

# Paperwork in action: a case example

Our example concerns Lubna, a three-year-old girl referred to a social services department in London in the year 2000 after her mother took an overdose. She is one of three daughters.

By census classification she is of Asian origin. Her mother was born in India and lived in Pakistan before she moved to the UK as a ten-year-old. From the outset, her marriage to a man of Indian origin was disapproved of by the rest of the family; the relationship was marred by violence and broke up. For periods at a time the husband works out of the country.

Lubna's assessment uncovers other problems. It is clear that her developmental path is different from that of her two sisters. Difficulties include her poor relationship with her mother, social isolation, eating problems and special educational needs.

The record concerns Lubna; other assessments will have been prepared separately for her sisters. At the time the **social history** and **main record** were completed, all three girls were in a foster placement and were seeing their mother regularly following her recovery. The social worker uses **Paperwork** to make a diagnosis and prognosis to guide further intervention.

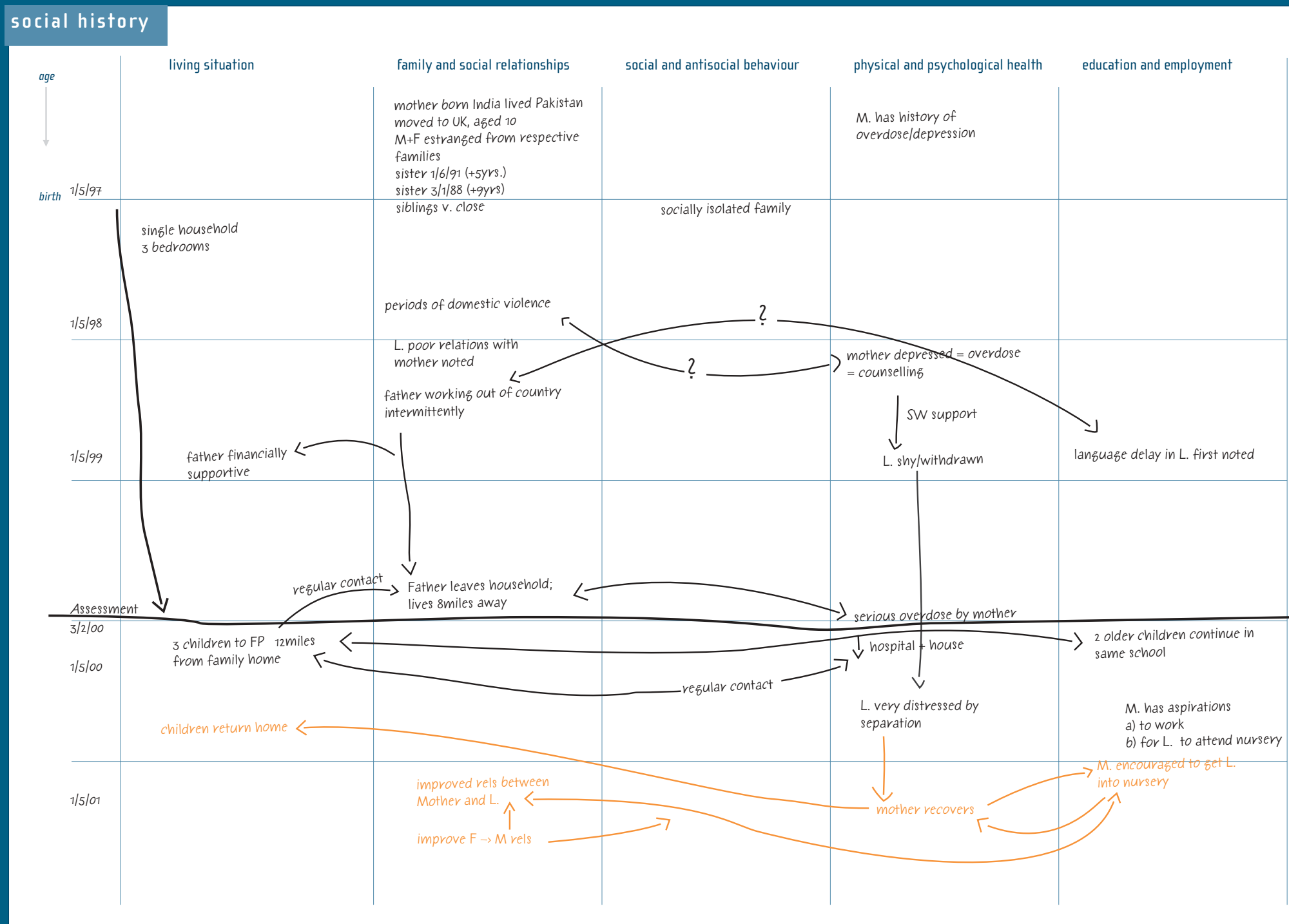
## social history

Completing a **social history** sheet is the first step. Lubna's date of birth is written in and a line is drawn across the grid to indicate the point of assessment just under three years later, coinciding with her mother's overdose and the placement in foster care of all the children.

The primary risks in Lubna's life are recorded. The person completing the assessment will not have been able to get the timing of events precisely right from the start but reports from the mother and the older siblings provide a good enough basis to begin to sketch in some of the important links. Question marks are put against possible connections, for example between episodes of domestic violence, a previous overdose by the mother, Lubna's poor relationship with her, and the language delay.

Potential protective factors are recorded as well as risks. The family have always lived in the same relatively spacious house and the siblings are very close. It is not immediately obvious how this potential protection might interrupt risks, but it needs to be recorded nonetheless.

The situation up to and immediately after the separation of the children from their parents is noted in black. The person responsible for the assessment then makes a rough prognosis of how things might work out if certain risks are addressed. The hypothesis is that the mother will recover reasonably quickly and that the children will return to live with her. It is thought that if the mother finds work and a place for Lubna in a nursery, as she wishes, then relationships between mother and daughter may improve.



## social history → needs

The information recorded on the **social history** sheet is translated into a summary of the child's needs for healthy development. The right-hand panel is completed first in order to combine a mixture of data, including:

- risks, for example Lubna's language delay
- potential protective factors, for instance the strong sibling relations
- circumstantial factors, such as where the children have lived and where they have been to school.

It is not necessary to transfer to the needs section all the data from the **social history** sheet, or indeed from any other data source.

The entries in the right hand column are summarised to present a picture of what the child needs for healthy development. In the example, the worker has concentrated on the issues relating to successful reunion, age-appropriate parenting, more settled eating habits, schooling and language development. Some of Lubna's mother's needs – for example for improved psychological health and for career development – are recorded, since they will affect her daughter's well-being considerably.

**Paperwork social history**

age	living situation	family and social relationships	social and antisocial behaviour	physical and psychological health	education and employment
15/98	single household 3 bedrooms	mother born India lived Pakistan moved to UK aged 10 M+F estranged from respective families sister 16yrs (1-3yrs) sister 10yrs (1-3yrs)	socially isolated family	M. was history of overdose/suicidal	
15/98		provides domestic violence			
15/98		L. poor relations with mother noted father working out of country intermittently		mother depressed - overdose - counselling DW support L. shy/withdrawn	language delay in L. first noted
15/99	father financially supportive				
15/100	regular contact Father leaves household, lives sister away			serious overdose by mother	1 older children continue in same school
15/100	3 children to FP - families from family home			hospital - house	
15/100	children return home	regular contact		L. very distressed by separation	M. has aspirations d. to work B. for L. to attend nursery
15/101		improved relations between Mother and L. improve F → M visits		mother recovers	M. encouraged to get L. into nursery

## needs (QL summary)

**Second**, from the information in the column to the right, summarise the needs of the child and the family, noting any contrary views.

### living situation

children need to return to live with  
mother once she leaves hospital and is  
stable

### family and social relationships

mother needs to help nurture Lubna in  
an age-appropriate manner  
father needs to support all children in  
an appropriate manner

### social and antisocial behaviour

Lubna needs contact with other children  
and support to counter trauma of  
separation and return

### physical and psychological health

mother needs to ensure Lubna eats properly  
Lubna's language development needs  
assessment and appropriate remedial  
support instituted  
mother needs long-term support to counter  
depression

### education and employment

2 older children need to continue good  
progress at school  
Lubna needs to attend nursery school  
and receive support with transition  
mother needs career advice

**First**, summarise your judgements about the circumstances of the child and family. Note any counter indications and contrary views and give important dates. Record when and where you saw the child as part of the assessment.

Lubna 30months + 2 sisters Z=9 yrs S=12 yrs + Mother in  
3 bedroom terrace house - well appointed - scruffy but  
clean - good facilities - have lived there since birth

1.2.00 children → FP placed together 12 miles from home.  
Visit Mother 2x daily - Mother in hospital after overdose

Mother born India. Only girl - youngest of 4. Moved to  
Pakistan at 12m. Father and sibs leave for UK to work  
at 24m. Mother moved to UK at 10y F. dies 6m later.  
Good school and clerical job but had rel. with man  
family disapprove of = overdose at 23yrs. Marries 6m  
later. Husband works in Saudi Arabia a lot. Violence.  
Good provider. Both parents push older 2 girls but  
little interest in Lubna. Siblings v close. Mother has no  
rels. in UK. Mother leaves husband 6m prior to 1.2.00  
Suicide attempt. he lives 8 miles away. Sees children  
1x 2 weeks

Lubna has little interaction with children or Mother -  
shy and withdrawn. v distressed at separation. Older  
girls v supportive

L. eats badly (only milk)  
Language delay in Urdu and English (cannot tell own name)  
Mother severely depressed. Severe old attempt. But 2 days  
later Mother asking for help and wants to have children  
back home. Will accept help with Lubna.  
Mother has good insight

2 older girls doing v well at school  
- go to same school from FP  
Lubna does not attend nursery; doesn't respond to age  
appropriate QS.  
Mother wants Lubna to go to nursery and wants to  
learn computer skills and work

### Threshold record sheet → threshold

The **Threshold record sheet** has been completed, although the situation is relatively straightforward. The person responsible for the assessment records language delay, social isolation and Lubna's shy, withdrawn behaviour as impairments, compared to the norm for girls of her age. There is some concern that her adverse reaction to the separation could aggravate emotional impairment.

The information from the **record sheet** is now summarised onto the Threshold panel of the **main record** (see over the page). There is impairment in three areas of the child's development but it is not significant.

needs → **outcome**

### current or actual impairment

**A absolute threshold** Is there impairment to physical or psychological health?

physical health	*	<input type="checkbox"/> yes = significant impairment <input checked="" type="checkbox"/> no
psychological health	*	<input type="checkbox"/> yes = significant impairment <input checked="" type="checkbox"/> no

\* please record medical diagnosis and source, in addition to other summary notes

**B relative threshold** Is there impairment to development?

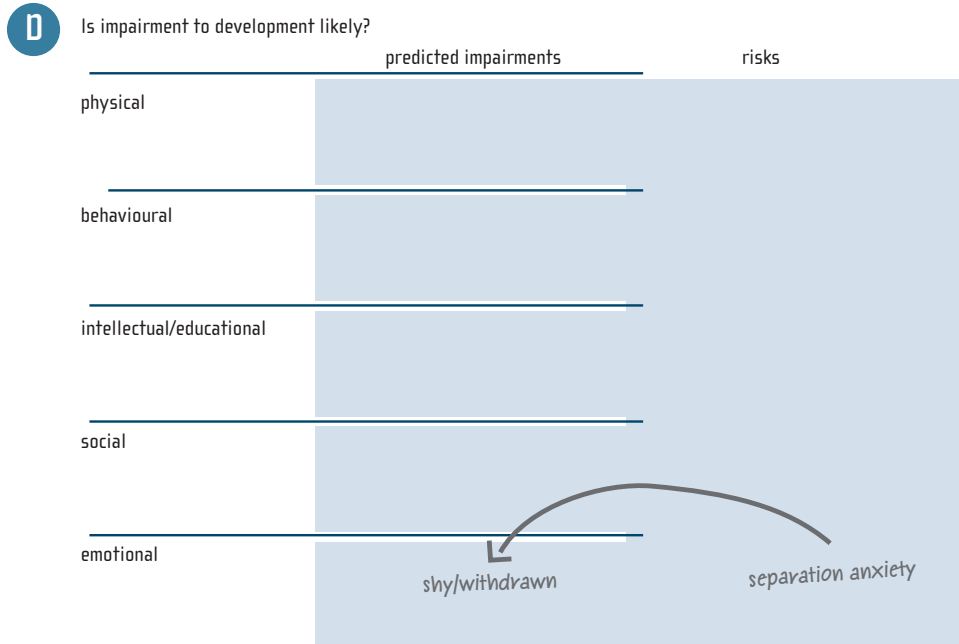
	relative to norm	relative to previous 12m	relative to similar group
physical			
behavioural			
intellectual/educational	language delay	no change	
social	socially isolated	no change	
emotional	shy/withdrawn?	may be aggravated by separation?	

yes<sup>1</sup>       yes<sup>2</sup>       yes = significant impairment  
 no<sup>1</sup>       no<sup>2</sup>       no

yes<sup>1</sup> + yes<sup>2</sup> = impairment  
 yes<sup>1</sup> + no<sup>2</sup> = second opinion ——— colleague agrees 'impairment'  
 no<sup>1</sup> + yes<sup>2</sup> = no impairment

- C** Is the impairment significant? (the five tests)
- 1 There is impairment to health.
  - 2 Impairment to development is at the extreme end of the continuum relative to the norm.
  - 3 Impairment has persisted for several developmental stages.
  - 4 There is impairment in four or all five of the developmental categories.
  - 5 Development is poor relative to similar groups.

## future or likely impairment



- E** Is the likely impairment to development significant? **(the four tests)**
- Impairment is predicted at the extreme end of the continuum.
  - Impairment is predicted to persist for several developmental stages.
  - Impairment is predicted in four or all five categories.
  - Development is predicted to be poor relative to a similar group.

## summary

### Impairment to health

- physical
- psychological

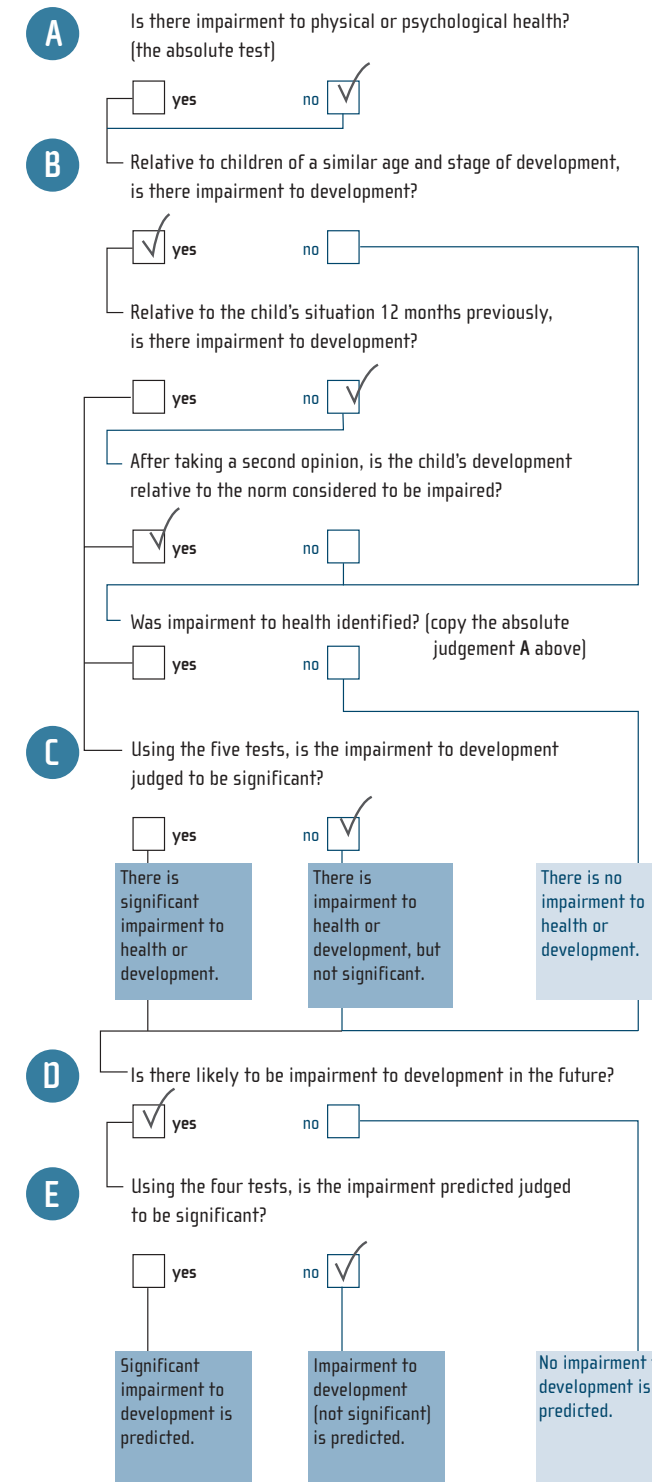
### Impairment to development

- physical
- behavioural
- intellectual/educational
- social
- emotional
- impairment is significant

### Predicted impairment to development

- physical
- behavioural
- intellectual/educational
- social
- emotional
- impairment predicted is significant

## thresholds decision tree



The worker identifies two time periods within which realistic outcomes might be achieved, focusing first on the coming four weeks and second on six months. The wavy line down the centre of the panel separates the two time-frames.

Each of the potential outcomes is related to one of the needs recorded on the needs panel. They are a mixture of 'big picture' objectives, for example there is a proposal to prepare the children for reunion with their mother within four weeks, and practical ones, such as to get Lubna into a nursery.

The six-month objectives are quite ambitious but they are not far-fetched. For example, there is an aspiration that the mother should be able to understand and recognise the symptoms that led to her previous suicidal behaviour, but no suggestion that it will be possible to eradicate the symptoms altogether or that she will never be depressed again. Similarly, it is an objective that parents should know how to respond to recurrent stress, but there is also a realistic expectation that stressful periods will recur.

outcome → services

## // needs (QL summary)

**Second**, from the information in the column to the right, summarise the needs of the child and the family, noting any contrary views.

▶ living situation \_\_\_\_\_

*children need to return to live with mother once she leaves hospital and is stable*

▶ family and social relationships \_\_\_\_\_

*mother needs to help nurture Lubna in an age-appropriate manner*  
*father needs to support all children in an appropriate manner*

▶ social and antisocial behaviour \_\_\_\_\_

*Lubna needs contact with other children and support to counter trauma of separation and return*

▶ physical and psychological health \_\_\_\_\_

*mother needs to ensure Lubna eats properly*  
*Lubna's language development needs assessment and appropriate remedial support instituted*  
*mother needs long-term support to counter depression*

▶ education and employment \_\_\_\_\_

*2 older children need to continue good progress at school*  
*Lubna needs to attend nursery school and receive support with transition*  
*mother needs career advice*

## // outcomes

Under each heading choose an appropriate period in which the child's needs can be addressed. Say what outcomes can realistically be achieved by the end of this period.

(ie by 15.3.00)  
within 4 weeks

(ie by 1.7.00)  
within 6 months

▶ living situation \_\_\_\_\_

*All children living at home with mother. Mother prepared for return.*

*no further separations*

▶ family and social relationships \_\_\_\_\_

*Children prepared for return*

*Parents to agree to accept help with problems.*

*Parents to know how to respond to recurrent stress, including parental conflict and maternal depression*

▶ social and antisocial behaviour \_\_\_\_\_

*Lubna to have visited nursery*

**A** *Lubna to be placed in nursery and settled*

▶ physical and psychological health \_\_\_\_\_

*Lubna to be eating properly*

*continuity*

*Assessment complete*

*development to level agreed with specialist*

*Mother to be stable*

*mother able to recognise symptoms and respond appropriately*

▶ education and employment \_\_\_\_\_

*2 older children stable in school*

*continuity*

*← ditto **A** above →*

*career advice given*

*Mother to be trained or working*

Since there are shorter and longer outcome targets, the **services** panel is also divided. Here, each of the potential outcomes is dealt with. In some cases there may be a decision not to attempt to meet all the needs, in which case some of the potential outcomes will be put to one side at this stage.

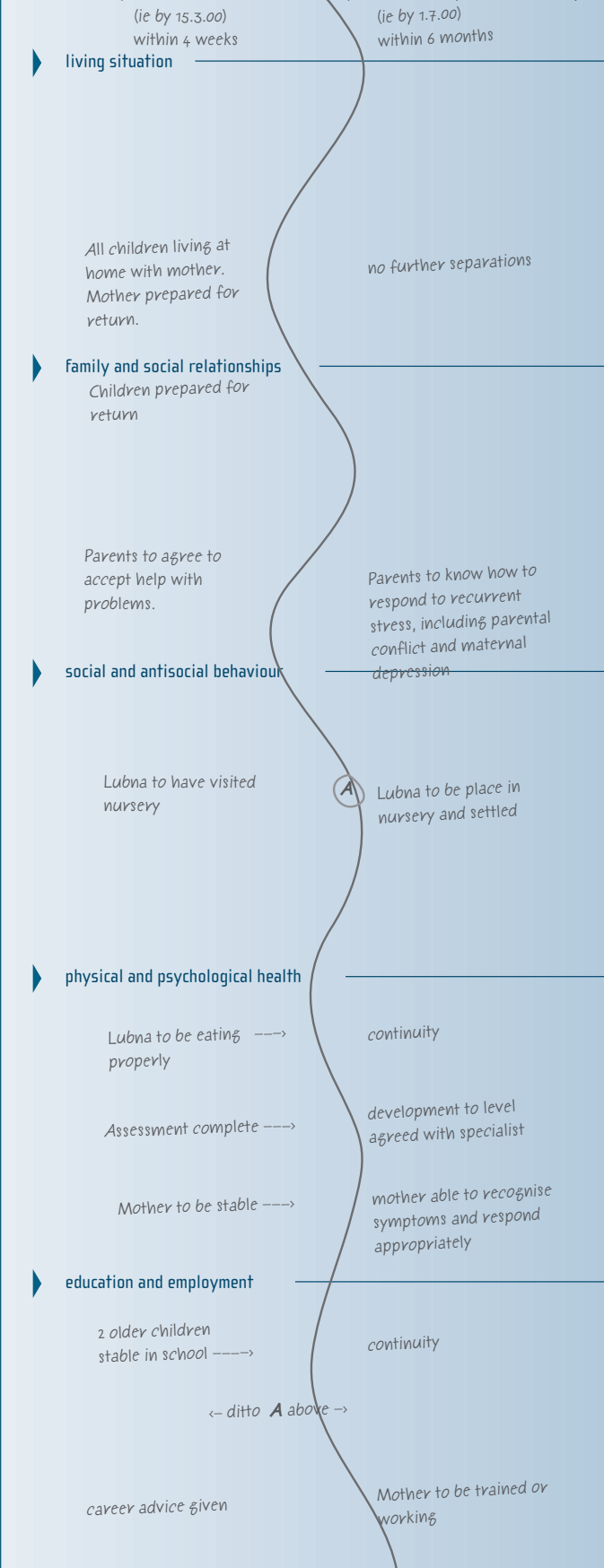
A number of features of the service plan are worth of noting:

- the plan involves several workers in the intervention including teachers, a health visitor (recorded as HV on the file, a speech therapist and counsellors).
- the plan identifies particular workers by their initials (eg responsibilities are delegated to GK, IS and KI).
- larger-scale interventions are broken down into the component parts; for example there is reference to six visits by the health visitor and to six sessions of marital therapy.
- the interventions are practical responses to needs and are aimed at reaching the potential outcomes recorded on the **outcomes** panel.

outcome → **services** at a later stage

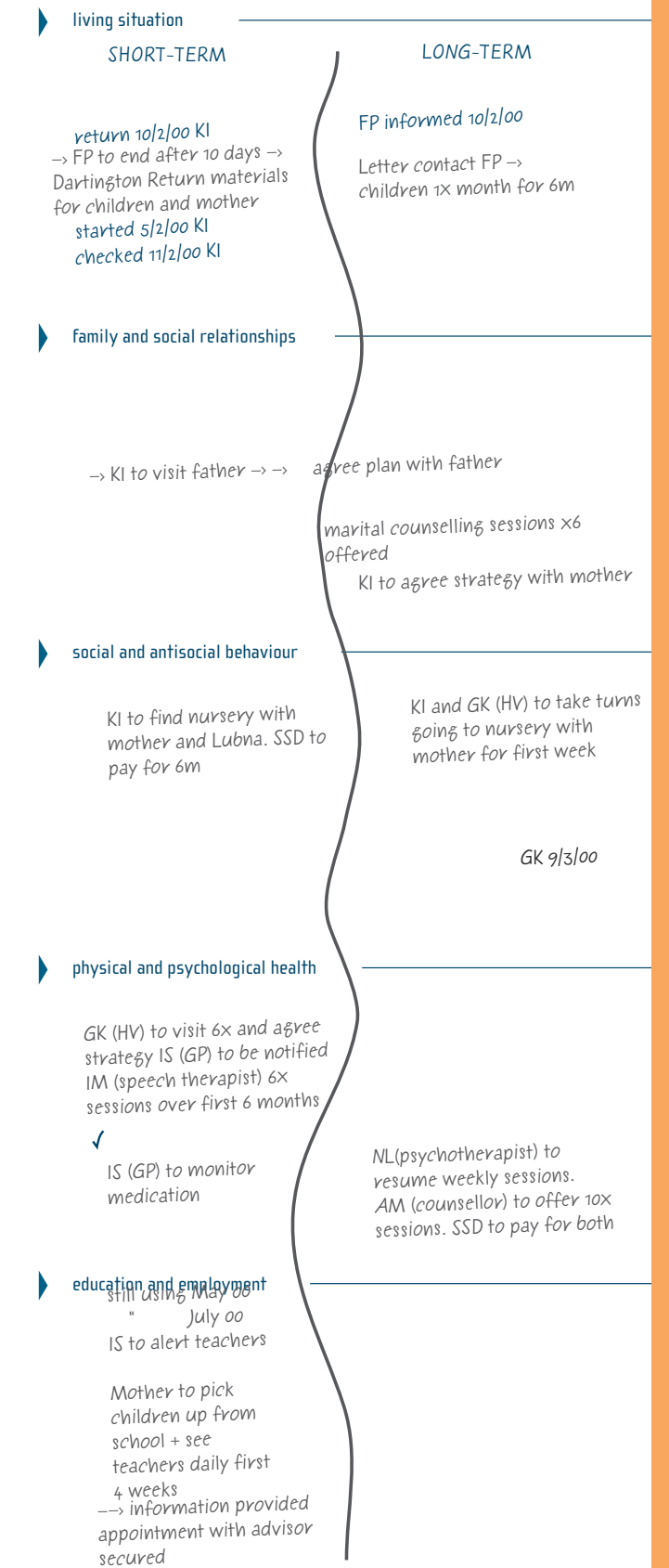
## outcomes

Under each heading choose an appropriate period in which the child's needs can be addressed. Say what outcomes can realistically be achieved by the end of this period.



## services

What services are most likely to achieve the **outcomes** you have described? (Folding the A4 pages in half vertically makes it possible at a glance to see the fit between the parts; fold the back page to see the fit between **outcomes** and **services**.)



Each aspect of the service plan is annotated as it is completed. The recording is quite detailed, the worker 'signs off' each counselling session and also uses ink of a different colour to show those that have been missed. Initials indicate the source of the information.

When the case was closed, the review team noted which of the potential outcomes had been achieved and which had not. These additions, including simple ticks and crosses, are shown in orange. Some objectives were achieved, for example the children returned home to live with their mother, but on other fronts the story was mixed: for example, the parents declined help with their relationship problems.

## outcomes

Under each heading choose an appropriate period in which the child's needs can be addressed. Say what outcomes can realistically be achieved by the end of this period.

*outcomes at case closed (3/8/00) in orange*

(ie by 15.3.00) within 4 weeks (ie by 1.7.00) within 6 months

**living situation**

All children living at home with mother. Mother prepared for return. *successful reunion (KI)*

no further separations

**family and social relationships**

Children prepared for return

Parents to agree to accept help with problems. *Mum yes X Dad no*

Parents to know how to respond to recurrent stress, including parental conflict and maternal depression. *Mum made much progress. May be problems w. Dad returns in October*

**social and antisocial behaviour**

Lubna to have visited nursery

Lubna to be placed in nursery and settled. *v. stressful to begin with but settled well eventually. GK great help*

**physical and psychological health**

Lubna to be eating properly

Assessment complete

Mother to be stable

continuity *within normal percentiles 8/00*

development to level agreed with specialist. *still delay at 8/00 sessions will continue*

mother able to recognise symptoms and respond appropriately. *remains on medication*

**education and employment**

2 older children stable in school

career advice given

continuity *v. good progress*

Mother to be trained or working. *starts back with police 1/9/00 They will offer training on computers to bring back up to speed*

## services

What services are most likely to achieve the outcomes you have described? (Folding the A4 pages in half vertically makes it possible at a glance to see the fit between the parts; fold the back page to see the fit between outcomes and services.)

**living situation**

SHORT-TERM

return 10/2/00 KI  
→ FP to end after 10 days → Dartington Return materials for children and mother started 5/2/00 KI checked 11/2/00 KI

LONG-TERM

FP informed 10/2/00  
Letter contact FP → children 1x month for 6m  
*checked 3/3/00 KI 6/4/00 KI 7/6/00 KI 18/7/00 KI*

**family and social relationships**

Father refuses to cooperate is visiting children once move once they are home then going to Saudi for 6 months KI 10/2/00  
→ KI to visit father → → agree plan with father x not possible

marital counselling sessions x6 offered x not taken up  
KI to agree strategy with mother  
1/3/00 strategy agreed at 1hr meeting

**social and antisocial behaviour**

KI to find nursery with mother and Lubna. SSD to pay for 6m

1/3/00 visited 2 options in area. Mum and Lubna stay in second one for morning pf 2/3/00 Agree place

KI and GK (HV) to take turns going to nursery with mother for first week

started 17/3/00 KI accomp. M, Tand F, GK T + W KI  
GK 9/3/00

**physical and psychological health**

13/2/00 KI confirmed with GK  
20/2/00 KI  
3/3/00 KI  
10/3/00 KI  
17/3/00 KI  
31/3/00 KI

GK (HV) to visit 6x and agree strategy IS (GP) to be notified IM (speech therapist) 6x sessions over first 6 months

✓ KI 13/2/00  
IS (GP) to monitor medication prescribed on day left hospital 6/2/00

NL (psychotherapist) to resume weekly sessions. AM (counsellor) to offer 10x sessions. SSD to pay for both

**education and employment**

still using May 00  
July 00  
IS to alert teachers

✓ KI 10/2/00  
Mother to pick children up from school + see teachers daily first 4 weeks  
→ information provided

missed 3 times due to other appointments

16/2/00 IM take case sessions  
14/2; 28/2  
11/3; 25/3  
9/4; 24/4  
11/5; 17/5  
1/7; 15/7  
case closed KI

visited office with mother and Lubna 2/3/00  
appointment with advisor secured 3 appointments at office 9/3/00 w. GK 16/3/00 KI 11/4/00 KI

## needs (QN)

At an appropriate moment, usually after the **main record** has been filled in for the first time, the worker summarises the child and family needs and circumstances by completing the four-page insert of **needs (QN)** variables. The coding advice that accompanies **Paperwork**, and is available on the Common Language website, is used as guidance.

In this particular case, the worker revised the responses at the point when the case was closed, marking any change in orange ink. For example, as the extract shows, Lubna's relationships with her mother recorded as **2=ordinary** at the first assessment is amended to **1=good**.

## // needs (QN summary)

These questions summarise and prompt reflection on information recorded to the left. They include all variables which, in combination, are known to predict aspects of child development. They are vital for planning purposes but will make a difference to the quality of this assessment. Borderless boxes should be ticked **wherever they apply**; edged boxes require a number to be chosen from a list.

Where does the child live?

<input type="checkbox"/>	1	at home with lone parent
<input type="checkbox"/>	2	with two parents
<input type="checkbox"/>	3	with parents and step-parent
<input type="checkbox"/>	4	with other relative
<input type="checkbox"/>	5	with substitute carers
<input type="checkbox"/>	6	with adoptive parents
<input type="checkbox"/>	7	independently
<input type="checkbox"/>	8	homeless

Describe the child's relationship with members of his/her family.

mother	<input type="checkbox"/>	2	1	<input type="checkbox"/> 1 good <input type="checkbox"/> 2 ordinary <input type="checkbox"/> 3 poor <input type="checkbox"/> 4 no contact <input type="checkbox"/> 5 deceased
father	<input type="checkbox"/>	3		
brothers/sisters	<input type="checkbox"/>	1		
other relatives	<input type="checkbox"/>	5		

Describe the general quality of the child's relationship with others.

friends	<input type="checkbox"/>	2	<input type="checkbox"/>	<input type="checkbox"/> 1 good <input type="checkbox"/> 2 ordinary <input type="checkbox"/> 3 poor <input type="checkbox"/> 4 no contact
professionals	<input type="checkbox"/>	1	<input type="checkbox"/>	

Indicate if the child is aggressive...

at home	<input type="checkbox"/>
at school	<input type="checkbox"/>
in the community	<input type="checkbox"/>

Indicate any health problems affecting the child.

chronic mental ill health	<input type="checkbox"/>	history of self-harm	<input type="checkbox"/>
temporary, acute mental ill health	<input type="checkbox"/>	nutrition/water problems	<input type="checkbox"/>
chronic physical ill health	<input type="checkbox"/>		
temporary, acute physical ill health	<input type="checkbox"/>		
learning disability	<input type="checkbox"/>		
physical disability	<input checked="" type="checkbox"/>		

Is the child in school?

<input type="checkbox"/>	1	yes, full-time	<input type="checkbox"/>	in a before/after school facility
<input type="checkbox"/>	2	yes, part-time		
<input type="checkbox"/>	3	no, but is of school age	<input type="checkbox"/>	in pre-school
<input type="checkbox"/>	4	no, is under school age		
<input type="checkbox"/>	5	no, is over school age	<input checked="" type="checkbox"/>	not in pre-school
			<input type="checkbox"/>	in work

Describe the child's education.

<input type="checkbox"/>	1	mainstream	<input type="checkbox"/>	full-time
<input type="checkbox"/>	2	special school		
<input type="checkbox"/>	4	not school age	<input type="checkbox"/>	part-time