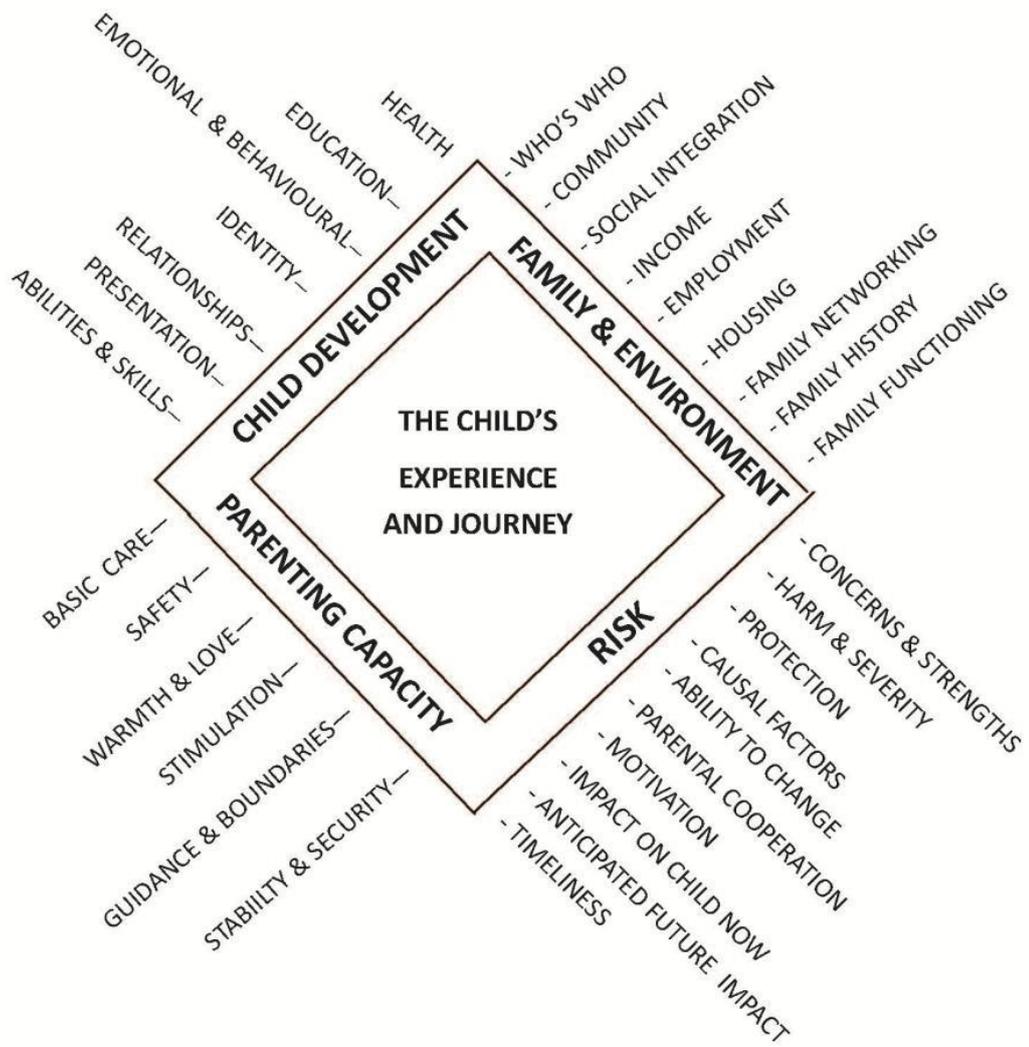




# **Child and Family Assessments**

Assessment Diamond with Narrative

Training Resource



**1. Child's development needs** as they relate to:

- Their Health
- Their education
- Their emotional and behavioural development
- Their identity
- Their family and social relationships
- Their social presentation
- Their self-care abilities and skills.

**2. Parenting Capacity** as it relates to the care given to the child:

- Their ability to provide basic care
- Their ability to ensure the child is safe
- Their ability to give and demonstrate emotional warmth
- Their ability to provide appropriate stimulation
- Their ability to provide appropriate guidance and boundaries
- Their ability to provide the child with stability and security.

**3. Family and environmental factors** as they relate to the child in the context of:

- Who's who and significant in the family
- The community and community resources
- The family's social integration in the community
- The family's income, employment and housing
- The extended family network
- The family's history and how they function as a family

**4. Risk** analysis and evaluation that:

- Evidences concerns and strengths and considers each individually and how they do or might interact with each other.
- Judges likelihood of harm and the severity of any harm on the child over a specific period of time.
- Known harm and likely harm should be weighted in terms of significance and probable impact on the outcomes for the child.
- Evidences the parent/carer's ability to ensure the child is protected from physical, emotional, sexual harm and neglect.
- Demonstrates an understanding of causal factors and impact on the child now and in the future should nothing change,
- Provides an evidenced opinion regarding the potential for sustained change in keeping with the child's timescale
- Expresses an evidenced opinion on parental cooperation and motivation to change.

## Practice guidance with reference to the four domains

### 1. Child development

'Knowledge of child development is vital for good assessments but the presentation of information regarding children's developmental needs in assessment records was variable, and did not always reflect the particular child's individuality (Holland, 2010; Thomas and Holland, 2010). Some studies identified problems with assessing attachment (Selwyn *et al.*, 2006; Ward *et al.*, 2010): for example, clingy behaviour was misinterpreted as evidence of strong attachment, and some assessments were based on observation of too few situations to be reliable (Holland, 2010). In addition, a tendency to over-emphasise resilience in children was noted (McMurray *et al.*, 2008). Resilience is a difficult notion to conceptualise and to apply but one exploratory study suggested positive effects from training staff directly in this area (Daniel, 2006). Overall, the research highlighted a need for further professional education in relation to children's identity, resilience, self-esteem and attachment, knowledge of the specific behavioural problems that contribute to poor placement outcomes and a greater understanding of child development generally.' (**Social work assessment of children in need: what do we know? Messages from research: Danielle Turney, Dendy Platt, Julie Selwyn and Elaine Farmer School for Policy Studies, University of Bristol.**)

### HEALTH

The health of a child or young person is an extremely important aspect of the assessment and will require reference to medical opinion. The health of a child can, in some circumstances, be an indication of the type and level of parental care they are getting. Within this context it is important to consider growth and physical development and mental wellbeing. It is extremely likely that the practitioner will need to collaborate in assessing this aspect of the assessment with Health professionals who know the child. The impact of any genetic factors or known impairments will need to be contextualised and considered within the likely outcomes for the child over the course of their minority. Other aspects of health care should also be considered for example, diet, exercise, immunisations, oral hygiene, optical care, developmental checks, frequent or missed appointments, parental commitment to, and response to, medical advice. As a way for measuring improvements over a specified time it is advisable to acquire benchmark information from medical practitioners.

### EDUCATION

This aspect of the assessment is more than schooling although attendance and meeting potential are important indicators of how a child is being parented. A child's cognitive development begins in utero so issues of antenatal care are important considerations too. The practitioners will need to consider the child's opportunities for play, developing a range of skills, interests and hobbies, access to educative material such as books, parental interaction and adult interest in promoting the child's achievements. Children who have a special educational need will require additional support and interest from those who care for them - it is important that the assessment considers what the child needs to achieve their maximum potential and how effectively the parents are able to meet that need. Childhood neglect may also be associated with one of the many causes of language delay and communication, socio-emotional adjustment and behavioural difficulties. Studies have found that such difficulties can manifest themselves in children by their third birthday. The implications of this for the child are likely to be seen in preschool settings with difficulties in literacy, numeracy, and friendships.

### EMOTIONAL AND BEHAVIOURAL DEVELOPMENT

Early indicators of childhood neglect and emotional abuse manifest themselves early in life. Attachment difficulties can be an early sign of neglect or emotional maltreatment and where such indicators are present the assessment will need to fully explore the causes. Disorganised attachment patterns can manifest themselves through behaviours such as repeated unsuccessful attempts to engage with a parent and failing to seek reassurance when upset or distressed. It is thought that this type of behaviour may occur when the parent from whom the infant may seek attention or comfort is also the parent the infant considers, due to experience, to be a source of fear. In older children the signs may include behaviours thought to be harmful to themselves or others, anti-social in nature and a disregard to risk in risk taking behaviour. Older children may typically be involved in crime, use drugs and alcohol or exhibit violent behaviour towards others. Physical neglect is likely to manifest itself in young people becoming stigmatised and bullied.

## **IDENTITY**

The assessment will need to consider how the child is demonstrating a growing sense of self as an individual. An exploration of the child's self-image, and self-esteem should form part of the assessment. An understanding of the child within the context of their peer group, family and wider society are important indicators of how their identity is maturing and forming over time. Issues of race, religion, age, gender, sexuality and disability will all need to be considered within this aspect of the assessment and relate to how the child sees themselves within this context. Children deemed to be in the period known as adolescence are making the transition from childhood into adulthood. As such, it is a period where experiences, over time, are forming and shaping the adult they will become. The time span during which a child might be deemed an adolescent is hugely variable and professionals should hold in focus the fact that children remain children until they are deemed adult in law, that is when the child reaches the age of 18.

The cumulative impact of childhood neglect during this period is likely to become clearer and consolidate into patterns which will generate poorer outcomes throughout the rest of their lives. Adolescents do not grow out of being neglected; in fact the impact of their earlier experiences is likely to worsen. **Ventress (2013)** stresses that a young person maybe indulging in what might be viewed as extreme risk-taking behaviour sufficient to provoke in the professional a belief that the young person is to blame. Furthermore, some young people who are acting out the impact of years of neglect may be written off as being beyond help. Whatever the manifestation or reasons for such behaviours, it is important to recall that an adolescent's tolerance of neglect does not indicate a positive choice to be neglected, nor should it be a reason to engage in blaming the young person.

Regardless of whether their childhood experiences have been positive or difficult, young people will seek out opportunities to exercise their autonomy and this will involve making some poor choices. Adult levels of reasoning, rationality, planning and impulse control are not fully developed and there may be many years before development is complete; so even those adolescents who have had an entirely positive upbringing are yet to reach a matured prefrontal cortex.

## **FAMILY AND SOCIAL RELATIONSHIPS**

The child's ability to demonstrate empathy and reflection within the context of their age, peer group and family can indicate the extent to which their early developmental needs have been met. It is important however to consider the possible causes where these attributes appear not to be in place. Children's development varies and there may be other reasons why a child struggles to show empathy. However a family history of instability and unaffectionate responses may give clues to the way in which the child will develop empathy and relationships in the future.

## **SOCIAL PRESENTATION**

This area of the assessment should consider how the child or young person presents in terms of appearance and behaviour. A careful consideration of internal and external influences is important here paying particular attention to family, cultural and peer group norms. How the child understands their appearance and behaviour and how they think they are perceived may give the assessor information to help determine the reasons and potential impact on their development.

## **SELF CARE SKILLS**

This area should consider how well the child has acquired practical, emotional and communication competencies required for increasing independence given their age. This should include an exploration of early practical skills such as dressing and feeding, opportunities to gain confidence and practical skills to undertake activities away from the family and independent living skills as older children. Attention should be given to the impact of a child's impairment and other vulnerabilities, and on how their social circumstances may affect the development of self-care skills.

## 2. Parenting capacity

*Key research findings relating to the assessment of parents' capacity to meet the needs of each particular child include the importance of understanding the basic requirements of parenting and of considering parents' ability to change (Jones, 2009; Reder et al., 2003)*

### Areas of Parenting to Consider

- Providing basic care / family routines
- Promoting physical health
- Meeting emotional needs
- Ensuring safety
- Supporting learning / education
- Setting boundaries/managing behaviour
- Developing supportive social networks/relationships

Each of these areas will need to be assessed in a way which demonstrates an understanding of the child's chronological age and their developmental capacity. Parents may be effective in some areas of parenting but find difficulty in others.

### Levels of Parenting Capacity and Motivation – Descriptors

#### Effective Parenting

- Shows appropriate concern and realistic confidence
- Consistently effective in meeting the child's developmental needs, acting on specialist professional advice when necessary (e.g. GP, school)
- Able to put the child's needs first whilst also finding ways to meet their own needs in order to maintain their own well-being and resilience
- Able to reflect on their own parenting and learn new skills / strategies as appropriate

#### Good enough Parenting

- Shows appropriate concern but sometimes lacks confidence in specific aspects of parenting
- Usually effective in meeting most of child's needs but may lack resilience at times of crisis or cumulative difficulties
- Willing to seek support and act on advice/guidance to address difficulties/challenges of parenting

#### Trying to Improve

- Shows concern and recognises the effect of their own behaviour on their child but finds it difficult to maintain any changes that have been initiated
- Meeting the child's needs is erratic or inconsistent and parenting can be impulsive or careless
- Dependent on external support and accountability to maintain new routines/strategies

### **Aware of Difficulties**

- Able to recognise the need for change, but lacks the energy or resources to address this
- May demonstrate apathy, indifference, helplessness
- Seek to blame other people (including the child) for the difficulties and want others to change rather than take action themselves
- Sometimes seek help but do not sustain engagement with services once the crisis has passed

### **Rejecting / Resistant / Stuck**

- Do not recognise there is a problem
- Resistant, avoidant or hostile with professionals
- Parents' needs are so great that they do not have emotional or cognitive resources to prioritise the needs of their children
- May be rejecting of parental responsibility or rejecting of the child
- Token or disguised compliance

### **The Role of the Professional in the Assessment and Development of Parenting Capacity**

Assessment of parenting capacity initially involves identifying the strengths and needs of each parent in each area of parenting. However it then requires that professionals gauge the capacity and motivation to change, i.e. develop new skills, strategies and priorities in how they respond to their child. This capacity and motivation to change must be regularly tested and measured to ensure continued improvement and identify regression. When identifying any improvement in parenting, professionals must be able to see the change in action rather than just hear the parent tell them about it.

***There will need to be clear timescales set for change to occur and these must reflect the timescale necessary to avoid the child's development being significantly compromised.***

The professional must ensure that, at each of the above levels of motivation, care plans match with the parent's capability. Where parents are resistant to change and rejecting of support, the role of the professional is to confront them with the reality of the child's needs and the consequences of the status quo. This requires that the practitioner is able to critically analyse the impact of specific parenting behaviour on the child, clearly identifying both short term and long term risk.

Where parents are aware of the need for change but lack the confidence, skills or resources to make it happen, there will be a need for considerable professional support. Barriers to change must be clearly identified and addressed. However it is crucial that the focus for this support is clearly on improving outcomes for the child and making positive developments in the relationship between parent and child; meeting the needs of the parent is done in order to allow the parent to better meet the needs of their child. Professionals must guard against becoming so focused on the needs of the parent that they lose sight of the child's experience and journey.

For those parents who are trying to effect change, the professional will need to provide recognition and encouragement to support consistency and maintenance of new strategies. However, the practitioner must also recognise and support-plan for family factors/events/transitions which may compromise progress or trigger regression.

Identifying areas of parenting which are effective, or at least adequate, will provide an insight into the strengths and abilities of the parent. The role of the professional is then to recognise any transferable skills, attitudes or sources of support which facilitate change in areas of need or concern.

When working with families, parenting capacity should be constantly monitored and regularly reviewed as it is a dynamic factor which is subject to influence by a range of family events and circumstances. Any changes in households, relationships, social networks, health, accommodation, finances or employment status can

have a significant impact (either positive or negative) on a parent's ability and motivation to provide appropriate care for their children. Any new personal relationships that the parent develops should be assessed to identify how they may affect the parenting capacity and the ability to prioritise the child's needs above those of the new partner/relationship.

### **The role of fathers/Partners**

The role of fathers and or partners in parenting is an area which is sometimes overlooked in assessments. The men in, or associated with households, must form a specific area for consideration when assessing parenting capacity. The men in households are sometimes invisible or difficult to meet with or difficult to engage with. As a result their role is sometimes over or underestimated within the assessment; focussing perhaps solely or predominately on the mother and her 'self-reported' view of the father or partner. Professional vigilance is necessary to ensure that information about fathers is available whenever possible, especially as fathers may exert a considerable influence even when they are not living with their children. The same guidance applies to same sex relationships.

### **Risk Factors Relating to Parenting Capacity:**

Research evidence clearly demonstrates that there are key factors which may significantly challenge or compromise parenting capacity. In each of these circumstances, the professional must ensure they seek advice appropriately from specialist adult services about the specific risks related to the parent's situation.

### **Domestic Abuse**

Where either parent is experiencing fear/trauma or an adult uses threatening behaviour or coercive control within the family, the capacity of the parent to prioritise or meet the child's needs may be reduced or inconsistent

### **Parental Substance Misuse (including Alcohol)**

Substance misuse may result in parenting being erratic and parents being emotionally unavailable for their child. Financial implications of addiction may also compromise the child's basic needs being met

### **Parental Mental Ill-health**

Whilst not all parental mental health conditions pose a risk to children, professionals must ensure that they are fully aware of the implications and risk factors relating to specific mental health diagnosis.

### **Learning Disability**

The parent's capacity and capability to meet the changing developmental needs of the child must be fully assessed and regularly reviewed

## **3. Family and environmental factors**

*Assessment of family functioning is important, as it has been suggested that the best predictors of multi-type maltreatment are poor family cohesion (family members feeling disconnected from one another), low family adaptability (rigid roles and inflexibility in relationships and communication) and the poor quality of the adults' relationship (Higgins and McCabe, 2000). **Social work assessment of children in need: what do we know? Messages from research: Danielle Turney, Dendy Platt, Julie Selwyn and Elaine Farmer School for Policy Studies, University of Bristol***

### **FAMILY HISTORY AND FUNCTIONING**

Exploring and understanding family history is a crucial aspect of the assessment process. History helps to contextualise and explain the family's journey and can give clues as to why they are where they are. Any historical files must be reviewed and explored with family members where appropriate. Family functioning is inevitably influenced by who is living in the household and how they relate to the child. Similarly significant changes in family/household composition should prompt a further examination of the impact on the child particularly when there are changes in primary male carers. The parents' childhood experiences, their parenting role models and a chronology of significant life events should also be explored as should any sibling relationships and how these impact on the child. Parents who have been in care themselves may neglect their own children because of the absence of a family support network or from family substitutes such as foster carers. In many cases of neglectful parenting it has been as the result of the parents suffering from

dysfunctional relationships with their own parents, resulting in diminished opportunities for supportive relationships with their wider family.

## **WIDER FAMILY**

Wider family members and significant others should be explored in the context of the child and their influence on the family functioning. The assessment should exhaustively examine all the key players and how they interact with each other. Their role, importance and level of influence needs to be understood.

## **HOUSING**

This should explore the following issues:

- Does the accommodation have basic amenities and facilities appropriate to the age and development of the child and other resident members?
- Is the housing accessible and suitable to the needs of disabled family members?
- Is the house and surrounding areas safe in terms of health and safety? For example, neighbourhood profile, crime rate, anti-social behaviour, domestic abuse
- Are there basic amenities including water, heating, sanitation, cooking facilities, and appropriate sleeping arrangements?
- Are levels of cleanliness, hygiene and safety appropriate and how do they impact on the child's upbringing?

## **EMPLOYMENT /INCOME/FAMILY INTEGRATION/COMMUNITY RESOURCES**

Unemployment, poverty, housing difficulties, drug and alcohol availability in a particular neighbourhood may all be likely to increase the pressure on family functioning. Families who are experiencing poverty do not necessarily neglect their children and poverty is not a single causal factor in neglect cases. However, the majority of those cases of neglectful families that come to the attention of professionals working in social care are experiencing poverty. The pervasive impact of poverty on parents' behaviour is a recognised feature and as such requires the professional to fully understand the stressors impacting on the parent's ability to parent appropriately. It is important in these situations that support is made available to the family to ensure benefits are being appropriately received and housing issues addressed where applicable. Again unemployment is not in itself a causal factor but may contribute to how the parents feel about their self-worth. Worklessness can be a significant stressor and the impact of unemployment upon the family and parents should be fully explored. A positive mitigation and protective factor is the presence of good family, extended support networks, and community resources. Conversely, social isolation, poor or non-existent community resources such as primary health care, day care, children's centres and a lack of readily available support is a further risk factor that can increase family stress.

## **4. Risk analysis and evaluation**

The word 'risk' conjures up a negative connotation in most of us and the possible positive outcomes of a risk have been over shadowed with the consequences of making a 'bad' risk judgement. So, for most of us, a definition of risk that will probably feel most comfortable would be along the lines of,

*'A probability or threat of a negative occurrence that is caused by external or internal vulnerabilities and that may be avoided through pre-emptive action.'*

However, in working with children and families we need to take a more sophisticated view of risk and balance our strongest professional desire to eliminate risk for a child with a focus on strengths, benefits, potential and opportunity. The approach of 'risk management' rather than 'risk elimination' requires highly developed practitioner competence, and ability to work with ambiguity, uncertainty and crucially within a supportive management environment. Risk assessment is a process that identifies the number, severity and duration of risk indicators balanced with mitigating strengths/resources and benefits that results in an informed judgement about the severity of harm, the likelihood of and the severity of future harm occurring/recurring

and the anticipated impact on the child. It is through the systematic gathering of information in line with the 3 domains that the indicators of strength and risk will become apparent.

Any risk judgement or decision must be framed within a timescale for which the judgement/ decision is relevant. As circumstances change so will the concerns, strengths, benefits, and likelihood. Therefore an evaluation and analysis of risk must be specific and as with any assessment not a single one off event but subject to review.

Munro, (The Munro Review of Child Protection: Final Report *A child-centred system 2011*) helpfully reminds us that:

*'Uncertainty pervades the work of child protection. ... Risk management cannot eradicate risk; it can only try to reduce the probability of harm...risk assessments are fallible and can err by over-estimating or under-estimating the danger the child is in. A well thought out assessment may conclude that the probability of a child suffering significant harm in the birth family is low. However, low probability events happen and sometimes the child left in the birth family is a victim of extreme violence and dies or is seriously injured. Professionals, in particular social workers, currently face the possibility of censure whatever they do: they are 'damned if they do and damned if they don't.' It is therefore important to convey a more accurate picture of the work and an understanding that the death or serious injury of a child may follow even when the quality of professional practice is high.'*

In short, risk assessment is not an exact science and even a well evidenced and analysed assessment that makes reasonable predictions of future harm may not prevent a false negative (a risk that is not identified occurs). It is an irksome truth of life that the possibility of an event occurring is rated higher after it has occurred than it would have been rated at the time- this is known as hindsight bias. In assessing and managing risk it is therefore of supreme importance that risk indicators that can be reasonably observed or known are taken into account and given due weight. Decision making and professional judgements must be recorded and the reasons for the decision clearly noted- a helpful test is to consider if the decision you've reached would be supported by a reasonable body of co-professional opinion.

### **Parental hostility, disguised compliance, and cooperation**

Messages from Research (1995) showed that "high levels of parental mental illness, alcohol and drug misuse and domestic violence feature significantly in families where children become involved in the Child Protection system" and these factors need to inform any assessment and ongoing work.

There are two important axioms to be borne in mind when working with hostile parents. These are: -

1. When a parent or carer is considered to be threatening or hostile any presumption that they behave differently with their own children should be rigorously tested.

2. Managers and supervisors must recognise the potential impact of parental aggression and the possibility of fear that is aroused in the worker and focus on the potential consequences for decision making and practice. Adequate professional supervision and support must be given in these circumstances.

***"It would appear that the resistance and hostile approach demonstrated by the adults influenced and affected the professional actions. The approach reinforced that the power dynamics lay with the parents and not with the rights, welfare and protection of the children."*** Khyra Ishaq serious case review

### **Recognition of Hostility and Non-Compliance**

**Hostility** - Behaviour, action, or attitude that is expressed physically, verbally, or symbolically and manifested by destructive acts directed toward oneself or against others

**Non-compliance/ Uncooperative Behaviour**- The failure or refusal to follow, or the sabotaging of, work and plans designed to safeguard children or adhere to the advice or required actions of professionals.

Factors associated with or contributing to hostility and non-compliance include:

Isolation;

- Stress and violent experiences in childhood;
- Disinhibiting effects of alcohol and certain drugs;
- Mental illness;
- Some psychotic states;
- Sensory impairment; and
- Medical or social history indicating a low tolerance or frustration and the potential for violence.

Hostility may be demonstrated through the following: -

- Physical violence
- Verbal and emotional aggression
- Threatening and intimidating language and or body posture
- Persistent intimidating action such as repeated complaints about the worker.

**Caution:** the impact of this behaviour on professionals will vary but can greatly affect their ability to accurately assess risk, make good decisions and judgments, interpret other family information, and make meaningful interventions.

Non-compliance/Un-cooperative behaviour may be demonstrated by the following: -

- A passive approach to planned work whilst appearing to cooperate - 'paying lip service' with no discernible change over time.
- A failure to keep appointments
- A refusal to allow access to the child or home
- The use of tactics designed to distract the professional or divert attention away from the purpose of the intervention

**Caution:** Where these indicators appear to be relevant the professional should consider if the parent or carer fully understands the reason for their involvement and the clarity with which their role is understood. Workers, Managers and Chairs of statutory meetings must always challenge the belief that the parent or carer is cooperating by actively seeking and evaluating the evidence to support the assertion.

### **Recognition of Non-Effective Compliance**

Factors which may indicate and evidence non-effective compliance:

- No significant change at reviews despite significant input;
- Parents/carers agreeing with professionals regarding required changes but put little effort into making changes work;
- Change does occur but as a result of external agencies/resources not the parental/carers efforts;
- Change in one area of functioning is not matched by change in other areas;
- Parents/carers will engage with certain aspects of a plan only;
- Parents/carers align themselves with certain professionals.

*Disguised Compliance -apparent co-operation -The subversive undermining of work and plans designed to protect children when presenting as engaged in the work and in an apparent cooperative relationship with the worker.*

Disguised compliance may be demonstrated through the following: -

- Agreeing to keep appointments or undertake actions but not actually doing so
- Cooperating with some services but not others
- Making no significant changes over time
- Making strong alliances with certain professionals and criticising others

**Caution:** Professionals should be wary of attempts to blur professional boundaries by parents or carers. The assumption of cooperation should be challenged and evidence evaluated by Workers, Managers, and Statutory meetings.

**In all cases described above workers should be mindful of attempts to mask hidden issues such as Domestic abuse, drug or alcohol abuse and mental illness.**

### **Principles**

- The child's needs are paramount and are central to all work with children and their families.
- Professionals involved in work with children and families should adopt positive and anti-discriminatory approaches to parents and carers so as to maximize the potential for a productive working relationship.
- Professionals and organisations have a duty of care to themselves and each other and as such must be mindful of their own safety and the safety of their colleagues.
- Issues of confidentiality must not undermine or compromise the welfare of children and this includes the sharing of information about parents or carers who behave aggressively towards workers.
- Non-cooperation and non-compliance result in ineffective interventions and inhibit change. As such, behaviour that may appear passive should be viewed as obstructive and compromising the welfare of the child.
- Complaints about workers, whether justified or not, from the parent or carer need to be considered separately from any concern the worker has about risk.

### **Practice pointers:**

One of the key findings of the review undertaken by C4EO (Centre for Excellence and Outcomes in Children and Young People's Services) in relation to working with vulnerable families that are resistant to change was that practitioners need to have an eyes-wide open, authoritative approach that is aimed at containing anxiety and ensuring that the child's needs remain in sharp focus. The complexities of the adults' problems often eclipse the child's immediate problems and a family's lack of engagement or hostility will often hamper a practitioner's decision-making capabilities and follow through with assessments and plans.

- Practitioners working with families need to be clear and challenging without being unnecessarily confrontational.
- It is important that each agency records and communicates incidents of hostile and threatening behaviour to other agencies that are involved in the case.

The behaviour of parents and carers must form part of any risk assessment for the child and be given due weight when analysing the possible impact on the child and the success of the proposed work plan.

- There will be occasions when a 'management of risk to staff' meeting will be necessary and appropriate. The outcome of which must identify the control measures designed to reduce the risk to the professional. Where there are potential dangers to other professionals visiting the family they should be involved in the meeting also.
- Individual agencies should ensure that such cases are discussed within supervisory processes and attention paid to how the worker is managing the behaviour whilst ensuring the child's needs remain at the centre of their work. If any worker feels uncomfortable or unhappy about working with a family, they must immediately consult with a supervisor, so that the problem can be shared. Asking for support is not a weakness in practice. The worker should record their feelings so that other professionals are alerted to the issues and a multi-agency meeting convened if necessary.
- The impact and success of the work plan should remain under regular review and where necessary multi-agency forums such as strategy meetings, core groups, Child Protection conferences, and Planning meetings used to assess the impact and success of the work plan for the child. Legal advice should be taken as required.

### **Critical analysis and evaluation.**

The ability of individual workers being able to carry out good quality assessments on behalf of their agencies in order to effectively plan for the safety and well-being of children is a core competency when working with families. The Munro Review describes the uncertainty inherent in making predictions about children's future safety and how critical reflection and analysis are part of the minimum capabilities for social workers. The DFE 2011 research suggested that poor quality assessments typically feature:

- Gaps and inaccuracies in the information collected (or included in the file record)
- Description rather than analysis of the information presented
- Little or no indication of service users' (including the child's) views.

Davies and Ward (2011) also suggest how essential it is that, *"social work practitioners should understand the importance of finding out about and analysing historical information, particularly in cases of neglect."*

Analysis is rigorous, logical, systematic and methodical. Yet in work with families this still offers an incomplete understanding of the task. Critical thinking introduces the attitudes of reflection, interpretation and as Munro would describe it, the constructive use of intuition:

*"Gut feelings are neither stupid nor perfect. They take advantage of the evolved capacities of the brain and are based on rules of thumb that enable us to act fast and with astounding accuracy, shown, for example, in our ability to recognise faces. They are not infallible, as research shows, because intuitive judgments are vulnerable to predictable types of error. Critical challenge by others is needed to help social workers catch such biases and correct them – hence the importance of supervision."* **Munro Review 2011**

Sound analysis and thinking in practice is a continual process used to identify needs, formulate plans, review the success of those plans and reformulate plans where identified outcomes have not been achieved. Professionals must continue to be mindful that the process of assessing and analysing information needs to be ongoing; taking account of new information, reviewing and responding to positive change and judging the significance of new events. There is a key difference between description and analysis; the former simply reports information while the latter attempts to explain the significance of that information within its specific context. In the context of social work this analysis involves working carefully through a mass of often complex, confusing or incomplete information and trying to make sense of it. Using critical thinking skills to weigh up the different options and possible interpretations in an open minded way is crucial.

For assessment to be effective it needs to be based on the analysis of the unique set of circumstances of the child. It involves the systematic and purposeful gathering of information but is more than simply a process of collecting 'facts' (which may, themselves, be disputed). The practitioner needs to know why they are seeking the information in the first place, and then to be able to 'process' a mass of multi-faceted and sometimes contradictory material to come to a view about its meaning. In order to support this approach practitioners should ask themselves 5 fundamental questions, which asked sequentially anchor any assessment firmly in analysis. (Taken and adapted from Research in Practice 'Critical thinking and analysis')

**1. What is the assessment for?** – being clear about the purpose of the assessment from the outset enables practitioners to begin the process of analysis. It is helpful to describe the purpose of the assessment in terms of the difficulties currently being faced by the family encouraging the formulation of initial ideas about;

- What the key issues might be
- What information may be required and
- Considering how conversations with the family might be directed.

Underpinning this will be consideration of what knowledge can be brought from research or practice experience to ensure the assessment has a strong theoretical foundation.

**2. What is the story?** – Telling the story should establish the unique set of circumstances of each child and their family and the difficulties they are facing and reflect their specific context. It should be a narrative that if read by the family or young person can be clearly understood. Family members often have different perceptions and recollections of the story and it is important that these are captured and woven in so that they can be analysed and the contradictions understood or challenged. Telling the story of the child and their family should involve deciding in as logical way as possible which information is relevant and then connecting the relevant circumstances, facts and events to create a coherent narrative. Providing time and support to a child or family to help them tell their story can be a therapeutic process in itself.

Genograms may also provide a helpful way of representing diagrammatical information about a family across generations, mapping out the relationships of that family through discussions with them that allow them to voice their story of how they got to where they are now.

**3. What does the story mean?** – Meanings will already be emerging throughout the systematic gathering of information, asking ourselves what does it mean provides an opportunity to reflect on the story so far and what it tells us about the needs of the child - what needs does the information gathered so far point to? The more specific the descriptions of need are, the better the chance of fully understanding the needs of the family. Professionals will need to weigh up different options and hypotheses in an open minded way and be able to explain why one interpretation is more convincing than another.

This process of deduction - the analysis - should be clear and easy to follow and lead to a summary of the key issues and pressing needs as currently identified written in simple jargon free language.

**4. What needs to happen?** The whole purpose of undertaking an assessment is to decide what needs to happen. This involves making clear links between the difficulties presented, the interpretation of those difficulties and the ways in which the interpretation of those difficulties directly connects to what needs to happen as described in the plan. In order to do this it is important to draw on professional knowledge of what works, research that may be helpful to develop hypotheses, set realistic outcomes and to formulate the plan. The formulation of '*need, outcome, and plan*' should be followed in logical sequence to ensure outcomes relate to needs. Outcomes need to be negotiated with families so that their views about what they want to achieve and what success looks like can be included in the plan. It helps if the outcomes are described in SMART terms, (Specific, Measurable, Agreed, Realistic and Timed) that are judged reasonable to expect if the interventions outlined in the plan are followed. Plans need to be referenced in appropriate timescales for the child and include a contingency plan should the original plan become unachievable.

**5. How will we know we are making progress?** The purpose of the assessment has been to decide the best way of addressing the needs that have been identified and so it is essential to measure progress. Clear outcomes are the criteria against which progress is to be measured. The first stage is to determine whether an outcome has been achieved if not further questions should be asked for example;

- Was the meaning given in the story/the analysis flawed?
- Is there an alternative hypothesis from which a new need might emerge?
- Were we attempting to achieve too many outcomes at the same time?
- Has new information emerged?
- Was there a gap between the need and the service?
- Was the service delivered the wrong way?
- Are there compliance issues?

The second stage is to review the circumstances of the family, things change and new information can come to the fore at any time which may shed new light on old information or may simply be a result of time moving on. Either may require a revision of the case, a reframe of the needs with subsequent new outcomes and interventions.

Below is an **aide memoir** for consideration when undertaking an assessment; any thorough assessment should cover the following areas-these represent the regional standard:

- Genogram- detailing family structure, strength of relations, significant others and family alliances
- Exploration and understanding of the family history - including the parent's own childhood experiences and memories of how generational parenting has been undertaken.
- A detailed chronology of events known across agencies
- Exploration of the impact, known and likely, of specific behaviours or abilities exhibited by the parents including substance misuse, learning disability, mental health
- Exploration of support networks and the extent to which these can be seriously viewed as 'protective' in nature.
- Tested and evidenced views regarding parental ability to, and motivation to, maintain sustained change in a timeframe appropriate for the child.
- An understanding based on discussion with the parents, about their view of the situation, what they see as the issues, how they think services can help and the extent to which they maintain focus on the child.
- An identification of the individual needs of the child and their anticipated needs as they move through childhood and adolescence.
- An evidenced and observed view of the quality of the attachment and bond between the child and the parent.
- An exploration of the impact of socio-economic factors as they directly relate to the care of the child. This is more than simply stating the socio-economic context in which the family live.
- An understanding of the child's view of their situation, how this affects them, what they would like to change and what they would like to stay the same.
- Set an evidenced benchmark from which to evaluate progress over an agreed timescale. For example; height and weight, routines, interactions, speech and language development, cleanliness and so forth.

- A plan that is child focused and designed to affect change in a timescale appropriate for the child. The plan should address the causal factors as well as symptoms. Any proposed services should be directly linked to improving the circumstances for the child and specify the time frame in which improvements must be evidenced.

## **Planning**

Assessments must lead to a clearly evidenced view about what needs to happen next in order to help the child and promote their welfare within the context of their circumstances and environment. Plans emerge from an understanding of the child's needs and must be firmly rooted in addressing the identified need in a timescale that is appropriate for the child. In some cases plans will need to achieve improvements in the child's circumstances very quickly in order to reduce ongoing adversity and in some cases the needs of the child will require urgent action to protect the child from unacceptable risk and severe adversity that is damaging them. Other plans may be based on the belief that the child is not at immediate risk of having their health and wellbeing compromised but an acknowledgement that things need to change and improve in order to reduce the likelihood of serious harm occurring in the future.

To this end any plan formulated following any assessment should be clear about the following:

1. What type of plan it is e.g. Early assessment or Statutory assessment, and what other plans it incorporates
2. A summary of the main findings of the assessment as they relate to the child and their circumstances
3. A list of professionals and services involved in the plan and the name and profession of the lead worker
4. A clear statement about what the concerns are and the likely impact on the child if their circumstances are not addressed
5. A clear indication of what the intended outcomes for the child are
6. What services and work will be provided in order to achieve the identified outcomes
7. Who is responsible for each aspect of the services/work to be provided
8. The period of time- linked to the identified needs of the child- that each aspect of the plan is intended to cover with a clear indication of when improvements must be in evidence.
9. The expectations and responsibilities placed on family members
10. Identified review points
11. A contingency plan

The plan should be subject to regular review to ensure that it is achieving what is required in the timescale agreed as appropriate for the child. Drift is something that professionals should be wary of, particularly as other family events are likely to distract from, and complicate, the focus of work.

## **Supervision**

Supervision is an important aspect of working with children and families who are experiencing difficulties. It is an opportunity for reflection and challenge between the supervisor and supervisee and forms one of the checks and balances in working with children and families. When assessing and working with children at risk, supervision can be a way of ensuring the professional's focus remains on the needs and experiences of the child.

**Errors and confused thinking are more likely to occur when professionals are fatigued, stressed, ill, overwhelmed, inexperienced, or complacent.** The supervisor should check out how the professional is and take action to support the supervisee where any of the above characteristics are evident.

Brandon et al (2009) recognised that ‘the chaos, confusion and low expectations encountered in many families were frequently mirrored in the organisational response and in professionals’ thinking and actions so that both families and workers were overwhelmed and failed to see or take account of the needs of the child’.

*‘errors in professional reasoning in child protection work are not random but predictable on the basis of research on how people intuitively simplify reasoning processes in making complex judgements. These errors can be reduced if people are aware of them and strive consciously to avoid them. Aids to reasoning need to be developed that recognise the central role of intuitive reasoning but offer methods for checking intuitive judgements more rigorously and systematically.’ (Munro, E. (1999) **Common errors of reasoning in child protection work**)*

Hammond (1996) states that ‘intuition is a hazard, a process not to be trusted, not only because it is inherently flawed by ‘biases’ but because the person who resorts to it is innocently and sometimes arrogantly overconfident when employing it

The list of hazards below demonstrates some of the general vulnerabilities professionals might inadvertently fall foul of and supervision can help to mitigate:

**1. Loss of situational awareness.** Situational awareness, in simple terms is the unique mental picture of what is happening around us at any moment in time. This mental picture is made up of all the information that is going on in our brain that is picked up through our five senses. It is our personal understanding of what is happening, what others are doing, and what will happen next. In aviation almost 90% of all accidents are due to the crew losing situational awareness. In applying this to work with children and families, the following issues are examples of how professionals could lose situational awareness:

**2. Confirmation bias.** This is where the professional or group of professionals, use existing evidence to confirm their own belief rather than challenge it. In practice what may happen here is that the worker forms a view and only takes evidence that supports that view. The supervisor in this situation will need to carefully challenge the assumptions made and support the professional in considering other evidence that may have a bearing on their view

**3. Fixation bias.** This describes behaviour in the professional that becomes overly obsessed in a single task or focus to the detriment of other important and relevant issues. In practice the professional might concentrate on helping the parents rather than the child, concentrate on administration rather than visiting the child, pursue a specialist assessment and lose focus on the family’s changing circumstances and so on. The supervisor in these situations needs to challenge the professional and help re-orientate their practice to prioritise appropriate activities.

**4. Normalising.** This is when the professional or professionals fail to react appropriately to changes in circumstances. In practice this is likely to be a factor when the professional becomes accustomed to or acclimatised to the child and family’s world. This is particularly concerning in cases of neglect where the professional may not see or consider relevant the cumulative effects of neglectful parenting on the experiences of the child. The supervisor in this situation needs to explore at each meeting with the professional what has changed and how it has changed keeping in sharp focus the impact of any changes on the child. A situation that remains changed or has got worse should signal the need to consider other action.

**5. Automation.** This is where the professional draws on their own professional experience and uses intuition to direct their action along sub-consciously laid down patterns or pathways. Of course experienced professionals by definition have many years of professional practice upon which to draw. The danger here is that the professional may ‘pattern match or mis-match’ to the exclusion of evaluating sometimes relevant or

new and important information or evidence. In practice the supervisor should help the professional to reflect on this behaviour and help them to acknowledge the behaviour by supporting them in developing countermeasures to guard against it in the future. Most important is the message that a professional who changes their view is not a sign of weakness, incompetence, or indecision.

**6. Self-reported progress.** This describes a family who report that things are better and have improved and the professional appears to accept this without question. It is important that the supervisor explores with the professional what evidence they have to support the family's assertion. Self-reported improvements should be listed and evidence for or against each improvement recorded and analysed with the professional.' Normalising 'and 'self-reported progress' are frequently in evidence together when examined with the supervisee.

**7. Distraction and misdirection.** This describes behaviour in the family that is either deliberately or sub-consciously designed to cause the professional to lose focus. Typical behaviour employed by the family might include hostility, accusations against the professional, counter allegations against neighbours, overt ingratiation behaviours, avoidance, non-compliance and so forth. In practice the supervisor should consider asking another professional to work alongside the allocated professional, be sure the professional is feeling in control of the case and recognises the tactics for what they are, and/or consider forming a supportive professional group to support the professional

**8. Fixed labelling.** This is similar to confirmation bias but relates more to team or organisational bias. This is where the team or organisation has a set view of 'these types of cases'. Because organisations and teams are formed around established cultures this is a difficult position to shift. Errors in judgement concerning decisions are made in these circumstances without a proper understanding of, or analysis of, the presenting information. Once a particular view has been expressed, particularly by a trusted or confident professional or leader it becomes more difficult for other team members to disagree. What can happen is that the team begins to engage in 'group confirmation bias' behaviour often led by the strongest opinion. The manager in these situations needs to ensure that the discussion is inclusive bringing all relevant staff into the discussion, the discussion is conducted respectfully and with an open mind, framed on the understanding that all views are important, with a focus on the facts and evidence. For the referrer it is important that all the information relevant to the concern is clearly set out and referenced with evidence. For the receiving team or professional it is important that any doubts are shared and explored with peers, senior managers with reference to this guidance, the child's experiences and the LSCB thresholds document.