bus.

Spending time talking to their social worker was clearly valued and enjoyed by all five of the children who met them regularly. Indeed, two of the children described their social worker as a 'friend' or a 'nice person'. Relationships were clearly informal and relaxed and when asked if their social worker was 'easy to talk to', all five thought they were. There was also a general consensus that they understood what their social worker said to them, three felt their social worker used 'easy to understand' words. Only one child said that he sometimes asked his mother to explain things the social worker had said. As noted earlier, the children clearly wanted to tell their social worker about significant things they had done and people in their lives, being listened to was thus important and it is positive to see that all five children felt their social worker listened to them. However, only one child was able to explain how and why he felt his social worker listened to him.

What does she do that makes you think she listens to you?
(Researcher)

She likes looks at us and she doesn't look away when I'm talking ... she doesn't interrupt us.
(Child)

Yeah, is there anything else?
(Researcher)

Yeah, she does, she always writes it down.
(Child)

Here, key factors focused on the social worker's interpersonal skills and approach, giving attention, letting him speak and finally, making notes. Although not directly linked to being listened to, two other children were aware that their social worker made notes and were happy with this. These three listening factors are important because they mirror many of the points that parents similarly identified as valued listening indicators.

More formal meetings

Not all of those interviewed attended more formal meetings. Discussions indicated that four of the children were aware that they attended meetings with Mum, their social worker and 'others'. Interviews with parents clarified that all four only attended part of these meetings, usually the latter part. However, it is interesting to note that all four children were unaware that there were previous elements of the meeting they did not attend or that discussions/decisions had been already made. This may have been for logistical reasons, as some of the meetings took place when the child was at school and they only attended on returning home from school or they took place at school and the child was brought in, out of lessons. In general, these four children were 'happy' to attend meetings, only two expressed slight reservations. One indicated that they can sometimes be 'a bit long' and the other, that they can sometimes be 'a bit scary' if you do not know everyone present. These are common issues and, as previously indicated, were noted by some of the parents themselves as reasons why their child was not included in meetings or for only part of a meeting.

When asked 'who did most of the talking in these meetings?' all four children felt it had been their Mum or the social worker but this was not reported in a negative manner. Furthermore, there was general consensus that they had been asked questions at their meeting; however, none of the children could remember specifics. Indeed, exploring specific issues was generally difficult. For example, when asked if their social worker had talked about 'things they would like more or less help with', only one child could answer this question. Here, he had discussed the withdrawal of a specialist leisure service (it was regarded as no longer appropriate by Mum and the social worker), the rationale for withdrawal was clearly understood by the child, as he related his improved social and behavioural skills, noted as 'losing my disability', to service re-assessment. Although this is one example of a very specific situation, it is important to note, as it clearly indicates that the social worker took time to explain the

service situation and the proposed service changes to the child. Once again, as with the parents' interviews, it is not clear if this degree of information exchange evolves from ICS changes and objectives or is a factor of personal, good social work practice. Indeed, the comments and feelings of these children indicate that there are key aspects of social work practice, such as a friendly, informal manner and good interpersonal skills, especially an ability to listen, that are commonly valued by parents and children. Discussions with these children may not indicate how far they actually participated or, in reality, if the notes written were recorded on ICS records but it is positive to note that the children, irrespective of their authority and its implementation of ICS welcomed an opportunity to speak to their social worker and felt valued in the process.

Administrative and everyday issues for social workers

Introducing a new system of procedures for the collection and recording of information invariably brings administrative changes and raises everyday practice issues for social workers. Interviews with social workers identified three issues that need to be considered: timescales for completing exemplars, sharing notes and memos with colleagues and who are exemplars written for?

ICS timescales

Amongst social workers interviewed there was consensus that timescales for completing ICS exemplars were generally tight and would in practice frequently prove difficult to achieve. Only three social workers put this in a wider context and saw this problem as wider than ICS. For one social worker, previous timescales had been tight and often unachievable, hence, the introduction of ICS timescales was not felt to bring significant changes, timescales remained unrealistic. For the other two social workers, ICS timescales were viewed in the context of a general trend towards more output orientated social worker, with a prioritisation on achieving targets and recording the completion of forms.

I think it's general, nothing to do with the ICS particularly, just general, we have different expectations on us now and it's all about paperwork feeding and targets and it's the same with the seven day, you know deadline and all that sort of thing ...

(Social worker)

For these social workers, there was clearly a tension between quantity and quality. Concern was most clearly voiced in relation to initial assessments. Fourteen out of 16 social workers stressed that they felt, and had found in practice, that a timescale of seven days was totally unrealistic. This was largely due to the fact that social workers had to collect information from other professionals and sources. Working to other people's timescales and prioritisations, which may not be the same as the social workers', can invariably cause delays, and a seven day timescale does not allow for many delays.

In contrast, although only five social workers commented on the core assessment, four felt a 35 day timescale was more realistic than the initial assessment's seven days. However, it is important to note that for two of these social workers there was felt to be a difference between conducting a core assessment within the official timescale for families a social worker knew and for those that they did not know. For the latter, 35 days was felt more unrealistic, as the social worker would collect more information whilst also building a relationship and knowledge of the family being assessed.

This raises the wider issue of whether blanket timescales can be similarly applied to all groups of children. As previously noted, working with disabled children and their families can be more time consuming and take longer, as social workers frequently need to collect information from a wide range of professionals from other agencies, especially if a child has complex medical and educational needs. In addition, building a relationship and listening to disabled children, particularly those with communication disabilities takes time and, as previously discussed, cannot be achieved at an initial meeting.

I work at the family's pace, you know if a family takes more than or less than seven days to complete an initial assessment its fine, the same with core assessments. I think it's more important to families that we get it right ... and particularly when you're working with disabled children that can be a pretty slow pace ...

(Social worker)

Recognising these key considerations, three social workers suggested extended timescales for social workers working with disabled children and their families.

So I just think the timescales are, you know, yes there's guidelines but I think there should be some scope that if, you know, particularly for children, I think definitely for families with children with disabilities and communication difficulties that you need that bit of extra time with them to build up a relationship ...

(Social worker)

When asked if they found ICS timescales stressful, half (eight) found it stressful and half (eight) suggested that initially it may have increased their level of stress but this has decreased over time. Amongst those indicating increased levels of stress, there was a general feeling of continually 'running to keep up' and being constantly pressured to meet management targets and outputs. Juggling the demands of meeting timescales with the need for good quality information was felt to be increasingly difficult, especially when simultaneously trying to cope with both a new system of recording information and computer operating system.

In one Authority (A) a computerised work management system had been introduced for social workers to facilitate more effective time management and work prioritisation. This was based on a system of traffic lights with red tiles indicating the

most pressing or outstanding information to be collected and tasks to be completed. In practice, social workers found this inflexible and unhelpful, indeed, two social workers (out of six) emphasised it added to their stress, as it was a constant reminder of impending deadlines that could not be met. Social workers in Authority A thus suggested that practically, the best way for them to cope with this was to ignore it, thus defeating its purpose.

At first I used to be like a conscientious social worker and have all my things up-to-date and now I couldn't care less what colour the tiles are, it just has not meaning, to, you know, the child, how, how the services are going or my relationship with the child, the coloured tiles are just a joke.
(Social worker)

The introduction of a computerised work management system can be interpreted in different ways. From a management perspective, it provides an opportunity to guide social work practice and facilitate time management. However, from a social worker perspective there were wider concerns that it represented 'technology' in the form of detached and rigid IT programmes increasingly controlling social work practice. Indeed, for these social workers ICS was viewed as an important symbol of this trend.

In contrast, the social workers who were not as stressed prioritised the collection of what was perceived as good quality information over timescales and management targets. However, it must be noted that this attitude was predominately held by social workers in Authorities B and C. Here, it was suggested that management took a relatively relaxed approach to timescales, if delays could be justified, that is, in the pursuit of key information, then extended timescales were frequently ignored. Within such a relaxed atmosphere, it is thus easier to be less stressed by timescales.

No, I think there's an understanding within our team that, you know, you do the work and if it runs over, you know that's not the most important thing. It's more important to gather the information than to be working to a timescale.
(Social worker)

Once again, ICS implementation and management differs across authorities, there is no standard practice. The impact of management policies can have important effects on social workers' practice and personal wellbeing.

From these comments, it appears that social workers do not feel that ICS has significantly speeded up the process of information collection and recording. This was also mirrored by the parents' interviews. Out of the 17 families able to make pre and post ICS comparisons, under one third (five) felt that their post ICS review had been either conducted faster or that written information had been sent to them more quickly. For the majority of parents, no changes were noted and for those who did note changes, disentangling the impact of ICS from individual social work practice was, once again, difficult and not clear cut.

Sharing notes and memos

During the course of any assessment process there are inevitably many 'bits and pieces' of information that either do not fit onto discrete sections of official forms or do not need to be formally recorded, such as comments made by and to other professionals or communication amongst colleagues. Previously, this type of information was inserted into a client's paper file. With the advent of electronic records and ICS has practice changed?

From social worker discussions it was apparent that the pilot authorities employed two different approaches depending on their level of IT and their social workers' familiarity with IT systems. Three of the four pilot authorities (A, C and D) had developed an electronic diary record on their operating system. Social workers used the diary record as the place to insert any notes, memos or additional pieces of information. Amongst social workers in these three authorities, all knew of and had used the diary record. As a means of communication between colleagues both within one's team and in other teams, the diary record was viewed as an efficient and effective tool that was easily accessible.

It was recognised that the diary record was a separate document to ICS records and was thus dependent on social workers looking and reading information that may pertain to a family beyond their ICS file. However, this was not viewed as unduly problematic. Despite an electronic system having been established, in two of the three authorities (A and C), paper records were still in use, as social workers noted that they frequently placed a hard copy of any written notes or a printed copy of an electronic diary record into a client's paper file. Once again, the two systems (electronic and paper) operated side by side. Information duplication was recognised but felt necessary, as paper records provided an important 'back-up' when the system periodically crashed.

In contrast, in Authority B, social workers wrote out memos and notes and inserted them into paper records. It was unclear if an electronic diary existed, the social workers interviewed had no knowledge of one and stressed that they would not know how to access or use it, if one did exist. This mirrors the many IT problems that Authority B has encountered and the anxiety and lack of understanding that their social workers had when using electronic records. For these social workers, paper records were still a very important means of communication between colleagues.

Who are exemplars written for?

Social workers were asked, 'when writing ICS exemplars, for whom do you write the exemplar?' Across all four pilot authorities, social workers emphasised that they sought to write a document that was accessible and informative for families, as they should be the key audience and beneficiary. In this respect, the introduction of ICS exemplars was not felt to have changed their own personal practice, as families had been previously prioritised. However, for social workers, especially in Authority A, this

was often felt to be more difficult with ICS exemplars due to the many formatting and jargon problems previously.

However, nearly half of social workers (seven) recognised that they also wrote exemplars for other audiences, most notably professionals, such as social work colleagues and managers, and that this also influenced how they approached the writing of exemplars, that is, the use of more formal language. Indeed, five of these seven social workers highlighted the importance of justifying to managers why services were appropriate to meet the needs of each family.

It's quite difficult, 'cos it would be to say the parents but really its, it's in some ways it's for us and for the managers so they can decide what is necessary for the child.

(Social worker)

This was felt necessary to ensure that families received services, but also meant that the writing of exemplars had to be approached in a more formal manner.

Writing for different audiences, especially families and managers who have very different aims and priorities and frequently, levels of understanding, is difficult. These social workers were very aware of this and felt it was often difficult to write one comprehensive document that balanced the information needs of both parties.

I mean it's really hard because obviously quite often you're writing these assessments to access a service ... so it's more the professionals sort of level that you're probably expected to write them at but as the same time it's a, written in a way that sort of the family can read and understand and, and the child in some cases ...

(Social worker)

Danger of inaccessibility for parents once again comes to the fore and highlights the important interpretative role and practical guidance that social workers need to provide for families when sending written information.

It's really important that parents are aware of how our thought processes are going and what services we're able to provide them and parents need that to be explained and that would be down to our job to explain it.

(Social worker)

It was unclear from discussions with social workers if the issue of writing exemplars for different audiences resulted specifically from ICS implementation or was associated with broader trends. Two social workers felt that writing forms for different audiences and its associated problems predated ICS implementation. Indeed, two other social workers suggested it mirrored wider trends towards target oriented social work and an ever increasing need to justify resources.

ICS and changes to social work practice

When asked to consider if and how the implementation of ICS has, so far, impacted or changed their practice as social workers, four broad areas of change and concern

emerged amongst social workers. These are: the degree of change to personal practice; facilitating standard practice amongst social workers; being flexible and thinking more creatively; and redefining the boundaries of social work.

Throughout discussions, social workers across all four authorities stressed that on a practical, everyday level their personal practice and social work ethos had not significantly changed with the introduction of ICS. As social workers working with disabled children and their families they still sought to prioritise the needs of each disabled child, to raise disability issues within assessments/reviews, to work holistically with each family recognising the support needs of other family members and to involve parents and children, when possible, in the assessment/review process.

I try to work in a way that is creative and flexible and, you know, that I can still do my best for families and will manipulate information or forms if I feel it doesn't ask me what it needs, you know, and again, that's just about good practice.

(Social worker)

However, beneath this it was apparent that ICS was also felt to have led or potentially to instigate some important changes to social work practice. A third (six) of social workers (Authorities B, C and D) recognised ICS's more focused approach to information collection, especially the introduction of key questions for social workers to follow within the exemplars throughout the assessment process, raised the potential for a more uniform approach.

I actually quite like some of the format of the ICS, I like the way that it, it can keep you quite focused ... it actually keeps you quite organised in your thinking as to what kind of support goes into a family.

(Social worker)

Ideally, ICS would guide social workers as to what type of information to collect and the depth required and recorded. Hence, there could potentially be greater consistency in approach between social workers within one authority and also broader, across different authorities.

This move to greater uniformity can be interpreted in different ways and this was demonstrated in the interviews with social workers. Some social workers were very aware of both a positive and negative interpretation and thus held complex and at time conflicting views. On one hand, it was recognised that the more focused and prescribed ICS format left little room for individual social worker interpretations and judgements. It was thus perceived as a challenge to social workers' professional autonomy. In addition, there were comments that as social workers there was now less opportunity to be sensitive and responsive to each family's individual needs and circumstances if one merely followed the format of ICS exemplar.

On the other hand, it was also recognised that the ICS's more focused approach was a potential safeguard against poor practice. Previous recording mechanisms which gave social workers greater flexibility and were less prescriptive of questions to ask may have worked well for some social workers but, for families experiencing assessments, what information and how it was requested, and its depth could and often did vary. It was thus recognised that a more standardised approach to information collection may procure more consistent information for families and ensure more clarity for them of social workers' and other professionals' roles and responsibilities.

There was a general consensus amongst social workers that a rigid question and answer format was not the best approach to adopt when collecting information from families. An important part of good social work practice was flexibility; however, how far ICS encouraged or enabled social workers to be flexible was a contested issue. For those in Authority C (all four social workers), it was suggested that ICS should be viewed as a tool to be used by each social worker, a guide which they personally adapt. ICS exemplars were thus felt to have a positive potential for social workers to develop in their own practice. In contrast, social workers in authorities A and B, particularly authority A (four out of six) were rather more cynical and felt there was often a need for social workers to be flexible and think creatively, for example, as previously discussed in relation to incorporating information beyond the written word, such as children's drawings and photos. However, this takes time and commitment and time was a contested issue for these social workers, as it was now felt they had less time to spend with families due to ICS's administrative demands. The ideal of being flexible may be acknowledged but in practice it was felt difficult to achieve.

Furthermore, the very issue of facilitating more standardised practice and procedures amongst social workers may be grounded in theories of a child, whether disabled or looked after, is a child first and foremost but, as Section 4.2 demonstrated, many of the social workers interviewed had clear concerns regarding the appropriateness of ICS exemplars when working with disabled children and their families. Exemplars were still felt to be premised on child protection criteria and issues, many of which were regarded as unhelpful. Being flexible within one's own practice is one issue, but how to be flexible with inappropriately perceived tools was the key question and concern raised by ICS for these social workers in Authorities A and B.

Related to the issue of a more uniform approach and standardised questions there were also wider concerns that the very nature of social work as a profession and role of a social worker was being redefined. For social workers, predominately in authorities A and B, this was viewed negatively and on a personal level as potentially threatening. Concerns that professional autonomy was being challenged were also interwoven with the broader move to electronic records and social workers spending an increasing proportion of their time in the office inputting data onto client records.

Social workers raised fears that they were increasingly becoming de-skilled administrators and bureaucrats merely inputting data from rigid exemplars.

Well, it just feels like I'm a VDU inputter, as I don't have any, I don't feel I have a sense of control over my work any more.

(Social worker)

Opportunities to make personal judgements based on professional knowledge and experience were now viewed as potentially limited. Unsurprisingly this led to a sense of frustration and also disappointment amongst these social workers and of being de-valued as a profession. Indeed, over half (six) of the social workers in authorities A and B stressed that their role could increasingly be viewed as a service broker rather than social worker, as they had less time for direct contact and face to face counselling or advice giving to families.

It completely redefines our roles, we're not social workers anymore, we're, we're care managers, care managers really and, you know, an unfortunate term was used by one of the ERIC team that we were in fact brokers of services and that was it.

(Social worker)

As time was felt to be increasingly pressured, non-assessment activities, such as counselling or spending time with children getting to know them or doing leisure activities with them were in danger of being marginalised or contracted out to other workers.

It must be reiterated that while these concerns were expressed by social workers in Authorities A and B, the social workers interviewed in Authorities C and D did not view ICS implementation as a threat to their professional autonomy and professionalism as social workers. However, as noted previously, there were important differences between social workers in Authority A and B and Authority C. In the latter, many of the social workers were either newly qualified or relatively new to the sphere of disability, whereas social workers in Authorities A and B had spent many years working with disabled children and their families. Differential time spans and experiences may colour their views and interpretation. In addition, social workers' disenchantment in Authority A may have been influenced by their implementation experiences. As noted in Section 4.2, social workers in Authority A were frequently critical of how management had implemented ICS, decisions were often felt to have been imposed, 'top down' with very little, if any, social worker consultation. In contrast, social workers in Authority C did not voice such concerns or express feelings of exclusion.

'Good' social work practice? Parents' evaluations and implications of ICS

Parents' evaluations of social worker practice suggested that the introduction of ICS had, so far, not significantly changed everyday practice. Out of the 18 families that felt able to make pre and post ICS comparisons (four did not feel able to compare), three quarters (14) could not see any real difference in social work practice,

particularly, in the approach their social worker takes, preparation for assessment/review and how information is collected and recorded. Only four parents noted changes between their last assessment/review (i.e. post ICS implementation) and previous assessments/reviews or social worker encounters. These changes focused on social workers asking more questions and requiring more in-depth information, making notes during meetings and increased levels of communication during the assessment/review process, i.e. being kept informed. However, as noted earlier, for all four parents different social workers had conducted pre and post ICS assessments and one family had moved authority. Hence, these parents were not comparing comparable situations, it is thus difficult to disentangle social workers' personal approaches and priorities from broader changes associated with ICS implementation.

Indeed, throughout parents' interviews, it was apparent that they had very clear ideas of what constitutes 'good' social work practice in relation to information collecting and recording during the assessment/review process and also in everyday social worker interactions. This final section draws together and summarises key aspects of 'good' practice that parents prioritised, these can be grouped into three broad areas: social workers' interpersonal skills and approach; family ethos; and information collection and meeting formats. Good practice issues cannot be viewed in isolation, they are frequently interwoven and hence, some of those highlighted below have been previously noted in relation to themes such as family involvement and social workers' use of ICS exemplars. These 'good' practice criteria were shared by parents across all four pilot authorities and were frequently irrespective of the type or stage of assessment that parents were discussing. However, it must be reiterated that these parents were in many ways a quite specific group, as nearly half (10) had had the same social worker for three or more years and thus had established a good working relationship, irrespective of ICS implementation.

Interpersonal skills and approach

Parents valued a complex mix of personal characteristics and approaches drawing on a specific social work ethos. On a personal level, parents wanted a social worker with an informal and relaxed 'chatty' approach, someone who puts them at ease and is not intimidating.

You see, when I phone Sophie [social worker], she always makes me feel like what I'm saying is important to her. She never brushes me off, 'oh, sorry, I haven't got time for this', it's always, I'll get back to you ... she makes you feel what you're going through as a parent is important, 'cos it's important to me ...

(Parent)

Related to this, parents also wanted to be respected as 'knowing' parents, especially in relation to their child's disability and its impact on their child's life, in terms of medical, care and emotional needs.

They do, they do treat us like we know him better than anybody else, don't they? [said to husband]
(Parent)

Parents wanted opportunities to make decisions about the 'appropriateness' of services, and for these to be respected. For example, two parents stressed the importance of their social worker respecting their decision to reject overnight respite care as inappropriate for both their child and the family as a whole.

Priority was also given to social workers being non-judgemental and not patronising, in particular, four parents noted that their social worker did not apply general disability or textbook theories in a blanket manner, personal circumstances and a child's individuality were taken into account.

I've had people coming in and because they're read up on it [autism] they think they, they think they know but Ruth [social worker] doesn't, Ruth comes in open minded and takes on board what you're saying ... but this lady [other professional] came in and was adamant that I was doing it wrong but she came in for an hour's visit and told me what I was doing wrong and how I should be doing it and went again. Ruth comes in and listens and works with you rather than coming in and telling you, she comes in and offers advice but she takes on board the circumstances as well, you know, that everybody's different and every family's different ...
(Parent)

In many ways, this was related to social workers taking an interest and trouble, 'getting to know' a family, hence, the importance of establishing an ongoing relationship over time. However, amongst parents meeting their social worker for the first time, a non-patronising and open minded approach was also clearly valued.

Finally, there was consensus amongst parents of the importance of social workers 'being there' for them and keeping in touch. How parents wanted social workers to 'keep in touch' and the degree of regularity varied. Some preferred social workers to take the initiative, either ringing them or 'popping in', whereas others preferred to take the initiative themselves, contacting social workers as and when appropriate. For those with established (11) social work relationships it was often a dual process with each party feeling able to take the initiative when necessary.

If I've got a problem I can ring her up or if she's got a problem or she needs to speak to me about something, she'll give me a ring and we'll meet up or if it can be sorted out over the phone, we'll sort it out over the phone ... I mean, I've known her quite a few years so she's like a friend now, so she just comes in and chats.
(Parent)

Here, the key point to note is that 'good' social work practice is sensitive to the needs of each family and their preferences.

Approaching the family

All parents valued social workers recognising the importance of taking a holistic family approach; this was viewed as a cornerstone of 'good' practice when working with disabled children.

Now what I've always liked about Margaret [social worker] is the way she's always, she always asks about all the family, even though obviously she's primarily, she's come to talk to us about Emma ... I've always liked the way right from the start that Margaret took the attitude, 'oh, you know, Emma's disabilities affect everybody, how can I help everyone' ...
(Parent)

However, there were clear differences amongst parents with regard to the degree that they wanted or expected to discuss different family members' needs and service outcomes, such as their own as parents, other siblings and extended family, particularly grandparents, and also how far siblings should be directly involved in the assessment/review process. For example, the vast majority parents wanted and prioritised their social worker to meet and chat with siblings when appropriate, whereas, a small minority (two) felt this was inappropriate and that they, as parents, could discuss sibling needs.

Does she [social worker] ask you about the boys, does she meet them?
(Researcher)

If they come in, yes but she doesn't ask to meet them ... the boys have been catered for [with services] in the past, now they're in school it's not relevant really ... I don't think it's necessary really as social services wouldn't normally be involved with a twelve year old and a ten year old, so I don't think its relevant for Ruth [social worker] to be involved in their lives and future.
(Parent)

In terms of parent needs, the degree of discussion wanted or expected with social workers varied and depended on parents own prioritisation of their needs and current family circumstances. As noted earlier (see Section 4.3), many parents found discussing their own priorities difficult and thus welcomed social worker support and encouragement to consider their own needs. Only a small minority (three) did not prioritise or want to discuss their own needs and outcomes. Once again, the key point to note is the need for social work practice to be both flexible and sensitive to different family's needs and circumstances, which are not static but continually changing. At different points in time, parents want to discuss their own needs in different degrees of depth.

With regard to disabled children, especially for children as in this sample with complex and multiple disabilities, many parents felt that their child's level of understanding prohibited active involvement in the assessment/review process. For example, only five children had attended assessment/review meetings and amongst those that had not, this was not an issue of parental concern or contention. Indeed,

only two parents want more involvement generally for their child. 'Good' social work practice focused on social workers taking time to meet and chat with their child. The key factor was showing respect, with social workers speaking directly to their son/daughter and listening to their feelings, irrespective of the depth of conversation. The very act of meeting with their child was valued.

Quite often she'll, if he's [son] playing with something she'll get on the floor with him and she's very good, like she'll say, 'can I come on the floor and play with you? What's that one there, can I touch that one? [toys] 'Cos he doesn't always like you touching his things, touching and playing with him but she always asks him, 'can I do such-and-such?' Sometimes he says not to her and she'll say, 'Oh, ok then, that's fine'.

(Parent)

Parents clearly held relatively low expectations or standards of involvement for their child; however, this appeared to be premised on ideas of practicality both in terms of what their child could actively contribute and also past experiences of social workers ignoring their child and speaking only to them.

Information collection and the format of meetings

When discussing how information had been collected during the assessment/review process it was clear that the actual venue of meetings, whether it was at home, care unit or residential school was not as important as the format and atmosphere of the meeting itself. Parents valued an informal and relaxed atmosphere but one that was still regarded as professional, with social workers taking the lead and guiding the assessment/review process. 'Good' social work practice was focused but flexible, leaving room for parents' ideas and comments.

There were lots of people there and it was all very open and relaxed, it was formal but informal, you know what I mean?

(Mum)

Yeah, yeah, we were pleased, I think we came away with a pleasurable experience anyway 'cos it was still professional.

(Dad)

Many parents (11), especially those undergoing ongoing reviews, valued informal pre-meetings with their social workers before formal meetings, as this provided (as noted in Section 4.3) an opportunity for parents to discuss any issues that they wanted to raise in the formal meeting and how to approach and plan for the meeting itself. Feeling prepared and more 'in control' was important. For parents experiencing initial assessments or meeting their social worker for the first time (five), ideas of 'good' assessment practice were also apparent and focused on having more than one meeting. The first meeting being a 'getting to know you' session and subsequent meetings providing an opportunity for both the social worker and parents to provide more detailed and focused information and to check and clarify issues.

There were several meetings although they weren't as long as the first one and I can't remember what they were all about but they were obviously, you know gleaning further information 'cos they all fed into the final report.
(Parent)

You know, I think that first meeting was really helpful, yeah, 'cos you're not, it's just an informal meeting, you know, you're worrying about all we were saying, is it going to go down on paperwork and you know, and then she said, 'I'll come next time and do the assessment'. So you know, you've got some time to mention things, you kind of know, it help with the person not being a complete stranger like the first time.
(Parent)

Good practice with regard to 'how' information should be collected, once again, focused on the importance of informality. There was a general consensus amongst parents that they wanted social workers to adopt a conversational approach rather than direct questions and answers sessions.

She [social worker] did it in a very sort of like relaxed informal kind of chit-chatty way but obviously at the same time she was getting all the information that she needed, it was then her job to go away and transcribe that and put, put that information into the various different sections ... I think you get more, you get more of an answer when you're sort of chatting in a round about way rather than having a certain sized box that you have to fit it all into.
(Parent)

When asked if they had been shown the new ICS exemplars, either before or during the assessment/review process, only two parents had seen any forms. However, out of the 20 families that had not seen the exemplar their social worker was using, only two felt this would have been advantageous, informing them of criteria guiding social workers and questions that may arise.

Would it have been useful to have seen the forms beforehand, do you think?
(Researcher)

Yeah, I think it would, to see them and then explain what each section was and that, yeah, I think it would ...
(Parent)

For the vast majority, 'seeing forms' was felt to potentially 'get in the way' of chatting and collecting information that they as parents regarded important and relevant. Hence, although parents wanted social workers to lead assessments, they clearly valued having potential opportunities to direct the content and scope of information collected.

How social workers approached information collection has been previously noted with regard to parental involvement, parents (six) valued being kept informed

throughout the assessment/review process, with ongoing communication and updates, especially after information had been collected. Social workers actively listening to parents was also a key factor. Parents wanted to see direct action (six), for example if they asked for information, this was provided, or social workers actively checking that they had understood parents' ideas rather than presuming an understanding (nine parents).

Opportunities for parents and children to draw on the services of advocates, especially at more formal meetings, are often viewed as an indicator of good practice. However, advocates was not a high priority for these parents, only one parent regularly used an advocate, one parent had been asked if they would like an advocate and one would have liked to have been given the opportunity to have an advocate. For the remaining parents (19), advocacy had not been discussed and was not felt necessary or appropriate. Once again, context is here important, as many parents with established social worker relationships indicated that it may have been discussed in the past but now was not considered relevant.

Were you offered the services of an advocate?
(Researcher)

No, it was offered in the past but I don't, I didn't need it, it's not needed.
(Parent)

However, the important point to note is that parents, especially those experiencing initial or core assessments, were not routinely offered advocates. Despite this, it is interesting to note that parents did not now want advocates, as they felt able to talk to their social worker and raise any issues they wanted. Hence, reiterating the importance of an open, informal and relaxed atmosphere.

Being offered the services of an advocate for their child was similarly not an important factor in 'good' practice for parents. Only four felt it would have been useful to have discussed advocates and this was in the context of future considerations rather than their current assessment. For example, as their child moved towards adulthood and they became older, in case anything happened to them. The general consensus amongst parents was that they were the best advocate for their child and could communicate most easily and effectively with them.

I mean when Mark's here and they [social services] come out, they only get so much from him, Mark will say 'yes' or 'no'. He'll say 'no' if he doesn't want to do something and he'll tell me ... I know if Mark's not happy, I get back to them and I'll say, 'this isn't working.'
(Parent)

So you sort of work as his advocate then.
(Researcher)

Yeah, I very much decide whether Mark's going to like this or whether he's not or we'll give it a try if I'm not sure.
(Parent)

Policy highlights the importance of advocates for children, recognising the potential for conflicting opinions and perspectives between parents and children, however, for these parents this was not an area of concern.

Implications for ICS

Within parents definition of 'good' practice it is apparent that two overarching and inter-related themes predominate: firstly, the importance of building a relationship with each disabled child and family members, and secondly, being sensitive to each family's needs and preferences, with social workers recognising that different family's require different levels of support, information and advice at different points in time, as family circumstances and life events change. However, the importance of 'good' social work practice, that is, being sensitive and flexible is premised on three issues that a number of social workers (especially those in Authorities A and B) regard as currently being contested, redefined or under threat with the introduction of ICS. The first issue relates to time, in particular having the time to get to know families and listen to their ideas/feelings, especially those of disabled children. It was feared that this time is being eroded. Secondly, the importance of an advice and counselling role, conducting an assessment is much more than information collection and recording. However, with an onus on official timescales and meeting targets, many were left wondering where and how does a social worker's role as counsellor fit in? The final concern raises the issue of social worker flexibility and an ability to employ professional judgements. Families clearly value professionals drawing on their expertise, however, social workers in Authorities A and B fear that ICS is or will potentially stifle this.

5 Discussion

The results above present findings regarding ICS implementation as experienced by parents of disabled children and their social workers in four diverse pilot authorities. Important issues were discussed in relation to knowledge of ICS, its aims and objectives, practical experiences of using ICS technology and its operating systems, the collection and recording of information on ICS exemplars and finally, its impact on and wider implications for social work practice and parent assessment/review experiences. Results indicated that a number of issues were clearly disability specific; however, it was also apparent that many had general applicability and relevance to social workers working in different areas of children's services, such as LAC and those 'at risk' of child abuse. This final section will focus on the disability specific issues related to ICS, experiences and suggestions raised by social workers and parents. Issues that have a broader applicability and cut across other areas of

child social work will be discussed in the final project report. That report will draw together the four strands comprising the University of York ICS Pilot Evaluation study: the Audit, Process, Record and Disability studies.

The results present the ideas and experiences of a range of families and social workers recruited from across all four pilot sites. The children of the 22 parents interviewed had a complex mix of physical, communication and learning disabilities, were of varying ages ranging from six to 18 years and, at different stages of the assessment/review process from initial assessments to ongoing short break or LAC reviews. The researchers also interviewed the social workers who had conducted each family's ICS assessment/review. Overall, 16 social workers were interviewed.

5.1 Limitations of the study

It is important to acknowledge that the disability study has certain limitations which must be borne in mind when considering the results and suggestions made. As noted in Section 3, the researchers faced many difficulties gaining a sample of families. Recruiting a sample of black and minority ethnic families proved impossible, hence, the sample was predominately white British with just one family who had migrated from Eastern Europe. The experiences of black and minority ethnic families could not be explored and this was mirrored in the social worker interviews, as the social workers in all four authorities generally had very little experience of working with black and minority ethnic families. In addition, the type of assessment/review that families were experiencing tended to cluster within certain authorities, for example, in Authority A all the families were experiencing ongoing reviews, whereas in Authority B, family experiences focused around Initial assessments. Once again, this was replicated in the social workers' interviews and their experiences of using only certain ICS exemplar. This clustering was beyond the researchers' control as it was based on how the different authorities had implemented ICS and different exemplars. Only one authority (C) had implemented all the exemplars, the other three authorities had adopted a phased approach.

The importance of time must also be considered, for example, how long parents have received services and support from social workers. Half the sample of parents had an established relationship with their social worker of three years or more, these parents may well experience the assessment/review process in a very different manner to parents new to the assessment/review process, such as those experiencing initial assessments and meeting a social worker for the first or second time. Time was similarly an important consideration for social workers in the four pilot sites, as each authority had implemented ICS at different points in time and thus social workers had used the ICS and its exemplars for different periods of time. These differences ranged from over a year and a half (Authority A) to only a couple of months (Authority D). For the latter, their experiences and evaluations were essentially initial thoughts. Finally, one must also consider the length of time social workers had spent working in

the sphere of disability. The disability team in Authority C had recently been re-organised and consisted of a number of recently qualified social workers and staff new to field of disability, having previously worked in other areas of social work. In contrast, the social workers interviewed in the other three authorities had all spent at least three years working with disabled children and their families. Despite these limitations, both the social workers and the parents interviewed highlighted a number of important and interesting issues not only in relation to ICS implementation, but also raising wider concerns and considerations for current and future social work practice. Indeed, discussions with colleagues in the Audit, Process and Record studies have indicated that many of the issues and concerns raised in this study were similarly noted by participants in their studies.

5.2 Parents' views of ICS

For pragmatic reasons, this discussion largely focuses on areas of concern and suggestions for future consideration raised by social workers, as discussions with families demonstrated that parents had very little knowledge of ICS: its aims and objectives; when and how it had been implemented in their authority; and, the wider move to electronic records. Indeed, only three out of 22 parents had some knowledge and understanding of ICS and this was limited to technical problems that their social worker was experiencing rather than the actual aims and objectives of ICS as a system of information collection and recording. In many ways this lack of knowledge and indeed interest in ICS is not surprising, as it was clear that none of the four authorities had formally informed parents of the introduction of ICS within their authority. Whilst recognising the importance of keeping parents informed, in reality, many social workers felt that parents would not be interested in the introduction of ICS. This observation was reiterated in the comments made by many parents, as only nine parents wanted more ICS information, over half (13) were either ambivalent or did not want more information, as it was not viewed as personally important. For the latter, priority was not afforded to the process of information collection but rather only to tangible results of assessments/reviews, such as services suggested and then received.

In a similar manner, parents lacked knowledge and understanding of the wider move to electronic records. Once again, only three parents had some knowledge and this was gained informally from their social worker. Although electronic records are now common in everyday life, there are important data protection and confidentiality issues to consider and boundaries to be established amongst different professionals. These issues, however, were not of key concern to most parents, only seven expressed confidentiality fears and most parents either did not have any concerns or took a more pragmatic view that confidentiality could be abused in both paper and electronic formats. Despite this lack of parental interest, confidentiality and data protection issues are important and there are real questions of information access and sharing that social workers and social service departments will need to consider

in the future. Indeed, as ICS is rolled out across the country to all social service departments, parents may become more aware of ICS and its wider electronic information implications, and hence, they may start to ask more probing questions.

Children had even less knowledge of ICS than parents and it was not possible to discuss issues specifically to do with ICS with them. Interviews focused on the support they received from social services, their relationships with their social workers and their participation in meetings. As for parents, these discussions highlighted the importance for the children of good social work practice and, in particular, a supportive relationship with a social worker who listened to them.

5.3 Disability specific ICS issues and social workers' suggestions

The findings of the study highlight that there are seven broad areas of concern for social workers surrounding the applicability and usefulness of ICS in its current form when working with disabled children and their families. In theory, although the social workers interviewed acknowledged and respected the policy aim that disabled children should be treated as children first and foremost rather than disabled, in practice, the appropriateness of having one standard ICS format and set of exemplars for all was questioned. Disabled children and their families face additional and often quite specific circumstances and care needs compared to other children. In order to accommodate this, the social workers interviewed indicated that they frequently employ different practices and approaches when working with disabled children and their families. However, it was felt that ICS exemplars do not always accommodate these practices or the needs of disabled children. Social worker concerns and suggestions for future consideration can be summarised as follows:

1. Duplication of the problems associated with the 'Framework for the Assessment of Children in Need'

Results demonstrated that over half (nine) of the social workers interviewed were disappointed with the ICS and its exemplars and they felt this replicated many of the problems previously felt to be associated with the 'Framework for the Assessment of Children in Need'. Concern focused on their continuing bias towards child protection issues and concerns and their general lack of disability awareness. This was most clearly demonstrated in the language used, such as 'parenting capacity', which was viewed as potentially patronising and offensive to parents of disabled children, especially those officially defined as looked after children due to the degree of overnight respite care received. The situation of these disabled children and the care they receive from their parents is frequently very different from children defined as 'at risk'. Indeed parents with disabled children frequently provide extra care over and above that of other parents (Roberts and Lawton, 2001). However, it was felt that ICS exemplars do not take this into account. Hence, ICS was felt to be 'more of the same' rather than a significant alteration to previous recording systems. In order to achieve real change, radical rethinking was required; initially, to acknowledge the child

protection bias and then to begin moving beyond to develop more sensitive and appropriate exemplars.

Points two to six present the specific suggestions raised by social workers for adapting ICS exemplars to meet the needs of disabled children and their families.

2. *More guidance and 'free space' sections*

When recording disability specific information, especially a child's disability and their medical condition, half of the social workers interviewed across all four authorities felt that the exemplars were inadequate and at times confusing. In terms of the former, social workers suggested, as noted above, that disability was still presented as a peripheral issue, an 'add-on' or afterthought. In particular, social workers wanted more clearly designated sections to record disability specific issues. For children with complex and multiple disabilities, disability impacts upon many areas of a child's life, however, social workers felt it was not always clear where to put specific disability information, especially health related information if it extends (as it frequently does) beyond the specific sections on health. Should this information be repeated in other areas, such as education or personal development? Recognising this, more guidance, especially disability specific guidance would be welcomed. This would help to prevent social workers feeling that they were frequently 'guessing' how to complete forms, what information to include and where to put it.

I think I'm increasingly finding things difficult where sort of information is to go, with children with disabilities, I think all the forms ... are very much geared for children who are in the mainstream.... they obviously have more health needs and physical needs as well as medical needs as well as emotional needs, they have more needs than the mainstream children do ... I just fit things in where I think they need to go.

(Social worker)

So you think you've had to use your judgement?

(Researcher)

Yeah, I think within our team we're actually very good at asking each other where we think things should go, so we tend to use our own imagination to where we think the information needs to be put in.

(Social worker)

In addition to more guidance, it was also suggested that more 'free space' sections, where disability specific information that does not neatly fit into any specific area but is important to record, would similarly be useful and would ensure that a more comprehensive and holistic picture of the disabled child is presented.

3. *Generalised and 'bland' care information*

In a similar manner to the above, although it was recognised that ICS may collect and record more information about families, paradoxically, it was also felt that the information actually recorded was in danger of being rather generalised and 'bland'. In particular, social workers from Authorities A and B (seven out of ten) were

concerned that within ICS exemplars there was nowhere to highlight or explain in-depth the specific care needs of disabled children and the caring strategies and preferences adopted by families. Current practice indicated that some social workers in Authorities A and B were using previous recording mechanisms, which were felt to record this specific care information more clearly, in addition to completing ICS exemplars. However, completion of additional forms was frequently in paper format and thus created two separate but parallel recording systems. It was recognised that there were problems with this situation, as it created more administrative work for social workers and defeated the wider ideal of moving to one electronic recording system. It was thus suggested that ICS exemplars needed modification, in particular, more designated space for social workers to record the specific care needs of disabled children and the caring strategies employed by families. Creating a designated space on ICS exemplars could have three potentially positive effects. First, it may help to reduce the administrative demands made on social workers working with disabled children and their families. Secondly, it might reduce the current variation in practice amongst authorities, as not all authorities and social workers either complete additional forms outlining specific care needs or use the same forms if they do record these needs. Thirdly, recording all information electronically rather than having some in an electronic and some in a paper format may help to ensure that all case information is read by relevant parties. Having two parallel systems retains a danger that only certain information, that is, only electronic or paper held information will be read.

4. *Inappropriateness of using age related exemplars*

Nine social workers, in three of the four authorities, highlighted problems associated with using age related exemplars when working with disabled children and their families. Concern focused on core assessment exemplars and their mismatch between chronological age and cognitive development for disabled children. Social workers found these exemplars personally unhelpful and for families, frequently a negative experience, as they highlighted disabled children's lack of achievement, in terms of 'normal' physical, emotional and learning milestones associated with chronological age. For these social workers, ICS raised important questions as to what they should base assessments on, a disabled child's chronological age or their development. Social workers found making an either/or decision of which exemplar to use difficult, as exemplars based on both chronological age or developmental milestones were frequently partial. It was recognised that social workers need to be flexible and sensitive to each family's needs but it was also felt that ICS core exemplars in their current format were inappropriate for social workers to administer. Although the social workers interviewed did not have any specific suggestions, it was clear that they would welcome more free space on exemplars to record alternative, more appropriate milestones and achievements for disabled children. This would enable a more accurate picture of achievement to be presented and would also potentially facilitate a more positive experience for families, both parents and the disabled child.

5. *Incorporating information in different formats*

Here, two separate but interwoven issues were raised regarding the appropriateness of ICS exemplars for children. Amongst social workers there was general consensus that exemplars were clearly targeted for parents. The format and language used was largely inaccessible and unappealing to children. Recognising this, three social workers stressed the need for separate, more appropriate and accessible child forms, with exemplars and written summaries that were shorter and written in plain English, incorporating, as and when appropriate, the use of symbols. Discussions revealed that very few social workers currently sending children their own copy of written reports or summaries, developing a separate, more 'child friendly' version of exemplars may encourage more social workers to send separate copies to parents and children. It can be argued that this increases the administrative work load of social workers, as two forms are produced, however, if one really wants to begin involving children in a meaningful way, appropriately presented and targeted information is an important consideration.

The second issue highlights the concern that exemplars are based on and prioritise the written word above all other forms of communication. For disabled children and those with communication disabilities who use alternative modes, such as visual communication, this can be exclusionary⁶. A key question for social workers in Authority A was how and where to incorporate and record children's ideas and feelings if they had communicated these in a visual format, such as photos and symbols. Currently there was confusion as to where and how to incorporate visual information within electronic records. Failure to record such information was viewed as not only potentially exclusionary for children but also dangerous as social workers frequently became more reliant on parents and other professionals for their interpretations of children's ideas and feelings. It was thus suggested that there is a need to clarify where and how to attach other forms of communication to electronic records. Currently, it was clear that social work practice differed, some social workers attached other forms of information, such as drawing and photos to paper records, whereas others did not. Establishing more clearly how to attach other forms of communication provides concrete evidence of social workers' communication with children. It may encourage more social workers to draw on children's visual communication abilities and thus enhance the currently low levels of consultation with and involvement of disabled children in decisions about their care (Cavet and Sloper, 2004).

6. *Unrealistic timescales*

Official ICS timescales were generally viewed as tight and difficult to achieve, this was particularly the case for initial assessments with 14 out of 16 social workers viewing the current seven day time limit as unrealistic. As noted earlier, 35 days for

⁶ It is recognised that there may also be issues for children with visually impairments, re braille, however, this was not raised as an issue of concern by the social workers in this study.

core assessments may be more realistic if one knows a family but this was felt to be unrealistic if the social worker did not know a family. It was stressed that current ICS timescales do not reflect the fact that collecting information for assessments frequently takes longer for disabled children compared to other groups of children. Information often needs to be collected from many different professionals across a range of agencies (especially health and education), each working with their own priorities and timescales. Furthermore, working to establish a relationship with disabled children and their families takes time, especially getting to know and listening to children with communication impairments. Discussions indicated that official timescales are currently frequently ignored, as social workers prioritise good quality information rather than meeting an official target. In light of this, three social workers suggested the need for extended disability specific timescales. Social workers may respect these as more realistic and they may also help reduce the potential stress unrealistic timescales can incur.

7. Training

The final issue focuses on a broader issue, the need for more appropriate and specific ICS training. Results indicated that none of the social workers had received disability specific ICS training, however, 15 out of 16 would have welcomed this, particularly an opportunity to consider and discuss disability specific issues with colleagues, both IT specialists and disability social workers. One potential resource that was clearly under utilised was the DfES ICS website which contains information and guidance on using communication tool kits when working with disabled children. Only four social workers had accessed this website. However, when the researcher highlighted the website and its resources there was a great deal of interest amongst all those interviewed. Publicising the DfES website clearly needs to be prioritised and active information strategies adopted to inform social workers of a useful resource.

In conclusion, it appears that whilst ICS has some potential to be a useful system for social workers in services for disabled children, the social workers involved in this study felt that a number of adaptations to the system and its use were needed before this potential could be realised. As far as parents were concerned, they could not detect any differences pre and post implementation of ICS and the key issues for them were their relationship with the social worker and good social work practice.

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APPENDIX 1

Family Background Questionnaire

THE INTEGRATED CHILDREN'S SYSTEM: FAMILIES WITH DISABLED CHILDREN PROJECT

Family Background Information

Parents/Carers

1. Are you...?

- Child's mother Child's father
 Other (please state) _____

2. Is your child either fostered or adopted?

- Yes No

3. If Yes, which of these?

- Fostered Adopted

4. Are you...?

- Married or living as married Separated or divorced
 Single Widowed

5. Your age:

6. Which best describes your origin?

- White Indian
 Black-Caribbean Pakistani
 Black-African Bangladeshi
 Chinese Other (please state) _____

7. How are you employed? (Please tick all that are relevant)

- Parent/carer Paid employment

If in paid employment, is this full time or part time?

- Full time Part time

Your Children

1. Including your disabled child, how many children do you have?

2. Is your disabled child...?

- Male Female

3. How old is your disabled child?

4. How old are your other children (if any)?

Your Partner (if appropriate)

1. Partner's age:

2. Does your partner live at home?

- Yes No

3. Which best describes your partner's origin?

- | | |
|--|---|
| <input type="checkbox"/> White | <input type="checkbox"/> Indian |
| <input type="checkbox"/> Black-Caribbean | <input type="checkbox"/> Pakistani |
| <input type="checkbox"/> Black-African | <input type="checkbox"/> Bangladeshi |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Other (please state) _____ |

4. How is your partner employed? (Please tick all that are relevant)

- Parent/carer Paid employment

If in paid employment, is this full time or part time?

- Full time Part time

Your Child's Disability

1. Please describe the diagnosis you have been given for your child's condition:

.....
.....
.....

2. Does your child's disability mean he/she has difficulties in any of the following areas?

	Not at all	Moderately so	Very much so
a. Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Mobility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Vision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Hearing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Continence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. What kind of school/college does your disabled child currently attend?

- | | |
|--|---|
| <input type="checkbox"/> Child too young to go to school | <input type="checkbox"/> Special needs nursery |
| <input type="checkbox"/> Nursery | <input type="checkbox"/> Residential school |
| <input type="checkbox"/> Special school | <input type="checkbox"/> Special unit in ordinary/
mainstream school |
| <input type="checkbox"/> Ordinary/mainstream school | <input type="checkbox"/> Ordinary/mainstream college |
| <input type="checkbox"/> Residential college | <input type="checkbox"/> University |
| <input type="checkbox"/> Special unit in ordinary/mainstream college | |

4. Does your child have a statement of special educational needs?

Yes

No

5. Which best describes your disabled child's origin?

White

Indian

Black-Caribbean

Pakistani

Black-African

Bangladeshi

Chinese

Other (please state) _____

Name of parent/carer completing the questionnaire:

APPENDIX 2

Social Worker Questionnaire

EVALUATING THE INTEGRATED CHILDREN'S SYSTEM
PILOT PROGRAMME: DISABLED CHILDREN
AND THEIR FAMILIES PROJECT

QUESTIONNAIRE FOR SOCIAL WORKERS

(Families interviewed within the disabled children and their families' project)

**Research funded by the Department for Education and Skills
and the Welsh Assembly Government**

Notes

- I. Please complete the questionnaire answering each question and following specific instructions as given.
- II. Please return the completed questionnaire (if possible, before our telephone interview) in the pre-paid envelope provided.
- III. If you have any questions regarding completion, please contact Wendy Mitchell or Tricia Sloper at the Social Policy Research Unit, University of York, Heslington, York, YO41 4BE, Tel: 01904 321950, e-mail: wam1@york.ac.uk or ps26@york.ac.uk.

A. BACKGROUND INFORMATION

Social Worker Details

- 1. Name:
- 2. Current position:
.....
- 3. How many children/families do you have on your current caseload?
- 4. How long have you been a member of the Disability team?
- 5. Please list any other teams (in your current authority) that you have worked in and their areas of expertise:
.....
.....
.....

Details of Family(ies) Interviewed for the ICS Disability Study⁷

Family details

1. Name of disabled child:
2. Age of child:
3. Child's disability:
.....
.....
4. Name of parents/carers:
5. Number of siblings:
6. Age of siblings:
7. Services child and family currently receive from Social Services:
.....
.....

Assessment/Review

Please give details of the above family's last assessment/review (i.e. under the new ICS)

1. Type of assessment/review:
2. Why was the assessment/review conducted?
.....
.....
3. Date of the meeting:
4. Venue:
5. Who attended?
.....
.....

⁷ As noted in the report, some social workers had two participating families on their case load. A two family questionnaire was developed and administered to these social workers. This was based on the above one family questionnaire.

B. RESOURCES FOR SOCIAL WORKERS

On the DfES website for ICS, the Council for Disabled Children and Triangle have produced a list of useful resources for professionals working with disabled children and their families when collecting information and seeking to ascertain the views of disabled children.

1. Have you seen this list of resources?

Yes

No

2. Please could you indicate if you have used any of the resources on the following page:

For each resource below, please EITHER:

- Tick the box to indicate that you do not know the resource, OR
- Tick the box to indicate that you know of or have seen the resource but have not actually used it with disabled children and their families, OR
- Tick the box to indicate that you have used the resource with disabled children and their families.

If you have ticked the box indicating that you have used a resource, please rate the resource's helpfulness by inserting a number into the box from the scale below.

Helpfulness Scale				
1	2	3	4	5
Very Helpful	Helpful	Neither Helpful or Unhelpful	Unhelpful	Very Unhelpful

Helpfulness Scale

1
Very Helpful

2
Helpful

3
Neither Helpful
or Unhelpful

4
Unhelpful

5
Very Unhelpful

Name of Resource: Specific Resources for Social Workers		Resource not known (✓)	Resource known but not used (✓)	Resource used (✓)	If used, helpfulness of resource (insert scale number)
1	Family Talk (C. Macliver and M. Thom, British Association of Adoption and Fostering, 1990)				
2	'How It Is: an image vocabulary for children about feelings, rights and safety, personal care and sexuality' (Triangle and NSPCC, 2002)				
3	I'll Go First: the planning and review toolkit for use with children with disabilities (L. Kirkbride, The Children's Society, 1999)				
4	Michelle Finds a Voice (H. Hollins and S. Barnett, Royal College of Psychiatrists, 1997)				
5	Moving Pictures (H. Alton, British Association of Adoption and Fostering, 1987)				
6	My Book About Me (National Foster Care Association, 1999)				
7	Personal Communication Passports (Communication Aids for Language and Learning Centre)				
8	Talking Pictures (P. King, British Association for Adoption and Fostering, 1989)				
9	This Is Me (H. Roberts, 1998)				
10	Trans-Active (http://www.trans-active.org.uk/)				
11	Turning Points: Resources and Books for Child Centred Work (NSPCC and Being Yourself, 1997)				
12	You Choose: keep deaf children safe project (National Deaf Children's Society)				

Helpfulness Scale

1	2	3	4	5
Very Helpful	Helpful	Neither Helpful or Unhelpful	Unhelpful	Very Unhelpful

	Name of Resource: General Information and Advice	Resource not known (✓)	Resource known but not used (✓)	Resource used (✓)	If used, helpfulness of resource (insert scale number)
1	A Lot To Say (J. Morris, Scope, 2002)				
2	Ask Us! and Ask Us2! (The Children's Society, 2002)				
3	Bridging the Gap: child protection work with children with multiple disabilities (R. Marchant and M. Page, NSPCC, 1993)				
4	Counselling Children with Special Needs (G. Brearley, 1997)				
5	Don't Leave Us Out: involving disabled children and young people with communication impairments (J. Morris, Joseph Rowntree Foundation, 1998)				
6	Having a Say! Disabled children and effective partnership in decision making (P. Russell and W. Beecher, Council for Disabled Children, 1998)				
7	Listening On All Channels: consulting with disabled children (R. Marchant et al., Triangle, 1999)				
8	Move On Up (J. Morris, Barnardo's, 1999)				
9	Onwards and Upwards: involving disabled children and young people in decision making (J. Griffiths et al., Children in Scotland, 1999)				
10	People Plans and Possibilities: exploring person centred planning (H. Sanderson et al., 1997)				
11	Planning Care for Children in Respite Settings: 'hello, this is me' (H. Lavery and H. Reet, 2001)				
12	Seen and Heard: involving disabled children in research and development projects (L. Ward, Joseph Rowntree Foundation, 1997)				
13	Speaking Up, Speaking Out: pathways to self-advocacy (Communication Matters, 1998)				
14	Two-Way Street (R. Gordon and R. Marchant, NSPCC, 2001)				

C. USING THE ICS EXEMPLARS⁸

- From your own experiences using the ICS exemplars, have you found the following aspects helpful or unhelpful when working with parents of disabled children?

Using a scale, as before, of 1 to 5, please rate the helpfulness or unhelpfulness of each of the following aspects of ICS. Please answer each question and tick one box on the rating scale for each of the following exemplars that you use.

Type of Exemplar: Contact Record

Aspects of Exemplar	Rating Scale				
	<i>1 Very Helpful</i>	<i>2 Helpful</i>	<i>3 Neither Helpful or Unhelpful</i>	<i>4 Unhelpful</i>	<i>5 Very Unhelpful</i>
1. General format					
2. General language used					
3. Disability specific language used					
4. Type of information the forms seek to collect					
5. Depth of information					
6. Flexibility of the form					
7. Ability for social workers to record 'other' types of information					
8. Ability for social workers to include information in a different format					
9. Space to record service outcomes					

⁸ Questionnaires were personalised to match each social worker's use of specific exemplars. A questionnaire relating to two exemplars are given above, however, the specific number of exemplars depended on each social worker and their case load.

Type of Exemplar: Referral and Information Record

Aspects of Exemplar	Rating Scale				
	<i>1 Very Helpful</i>	<i>2 Helpful</i>	<i>3 Neither Helpful or Unhelpful</i>	<i>4 Unhelpful</i>	<i>5 Very Unhelpful</i>
1. General format					
2. General language used					
3. Disability specific language used					
4. Type of information the forms seek to collect					
5. Depth of information					
6. Flexibility of the form					
7. Ability for social workers to record 'other' types of information					
8. Ability for social workers to include information in a different format					
9. Space to record service outcomes					

2. Have you found the following aspects of the ICS exemplars helpful or unhelpful when working with disabled children?

Using a scale, as before, of 1 to 5, please rate the helpfulness or unhelpfulness of each of the following aspects of ICS. Please answer each question and tick one box on the rating scale for each of the following exemplars that you use.

Type of Exemplar: Contact Record

Aspects of Exemplar	Rating Scale				
	<i>1 Very Helpful</i>	<i>2 Helpful</i>	<i>3 Neither Helpful or Unhelpful</i>	<i>4 Unhelpful</i>	<i>5 Very Unhelpful</i>
1. General format					
2. General language used					
3. Disability specific language used					
4. Type of information the forms seek to collect					
5. Depth of information					
6. Flexibility of the form					
7. Ability for social workers to record 'other' types of information					
8. Ability for social workers to include information in a different format					
9. Space to record service outcomes					

Type of Exemplar: Referral and Information Record

Aspects of Exemplar	Rating Scale				
	<i>1 Very Helpful</i>	<i>2 Helpful</i>	<i>3 Neither Helpful or Unhelpful</i>	<i>4 Unhelpful</i>	<i>5 Very Unhelpful</i>
1. General format					
2. General language used					
3. Disability specific language used					
4. Type of information the forms seek to collect					
5. Depth of information					
6. Flexibility of the form					
7. Ability for social workers to record 'other' types of information					
8. Ability for social workers to include information in a different format					
9. Space to record service outcomes					

**Please return the questionnaire in the envelope provided
All responses will be treated in confidence**

Thank you for your help
