

Record sheet and decision tree

The diagrams and notes on the following pages set out in a logical sequence questions that should produce a useful summary of any actual or likely impairment to the health and development of a particular child. They translate the discussion from the previous sections into a step-by-step routine which should enable practitioners to conclude if:

- there is significant impairment to health or development
- there is impairment to development (not significant)
- there is no impairment to health or development
- there is predicted impairment to development, and
- there is predicted significant impairment to development.

The approach is built round two forms: a **record sheet** and a **decision tree**. At least to begin with, it is strongly recommended that the **record sheet** is completed one section at a time and the relevant information transferred to the **decision tree** before moving on to the next section. Similar to one included in **Paperwork**, the **record sheet** also doubles as a 'working out' document where competing perspectives can be logged, and as a place to record information that informs the conclusion that is reached. In time it should seem easy enough to complete the **decision tree** first, but even then the two forms should be used in parallel. The **decision tree** summarises the analysis involved in setting thresholds. Work from the top downwards, ticking the relevant boxes and following the lines to the next step in the sequence. The shaded labels indicate the end-point of a line of thought – in other words a threshold judgement. For any one child, only two conclusions should be arrived at – one concerning actual impairment (in C) and one concerning likely impairment (in E).

The overall process involves working systematically through five sets of questions about the child's development indexed A to E. The **decision tree** summarises all questions. The **record sheet** is in two parts laid out as the two sides of an A4 page. Side 1 covers Questions A to C (p45), which deal with current or actual impairment; side 2 covers Questions D and E (p51), which concern future or likely impairment.

The notes on the next pages are designed to help first-time users to understand the method. Once the routine becomes standard practice, the prompts included here should not be needed. The first set of notes (pp43, 46-49) offers guidance on questions A to C, while the second set (pp50, 52-53) deals with D and E. Training on using the tool is available from dartington-i.

notes1

current impairment

A absolute threshold

Question A deals with impairment to a child's physical and psychological health, in order to identify those rare and serious situations where an 'absolute' threshold has been crossed. A 'yes' here means that by most people's definition a child is suffering significant ill health; the criteria that must be met are given on p46. In practice, situations as grave as this will generally require diagnosis by a specialist physician, psychiatrist or other expert.

Note the source of any such diagnosis on the record sheet and tick the relevant boxes on both the **record sheet** and the **decision tree**.

Because ill health is narrowly defined here, it automatically leads to a decision of significant impairment. However, since the wider objective of the tool is to assemble a thorough assessment of a child's situation, a 'yes' in this context is amplified in the following sections by further questions about developmental impairment.

B relative threshold

Question B deals with relative thresholds. On the **record sheet** it asks for three sorts of comparative information concerning the child's development: relative to the norm, relative to 12 months previously, and relative to a similar group. It is sub-divided into the dimensions of impairment used throughout the tool: physical, behavioural, intellectual/educational, social and emotional.

Complete the first column ('relative to the norm') by noting impairments against the relevant dimension. Take care to compare the child in question with all children of a similar age in the community, not with children routinely being referred to the service in question. Guidance on how to clarify situations that do not obviously cross the threshold one way or the other is given on pages 30 and 48. So, if there is evidence of impairment relative to the norm on any of the dimensions, on the record sheet tick the yes¹ box at the base of the column, otherwise tick no¹.

Complete the second column ('relative to the previous 12 months'), again by noting any impairments against the relevant dimension. The time period was chosen as the basis for comparison because it is long enough for there to have been normal and measurable developments. A boy aged six, for example, will have grown 5-7 centimetres in the previous year. For older children, for example in relation to social development, a longer period may be more appropriate. The rule should be to record what has happened over a specified period; 12 months is a rough guide. Page 49 offers some pointers for completing this part of the tool. Again, on the **record sheet** tick the relevant box at the base of the column.

If the assessment suggests the presence of impairment relative to children of a similar age and also relative to the situation 12 months previously, there are sufficient grounds for concluding that a child's development is impaired. If the assessment suggests impairment

relative to children of a similar age but the child's situation has not deteriorated in the previous 12 months, a second opinion should be sought regarding the child's development relative to the norm. Consult a colleague, a supervisor or an expert, and record their response in the box provided; if it is negative, it is fair to conclude that, at present, the child's development is not impaired. The same conclusion applies when there is no impairment relative to the norm, but some deterioration relative to 12 months ago. Summarise these decisions on the **decision tree**.

The **record sheet** includes a further subsidiary section about comparisons within a service group (the third column). It should only be considered if the child's development was judged to be impaired. The objective is to assess the situation of a particular child in relation to other children who are receiving the intervention to which he or she has been referred. Its purpose is to provide an additional baseline against which progress can be judged and also to help in the evaluation of the seriousness of the impairment. For example, in the case of a child in foster care, the comparison would be with other children recently admitted to similar accommodation. If the child's situation is worse than that of children in a similar service group, the impairment may be said to be significant. At this point, record the information and tick the relevant box at the base of the column, but do not do anything with it until section C.

C significant impairment

Question C deals with significance. It need only be completed if there is evidence of actual impairment according to Questions A and B; otherwise skip to Question D.

The column to the right describes five tests that determine whether or not a child's situation is sufficiently serious to count as significant impairment. On the **record sheet** score the child against each test, using a tick to indicate that it is met and a zero if it is not. Summarise the results on the **decision tree**, bearing in mind that it is enough for the child to meet any one test to record a 'yes' to significant impairment.

It is worth noting that two of the tests have already been applied. Test 1 – the absolute threshold of impaired health – was covered by Question A, and Test 5 – development compared to a similar service population – was dealt with in Question B (the third column on the record sheet). Use this information to save having to apply the tests again; for example, if a 'yes' was ticked for Question A, tick the box for Test 1 in section C of the **record sheet**, and tick 'yes' to Question C on the **decision tree**.

Next steps... Having completed side 1 of the **record sheet** and transferred the necessary information to the **decision tree**, move on to Questions D and E, again starting from the **record sheet** (pp 50-53).

notes 2

D future or likely impairment

Question D deals with the likelihood of future impairment. Many children exposed to multiple risks may be developing within the normal range but, in the absence of intervention, they may be at risk of future impairment. Assessment at this more speculative level requires a practitioner to make a prognosis – to use information about a child's history and current circumstances as a basis for predicting what is likely to happen in the future. It may strike some children's services professionals as a rash departure, but the fact is that most are engaged in similar activity every day, though arguably without a structure to ensure that their prognoses and those of their colleagues share a consistent rationale. The Common Language tools simply seek to provide the necessary structure. **Prediction** describes the approach in some detail and some of the principles are repeated here.

In completing the **record sheet**, practitioners are required to make a distinction between risks to a child's development (the right-hand column) and the kinds of impairment that might predictably follow from those risks (the left-hand column). As previously, it is necessary only to summarise the analysis on the **decision tree**. However, the separating out of risk and impairment is an essential element of good prognosis. Too often in children's services the categories become confused: for example, it is not unusual to find maltreatment being referred to as 'impairment', when maltreatment represents a risk to a child's behavioural development (reacting negatively to authority), their educational development (poor concentration in class), their social development (poor self-esteem) and their emotional development (depression) – all or any of which may be impaired as a result. The first rule, therefore, is to distinguish between the risk (the potential cause) and the effect (the potential impairment); examples are given on pp 52-53.

The second rule when making a prognosis about likely impairment is to err always on the side of caution. Most children exposed to maltreatment do not display any of the impairments just described. It should be borne in mind that the adjective 'likely' can be taken to imply that the impairment is more likely to happen than not; or that in at least 51% of similar cases the predicted deficit will occur. Two observations may help in getting the judgement right. One is that in the context of children's services, a practitioner is more likely to identify potential impairment than actual impairment. A high proportion of children's services cases involve considerable risk as yet unrealised, and the task will be to prevent the predicted problems from occurring.

The other observation is that it is always sensible to look for multiple risks and to consider how they might interact to increase the likelihood of impairment. A child who lives in overcrowded conditions but where there is no evidence of other risks should excite less concern than one in a situation where overcrowding is aggravated by feuding adults, isolation from other children in the community and a lack of warmth from care-givers.

There is plainly a danger that in some cases the multiplicity of risk combined with the range of potential impairments will leave a practitioner struggling to decide what to record where. There is no simple formula, but the examples of how information has been recorded in children's services agencies experimenting with the practice tool in the pilot stages given on p53 may help.

E the significance of predicted impairment

Question 5 deals with the significance of any predicted impairment by applying four of the five tests set out on p44. (The tests are the same as those used in the assessment of actual impairment, but the absolute threshold of ill-health is excluded since it is highly unlikely to be predicted if not present at the point of assessment.) Tick the relevant boxes on the **record sheet**, write zeros in the ones that don't apply and summarise the results on the **decision tree**. If any one of the four tests is met, predicted impairment can be judged to be significant.

Summary

The last section of the **record sheet** can be used to summarise the type and level of impairment to the child's health and development, drawing on the preceding analysis. Tick the relevant boxes and put zeros in those that do not apply.