**Standardised assessment tools**

**Methods**

Suitable for a group discussion in a team meeting or facilitated workshop.

**Learning Outcome**

Understand the range of standardised assessment tools which are used locally and identify how they can be used.

**Time Required**

45 minutes.

**Process**

Review the information in section 1 on standardised assessment tools and use the questions in section 2 as prompts for a group discussion.

1. **Standardised assessment tools**

The approach set out in the briefing Monitoring and enabling capacity to change includes the use of standardised assessment tools as part of a four stage process for assessing capacity to change (Harnett 2007).

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| The standardised assessment tools that accompanied the Assessment Framework (DH et al, 2000) are:   * **Strengths and Difficulties Questionnaire:** widely used, it assesses emotional and behavioural problems in children and adolescents using five scales: pro-social behaviour, hyperactivity, emotional problems, conduct problems, and peer problems. * **Parenting Daily Hassles Scale:** aims to assess the frequency, intensity and impact of 20 potential parenting ‘daily’ hassles experienced by adults caring for children. * **Home Conditions Assessment:** addresses various aspects of the home environment (for example, smell, state of surfaces in house, floors). * **Adult Well-being Scale:** looks at how an adult is feeling in terms of depression, anxiety and irritability. * **Adolescent Well-being Scale:** involves 18 questions relating to different aspects of a child or adolescent’s life and aims to give practitioners more insight into how an adolescent feels about their life. |

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| * **Recent Life Events Questionnaire:** is intended to help with compiling a social history and giving a better understanding of the family’s current situation by looking at whether events still affect the person. * **Family Activity Scale:** explores the environment carers provide through joint activities and support for independent activities, and the cultural and ideological environment in which children live. * **Alcohol Scale:** looks at how alcohol impacts on the individual and on their role as a parent to help to identify alcohol disorders and hazardous drinking habits. |

1. **What tools are available in your area?**

* To what extent is structured professional judgement accepted practice with social workers, managers and legal representatives in your agency?
* Which of the standardised assessment tools listed above do you use?
* What other tools do you use?
* Are all relevant colleagues:
  + aware of the tools available and
  + trained in how to use them?
* If not, how could you increase awareness and understanding?
* To what extent does your supervisor support the use of standardised tools in practice?
* How can your agency support shared understanding and use of standardised tools in work with children and families where reunification with the birth family is under consideration?

## Goal Attainment Scaling (GAS) case study based exercise for social workers

**Methods**

Suitable for a small group discussion as part of a facilitated workshop.

**Learning Outcome**

To practise using Goal Attainment Scaling to set meaningful and measurable goals.

**Time Required**

40 minutes for discussion plus 20 minutes for feedback

**Process**

The approach set out in the briefing Monitoring and enabling capacity to change includes the use of Goal Attainment Scaling as part of a four stage process for assessing capacity to change (Harnett 2007). A worked example of the GAS template is included to give a sense of how this might work in practice.

Give each group a hand-out of the case study for Rosie, as well as a copy of the activity.

Ask each group to appoint someone to feedback their ideas.

**Activity brief**

Using the Rosie case study, fill in the GAS template to set meaningful and measurable goals, which will support the care plan and provide evidence on Lena’s capacity to make the changes required to keep Rosie safe if she is to return to her care.

* Who will you involve in setting these goals?
* How will you monitor the arrangements and what is a suitable timescale for achieving the goals outlined?
* How can the child’s social worker and supervising social worker work together – and with Lena – to support Andrea in keeping Rosie safe and setting and maintaining boundaries around contact and behaviour generally?
* What specific emotional support needs might Lena have? How can these be explored sensitively?
* What will be the next steps if a) goals are reached b) goals are not reached?

**Goal Attainment Scaling (GAS) worked example**

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| **Level of expected outcome** | **Goal one:**  **The sitting room is clean and safe** | **Goal two:**  **Tom reduces his drinking and gets more involved in basic care** | **Goal three:**  **Zara accepts help with the morning routine and her depression that underlies the difficulties** |
| Review date |  |  |  |
| Much more than expected | The room is cosy and has been re-painted. The furniture is clean. The floor is clear. There are toys and books. The clean washing is put away regularly. There is no smell. | Tom does not drink alcohol and goes to all his appointments. He spends more time playing with the children. Tom helps the children get dressed and washed and have their breakfast, then washes up. He can give them money for the tuck shop at least twice a week. The kids look smart and clean. | Zara sorts out Mae in the mornings, makes sure everyone has their school bags and makes the beds. She takes them to school on time every day. Zara works with her counsellor to sort out her depression and takes her medication regularly. The kids have everything they need for school. |
| More than expected | There is no smoking in the room, there are some toys the sides are clear and clean. | Tom is sober most of the time. He goes to his appointments regularly. He finds other ways to relax. Tom gets breakfast, washes up and puts the clothes out the night before. The kids have proper school uniform and Sam looks clean, with no nappy rash. | Zara goes to counselling and takes her medication. She gets out of bed in the morning, helps kids get dressed and sorts out Mae. Zara takes the kids to school three days a week and has them ready for Judy the rest of the time. |

Adapted from an example from Barlow, J. (2012) [Presentation at Home or Away: Making difficult decisions in the child protection system Partnership Conference] 22 February.

**Goal Attainment Scaling (GAS) worked example**

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| --- | --- | --- | --- |
| **Level of expected outcome** | **Goal one:**  **The sitting room is clean and safe** | **Goal two:**  **Tom reduces his drinking and gets more involved in basic care** | **Goal three:**  **Zara accepts help with the morning routine and her depression that underlies the difficulties** |
| Most likely outcome | The floor is clear, the furniture is clean, the dog is kept out of the room, there are no matches, lighters, ashtrays or cigarettes in the children’s reach | Tom is sober around the children and goes to his Mum’s if he gets drunk. He turns up to most of his appointments at the alcohol service. He spends less than £5 per week on alcohol. He does not shout from his bed in the mornings when the children are messing about and sometimes gets the breakfast. Tom changes nappies. | Zara takes her medication regularly and attends an assessment appointment with the counsellor. She gets the kids ready with Judy’s help. They go to school every day and are usually on time. |
| Less than expected outcome | Some of the clutter has been cleared, any dog’s mess is cleared up straight away. | Tom sometimes drinks around the children. He misses some of his appointments. He spends the family money on drink. He stays in bed in the morning and is sometimes grumpy and hungover. The kids turn up for school looking scruffy or dirty. | Zara misses her first appointment and forgets her medication. She stays in bed most of the day. The children’s school attendance is below 80%. They are often late. |
| Much less than expected | Floor is cluttered, stale food on the furniture, dog mess is left on carpet, ashtrays, matches, cigs and lighters are left in kids’s reach. | Tom is drunk whilst caring for the children. He misses most of his appointments. The family runs out of money. The kids are in their PJs most of the day. Tom gets angry in the mornings because he is hungover. Sam is left in dirty nappies. | Zara does not take her medication or go for counselling. She spends most of the day in bed. The kids go to school late or not at all. Zara does not let Judy in. |

Adapted from an example from Barlow, J. (2012) [Presentation at Home or Away: Making difficult decisions in the child protection system Partnership Conference] 22 February.

**Goal Attainment Scaling (GAS) blank example**

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| **Level of expected outcome** | **Goal one:** | **Goal two:** | **Goal three:** |
| Review date |  |  |  |
| Much more than expected |  |  |  |
| More than expected |  |  |  |
| Most likely outcome |  |  |  |
| Less than expected outcome |  |  |  |
| Much less than expected |  |  |  |

Adapted from an example from Barlow, J. (2012) [Presentation at Home or Away: Making difficult decisions in the child protection system Partnership Conference] 22 February.