



SCARF

Supporting Children And Responding to Families

A family casework model with client and worker friendly assessment, planning and review tools

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Supporting Children and Responding to Families (SCARF) is a casework model designed for services assisting vulnerable families and children. The SCARF casework model is based on ecological theory, which suggests that individuals are connected to and interact with the environment in which they live (UK Department of Health 2000). In addition SCARF draws upon neurological development, attachment, resilience, and “good enough parenting” theories to inform its assessment and planning methodology. In terms of casework intervention, SCARF promotes a strengths-based/solution-focused approach.

History

SCARF was adapted from the UK’s *Children In Need and their Families Assessment and Planning Framework*. The UK’s Children In Need Framework was designed to complement the Looking After Children casework model promoted as the standard of practice expected for the care of children removed or unable to be cared for by their birth parents. The two systems have since been combined in the UK and are known as the Integrated Children’s System. The Integrated Children’s System offers a single approach to undertaking key processes of assessment, planning, intervention and review based on an understanding of children’s developmental needs in the context of their families and communities.

Barnardos’ use of the SCARF model

Barnardos Australia in collaboration with the University of New South Wales (UNSW) trialed the *Children In Need and their Families Assessment and Planning Framework* in six family support programs over a three-year period (Fernandez and Romeo 2003). The SCARF trial was funded by a grant from the Australian Research Council Strategic Partnerships with Industry Research and Training (SPIRT) Scheme Grant. The trial evaluation results showed that it required adaptation to make it more family and worker friendly. This conclusion was similar to that made by Anglicare who also trialed the model in their Family Support programs in Victoria (Wise 2000).

Following the three-year trial and adaptation of *Children In Need*, Barnardos have continued to use the model, which became known as SCARF, in all its family support services. This resulted in the standardisation of assessment, planning and review procedures for clients across services. The introduction of SCARF throughout the agency resulted in two major benefits to service delivery. Firstly, workers became confident in using a common language, that is, they mean the same thing when they speak about such notions as strengths, needs, risk of harm, or good enough parenting. Establishing a common language has



had the effect of improving communication and reducing the chance of erroneous decisions in case management. Secondly workers using SCARF reported that they paid more attention to the effect their work had on the needs of the children rather than looking at its impact on the parent or carer. Workers became aware of how easy it is to be occupied with parents' or carers' dilemmas and assume that relieving pressure for parents will automatically help children. SCARF's training and the guided practice tools reinforced the importance of remaining child focused while working with the child's parent or carer(s).

Values and knowledge underpinning SCARF

The evidence that informs the *Children in Need* framework was drawn from a wide range of research studies and theories across a number of disciplines and from the accumulated experience of policy and practice. Gathering this evidence was possibly the biggest and most expensive research exercise of its kind in the history of family support research. As well as the UK evidence, SCARF had the benefit of considering additional evidence from recent Australian research such as, the intervention outcome study Barnardos and UNSW have conducted (Fernandez 2002).

A brief description of some of SCARF's key values are:

- casework must be *focused on the child's needs*;
- *understanding normal child developmental* and the significance of timing in a child's life is essential to decisions about needs;
- the community can add strength to a family's ability to care for their children. An *ecological approach* to child welfare has re-emerged since modern research determined the dangers of family isolation on children;
- *respecting differences* in family structures, religion, cultures and ethnic origin is paramount to good practice. Affirmative action on behalf of children and families may be necessary to compensate for disadvantage arising out of health or social conditions;
- listening to and *respecting the perspective of the children and family* in terms of their own histories and feelings about the future is essential for reaching good outcomes;
- assessment should be a *balanced approach*. Identifying both strengths and needs is important. *Building on strengths* is a constructive and engaging process with good outcomes for children and families; and
- valuing the contribution other services can offer a family and working *collaboratively* has the potential to bring about faster solutions for families.

The *Children In Need and their Families Assessment and Planning Framework* has several publications that detail the knowledge base and underpinning values (Clever, Unell and Aldgate 1999; Department of Health, Quality Protects 2000/2001).

SCARF Tool Kit

- Initial Referral Record
- Client Assessment Agreement
- Basic Child and Family Assessment questionnaire
- Supplementary Assessment tools (for complex issues)
- Planning Agreement
- Action Plans
- Review Record and Review Guidance Document
- Worker Record of Contact*
- New Information Record*
- Closure Record

* these tools are optional and can replace progress notes

SCARF tools that guide practice

To ensure the values of the model are upheld for all families, standard assessment and planning tools are used. The assessment tools have practice guidance notes printed alongside the questions assisting workers to make objective and accurate professional judgements. These notes being visible to the family add to the transparent nature of the assessment process. The three-year trial period allowed workers to make suggestions as to how the tools could be improved. Changes suggested by workers aimed at making the assessment questions more understandable to clients and more in tune with a strength-based approach to therapy. The SCARF assessment tools examine the same areas (referred to as dimensions) as the *Children in Need and their Families Assessment and Planning Framework* (see Figure 1 below).

The Planning Agreement and detailed Action Plans that are provided in the SCARF tool kit ensure that work with the family is strategic and relates to child needs determined by the assessment. Workers have reported to the SCARF implementation committee that the planning tools are easy to use and very helpful in terms of staying on track when working with families with multiple and/or complex child needs. Although the formal research study has ended, Barnardos has maintained the SCARF implementation committee whose function is to explore ways to further develop the tools and keep abreast of new research evidence relevant to child welfare.

SCARF promotes regular review of progress from the child's perspective and so a Review Record and a Review Guidance Document were included in the "SCARF Tool Kit" (see Tool Kit above). The Review Record prompts both the client and worker to evaluate the outcome of each action plan. The guidance document proved to be a helpful resource, particularly for new workers conducting their first client family review meeting.

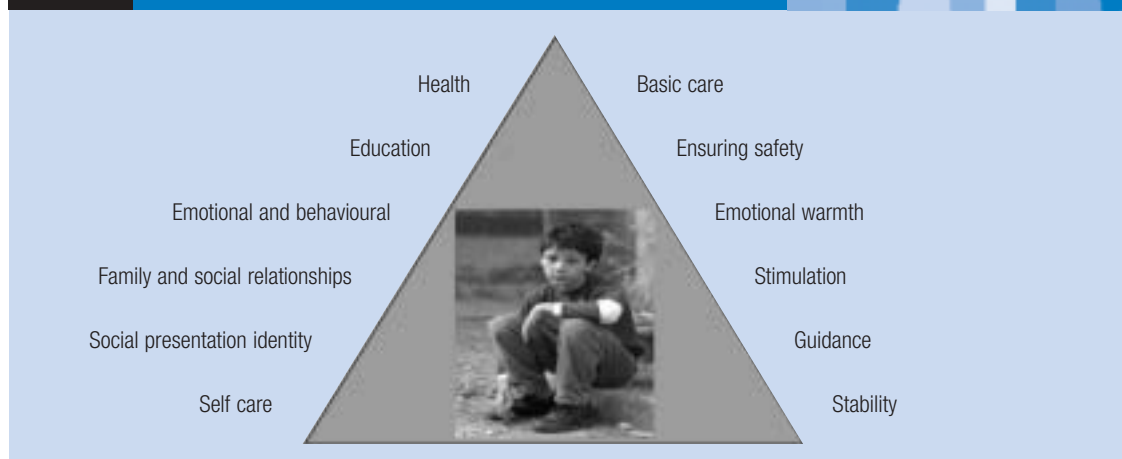
The UK *Children in Need* publications include a comprehensive guide to practice that was particularly helpful for workers in the trial.

Thus far, the tools are produced in a paper format, but an electronic database version, SCARF-e, is currently on trial in 13 services in New South Wales and the Australian Capital Territory. It is hoped that this version will be available to the sector at the end of the trial. An exciting advantage of the database version will be its capacity to collect and collate service outcome and output measures, as discussed in the final section.

Implementation challenges

The guidance notes built in to the SCARF tools makes them relatively easy to use even for new and inexperienced workers. It would be a mistake however, to suggest that the implementation of the SCARF model across a service would be simple. Implementing SCARF is best viewed as an exercise of change management.

Figure 1. SCARF - Detailed description of the areas of assessment




Managing *change* requires skill and planning and a great many decisions will need to be made along the way. Allowing sufficient time for workers to adjust to the idea of change and where necessary learn new skills is crucial. For some workers, conducting an assessment may be a new and challenging experience.

The experience of the SCARF trial clearly demonstrated the value of involving front-line workers and clients in the implementation process. This had the benefit of sharing ownership and creating a challenge to be tackled by the team. Obviously management must fulfill its commitment to such a consultative process by listening to and acting upon advice from the implementation team set up. In the SCARF trial, opportunities for management to prove they were listening and learning from the team occurred. For example, workers expressed ideas about changes to the text in the assessment tools to make them more family friendly and strength based. These recommendations were acted on very swiftly so the workers could actually see their suggestions getting implemented. Many workers took full advantage of the consultative processes and made great contributions to decisions being made.

Dropping caseloads for a few months to allow time for extra training or planning meetings will increase the chance of success of the implementation project. In the SCARF trial, middle managers and workers found this idea difficult because of the worry about the pressing demands for service. However, when staff considered the long-term benefit of the model to the service, this helped persuade them that this strategy was necessary.

The SCARF project offers implementation advice to services contemplating using the model.



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SCARF's contribution to a vision for family support

Family support has over the last three decades earned recognition as the preferred response to vulnerable families with children at risk of harm. Testimony to this fact is the change made to child welfare legislation in different countries, such as in the United Kingdom, the United States, Canada, as well as in Australia. These countries' legislation mandates that every effort must be made to support vulnerable families before considering removing children at risk of neglect and/or abuse from the family. Despite the increased emphasis on family support across Australia and efforts to integrate statutory child protection services with the wider family support sector, formal standards for services taking on this role and responsibility have not been determined. The lack of formal standards, clear definitions and a common language, creates difficulties for the sector because it holds services accountable for their performance and examines the sector's overall effectiveness.

In Tomison's (2002) thorough critique of the changes to family support in the 21st century, he described how quickly the child protection pendulum can swing – often as a result of isolated child abuse tragedies reported by the media. Family support must have the evidence base to support its approach to child protection if it is to survive its critics that suggest it may in fact fail to protect children because of its minimal intervention approach (Tomison 2002).

A vision for the family support sector is to determine its own practice standards informed by research and practice wisdom. The sector also sees the need to establish reliable methods of evaluating service output as well as outcomes for children and families to inform and further develop best practice. It was this vision that stimulated Barnardos to begin work on the development of SCARF and be able to offer a best-practice model to the sector. The electronic version, *SCARF-e* has the capacity to collect on-going output and outcome data in terms of individual casework, worker or program caseloads and whole-of-service performances. What an ideal scenario it would be if all family support services used the same or similar casework/data collection systems, with the capacity to collate their data – the research and evaluation opportunities would be fantastic.

References

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