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Assessment in child and family social work

CHAPTER SUMMARY

This chapter provides a general overview of assessment in child and family social work, placing it within a practice and policy context. The contents explore research into assessment practice, and the use of research findings to construct assessment schedules and guidance. Various approaches to assessment are identified, including diagnostic, predictive, broad social and bureaucratic. International issues affecting the assessment of children's welfare are briefly surveyed, with more specific consideration of assessment trends in the US and England, Wales, Scotland and Northern Ireland. The chapter concludes with a discussion of risk and risk management in the context of current social trends.

Research into social work assessment

Social work research into assessment practice may broadly be divided into two main areas: that which examines the relationships between inputs (for example, factors influencing) and outputs (decisions); and that which examines the *process* of assessment (Taylor, 2006). In the former field, there has been much research into factors used by social workers in decision-making. Often the aim of this research is to aid prediction and accuracy and to attempt to reduce the influence of workers' individual idiosyncrasies and practice wisdom. Methods used to determine decision-making factors include surveys (Fernandez, 1996), the examination of records (Trocmé et al., 2009), the training of social workers to record the key factors in a decision for research purposes (Rosen et al., 1995), use of case vignettes (Taylor, 2006) and experiments (Koren-Karie and Sagi, 1992; McCurdy, 1995).

Studies that pick out factors most commonly used for decision-making in order to provide pro-formas and checklists for decision-making may be falling

into the trap of simply reproducing and further institutionalising current working practices (Wald and Woolverton, 1990). In other words, they represent accumulated practice wisdom (Jones, 1993). An alternative approach that has been used to develop actuarial assessment instruments looks at the progress of families through the child welfare system and tracks outcomes such as incidents of re-abuse. This leads to the identification of factors empirically linked to risk (or at least risk defined and identified by child protection systems) and instruments with stronger claims to validity than those that reproduce practice wisdom (Gambrill and Shlonsky, 2000). Findings from quantitative research into decision-making factors in social work assessment have been used to help produce formal tools for risk assessment by child protection services, particularly in the US.

A second area of research into social work assessment has examined the *process* of assessment in more detail. This has generally, but not always, involved qualitative research. Such research has examined areas such as tacit knowledge and organisational culture, as well as more formal aspects of the assessment process. Some of the research studies commissioned by the British Department of Health in the early 1990s (Department of Health, 1995) looked at decision processes from a variety of angles, such as parental perspectives (Cleaver and Freeman, 1995), partnership with parents (Thoburn et al., 1995) and the impact of case conference decisions (Farmer and Owen, 1995). Studies of the process of social work assessment and decision-making may also be looking for *factors* that affect decision-making, but these will tend to be of a *process* nature and do not tend to be linked to quantitative material such as case or worker characteristics (for example, Waterhouse and Carnie, 1992). Research that has examined in detail some of the decision-making processes in social work include those by Handelman (1983), Gilgun (1988), Wattam (1992), Thorpe (1994), Dingwall et al. (1995), Egelund (1996), Fernandez (1996), Margolin (1997), White (1998b), Pithouse (1998), Scott (1998), D'Cruz (2004) and Broadhurst et al. (2010) whose work between them incorporates empirical data from Britain, Canada, Denmark, the United States and Australia. Studies such as these provide insights into the informal, subtle and tacit aspects of the decision-making process in child care social work. They also provide detailed descriptions of practice that may allow practitioners to recognise, compare and reflect on their own work (Bloor, 1997). They rarely provide information about outcomes or prevalence. It can be seen that both quantitative and qualitative approaches to researching assessment have the potential to provide valuable and often complementary information about the state of assessment work in child welfare settings.

Over the last decade in the UK and elsewhere there has been an increased emphasis on listening to the views and experiences of service recipients. There is research that reports the views and experiences of those being assessed in child welfare situations, but this is rarer than might be expected and is often

hidden within larger research studies. In the UK there have been a number of studies which include qualitative interviews with parents who have been assessed under the Assessment Framework, including Cleaver and Walker (2004), Millar and Corby (2006) and Platt (2006). Children's experiences of assessments of need are rarely reported in published research studies. Cleaver and Walker (2004) interviewed eight young people aged over 10 in their study of the Framework, but this is a small-scale and rare example. Research of children's views of other aspects of children's services, particularly foster and residential care (Holland, 2009a) and family court processes (O'Quigley, 2000) is more developed and research into children's experiences of assessments of need lags behind these areas.

Research into assessment systems has often been applied retrospectively, after new guidance or legislation has been applied. For example, in England and Wales there was little research into the system of comprehensive assessment introduced in 1988, with much criticism of it theoretical or based on practice experience (see, for example, McBeath and Webb, 1990). Many assessment systems in the US were introduced without research into their effectiveness (Doueck et al., 1992). Recently there have been more systematic attempts to evaluate new systems (Shlonsky and Wagner, 2005). In England and Wales, the Assessment Framework, which will be discussed in detail later in this chapter, was researched at the pilot stage (Thomas and Cleaver, 2002) and similarly, there were early evaluations of the integrated children's system (ICS) (Shaw et al., 2009) and the Common Assessment Framework (CAF) (Pithouse, 2006).

Approaches to assessment

Assessing children and their families in the welfare arena has been carried out using a range of different approaches over the last few decades. A range of approaches are identified here: diagnostic, predictive, the broad social assessment and bureaucratic assessment. These are not discrete categories and there is a considerable amount of overlap between the categories, but the division of assessment approaches into these categories aids this brief recounting of the story of the development of assessment in child welfare. The story related is mainly that of England and Wales. International themes in assessment and specific developments in the US are reviewed later in this chapter. Some of the approaches to assessment can be viewed in relation to theories of decision-making and these are briefly introduced next.

Decision-making models

The various approaches to social work assessment in childcare can be linked to broader theories of decision-making models. In his groundbreaking case study of

the Cuban missile crisis, Allison (1971) exposes the implicit model underpinning many analyses of decision-making across several disciplines. He labels this the *rational decision-making model.* This model is similar to the traditional *cost-benefits model,* which is particularly rooted in the discipline of economics (Hall, 1982). Here, it is assumed that individuals (or groups working in the same way) rationally examine all possible choices towards achieving a goal. Desired objectives will be maximised and costs minimised (Allison, 1971). However, this model assumes that decision-makers act rationally, have perfect information available for analysis and that the parameters remain fixed. The impact of factors such as values, social context and political goals are not included in such an analysis. The weakness of applying such a model to social work assessment is readily apparent. It cannot be assumed that social workers (or any other social actors) always act rationally. In assessing human relationships and actions, it is not possible to know when all available information has been gathered. It cannot be assumed that no move towards a decision is made while information is still being gathered (Bloor, 1978b), nor that the situation being assessed is static.

Allison (1971) suggests two further models to aid analyses of decisions. An *organisational process model* emphasises the variety of factors coming into play when decisions are made in the context of organisations. These include the role of routine and organisational procedures, the control of information, personal risk-avoidance by participants and differing definitions of the problem. Allison also outlines a *government politics model* that examines decision-making in government and bureaucracies, emphasising the role of bargaining by participants who are anxious to protect parochial interests. Both of these models, but perhaps particularly the organisational process model, are highly relevant. Several studies, including the Coastal Cities research, suggest the influence of professional, organisational and broader cultural factors on social workers conducting assessments (Pithouse, 1998; Scott, 1998; Broadhurst et al., 2010).

Assessment as diagnosis

Social work assessment leading to a diagnosis of the problem at hand was written about in detail early this century (Richmond, 1917) and, as a theme in assessment, can be seen as particularly influential until about the 1970s. Within social work in both the UK and the US psychodynamic theories were increasingly influential in the post-Second World War period (Lindsey, 1994). Social casework informed by psychodynamic theory emphasised diagnosing the problem and treating it through therapy and/or welfare (Gordon, 1988). Childcare concerns were seen as rooted in the whole family, although with particular focus on the mother (Gordon, 1988), and work was carried out with families to treat the diagnosed problem. Two influential social work authors, Perlman (1957) and Hollis (1964), emphasised the need for a careful diagnosis of the client's problem followed by a plan of intervention or treatment.

Social casework tended to have a broad focus of family problems, and this trend continued into the 1970s. However, from the early 1960s concerns about the physical abuse of children (referred to in this decade as 'battering') began to become more prominent, having been a central welfare concern from the late nineteenth century until about the 1930s (Gordon, 1988). During the 1960s, concerns about child battering were mainly raised by the medical profession. Paediatricians and radiologists became involved in the diagnosis of child abuse. Dr C. Henry Kempe and colleagues' influential American paper concerning the use of X-rays to aid diagnosis of Battered Child Syndrome (1962) was followed up in Britain the next year by an article in the *British Medical Journal* outlining the Battered Baby Syndrome (Griffiths and Moynihan, 1963). Concerns about child abuse remained predominantly in the medical field in the UK until later in the 1960s. The medical antecedents meant that child harm, and its assessment, tended to be approached by child welfare agencies such as the NSPCC along an individualistic, medical model rather than, for example, an approach which emphasised prevention through increased universal welfare services. As Hendrick (1994) notes, child abuse was seen as a syndrome, or disease, with underlying causes, which required diagnosis and treatment. An individual and diagnostic approach has remained an important influence on social work assessment in more recent decades across the Western world, but in the UK in particular, a more bureaucratic approach with an emphasis on risk *management* has tended to emerge. In continental Europe, despite many national variations, it has been argued that there has been a continued emphasis on family diagnosis and treatment of child abuse (Pringle, 1998).

Since the early 1990s, progress has been made with the research base of factors used in some assessment instruments, and actuarial instruments have good overall predictive results compared to other methods. However, there is still a large margin of error when using predictive instruments with *individuals*. This is due to the wide variations in people's individual circumstances, the deficit basis of many instruments (they do not measure strengths) and the levels of individual judgement still required to rate aspects such as levels of societal support (Gambrill and Shlonsky, 2000). When instruments are used to assess individuals, they are generally aimed at assessing the likelihood of re-abuse, yet many of the factors in assessment instruments are derived from retrospective research into common factors linking initial incidents of abuse (Pelton, 2008). In acknowledging the lack of accuracy when applied to individual circumstances, instrument designers are faced with deciding whether to aim for high *sensitivity* or *specificity*. Increased sensitivity leads to more children at high risk being identified, but also more children identified as high risk who do not suffer re-abuse (false positives). Higher specificity correctly identified more children who are not at risk, but also will identify more children as not at risk who go on to suffer re-abuse. Sensitivity and specificity have an inverse relationship with one another (Gambrill and Shlonsky, 2000).

The broad social assessment

Two themes associated with social work assessment over the last few decades have so far been identified: assessment as diagnosis and assessment by prediction. A third theme is that of a broad social assessment. The identification of the importance of a comprehensive social assessment in families where child abuse has occurred, or is thought to be at risk of occurring, was emphasised particularly in the 1980s in the UK. Such an assessment would include examining broader elements of a child's life, rather than areas relating solely to actual or potential abusive incidents. This has been overlapped by the trend towards the legalisation and bureaucratisation of social work as described below.

The need for the thorough assessment of families where there are child protection concerns was an issue that was regularly highlighted in the child abuse inquiry reports of the 1970s and 1980s (Hallett, 1989a). Many of the inquiry panels concluded that social workers had not collected together the information which would have led to a comprehensive overview of a particular family. In particular there was a lack of co-ordination of information from the different agencies involved with a family. Partial assessments were completed with each new situation, rather than a general overview being taken which took a family's history into account (Reder et al., 1993). It was noted that no framework existed to guide social workers in the areas they should cover when assessing a family situation (Reder et al., 1993). In the inquiry following the events in Cleveland, social workers were criticised for only assessing the child and not the parents (Corby, 1993). In contrast, in several of the inquiries following child deaths, social workers were found to have lost sight of the child's need for protection following an over-concentration on the needs and demands of the parents (London Borough of Brent, 1985; London Borough of Lambeth, 1987; Howe, 1992). The inquiry into the death of Tyra Henry found that no comprehensive attempt was made to piece together the information held about the parents and that cultural stereotyping was a central problem (London Borough of Lambeth, 1987).

A summary of nine research reports on children in local authority care was published (Department of Health and Social Security, 1985), which again raised concerns about the basis of social workers' decision-making, suggesting that it was based more on ideology and values rather than on knowledge. Assessments were criticised for being too narrow and problem-focused rather than broadly assessing the situation a child is living in.

Despite new arrangements for comprehensive assessment in cases of child abuse being introduced in the late 1980s (Department of Health, 1988), assessments were still found to be narrow in focus in the mid-1990s. A series of research reports (Department of Health, 1995) found an overly narrow focus on child protection issues and recommended that the broader needs of the child in his or her family situation and environment be assessed, both in child protection and general welfare cases. The Assessment Framework (Department of Health, 2000a) was designed to meet the need for a broad social assessment and could

also be seen to be responding to earlier calls, such as those by the Jasmine Beckford inquiry, to base assessment work on empirical knowledge. Nonetheless, the Assessment Framework has not heralded the end to concerns about the quality of information being gathered about a child and the lack of inter-disciplinary sharing of good-quality information (Brandon et al., 2009). This is often due to professionals feeling overwhelmed by paperwork and targets, as is seen in the next section.

Bureaucratic trends in assessment

> [A]ssessment schedules and checklists structure the encounter between professional and service user. They lead the professional to explore aspects of the person's experience which have been deemed relevant by their own profession, by legislation or by policy makers. (Taylor and White, 2000: 144)

As already indicated, one response in UK social work to the inquiry reports of the 1970s and 1980s was the move towards broader social assessments of children and their families. A further related, and continuing, development has been the increased bureaucratisation of procedures, including those of assessment (Broadhurst et al., 2010). In this context, bureaucratisation refers to the work of practitioners becoming increasingly regulated through clearly defined proce-dures, in an attempt to manage practice that was seen as too idiosyncratic. Howe (1992) suggests that this arose from a change of view from seeing abusive parents as potentially treatable, to viewing them as potentially dangerous. Social workers were now required to collate information about the family situation in a system-atic way and to identify 'high risk' and dangerousness in families (Parton, 1996). Margolin (1997) provides an additional proposition, that new legislation to open case records to clients meant that social workers shifted from writing long, bio-graphical, and freely judgemental records, to sparse, diagnostic and precise records. However, those records have much more detailed requirements as to what must be contained within them, which means that writing sparser prose has not led to reduced time spent on administration. Bureaucracy in social work assessment means increasingly prescribed assessment procedures. The perceived need to manage the actions of social workers and assist them in identifying and managing potentially dangerous parents has led to the introduction of many more detailed guidelines for social work practice than had previously been available (Howe, 1992). The bureaucratic theme is also associated with a tendency to move away from a medical model of abuse that implies treatment and 'cure' as an end-goal, towards managerial and legalistic approaches to child harm (Parton, 1991). A shift of emphasis from the *treatment* of abuse to the *management* of abuse is empha-sised by the change in usual UK terminology in the 1980s from 'child abuse' to 'child protection' (Hallett, 1989a). However, the demise of medical, particularly 'psy' (psychiatric, psychological and psychotherapeutic), influences in front-line practice is debatable (White, 1998a).

In the United States, a medical model of diagnosis has continued, alongside tighter, more bureaucratic systems. Margolin argues that new bureaucracies have led to a major shift in how social workers think and write about families they assess:

> So while the earlier social work could be literally oriented to describing and assessing the client's character – to assessing the client's worth as a whole person – the new social work focuses on parts of the whole; it poses the question of how the whole can be broken down and how each part can be divided into new sub-divisions … it is now possible to make judgements without the appearance of judgementalism … What changed is the focus on measurable behaviour, the shift from the client's interior to the exterior, from content to form. (1997: 158–60)

The bureaucratic trend has increased exponentially in the twenty-first century. In England and Wales, this is particularly evident in the Common Assessment Framework (CAF) and the Integrated Children's System (ICS). Assessments recorded and delivered electronically are much more readily inspected for performance indicators than earlier assessment practice which was in hand-written or typed files. When the Assessment Framework was first introduced in 2001, many practitioners did not have ready access to computers (Cleaver and Walker, 2004). Within seven years, this situation had changed dramatically, with the majority of social worker time being reported as being spent in front of computer screens (*Guardian*, 2009). Research into the workings of assessments within these structures suggest that routine, front-line assessment practice in the UK is changing, with less time being spent with families. Munro (2005) cites an Audit Commission report that suggested that by the early 2000s social worker direct contact with families had fallen from 30 per cent of their time to 11 per cent.

It can be seen, then, that the bureaucratic, managerialist trend has been criticised for overloading practitioners with paperwork, and over-structuring encounters between professionals and families. Millar and Corby (2006), while acknowledging the difficulties caused by overwhelming levels of paperwork, use evidence from their study of families' views of assessment procedures to note that bureaucratic systems have the advantage for families of being visible and straightforward. Family members can see in writing which aspects of their lives are being assessed and what is being written about them.

PAUSE FOR THOUGHT

Drawing on the discussion in this chapter so far, and your own practice experience, consider what are the costs and benefits of highly structured assessment frameworks.

Models of front-line assessment practice

The assessment approaches identified above are broad categories, relating to social policy and research trends. At a level concerned with individual exchanges at the front-line of practice, Smale et al. (1993) have identified three models of assessment practice. These are:

- *The questioning model,* where the professional-as-expert asks questions of those to be assessed, collates and analyses the information and produces conclusions.
- *The procedural model,* where the social worker follows a clear format to gather information and to assess whether standard thresholds have been reached.
- *The exchange model,* where the emphasis is on the assessed person as expert about their own situation and the need to aid them in planning on how to reach their goals.

Milner and O'Byrne (2009) note that each model may be of use in specific situations, such as child protection (questioning), where resources are scarce (procedural), and for assessments of need (exchange). However, these models are also likely to be used according to professional, team and individual cultures relating to theoretical orientation and relationships with local service users. It is noted below that the current Assessment Framework in England and Wales is broad enough in its conception that it could be administered using any of these models of practice. The model most strongly adhered to in this book is the exchange model, with the acknowledgement that the other models will be appropriate in some circumstances.

The context of child and family assessment practice

Contextual issues form a vital part in understanding assessment practices. Whatever approach to assessment is used, front-line practices will be affected by the organisational setting. Political pressures arising after a child death, time and resource constraints, and poor staff morale will all affect decisions about thresholds of concern and eligibility for support services.

Although it must be recognised that there are wide variations in the circumstances of assessment practice between nations and within nations, it is possible to identify some common international themes relating to child and family assessment that cross national and continental boundaries. Current themes that consistently appear in the literature discussing child welfare practice might be seen as occurring in two main areas: (1) issues relating to the management of professional practice (including staff shortages, training, assessment approaches and risk management); and (2) key difficulties facing children and their families (including poverty, violence, substance misuse, homelessness and migration). A brief introduction to these issues follows. Many of them are returned to in more detail in later chapters of the book.

Managing increased demand for child welfare services

A key theme that crosses most international boundaries has been an increased workload for those providing for assessment and provision in the field of child welfare services (Lonne et al., 2009). There are problems with staff shortages. In the UK, there has been a move to an almost totally qualified workforce in childcare social work. However, low morale, pay and status and the challenging nature of the work have led to staff shortages and a high staff turnover. Similar problems are evident in many Western countries including the US and Canada (Krane and Davies, 2000), Australia and Sweden (Healy et al., 2009). Most Western countries have also seen an increase in child welfare referrals, due to a number of factors including increased public awareness of abuse, changing attitudes to the needs and rights of children, increased child poverty in some nation states and substance misuse (Lonne et al., 2009; Nybell et al., 2009). Differential response systems have led to more of a distinction between prevention and child protection cases in a number of Western nations (Pelton, 2008; Lonne et al., 2009) and, in some cases, a diversion of resources from prevention towards protection and risk assessment (Dumbrill, 2006). Countries as far apart geographically as New Zealand and Ireland have seen rapid rises in child abuse and neglect reports (Buckley, 2000; Duncan and Worrall, 2000). In the US, investigations of child maltreatment rose 32.4 per cent from 1990 to 2004, representing a rise from 36.1 per 1,000 children to 47.8 per 1,000. In Canada, excluding Quebec, the rise at 86 per cent was even more dramatic, from 24.55 per 1,000 children in 1998 to 45.69 per 1,000 children in 2003 (Trocmé, 2008). In the Australian state of Victoria, child abuse notifications rose by 5000 per cent from the 1970s to the 1990s, and the rising trend has continued to date (Lonne et al., 2009). The rises are due to a number of factors, including the introduction of new risk assessment instruments (Dumbrill, 2006), increased awareness of abuse, and, in some cases new legislation relating to the effect of exposure to domestic violence on children (Lindsey et al., 2008).

Key difficulties facing children and their families

While there are significant differences in laws, service patterns and social provision internationally, and even within relatively small areas such as the UK and continental Europe (Pringle, 1998), there are some difficulties facing many children and their families that can be seen to present challenges to child welfare systems in many countries. *Poverty and unemployment* are, of course, acute concerns in much of the Southern hemisphere and Eastern Europe. However, they are also central concerns in all of Europe, with pockets of concern even in previously relatively equitable Nordic nations (Pringle, 1998). In the UK, despite policy changes to tackle child poverty since 1997, the vast majority of children coming to the attention of social services are poor, usually dependent on state

benefits (NSPCC, 2008). Abney (2002) notes that in the US there appears to be a close correlation between the over-representation of communities of colour living in poverty and their over-representation in the child protection system. The extent of poverty faced by families who come into contact with social work services presents a challenge to assessment services. These are often focused on individual problems and underplay the effect of the environment (Gambrill and Shlonsky, 2000; Milner and O'Byrne, 2009). In child neglect cases, which are now the predominant category for child protection referrals in many nations including the US and all four nations in the UK (USDHHS, 2007; Vincent, 2008), social workers find themselves trying to assess the relative impact of poverty and parental acts of omission on the standard of child care (Horwath, 2007).

A linked central concern for child welfare assessment work is the provision of adequate services for *migrant families, refugees and ethnic minorities*. In many Western nations, social services have recognised the oppression and discrimination faced by those marginalised from the predominant white cultures and attempts have been made to provide assessment and services that are more culturally sensitive. In the US, the rapid rise in formal kinship care arrangements has arisen as a response to the large numbers of African American children in the public care system and a recognition of the role of extended family in African American culture (Scannapieco, 1999). In New Zealand, the introduction of Family Group Conferencing was an attempt to use Maori methods of assessment and decision-making to stem the over-representation of Maori children in care (Lupton and Nixon, 1999). In Australia, child welfare organisations and government continue to struggle with child welfare issues relating to Aboriginal and Torres Strait Islander families. A history of abuse by the state, extreme poverty, ill-health and high rates of substance misuse present a challenging environment for culturally sensitive assessment work (Families Australia, 2008). In the UK, a key assessment challenge is the age assessment of unaccompanied asylum-seeking children (Crawley, 2007).

In the UK and elsewhere key challenges facing families who come to the attention of social services departments are parental substance misuse, parental mental health and domestic abuse (Cleaver et al., 2007). A rising demand for child welfare services arising out of parental *substance misuse* can be seen in many parts of the world with, for example, alcoholism a major concern in Russia (Fokini, 1999) and illicit drug misuse in the US (Kelley, 2002). Both this issue and *domestic violence* pose challenges for a social worker assessing a child's welfare as both have been contested areas in terms of the causes and the best ways to intervene (see, for example, Mullender, 1996; Forrester, 2000). Mental health of parents and care givers is a key reason for referral in child welfare in the UK (Cleaver and Walker, 2004). As with issues of substance misuse and domestic violence, effective and constructive inter-agency working is key, as those from the medical professions, voluntary sector and

child protection teams will often have different expertise, priorities and work-ing methods (Stanley et al., 2003). Further consideration is given to these issues in Chapter 7 of this book.

Internationally, the assessment of children and their families is affected by the institutional context, such as the development of social services and of assessment protocols, and by pressing social and economic issues, such as poverty and sub-stance misuse. In working towards an understanding of the circumstances of an individual child, the practitioner will be aware that individual, family, community, state and global issues may all be having an impact on the child's welfare. An overly individualistic focus can reinforce the fallacy that parental attitudes and behaviour alone are responsible for the child's well-being. Attention to social, cultural and economic contexts are vital ingredients of a balanced assessment.

Following this broad overview, the discussion turns to consider, as case studies, assessment practices in the US and then the four nations of the UK. Despite some similarities in the approach to child protection practice in these countries, there are interesting differences in the approaches to assessment.

Assessment policy and practice in the US

In the US, assessment practice is determined at state level. Although the federal agency, the Children's Bureau of the US Department of Health and Human Services, issued some guidance in 2006 regarding the key elements for com-prehensive family assessment throughout a case history, there are no federally mandated assessment instruments (Johnson et al., 2006). The first state-wide assessment instrument was developed in Illinois in the early 1980s (Cash, 2001). Since then, a clear majority of states have adopted structured risk assessment tools to form part of state legislation governing child protection services (Gambrill and Shlonsky, 2000). These tools are often used to decide on initial differential responses to cases and in particular to distinguish between child protection risk and a lower level need for support (Lonne et al., 2009). Concerns were raised about the rush to adopt risk assessment schedules in the majority of US states before they had been empirically validated (Doueck et al., 1992). More research has been carried out over the past decade into the effectiveness of the use of risk assessment tools. Shlonsky and Wagner (2005) suggest that it is necessary to distinguish between systems that are based on empirical relationships between predicted variables and outcomes (actuarial) and those based on a range of factors agreed by experts (consensus). The authors note that over one hundred studies have shown that actuarial models are more reliable than consensus-based systems or individual judgement. Cash describes consensus models as 'nothing more than practice wisdom arranged neatly on a form' (2001: 818).

Proponents of actuarial decision-making tools for assessment, which are characterised by large numbers of closed questions and the use of scoring, point

to the advantages in increased rates of consistency between workers and the potential to reduce cultural bias (Baird et al., 1999). Shlonsky and Wagner (2005) note that clinical judgement is still necessary in order to decide how to respond to a family once a basic estimation of risk through actuarial tools has been reached. They advocate structured decision-making models which combine both approaches. They note that in the state of California's system there is the opportunity for workers to over-ride the final score, with written justification. 'Rather than usurping a clinical decision, a risk classification summarizes key case information observed during an investigation into what is currently the most reliable and valid estimate of the risk of future harm' (Schlonsky and Wagner, 2005: 417).

Actuarial decision-making can create an aura of objectivity when most factors still require worker judgement. For example, in the California Family Risk Assessment, workers must comment on the primary caretaker's view of the situation by ticking boxes such as 'blames child' or 'justifies maltreatment' (Schlonsky and Wagner, 2005). Without an acknowledgement of the subjectivity of the process, present even when using assessment instruments, there is a risk that attention to reflective and critical practice will be reduced. A further problem is the concentration on deficits rather than strengths in many systems (Cash, 2001).

Pelton (2008) points to instances in the US where risk assessments have applied research findings in such a way that erroneously applies grouped-data to individual cases. Thus, in clumsier instruments, 'substance misuse' may be designated a risk factor, without any requirement to assess frequency, level and type nor the impact on the caregiver. He cites Project Parent, instituted in Massachusetts in 1990, where child protection workers were instructed to find child abuse and neglect in cases where factors *associated* with child abuse and neglect were present, such as parental substance misuse, domestic violence or even where the mother had a male cohabitee who was not the father. As Pelton notes, there is a higher frequency of child abuse and neglect *not* being present when these factors are present.

It may be that, in practice, such limitations are recognised by the users of predictive tools. Research into how American child protection practitioners use structured tools to assist decision-making suggests that they are used to verify decisions already made (DePanfilis, 1996). Caseworkers continue to 'rely on intuitive processes based on supervision, experience and training to make decisions' (English and Pecora, 1994: 468). However, in the US the general thrust of assessment policy since the 1980s, at least in relation to child maltreatment, appears to be the need to reduce the ability of individuals to influence outcomes. A vast array of assessment instruments are available covering all aspects of a child and their family's welfare (Johnson et al., 2006) and there appears more professional willingness to use scales and structured decision-making tools among social workers in the US (Nybell et al., 2009) than in the UK (Cleaver et al., 2007).

This tendency towards an increased use of structured assessment tools appears to be increasing in the twenty-first century. Since 2000, US states have been required to report at federal level their progress against 45 performance indicators. Mischen (2008), in a review of the impact of performance indicators on ten states' Child Protection Services, noted that most were now introducing or upgrading structured decision-making assessment tools. Perhaps counter-intuitively, however, a continued rise in formalised and structured individualistic assessment in the US has taken place alongside an increased emphasis on prevention, community, neighbourhoods and family group decision-making (Mischen, 2008; Nybell et al., 2009).

Current assessment practice in the UK

England and Wales

England has carried out the most radical changes in its child welfare system in the Anglophone world in recent years (Lonne et al., 2009). There have been dual imperatives. The agenda that aimed to refocus workers from risk to need has been further developed to a broader interest in the general health and welfare of children and further expectations to work effectively across agencies. This has led to the publication of the *Every Child Matters* initiative, with five key outcomes for all children and the integration of children's services into Children's Trusts. Alongside this have been further imperatives to be accountable and to utilise information technology efficiently. Key developments here have been the electronic Integrated Children's System and the piloting of a database for all children in England called Contact Point. These developments are enshrined in the Children Act 2004. Reflecting these developments there have been several key changes for assessment practice in the last decade. The first was the development of the *Framework for the Assessment of Children in Need and Their Families* (the Assessment Framework) (Department of Health, 2000a), which is now fairly well embedded in practice and has become a core element of the electronic Integrated Children's System (ICS). More recently the Common Assessment Framework (CAF) has been introduced.

In *Wales,* there has been less radical reorganisation of children's services. Although inter-agency cooperation is being strongly encouraged through children and young people's framework partnerships, social service departments retain their role as the lead agency for commissioning and delivering services for children's welfare (Welsh Assembly Government, 2007). Instead of *Every Child Matters,* there is the policy *Children and Young People: Rights to Action,* with seven core aims based on the UN Convention for the Rights of the Child (1989). These core aims arguably place more emphasis on children's rights and opportunities to play than the equivalent document in England (Scourfield et al., 2008). Welsh policy for all children's services except youth

justice has been devolved since 1997, and more recently Wales has acquired the right to pass legislation in devolved policy areas, suggesting that the differences between English and Welsh policies and practices will continue to grow. In the meantime, however, there is still much continuity between the two nations in terms of assessments of children's welfare, with both nations adopting similar versions of the Assessment Framework and the Common Assessment Framework.

The Common Assessment Framework (CAF)

The Common Assessment Framework (CAF) is designed to promote early preventative intervention that co-ordinates assessment and intervention across multiple child welfare professionals including social workers, teachers, health visitors and voluntary sector workers, where a child is likely to need the services of more than one agency. Its basic principles are drawn from the Assessment Framework of 2000 (see below) but it also draws some elements from assessments in other professional spheres. When fully implemented, workers from across a number of agencies will be able to check whether a CAF has been completed, and, if not, initiate the process. One simple assessment form is used, whatever the professional background of the initial referrer. If a common assessment has already been completed about the child, then the worker should be able to see at a glance data on plans, services and lead professionals. A national e-CAF (electronic) system to aid information sharing across agencies is to be implemented in England in 2010. The CAF does not replace child protection investigations or other statutory or specialist assessments, although it may trigger such assessments.

Early evaluations of pilot implementations of the CAF reported some encouraging findings. These included a broadening of information about children to include greater information about health and education, more explicit recording of consent by parents and more attention to family strengths (Pithouse, 2006; Brandon et al., 2006). Nonetheless, there have also been some reported difficulties. Teachers and health visitors do not always have access to a computer where they can complete confidential work in an uninterrupted manner and many users have been frustrated by the time the form takes, the lack of space for a narrative and failing technology (Pithouse et al., 2009). Practitioners in one study expressed their concerns that they were identifying service needs for which there were no resources available (Gilligan and Manby, 2008) and, indeed, there has been some confusion as to whether the CAF should be considered a (brief) assessment or a referral (Brandon et al., 2006). Gilligan and Manby (2008) found that while mothers were involved in the majority of CAF assessments, children and young people and fathers were much less likely to be present. A wide array of practices has been observed in early evaluations in England and Wales. As Pithouse and colleagues note (2009: 610):

> There is little that is 'common' in the way the CAF operates across England and Wales … Whether it fades quietly into a set of locally given procedures that to varying extents offer some connectivity in children's local service systems or whether it achieves a universalising nationwide functionality that accomplishes its considerable ambitions to share reliable information swiftly in order to promote better outcomes for children is a question no one can answer at the moment.
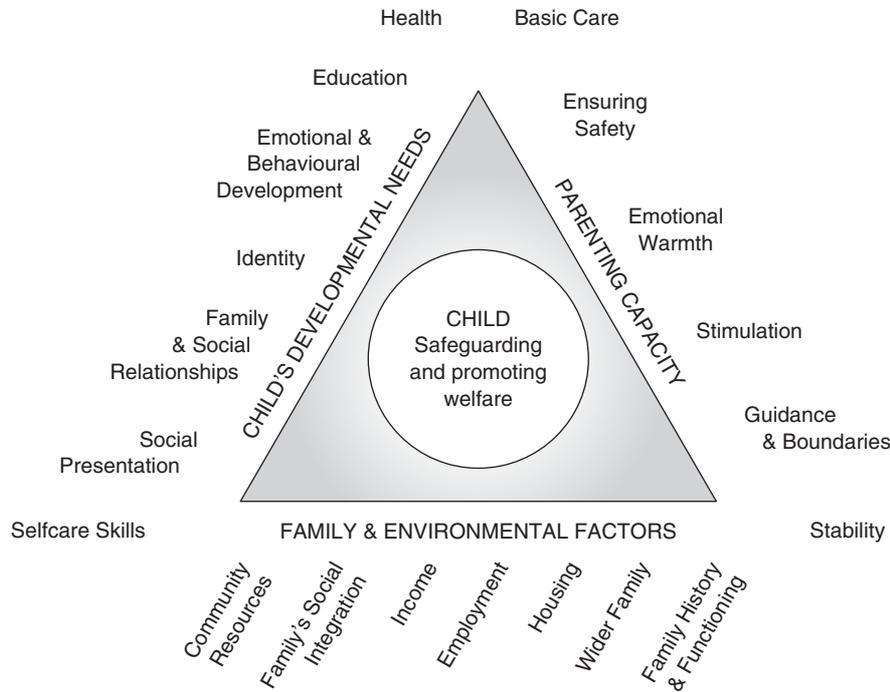
Despite the pessimism of some evaluators, where CAF works well, it can have the potential to revitalise the notion of early intervention and prevention and provide a co-ordinated response to all children who require more than standard universal services. It can potentially reduce how often children and families are subjected to multiple assessments by different agencies, particularly disabled children. For example, Bristol appears to have responded positively to the challenges of CAF by training all workers involved with children in multi-agency training days, setting up area-based multi-agency CAF forums, and enabling 'distance travelled' for children to be measured by all professionals involved at referral, review and case closure (Salari, 2009).

The CAF is designed to be an early assessment of need. Many children and young people will require more specialist assessments of need. In England and Wales this will mean an assessment under the *Framework for the Assessment of Children in Need and their Families* and this is discussed next.

The Assessment Framework

In 2000, the out-dated 'Orange Book' guide to comprehensive assessment in England and Wales was replaced by the *Framework for the Assessment of Children in Need and their Families*. The Assessment Framework consists of the framework itself and its voluminous companion publications: guidance, records (and guidance for completing the records) and packs of questionnaires and scales (Department of Health, 2000a, 2000b, 2000c, 2000d; Cox and Walker, 2002). The Welsh Assembly Government has published versions for Welsh agencies. These are slightly adapted for the Welsh context and most are bilingual. As Government guidance, the Assessment Framework is not legally binding, but under the Local Authority Social Services Act 1970 its implementation is expected unless exceptional local circumstances require adaptation.

The Assessment Framework is summarised in the form of a triangle (Department of Health, 2000a: 17: see Figure 2.1) in which three main domains impacting on the child's everyday experiences are laid out. These are the child's developmental needs, the parenting capacity of main carers, and family and environmental factors. The thrust is the careful examination of children's broader needs. These may include child protection needs, but potential abuse should no longer be the sole focus of an enquiry. There are two stages of assessment: all accepted referrals should be subjected to an initial assessment, taking no more than seven consecutive working days; more complex cases will be followed up

Health   Basic Care

Education

Emotional &
Behavioural
Development   Ensuring
                              Safety

CHILD'S DEVELOPMENTAL NEEDS   PARENTING CAPACITY

Identity   Emotional
                                      Warmth

Family
& Social   CHILD   Stimulation
Relationships   Safeguarding
                       and promoting
                          welfare

Social   Guidance
Presentation   & Boundaries

Selfcare Skills   FAMILY & ENVIRONMENTAL FACTORS   Stability

Community
Resources

Family's Social
Integration

Income

Employment

Housing

Wider Family

Family History
& Functioning

FIGURE 2.1   *The Assessment Framework*
Source: Department of Health (2000a: 17).

by a core assessment, lasting up to 35 working days, where the same domains are assessed in much more detail and depth. As the CAF becomes more embedded in England and Wales, much of the information required for an initial assessment should be already available on a CAF form.

The assessment approach might be seen as drawing on both the broad social assessment approach and the bureaucratic trend. The assessment model is primar-ily one of in-depth interviewing of family members, with scope for this to be along the lines of the *exchange model,* the *questioning model,* or, at a stretch, the *procedural model* (Smale et al., 1993) depending on the skills and approach of a worker and their agency, or perhaps the nature of the referral. Assessment work rooted in in-depth interviewing is similar to previous models in the UK (Department of Health, 1988). There is, however, much more emphasis than previously on the engagement of fathers and children in the assessment, consulta-tion with other professionals and the use of broader assessment methods such as observation and scales. There is more overt inclusion of the views of family members into the assessment report. More attention is given to environmental factors such as poverty, housing and social networks. The impact of disability and of 'race' and ethnicity on children's lives is given careful consideration. The guidance is 'evidence based' (although not actuarial), with copious references to research findings in the guidance and even in the margins of

recording forms. The Assessment Framework has been adapted for use by other countries, including parts of Canada and Australia (White, 2005), as was the case with the Department of Health's earlier *Looking After Children* materials.

An early, large-scale evaluation of the Assessment Framework, involving 24 local authorities and 2248 referrals yielded some encouraging results. Both practitioners and parents reported that parents were more involved and listened to at all stages of the assessment process. There was also some improvement in inter-agency collaboration and case recording, particularly at the referral and initial assessment stage (Cleaver and Walker, 2004). There were, however, some problems relating to finding where information was recorded, involvement of children and young people, underuse of scales and questionnaires, problems with access to adequate IT hardware and software and difficulties in keeping to timetables. A more recent, large-scale ethnographic study of routine assessment practice in England and Wales suggests that these systemic difficulties have not eased (Broadhurst et al., 2010). These authors suggest that problems arise not (just) from individual and team assessment practices but that there are systemic errors in the way that performance is framed and measured which make it more likely for individual mistakes to occur. They note that:

> As volume increases, child-protection work is increasingly prioritized within the overall assessment process. This … indicates the work pressures and conflicts impinging upon local teams, which could lead to errors, directly through the down-grading of some services, cutting corners, etc., or indirectly through elevated stress levels and fatigue (2009: 5)

As will be discussed further in Chapter 4, the particularly tight time constraints imposed by the Assessment Framework can strongly influence initial decisions about how to categorise and manage referrals. For example, concerns about older young people, and first or second notifications of domestic violence in a family were routinely down-graded in some teams leaving less scope for constructive professional discretion.

As well as difficulties with systems and implementation of the Framework, there have also been some criticisms made of specific elements of the guidance. With any large document authored by many participants, it will be possible to find weak points in specific wording or advice. Thus Garrett (2003) notes potential class prejudice in instructions for social workers to note stale cigarette smoke and questions about whether children have been taken to county shows. He also suggests that there is an uncritical reliance on normalisation and conformity in the areas of social and economic relationships (this he locates within the broader New Labour agenda). Criticisms also might be made of the research summaries contained within the margins of the recording forms. While they give a context and reasoning to the bald tick-boxes, they do not cite sources and are in such a pared-down form they are open to accusations of over-generalisation and misinterpretation. For example, in the margin of the

Core Assessment Record for a young person aged 10–14 is the statement, 'Black children often underachieve at school' (Department of Health, 2000c: 10). No context is given, such as a discussion of different achievement patterns of different ethnic groups, links to poverty, racism and school exclusions, and so on. The form is to be shared with the young person, and the message being given by the statement to a Black child and their family is questionable.

Analysis in assessments has been an on-going concern (Dalzell and Sawyer, 2007). The superficially solid nature of information gathered by the use of scales, or in the checklists that form much of the Assessment Framework's recording forms, may serve to promote an illusion of certainty and objectivity for assessors and the assessment report's audience. This may in turn undermine thorough analysis of all assessment material using a reflexive approach (see Chapters 3 and 9). Certainly, one of the key findings from the piloting of the Assessment Framework in England and Wales has been the continuing problem of poor quality analysis in assessment work (Thomas and Cleaver, 2002; Cleaver and Walker, 2004). Despite the copious guidance, the Assessment Framework's advice on analysis of large amounts of data is rather thin. Strict imposition of tight timescales combined with high workloads is unlikely to encourage in-depth analysis through critical reflection of available evidence.

The Assessment Framework has had an important impact on assessment practices in England and Wales. There is much to be welcomed in its emphasis on holistic assessment and listening to all family members and other professionals. Nonetheless, its implementation in the context of the electronic Integrated Children's System and performance management targets has led to concerns about loss of professional discretion and superficial analysis. Further discussion of aspects of the Assessment Framework is included throughout this book.

Scotland

In Scotland the relevant framework is *Getting it Right for Every Child* (The Scottish Government, 2008). At the time of writing this ambitious non-statutory programme is still being implemented nationally. It places particular emphasis on involving children and their families in assessing need, in cooperating across agencies, developing a skilled workforce and the appropriate sharing of electronic information. Like the Framework in England and Wales, Scotland's *Integrated Assessment Framework* is centred on a triangle of children's needs, but in the Scottish guidance the wording puts the child in the first person and is likely to be more understandable to children and their families. In the Scottish triangle (Figure 2.2), therefore, 'identity' becomes, 'confidence in who I am', and 'parenting capacity' becomes 'what I need from the people who look after me'. The approach also incorporates eight well-being indicators, typically laid out in a pie-chart format and a resilience matrix (Daniel and Wassell, 2002) to aid analysis. The approach is too new to have been subject to a formal evaluation.
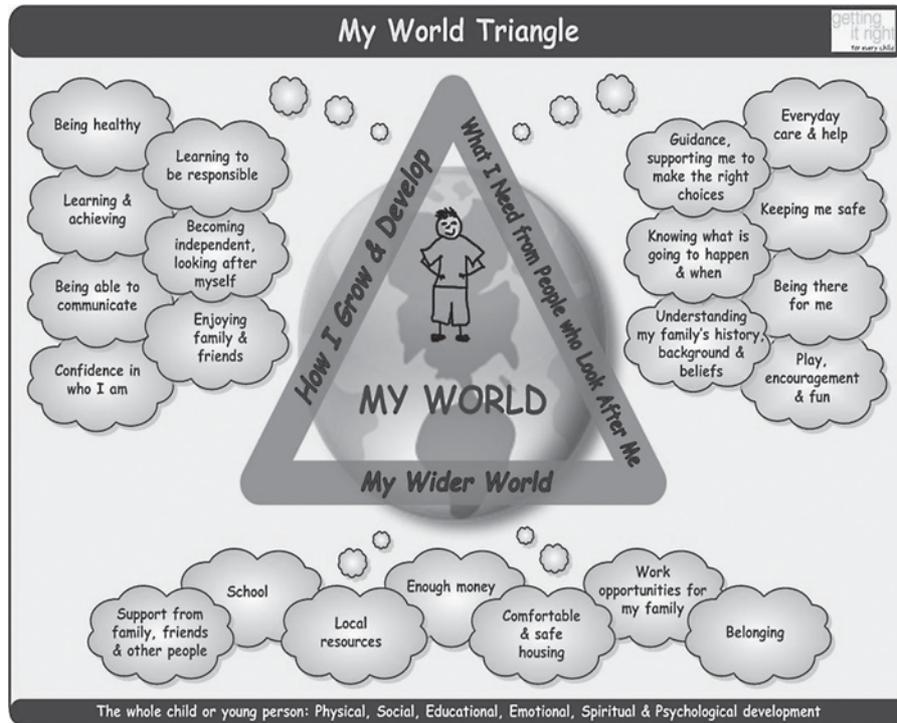
FIGURE 2.2   *My World Triangle*

Northern Ireland

In Northern Ireland assessments of children in need are carried out under the UNOCINI framework, which is the acronym for *Understanding the Needs of Children in Northern Ireland* (Department of Health, Social Services and Public Safety, 2008). A key priority in this framework is the involvement of the child and the guidance states that: 'An assessment should tell the child's story and provide an overview of their wishes and feelings, their hopes and fears' (2008: 9).

The framework draws on the Assessment Framework and other existing frameworks such as the Asset framework used in Youth Offending Teams. In the UNOCINI framework an initial assessment may proceed to a more comprehensive pathway assessment if necessary. There are pathway assessments focusing on family support, child protection and looked after children. Like Scotland's *Getting it Right for Every Child*, and the Common Assessment Framework in England and Wales, UNOCINI is designed to be used by any agency working with children, to avoid multiple assessments and to enable sharing of information and co-ordinated planning. Where Northern Ireland differs from the rest of the UK is that health and social services have been integrated since 1972 (Spratt and Devaney 2009), potentially making the aim towards working together for children's welfare easier to achieve.

In summary, therefore, the following trends can be seen in UK assessment of children in need in the twenty-first century. There is a trend towards assessment frameworks that can be used by all agencies working with children. These are completed electronically, and theoretically should be able to be viewed and updated by all professionals who need the information. This is to avoid families being subject to multiple assessments and to encourage shared information, joint planning and coordination of services by multiple agencies, particularly social services, health, education, voluntary groups and specialist providers such as those providing substance misuse interventions. There is an emphasis on family involvement, with a renewed emphasis on listening to the child. There is a broader focus on the child's social and environmental context and each UK nation has listed ambitious sets of broad outcomes that they believe should be attainable for every child. Alongside these trends have been those for tighter performance management, with adherence to strict timetables and the reaching of ever more ambitious targets being expected of each local authority. Some commentators and research evidence suggest that these have led to less professional discretion, more time in front of the computer and less time directly engaging with children and their families.

Risk, postmodernity and assessment practice

The final theme of this chapter is that of risk. Risk to children (and to the practitioners who make decisions about those children) is a concern that pervades all of the approaches to assessment identified above and the everyday assessment practice of social workers in the field of child welfare. *Risk management* is an increasingly global concern, affecting almost every aspect of society. Risk management is one of the main drivers of the children's assessment systems that have been developed in the Western world and an acquaintance with current theories about the 'risk society' helps us to critically engage with modern assessment practices. Many authors have located the preoccupation with risk management in broader trends associated with late modern society. In order to understand the place of risk management in child welfare assessment, it is necessary first to summarise some of the arguments about risk and postmodernity.

Postmodernity

The relevance to social work of debates about postmodernity has been discussed and debated in the social work literature in recent years. Despite its rather esoteric nature, this debate has clear practice implications that are particularly pertinent to assessment, including our understandings of subjectivity, relativism and expertise. Many commentators, such as Howe (1994), Pardeck et al. (1994) and Martinez-Brawley and Zorita (1998) have written about the

applicability of a postmodern analysis for social work. The modern era has been characterised as one that has striven for rationality, progress through human endeavour, reason, professional expertise and the ordered sovereign state since the seventeenth century in Europe and subsequently much of the rest of the world (Howe, 1994). A postmodern analysis suggests that this consensus has broken down, with a recognition that 'truth' is not discernible through reason, but is locally negotiated through language (Howe, 1994; Pardeck et al., 1994). The grand narratives and theories no longer hold and expertise is questioned. It is suggested that postmodernist trends in social work include the diversification of tasks and of theory, the diffusion of power, the concentration on actions rather than actors and a preoccupation with risk (Howe, 1994; Parton, 1994). These are exemplified in Britain by the marketisation and commodification of community care and the legalisation of childcare social work (Parton, 1994).

Others (Ferguson, 1997; Smith and White, 1997) have questioned the relevance of postmodernity to a contemporary analysis of social work. Ferguson (1997) and Smith and White (1997) have drawn on Giddens's analysis that society is in a state of advanced modernity that is more self-aware of the implications of modernity. He has labelled this 'reflexive modernity', that is, 'modernity coming to understand itself' (Giddens, 1990: 48). Smith and White argue that postmodernists exaggerate the erosion of social work's unifying knowledge and practice, such as realism and humanism. Ferguson argues that in an era of reflexive modernisation there is the potential for a more radical relationship between lay people and (social work) experts, with the social observers also becoming socially observed.

To some extent the debate on whether the current era should be labelled postmodernity, advanced or reflexive modernity is a matter of semantics. Both Parton (1994) and Howe (1994) have written that they would not wish to exaggerate a break with modernity, with Parton emphasising this by using parentheses around the 'post' in (post)modernism. Despite some real differences in emphases around the implications for social work of the modern era, there are also many common aspects of the various analyses of current social trends. There appears to be agreement that the distinction between the expert and lay person is being eroded, with professional expertise increasingly open to challenge (Giddens, 1990; Beck, 1992; Howe, 1994). In social work this can be seen to have led to an increased managerialism and bureaucratisation, with social workers' tasks becoming more prescribed and less open to professional discretion (Howe, 1994). A corresponding legalistic trend has led to an emphasis on rights, contracts and responsibilities (Howe, 1994). There has been an increased wish to calculate, predict and manage risk (Parton, 1991, 1994, 1998; Ferguson, 1997). In terms of social policies, Kemshall has noted that as we have moved from 'welfare society' to 'risk society' the basic conception of universal welfare has been somewhat replaced by a more residual welfare state. We have moved from 'no fault' citizens receiving help when in need, to the 'prudential citizen' taking more responsibility for their own outcomes (Kemshall, 2007: 153-4).

The questioning of scientific and expert knowledge and of the nature of 'truth' has important implications for social work assessment. Whether the modern era has ended or is engaged in a period of reflexivity, it appears that the modernist rational agenda of seeking absolute truths through systematic means has been eroded. The implication for social work assessment is therefore that an attempt to discover the 'truth' about a client through assessment may be futile. Social workers must recognise that there will be a series of competing explanations in any assessment. Abandoning a search for one external reality means that social workers conducting assessments may need to learn to sit with uncertainty.

However, there is a need to be aware of the nihilistic dangers of pure relativism for social work (Parton, 1994; White, 1997; Martinez-Brawley and Zorita, 1998). In Chapter 9 of this book, a method is suggested for working with competing explanations and developing assessment conclusions which are derived from a process that is rigorous, reflexive and critical – conclusions that are 'least likely to be wrong' (Sheppard et al., 2001: 881).

Risk

However we label our current era, it is clear that the management of risk is a major preoccupation. As has already been noted in this chapter, research has aimed to produce instruments that will accurately identify risk for children (from their caretakers) and that, in the US, such instruments are widely used to aid decision-making. Actuarial-based instruments appear to aid inter-assessor consistency and accuracy in predicting substantiated abuse. Difficulties with such instruments have also been noted, in that they are often based on unreliable research findings, they produce both false negatives and false positives, they are often deficit-based and their use creates an illusion of objectivity and accuracy that discourages reflection and critical thinking. Krane and Davies (2000) note that a goal of scientific objectivity can serve to obscure the inherently moral and political nature of much decision-making about risk in the child welfare arena.

As the anthropologist Mary Douglas notes, risk is future-orientated, assumed to be calculable and associated with accountability:

> Within the cultural debate about risk and justice opponents seek to inculpate the other side and exonerate their own supporters from blame. *Risk* is unequivocally used to mean danger from future damage, caused by the opponents. How much risk is a matter for the experts, but on both sides of the debate it has to be taken for granted that the matter is ascertainable. Anyone who insists that there is a high degree of uncertainty is taken to be opting out of accountability. (Douglas, 1992: 30, emphasis in the original)

Yet, of course, in the child welfare arena, risk cannot be accurately predicted for individuals. As MacDonald and MacDonald (1999: 22) explain, the 'hindsight fallacy' suggests that because an adverse, but low probability outcome has

occurred, it ought to have been predictable. Yet, sadly, sometimes an unlikely event will happen and still remain unlikely. Conversely, just because something is a risk factor for the majority of the population does not mean it is certainly a risk factor for an individual (Gambrill, 2008). The best we can do is to thoroughly analyse all available evidence against a range of possible explanations (see Chapter 9). If a child is thought to be at risk, this will include looking for evidence that supports this view, as well as actively seeking information about safety in the home environment. We need to pay attention to unremarkable events and details, as well as to vivid evidence (MacDonald and MacDonald, 1999).

PAUSE FOR THOUGHT: PREDICTING RISK

A social worker has read that between one fifth and a third of children who are returned home from foster care are subject to further abuse and neglect (Biehal, 2007). The practitioner needs to make a recommendation about returning home a 6-year old boy from foster care. How might this research evidence affect the decision-making process? What might be the risks and advantages of him staying in foster care?

The context of risk management will also affect decision-making about risk. Difficulties related to resource constraints and shortage of trained workers may lead either to the raising of thresholds about which cases are concerning (and so reduce the workload) or, perhaps, to avoiding time-consuming preventative and rehabilitation work. Local teams and area authorities develop their own understandings of risk, as reflected in the regional variations in child protection register rates in England and Wales. A high profile case such as Victoria Climbié or 'Baby Peter' can lead to an increase in applications to court across a nation (Butler, 2009), although whether this rise is due to a correct recognition of further children in danger, or a surge in risk-averse practice is open to dispute.

Risk may also be assessed differently, according to differences between disciplines (Birchall and Hallett, 1995) and whether the assessment is carried out by individuals or in groups. The influence of 'group-think' may lead to group decisions that may not have been made individually by the participants at a meeting. As Gambrill and Shlonsky pithily observe:

> Tolerating feeble inferences, rewarding gold and garbage alike, and the buddy-buddy syndrome (a reluctance to criticise friends) may dilute the quality of decisions in case conferences. (2000: 816–17)

It can be seen that risk is not a concrete concept and is, in fact, socially constructed according to organisational context, profession, culture and, indeed, on

a case-by-case basis (Wattam, 1992). Authors such as Beck (1992), Douglas (1992), Parton (1996) and Parton et al. (1997) have demonstrated how risk is constructed. It cannot be just a technical calculation. It might be seen as a way of thinking, rather than a 'thing' or a 'set of realities' (Parton, 1996: 98). This does not mean, of course, that holding an intellectual stance that risk to children is socially constructed supports any acceptability of child abuse. Stainton Rogers and Stainton Rogers (1992) use the example that throwing boiling water on a child would be universally agreed to be a morally reprehensible act. However, a multitude of observers might differ in how they understood the causes for that act, who is responsible, and perhaps most crucially, what should happen next to the child, its parents, and in terms of professional intervention. The social worker then has to actively construct a view on how 'risky' an individual situation is. While they may be helped by various scales and other assessment instruments, it has been seen that these are not watertight. A soundly based *judgement* must be made in each case. A process for carrying this out systematically is proposed in Chapter 9.

Conclusion

This chapter has set the scene for a detailed consideration of child and family assessment by examining various historical and contemporary approaches to assessment, research into assessment, international themes affecting assessment and the relevance of current broader debates of postmodernism and risk. Frontline practitioners are confronted with day-to-day experiences of contemporary social challenges, including child poverty, homelessness and migrancy, substance misuse and staff shortages. Finding the best approach to assess and assist families in such situations is a challenge, and there is often a tension between the development of standardised systems for promoting equality of service and efficiency and the need to respond to very individual human situations. The ways in which social workers understand their task in such settings is the key theme for the next chapter.

EXERCISES

Group exercise for a seminar or training session

Divide into two groups.

Group 1 should make a list of all the reasons why assessments of children in need within children's services should be standardised in terms of areas to be covered, time frames for the assessment and formatting of plans or reports.

(Continued)

(Continued)

Group 2 should list all the reasons why assessments should cover only the areas considered most pertinent for the specific child's situation, within time scales judged necessary to gain all of the relevant information.

The two groups should sit facing each other. Group 1 reads out the first point from their list. Group 2 finds a point from their list that provides a counter-argument and reads this out. The process should continue until both groups have made all of their points, with each group taking it in turns to lead the discussion.

The facilitator should summarise the most important issues raised at the end of the debate.

Individual exercise

Imagine that you are a parent of a child who is in need because they are disabled. What would be your priorities and expectations in terms of an assessment of your family's situation? Consider your attitude to these aspects of assessment design and practice:

- What areas of your life would you feel comfortable/uncomfortable answering questions about?
- How should you and your child to be consulted?
- Who else in your family should be involved?
- How would you feel about completing evidence-based scales to calculate levels of risk and need?
- Would you want the assessment results to be readily available to other professionals involved in your life?
- How would you react if you disagreed with the overall conclusion?

Group exercise

Each group member should read in advance: NSPCC (2008) *Poverty and Child Maltreatment*, Child Protection Research Briefing, London: NSPCC. Available at: http://www.nspcc.org.uk/Inform/research/Briefings/povertyPDF_wdf56896.pdf

Discuss as a group the complex interplay between poverty and child protection and what this means for our approach to assessing the needs of children living in poverty. Some questions you may wish to consider are:

- How do we incorporate environmental aspects into our analysis?
- How much is our focus the child's overall well-being and how much do we tend to focus on parental actions and inactions?
- Is there any room in modern children's services for promoting community activism?

Further Reading

The London Safeguarding Board has published a useful set of guidelines to help identify whether a child is in need of universal provision only, additional services that may require a CAF assessment, referral to Children's Services for an initial assessment as a child in need or referral to Children's Services for a child protection investigation and core assessment. See: http://www.londonscb.gov.uk/files/resources/london_thresholds_guidance_july_2009.pdf

On models and theories of risk assessment:

Kemshall, H. (2007) 'Risk assessment and management: an overview', in J. Lishman (ed.), *Handbook for Practice Learning in Social Work and Social Care: Knowledge and Theory.* London: Jessica Kingsley, pp. 153–66.
Special issue on decision-making in child welfare: *Children and Youth Services Review*, 2005, volume 27, issue 4.

For an international overview on trends in child welfare in English-speaking countries and ideas on how systems could be improved:

Lonne, B., Parton, N., Thomson, J. and Harries, M. (2009) *Reforming Child Protection*. Abingdon: Routledge.