Early Help in Early Years: Developing a Universal Assessment Tool

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Abstract

Effective assessment tools are an essential element of early identification of problems, enabling early intervention in the first two years of life. This article reports on the development and evaluation of a Universal Assessment Tool for Early Help in Early Years. The project aim was to develop, pilot and evaluate a new universal assessment tool named "My Family Profile" for use within Northamptonshire from pregnancy until a child reaches 2/2.5 years of age. A flow chart demonstrates the stages of the process including how each step contributed towards the tool and end report. The project used an intervention design enabling collaborative inter-agency working and ensured parents were engaged throughout the process. The methods used in developing the tool incorporated collaborative working, content analysis, format requirements, questioning styles and information sharing. The tool was evaluated using focus and individual interviews with parents, an online evaluation questionnaire and audit of completed assessment forms with practitioners. The resulting report which contained "My Family Profile" highlighted five (5) key recommendations.

Introduction

This article reports on the development and evaluation of a Universal Assessment Tool for Early Help in Early Years. Messenger and Molloy (2014) state that "The early years are a crucial time for children's development. It is a time of opportunity and the development of cognitive skills". The concept of 'early intervention' is driving policy and practice within the healthcare arena (Plimmer and Poorvliet, 2012). A Universal Assessment Tool strives to capture information enabling professionals to assist those who need support as soon as possible. A coordinated approach centred on the child and the family has long been recognised among professionals and the public (Ofsted, 2015). This is particularly important for those with significant health or other needs (Messenger and Molloy, 2014).

The aim of the project was to develop a single universal "family" assessment tool to be implemented by children's service professionals in Northamptonshire. The tool was developed to commence at pregnancy booking and continue until a child/ren reach the age of 2/2.5 years. A flow chart (see Methods) demonstrates the stages of the process including how each step contributed to the tool and the end report. The project used an intervention design which enabled collaborative inter-agency working and ensured parents were engaged throughout the process.

Background

There is increasing evidence that well planned structured intervention offered at an early stage in a child's life can dramatically reduce negative health and social outcomes for the child and family (Kitzman et al 1997; Olds, 2006; MacMillan, 2009). This is reflected in national policy drivers which emphasize the importance of early intervention as a means to ensure children receive services at the onset of problems (Department of Health (DH), Every Child Matters, 2004; Ofsted, 2015).

The Common Assessment Framework (CAF) was introduced to provide a 'national, common process for early assessment to identify more accurately and speedily the additional needs of children and young people' (DfES, 2004 p 18). While the Early Years Foundation Stage (EYFS) is the mandatory framework for Early Year providers designed to ensure that children are safe, healthy, learning and developing (DfE, 2012).

In October 2015 public health commissioning was transferred to local authorities in an effort to support and ensure that local needs were met for children aged 0 - 5 years. As a part of this restructuring the two main programmes to be transferred were the 'Health Child Programme' (HCP) and the 'Family Nurse Partnership' (FNP). Local authorities have more recently been given an opportunity to improve continuity and outcomes for children and their families through integrated services from across the health, education and social sectors in the form of grants. In 2016/17 these grants were paid in quarterly instalments directly to the local authorities, including Northamptonshire.

The Universal Assessment tool later named "My Family Profile" was developed to target key local issues identified in the Ofsted (2013) review of Northamptonshire's children's services and serious case reviews. These included the lack of comprehensive family assessment, ineffective information sharing between agencies, over-optimistic adult centred assessments and the absence of the child's voice.

The project team adopted Kendall's (2010) definition of 'family assessment' the project as follows:

> *"A whole family assessment looks at the needs of individual family members, as well as the family as a whole. A key distinguishing factor of family assessment is that it looks at the interrelationships between family members and how these relationships impact on individuals within the family". (Kendall et al 2010 p10)*

The first stage of the Early Help in Early Years project required the research team to review national and local policy identifying the key issues for universal assessment tools and processes. Evidence gathering nationally identified initiatives such as 'think family', '5 to thrive' and strengthening families (Barnes et al, 2011) developed with the Nurse Family Partnership (DH, 2010).

The Children and Young People's Health Outcome Framework (Public Health England, 2014) developed recommendations with the Children and Young People's Health Outcome Forum (Lewis & Lenehan, 2012).

Methodology

Collaborative design was the guiding principle for the development of the universal family assessment tool, drawing on elements of experience based design (King's Fund, 2013), intervention mapping (Bartholomew et al., 2011), community-based participatory research (O'Toole et al., 2003) and the Medical Research Council (MRC) framework for development of complex interventions (MRC, 2008). Collaboration with the end users in the development of interventions increases effectiveness of the services (Goodwin et al., 2012) and is repeatedly emphasised as best practice in national policy documents (Department for Children Schools and Families, 2010,H M Government, 2013, National Collaboration for Integrated Care and Support, 2013). It was therefore important for practitioners and parents to be involved in the development of the tool.

National Health Service (NHS) research ethics approval was applied for and granted by NRES Committee East Midlands – Derby (REC ref: 14/EM/0164) in conjunction with local governance approval.

Methods

A mixed methods approach was chosen to ensure both qualitative and quantitative evidence contributed to a more robust tool, as outlined in the flow chart below.

Table 1: Flow chart: methods used to develop universal tool

The collaborative development and structure of 'My Family Profile' began with three (3) central aspects; evidence gathering, an independent parent review and a professional review. These combined with the working group produced the first platform version of the universal assessment tool.

The evidence gathering included identification of current data capture measures. Locally, the diversity of tools identified in the feasibility study highlighted the complexity of assessments and the difficulties of integrating information from all sources on an individual child and family. It demonstrated the challenges of any assessment process, particularly around information sharing including timely accuracy, and the increased risks to vulnerable children as a result (Ofsted, 2013). With all the assessment tools mapped across agencies within Northamptonshire, the identifying key elements became available to critic for their individual merits.

The key elements demonstrated an increased need to focus on the child's viewpoint; this philosophy facilitated the opportunity to develop questions, where appropriate, which were from the viewpoint of the child (Davis, 2013). The tool questions were developed through the combined efforts of the working group and the research team engaged in ongoing monthly meetings. A thorough exploration of the wording of the tool and practitioners local knowledge was vital to ensure the document was fit for purpose. Membership of the working group included Midwives, Health Visitors, Early Year's practitioners and social services. The research team consisted of midwives, children's and adult nurses. The steering group included managerial level 'stakeholders'. The steering group meetings occurred bimonthly with an overlap of timing with the working group to ensure professional engagement. One of the recommendations from the working group was to underpin the universal assessment tool with the Northamptonshire Thresholds and Pathways (2013) document and the levels of need vulnerability matrix. This requires the practitioner to score individual help requirements based on need within four (4) levels from universal to specialist and/or statutory services to facilitated early identification and pathway actions.

The next stage of collaborative development involved an independent parent review. This parent consultation involved Northamptonshire parents with draft sections of "My Family Profile" to review. Parents were recruited through a local Mums and Tots group and were asked to provide feedback the following week. This resulted in feedback generated not only from the individuals reviewing but their extended networks, including fathers, grandparents and parents with older children who were, therefore, already involved with educational settings. This targeted feedback was constructive as the reviewers all had children within the 0 – 2.5 year age range. They challenged the documentation in relation to practice as they all held individual stories of how healthcare services had and or were, they believed, 'failing' them.

The final aspect of the collaborative development was the independent professional review. This review involved an audio-recorded focus group discussion with Midwives, Health Visitors, Early Years practitioners and members of the safeguarding team. They were given the set specific task of content analysis and 'workability'. The duration of the professional review was just over three (3) hours. The professional review allowed time to explore the ability to operationalise "My Family Profile" from each of the participant's professions and resulted in saturation of input from those involved. During this time frame each of the seven sections (see Table 2) correlating to contact points between families and professionals were individually questioned and assessed. The format consists of a landscape word document of six sections and a transfer in section encompassing the antenatal period until the child/ren are 2.5 years old. It begins with a demographics section.

Insert Table 2

These three (3) central aspects; evidence gathering, an independent parent review and a professional review generated several substantive revisions of "My Family Profile" prior to the testing stage.

The revised prototype document underwent pilot testing using parent focus groups and interviews. In total three (3) focus groups with parents and three (3) individual interviews at Children's Centres were conducted. These centres provided for parents and children up to 2.5 years of age. The parents were approached to participate in the focus groups, one week prior to interviews with explanations and information sheets. Parents were given information sheets and the opportunity to ask questions prior to consent. Following consent, the interviews, which were audio-recorded, were led by experienced members of the research project team.

The pilot testing by practitioners occurred in two geographically and economically diverse sites. The sites were chosen to represent a wide range of demographic characteristics in Northamptonshire having both health visitors and midwives. This choice proved to be a challenging task due to staff sickness, shortages or willingness to engage with tool development. Practitioners were provided with the tool by email as a word document and asked to pilot it for three (3) months. The tool underwent pilot testing at midwifery booking, 28 weeks pregnancy, 38 weeks pregnancy, at the post natal visit, at health visitor new birth contact and/or when families were transferred into the team. Practitioners were asked to use the tool on subsequent visits and at handover from midwife to health visitor, within the time frame of the pilot. Four (4) practitioners, one midwife (1) and three (3) health visitors completed 18 forms with 30 family members.

Once the prototype had undergone testing in the two (2) pilot sites the staff involved provided feedback using an online evaluation questionnaire. The evaluative online questionnaire was developed with university information technology (IT) software and used to gather the views of professionals applying the tool. The questionnaire was tested, piloted and signed off by the commissioners before going live. Daily monitoring of the survey limited the risk of technical problems and identified potential problems. The questionnaire was distributed through the Working Group and a link to the survey was provided to each agency and distributed via National Health Service (NHS) emails to all professionals using the tool. The project team provided an introduction to the questionnaire explaining the purpose and nature of the evaluation. This included how the results were to be used and a contact number for further information. Responses were collected online on a live database and response levels monitored. Reminders were issued during the survey period via the Working Group. A 100% response rate was achieved.

An independently developed audit tool was applied to the completed universal assessment documents (n- 18) to assess the extent to which each relevant area was completed. Three (3) experienced practicing lead health professionals (members of the working group) were asked to review documents from clinical settings other than their own and not from their own profession to remove potential bias. This anonymised audit data allowed the project team to ensure the scales used in the assessment tool were both appropriate and fit for purpose.

Questioning styles

The indicators have been used to cross reference the targeted questions. For example, smoking status is addressed within the antenatal assessment under the "My Mums' health" through the question

"How much are you exposed to cigarette smoke?" This is then revisited under the "My Dads' Health/Wellbeing" within the antenatal section requiring "yes/no" responses, "Do you smoke?" and "Does anyone else smoke?" Each of these questions contains the section for practitioners with prompts to elicit additional information. Another indicator "Children in poverty" is questioned under the "My Mums' Wellbeing" with the questions:

Table 3: Example of Questions under "My Mums' Wellbeing?" (My Family Profile)

The prompts provide additional information in relation to benefits, family income, money management and debt. These questions are again asked under the "My Dads' Health/Wellbeing" section with a slightly different emphasis within the prompts. The "New Birth" contact poses these questions from a different perspective, "through the child's eyes" (Davis, 2013) which is included under the heading "My Life". This was specifically developed by the working group to focus both parents' and professionals on the child.

Information sharing

Steering group and Working group members raised concerns regarding the practicalities of the use of a paper copy of the assessment *'My Family Profile'*. These are based around the complexity of sharing data between Midwives, Health Visitors and other agencies. How to store the completed assessment tool whilst ensuring its accessibility for recording, implementing and updating the assessment with any related action plan was also identified as a challenge. One senior manager on the Steering group reported as follows:

> *'My main concerns are that it is impractical to use a hard copy document that will depend on clinicians passing on paper copies to one another. The only way I can see this (very helpful) concept working in practical terms is to have a web-based document that individual multi-agencies may have access to in order to view and add information as it becomes available. For very complex families, this may mean that several agencies experiencing contact and events concurrently and will need to document this information. It would be a shame for all this work to be lost due to us not keeping up with IT development.'*

A digital version of the tool requires development to reflect current IT platforms within the maternity, health visiting and early year's settings. Concerns regarding additional work, particularly as midwives are already required to complete a range of national documents, were raised. A mapping of existing forms used by both Midwifery and Health Visiting was conducted to explore this problem further. The intention was to avoid duplication and incorporate existing assessments. Whilst some of the assessment documents currently in use can be embedded in the new document, some statutory requirements will remain as separate assessments without an option to opt out.

In order to explore good practice for information sharing in the early years, identify barriers and to make recommendations about how these barriers could be overcome, the Department for Education and Department of Health ministers established a task and finish group (HM Government, 2013). Several of these recommendations could alleviate the steering and working groups concerns.

Evaluation

Focus group interviews with parents – put in findings

The focus groups sought to identify the views of family members on the pilot family profile, the questions asked and the style including content of the form.

Data analysis

The audio recordings of the professional and parent reviews were sent for transcription by a professional company. The transcripts were checked and rechecked by the research team; additional requests for review of the original transcripts were required on several transcripts. An initial analysis was undertaken by two members of the research team who developed a coding system through line by line review of the transcript. The transcripts were then subjected to thematic analysis and review which included submission to NVivo, a qualitative software analysis package. The NVivo analysis was reviewed by a third member of the research team who was not involved in the initial coding's.

Findings

The findings from the implementation of the tool in the pilot sites indicated the need for small alterations of the tool and identified implementation strategies to enhance engagement. These measures resulted in the final version of "My Family Profile".

Discussion

The methods used to explore the options of a universal assessment tool, develop the tool, including its underlying philosophy and evaluate "My Family Profile" were comprehensive and robust. Parents and practitioners were engaged throughout the development. Initial resistance surrounding the focus on the child and the involvement of parents in developing the tool was overcome through targeted aims within the working and strategic groups. Parents' expert knowledge assisted health professionals to legitimise a focus on the child as demonstrated within the results section. The flow chart demonstrates the stages, revisions and input embedded through engagement with parents and practitioners.

The five (5) key recommendations to enable the implementation of "My Family Profile" are listed below:

- It is developed in a digital format with secure 'cloud' storage, accessible from all IT platforms in use by child health/care professionals;
- It is implemented with a comprehensive training programme for professionals;
- It is formally evaluated following implementation;
- It is extended up to school entry and through school years;
- It is developed for use within other locations in the United Kingdom.

With the transfer of responsibility for children's public health to local authorities in 2015, an opportunity to drive integration through Universal Assessment Tools, such as, "My Family Profile" in

early years exists. This opportunity to promote integration through an early year's assessment tool? could be framed around the Healthy Child Programme 0–4 within Local Authorities who are also responsible for Children's Centres and School Nursing (Messenger and Molloy, 2014). It is aligned with the first 1001 days ().

It is hoped that in the current economic environment commissioners begin to integrate opportunities which maximise their resources while focusing on improving outcomes for all children and families.

Strengths and Limitations

Those health professionals involved were overwhelmingly supportive of the philosophy underpinning the development of a universal tool implemented through the "eyes of the child" (Davis, 2013). The resulting "My Family Profile" successfully engaged families and professionals challenging those involved to question how life really is for each child.

The professional review and the completed project have been presented at both national and international conferences serving to raise awareness of "My Family Profile" (Redwood, 2015).

The research team were strict with time management and organisation however the professional duties of the practitioners at times stretched their obligations and engagement. Overlapping steering and working groups assisted with engagement as did the enticement of a "free lunch" which was built into the project costs. Email communication highlighted agendas, served to record minutes and convey progress. These communication strategies ensured that the health professionals involved were immersed in the project, aware of external representation and mindful of their organisation commitment to the project.

Conclusion

This article summarised the development and evaluation of a Universal Assessment Tool, "My Family Profile". It demonstrates a robust engagement with families and health practitioners. The methods used in developing the tool incorporated collaborative working, content analysis, format requirements, questioning styles and information sharing. My Family Profile was evaluated using focus and individual interviews with parents, an online evaluation questionnaire and audit of completed assessment forms.

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Appendices

Table 1: Flow chart: methods used to develop universal tool

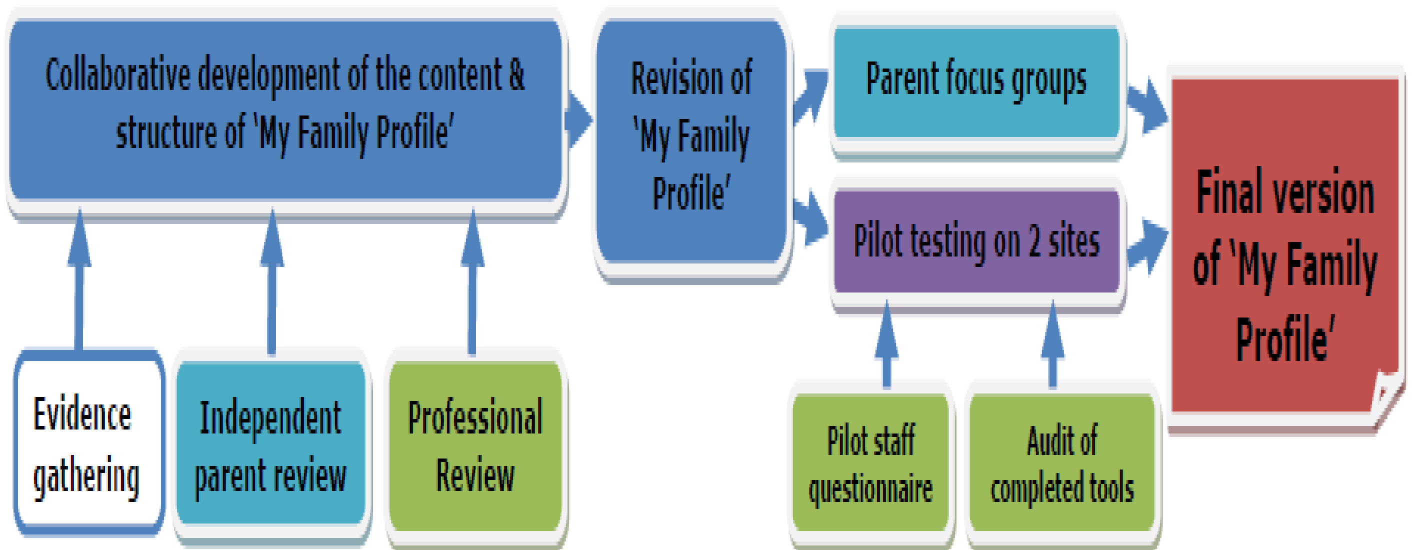

Table 2: “My Family Profile” Format

Antenatal assessment:

- My Mums Health
- My Mums Wellbeing
- Planning for Baby
- My Dads Health/Well Being
- Keeping Me Healthy and Safe

New birth contact:

- My Life
- My Mums Health and Wellbeing
- My Dads Health and Wellbeing
- Keeping Me Healthy and Safe

6 - 8 week contact:

- My Life
- My Mums Health and Wellbeing
- My Dads Health and Wellbeing
- Keeping Me Healthy and Safe

3 – 4 month contact:

- My Life
- My Mums Health and Wellbeing
- My Dads Health and Wellbeing
- Keeping Me Healthy and Safe

8 month contact:

- My Life
- My Mums Health and Wellbeing
- My Dads Health and Wellbeing
- Keeping Me Healthy and Safe

30 month contact:

- My Life
- My Mums Health and Wellbeing
- My Dads Health and Wellbeing
- Keeping Me Healthy and Safe

Early Years Foundation Stage Progress Check at Two:

- Learning and Development Summary

Transfer In Contact Visit:

- My Life
- My Mums Health and Wellbeing
- My Dads Health and Wellbeing
- Keeping Me Healthy and Safe

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