
Social work assessment of children in need: what do we know? Messages from research

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Introduction

This review of research was funded by the Department for Education with a view to gaining a better understanding of the relationship between the quality of assessments and outcomes for children in contact with children's social care services. In particular, the aim was to increase understanding of:

- The central importance of quality assessments being undertaken of children in need;
- How information collected and analysed during an assessment has both a short and long term impact on future planning and choice of interventions; and
- How local authority policies affect decisions about whether initial or core assessments should be undertaken.

The review identified the increasing range of knowledge and skills needed when undertaking assessments. It also highlighted factors that contribute to or inhibit effective practice and the production of high quality assessments.

Background

The assessment of children in need and their families has attracted considerable attention over the past decade. Good assessment matters and is key to effective intervention and to improving outcomes for children. Significant decisions are made on the basis of social work and other professional assessments that affect outcomes for children in both the short and the long term. Yet we know from research studies, Inquiries into child deaths and overviews of serious case reviews that assessment is complex and challenging. The evidence shows that on occasion, practice has fallen short of the standard required. Poor quality, incomplete or non-existent assessments have been of particular concern. Five areas have been repeatedly identified in the literature as problematic: differential thresholds, a failure to engage the child, inadequacies in information gathering, shortcomings in critical analysis, and shortcomings in inter-professional working.

The period covered by this review starts with the transition from the Department of Health's (1988) practice guidance *Protecting Children: A Guide for Social Workers Undertaking Comprehensive Assessment* (known as the 'Orange Book') to the *Framework for the Assessment of Children in Need and their Families* (Department of Health *et al.*, 2000) which followed the introduction of the Children Act 1989. The decade

following its introduction has seen a number of significant additional policy initiatives. Measures that were intended to have a particular impact on assessment practice include the Integrated Children's System and the Common Assessment Framework, which have been introduced against a backdrop of wider service re-organisation and moves to strengthen inter-professional and multi-agency working.

Objectives

The key objectives of this review were to identify and analyse findings from published research studies relating to:

- the thresholds operated by local authorities for responding to referrals, and the implications for outcomes;
- the quality of the data populating initial, core and other types of assessments carried out for children in need, including looked after children and children placed for adoption;
- the variation in the quality of assessments by local authorities and for different groups of children (for example, disabled children, black and minority ethnic children);
- the extent to which professionals engaged with children, young people and their families to produce effective assessments;
- the factors that assisted or acted as barriers to good quality assessments of children in need;
- the impact of the quality of assessments on decision-making, planning, interventions and ultimately on children's and young people's short and longer term outcomes.

Method

Drawing primarily on social work focused literature, this review covers UK research findings published between 1999 and 2010. Not many studies during this period had assessment as their primary focus and consequently the task of the review was to draw out findings on assessment from a wide range of different research reports, journal papers and other documents. These were identified through detailed searches of a range of databases and through consultation with academic researchers in the field. Overall, material relating to over 100 studies was included in the review.

Findings

Assessment is complex and clearly depends, to some extent, on the knowledge, skills and abilities of individual practitioners. However, improving assessment requires a focus, not just on individual practitioners but also on the context for practice. This includes a range of organisational and procedural factors, along with the wider policy frameworks within which children's and other welfare services operate.

The importance of assessments

The quality of assessments is important. While it is not always straightforward to show that good outcomes for children necessarily follow from good assessments, there is certainly evidence to support the link – and, conversely, to demonstrate that bad or inadequate assessments are likely to be associated with worse outcomes. For example, there is evidence that the absence of assessments of maltreated children at different stages of professional involvement is related to repeat abuse (Farmer *et al.*, 2008; Fauth *et al.*, 2010), and shortcomings in assessments have been a consistent feature in many cases of severe injury or child death (Cm 5730, 2003; Rose and Barnes, 2008). Delays in assessment and decision-making in relation to the removal from home and placement of children can lead to difficulties in achieving permanent placements, and successful placements get harder with the child's increasing age; indeed, because of such delays some children never achieve a permanent placement (Beecham and Sinclair, 2007; Selwyn *et al.*, 2006; Ward *et al.*, 2006). Poor assessments may expose children to risks of further maltreatment or placement breakdown (Biehal, 2006; Farmer *et al.*, 2008; Ward *et al.*, 2006). Instability in care often leads to a downward spiral: worsening emotional and behavioural difficulties, further instability, poor educational results, unemployment and a lifetime of poverty. So poor assessments have potentially far-reaching consequences.

More positively, good assessment is related to improved chances of reunification success, and can contribute to placement stability for children - for example, by preventing delay and helping to ensure the provision of appropriate and adequate support for foster carers, kin carers and adoptive parents (Farmer *et al.*, 2004; Wade *et al.*, 2010). Good assessment also has a role to play in early intervention strategies, contributing to the effective targeting of interventions.

Nevertheless assessment, whilst important, is not the only thing that affects outcomes for children. A number of other factors are involved, such as genetic vulnerabilities, parental behavior and motivation, the availability of resources (including having the right kinds of interventions available and skillfully undertaken, to address identified needs, issues and difficulties), and so on. It is also evident that assessments can be wrong. The reasons for such failings are not simply to do with the judgments of individual practitioners, but must be understood at the structural as well as the individual level.

Thresholds, early intervention and targeting assessments

The point at which thresholds to initiate an assessment are set depends on the interaction of a number of factors. Studies suggest that these include:

- the nature and quality of the information available about the individual child/ren and family who are the subject of a referral;
- the reasoning strategies employed by practitioners to analyse that information and manage referrals; and
- systems and organisational factors (for example, the level of resources available, perceived pressures to ration demand for services, time constraints and the requirements of case management procedures and systems).

Limited resources and pressure of work generally result in a tendency to raise thresholds for access to services as a way of rationing responses (Brandon *et al.*, 2008; Sheppard, 2009a). High thresholds may

mean that children and families with substantial problems and high levels of need do not receive timely help (Biehal, 2005). This is a particular issue in cases of child neglect and emotional abuse (Brandon *et al.*, 2008 and 2009; Farmer *et al.*, 2008; Ward *et al.*, 2010). However, in some circumstances, failure to receive a service despite high levels of need does not lead to deterioration in the family's situation. Current research findings do not fully explain this but suggest that the level and quality of informal support available to families may be significant (Sheppard, 2009).

The importance of timely assessment is reflected in the current concern with very early or 'earlier' intervention (Allen, 2011; Munro 2010 and 2011). The rationale for this approach - that it is better to intervene before difficulties become established and potentially more severe - is hard to challenge. Costs are also likely to escalate when assessment is either delayed, absent or of poor quality. However, some caution is needed. Considerably more assessment work (with its associated costs) would be necessary to ensure the maximum number of children requiring early intervention actually receive it. Also, early intervention depends on being able to identify additional needs of children at an early stage and accurately assess likelihood of children suffering from particular types of harm. In practice it is not always straightforward to ensure that the right individuals or groups are identified for early intervention (Statham and Smith, 2010). Further research is needed to understand better what works, why and, more particularly, for whom, in supporting children with additional needs and their families.

However, current research does suggest some groups who may benefit from a targeted approach, for example, young people who become looked after (Sempik *et al.*, 2008). It is known that children who are looked after have a higher prevalence of mental health problems than children in the community and that in most cases, these conditions pre-exist the young person's entry to the looked after children system. Therefore, given the link between emotional and behavioural difficulties, the stability of placements, and poorer long-term outcomes for young people, it is important that practitioners are alert to assessing these needs at or around entry to the looked after children system so that appropriate services can be accessed and foster carers prepared. Current statutory guidance on promoting the health and well-being of looked after children (DCSF, 2009) suggests the use of the Strengths and Difficulties Questionnaire (SDQ) as an early stage screening tool for this purpose and its use at entry to the looked after children system should be beneficial.

There is evidence to suggest that social workers may be relatively successful at identifying children who are most likely to suffer significant harm (Brandon *et al.*, 1999; Forrester, 2008) but this does not mean that such children always receive in-depth assessment or services since local thresholds for initiating core assessments or for holding initial child protection conferences vary greatly between local authorities. Moreover, the acceptance of referrals for further intervention will be affected by the 'speed practices' and short cuts to manage and deflect referrals that develop when referral levels are high, especially when performance targets mandate tight timescales (Broadhurst *et al.*, 2010).

Practitioners are more willing to intervene to protect children under six years of age than older children (Farmer *et al.*, 2008). But even for very young children a desire to give parents the benefit of the doubt, even in the absence of any signs of change or capacity to parent adequately, can lead to very delayed decision-making by practitioners and the family courts. In addition, in longer term work a range of factors may affect practitioners' ability to assess or see clearly what is happening, since they may become desensitised to abuse and neglect or have 'fixed ideas' about the case (Brandon *et al.*, 2008 and 2009; Farmer and Lutman, 2009). This is compounded in cases of neglect by the difficulty of determining the threshold for decisive action based on an accumulation of concerns (Daniel *et al.*, 2009; Farmer and Lutman, 2009).

The research suggested a number of ways of assisting practitioners with these difficult issues. For example, the presence of a second worker on periodic visits to longer-term child protection cases might ensure that thresholds for intervention were reviewed (Farmer and Lutman, 2009). In addition, Forrester (2008) suggested that when two or more of four identified risk factors are evident, such cases (which were at high risk of re-referral) might benefit from specific interventions targeted at key problems such as neglect, drugs misuse or parent-child relationship difficulties.

Using the assessment framework

The Assessment Framework requires that each child's needs are individually assessed, as well as the parent's capacity to care for each child, and the impact of family and environmental factors on each child's development and on the parents' capacity to meet this particular child's needs. It provides a conceptual framework or 'scaffold' for practice and is not intended for use as an instruction manual: its use needs to be supported by appropriate practice and research-based knowledge and tools to support practice. Studies have, however, identified a lack of reference to research or explicit use of theory in social workers' assessment reports (Macdonald and Williamson, 2002; Preston-Shoot, 2003).

The assessment of disabled children raises a number of complexities and challenges: for example, the child development model underpinning the Assessment Framework can be seen by some social workers as not appropriate for disabled children (Cleaver *et al.*, 2004; Mitchell and Sloper, 2008). And some studies have suggested that the assessment of disabled children may require some tailoring of the recording templates, to reflect their particular strengths, abilities and needs, and to capture their contribution to the assessment process through their chosen method of communication. The Assessment Framework guidance is clear that this should happen for disabled children, but concerns remain as to the usefulness of some electronic formats for recording these young people's views (Bell *et al.*, 2007; Mitchell and Sloper, 2008). However, the position was not uniformly negative: for example, one study of the implementation of the Assessment Framework showed that parents of disabled children did not appear to share the social workers' concerns and were positive about the assessment process (Cleaver *et al.*, 2004).

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 behavior 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.

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). On occasion, social workers have over-estimated the ability of some parents to understand professional concerns and make the necessary

changes (Selwyn *et al.*, 2006). In such cases, psychological assessment can be valuable to assess parental capacity, including sometimes their IQ. It has also been suggested that one way of assessing capacity to change is by giving parents 'managed' opportunities to change. In these cases, it is important to be clear what needs to change, how change will be assessed or measured, and over what time scale, how parents are to be supported, and the consequences if no or insufficient changes are made. Studies involving children who are re-united with their parents after a period of being looked after indicate that outcomes are better if, before the return home, there is a clear plan of action, a written agreement with the parents and on-going monitoring (Farmer *et al.*, 2008; Harwin *et al.*, 2003). In one study involving babies and very young children who had suffered or were likely to suffer significant harm, parents who overcame their difficulties generally did so within the first six months of the child's life (Ward *et al.*, 2010). Elsewhere, motivational interviewing techniques have been found to be useful in addressing readiness to change in situations of alcohol or drug misuse (Forrester and Harwin, 2008; Harwin, 2009).

Assessment of parents generally relies on verbal communication, so if parents are inarticulate, passive, have learning disabilities, communication impairments or there are cultural misunderstandings, cooperation and engagement might be misinterpreted, and they and their children risk being disadvantaged. Improving the assessment of parenting capacity therefore requires a combination of approaches to the collection of information. In addition to conducting interviews (including taking a full family history), the range of approaches may include observation, assessing changes in parenting practices, use of validated tools, and consideration of previous reports regarding the child and family. It is important that assessment is done on a 'child by child' basis as a parent may be able to care for one child but not another within the family.

A particular aspect of parenting that is covered in the research is the role of fathers. Recurrent shortcomings have been identified, amongst many groups of professionals, in taking account of men in the households with which they were working. There is an extensive literature on fathering, and within that a considerable range of research findings indicating how social workers and other professionals can fall into the trap of ignoring fathers, of dismissing their contribution, or of loading responsibility onto mothers to protect children from any dangers coming from the father (for example, Scourfield, 2003). 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.

Studies also highlight the need to take account of the impact of factors related to family functioning and family history – for example domestic violence, parental mental illness, substance misuse and learning disability - on parents' capacity to meet their children's needs (see below for further discussion of family and environmental factors in assessment); they also note the difficulties encountered by social workers in assessing the capacity of parents who misuse alcohol and drugs (Farmer *et al.*, 2008; Harwin and Forrester, 2002).

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). Assessing family functioning can also provide a basis for a strengths-based approach that accepts that all adults and children possess strengths that can be tapped to improve the quality of their lives. While this does not appear to be an area that has been prominent in assessment, one study reported improvements in the extent to which family strengths were recorded, following the piloting of the Common Assessment Framework in Wales (Pithouse, 2006).

Studies suggest that the impact of environmental factors on children's welfare is not fully appreciated by many practitioners and is given less attention in assessment (Rushton and Dance, 2005). For example, one study of minority ethnic children who were looked after found that little attention had been paid to family issues such as how and why parents had become dislocated from their country of origin and the impact this had had on them (Selwyn *et al.*, 2010). More generally, referrals relating to financial or housing problems were found to be less likely to lead to an initial assessment. However, a relatively high level of recording was found in core assessment reports of family and environmental factors that were likely to impact *negatively* on the child. Although these findings appear contradictory, they relate to different parts of the process (i.e. response to referrals, and recording of core assessments respectively) (Cleaver *et al.*, 2004).

Beyond more general parenting issues, specific family functioning and family history factors that emerged from the literature as being very important because of their impact on parenting capacity included the issues raised by substance misuse, parental mental health difficulties, domestic violence, and parental learning disabilities (Brandon *et al.*, 2008 and 2009; Cleaver and Nicholson, 2007; Cleaver *et al.*, 2007; Forrester and Harwin, 2008; Rose and Barnes, 2008). While none of these factors predicts child maltreatment, they make parents more vulnerable to impaired parenting capacity and can have a detrimental effect on children's health and development. Therefore it is very important that practitioners know when these parental problems are present and understand their impact on the child and family.

Assessment requires careful analysis of the inter-relationship between the positive and negative factors in a child's life, i.e. the risk factors that are likely to impact on the child's health and development as well as the protective factors. It is important therefore that the different domains of the 'assessment triangle' are not seen as discrete areas for investigation and that systemic thinking is used to explore the interconnections and interactions between different pieces of information. However, studies have shown that practitioners do not always give equal attention to all three domains of the Assessment Framework to get a balanced understanding of the child and family's situation (Horwath, 2002). The transactional-ecological approach proposed by Brandon *et al* (2008, 2009) offers a helpful way of thinking about the interconnecting risk and protective factors in families' lives. Other approaches to support analysis and decision making involve the use of decision trees (Munro, 2008) or methods drawn from qualitative research (Holland, 2010).

Analysis and assessment

Good assessment is a complex activity. 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 – including understanding its meaning to the child and to the parents - and to decide how to proceed. This requires a range of knowledge and skills, including the capacity to think analytically, critically and reflectively. Intuition also has a role to play and can, additionally, be helpful in establishing rapport and demonstrating empathy (Holland, 2010; Munro, 2008).

Critical and analytical thinking encourages the practitioner to process information rigorously and methodically and to question the reliability of both sources and content. Building reflection into practice allows for regular review of assumptions and formulations in the light of new information. Whilst intuition has a place in the reasoning processes that are needed, drawing as it does on the practitioner's life experience and practice knowledge, it is prone to bias, not necessarily reliable, and may lead to premature judgments. So intuition can be a good place to start but not to finish thinking, and its use should be tempered by both critical and analytical reasoning and reflection.

It is clear from the studies we reviewed that the analysis of information has continued to be problematic in practice so attention needs to be focused on strengthening this crucial aspect of the assessment process. This should include ensuring that social work education and training at all levels provides the learning required to support the development of analytical skills and their application in assessment. Methods of teaching and learning analysis in assessment are being developed and there are a number of useful research-based texts that provide additional advice and guidance for practitioners (Beesley, 2010; Bentovim *et al.*, 2009; Brown *et al.*, 2011; Dalzell and Sawyer, 2007; Helm, 2010; Holland, 2010; Platt, 2011)

A number of factors - practical, cognitive/psychological, emotional and systemic/organizational - can undermine the capacity to think purposefully and effectively. Reflective supervision has a significant part to play in supporting and promoting this capacity.

Support, supervision and consultancy

Supervision has long been recognized as a cornerstone of professional practice. But evidence suggests that changes in organisational culture have affected the way social work practice is managed and have led to a prioritising of the administrative and performance management functions of supervision at the expense of the professional learning and development functions (Munro, 2010). The priority of reflective, 'clinical' supervision has been reaffirmed in a number of recent guidance documents and reports (Barlow and Scott, 2010; HM Government, 2010; HSC 330, 2009; Social Work Reform Board, 2010), in line with findings about the role and significance of this process for safe and effective practice.

Given the complexity of family situations, relationships and emotional dynamics, it is easy for practitioners working under pressure to lose focus or to get stuck in a particular way of thinking (Brandon *et al.*, 2009; Farmer and Lutman, 2009). And it is hard to challenge one's own patterns or habits of thought. So workers need a safe and 'containing' space to be able to think about what they are doing and how they make sense of the practical and emotional pressures of the work. Supervision also provides an opportunity for the practitioner to review and if necessary, re-think, their understanding of particular situations. Actively reviewing assessments is important for a number of reasons: new information may become available and needs to be rigorously assessed, particularly if it appears to be at odds with the prevailing understanding of the case; situations do not remain static and children and families change; and reviewing allows the practitioner to check the accuracy of the original assessment - they may find they have jumped to the wrong conclusion.

The supervisor may need to use their view from 'outside' the case to challenge assumptions, prejudices and fixed thinking and help the practitioner to remain open-minded (Burton, 2009). They can also help practitioners to keep the child at the centre of their analysis, by being alert to the danger of workers becoming overwhelmed by the demands of very needy adults and losing sight of a vulnerable child within the family.

When practitioners are working with complex emotional relationships, the worker/service user relationship may start to become reflected in the supervisor/practitioner relationship. So both practitioners and supervisors need some understanding of emotional dynamics and psychological processes – for example, mirroring, transference and over-identification - in order to manage these different relationships safely. Reflective supervision in such situations is itself a challenging task and one for which supervisors need to feel properly equipped. So it is important that the time, training and support that supervisors need to do the job properly are considered, along with their own levels of experience. Moreover, practitioners may also benefit from opportunities to learn by doing joint assessments alongside more experienced practitioners.

Team managers or senior practitioners are in a key position to offer supervision but they are not the only possible source of support. Peer-group or other forms of group supervision can provide valuable support and insights, and external consultancy can be appropriate, especially in complex cases. There may also be a role for senior managers in auditing case files to review the quality of assessment as part of the 'organisational health checks' recommended by the Social Work Task Force (2009).

Professional judgment and the use of questionnaires, measures and scales

One of the challenges highlighted by a number of studies is how to use standardised assessment tools in ways that support and inform the exercise of professional judgment. Good assessment is likely to use a range of methods other than just interviewing to obtain information from a variety of sources. A number of tools can help, alongside more 'traditional' approaches to information gathering such as observation. Validated instruments may be useful for practice in some situations and with some user groups, and there are a range of questionnaires and scales to support the use of the Assessment Framework (Department of Health, Cox and Bentovim, 2000). Some tools and measures require dedicated training before they can be used reliably and effectively, but others could be more easily introduced into practice, and assist in understanding particular behaviours. For example, there is evidence that social workers have difficulty in assessing the extent of alcohol use – or how much of a problem it actually is. Tools, such as the Alcohol Use Questionnaire (Department of Health, Cox and Bentovim, 2000) or the screening questionnaires T-ACE and TWEAK (BMA, 2007) could therefore assist practitioners. However, the use of such instruments is still relatively rare in social work in the UK – although the use of the Strengths and Difficulties Questionnaire (SDQ) has now been incorporated into routine practice with looked after children (DCSF, 2009).

Several studies in our sample cautioned against reliance on actuarial methods in relation to risk assessment (Barlow and Scott, 2010; Daniel *et al.*, 2009). Such tools can play a part in case management, providing opportunities to develop shared standards between practitioners, but social workers should be cautious about the level of accuracy that can be achieved and not place undue reliance on these methods. So, if actuarial methods of assessing risk are used they should always be part of a broader holistic assessment of the child's situation. The key message from the relevant studies is that they should be treated as an aid to professional judgment rather than as a substitute for it.

The regular use of measures, scales and questionnaires would involve a major culture shift within social work practice, with implications for professional education, training and supervision. Assessment "cannot be replaced by 'algorithms' for recognition" (Daniel *et al.*, 2009: 40), but it is not an option simply to ignore these various instruments or dismiss them as an unwelcome manifestation of a 'tick-box' culture. Judicious use of tools and measures could contribute to improved assessments, as part of the range of resources drawn on by practitioners to inform and support their exercise of professional judgment (Bentovim *et al.*, 2009).

Relationship-based practice

Studies indicate that good assessment is grounded in a thorough understanding of the child and family's situation, needs and strengths, and to gain this knowledge, practitioners need to work directly with the child and their family. This highlights the importance of the professional relationship and its role in the assessment process and for any subsequent intervention and future planning. While some studies suggested there have been improvements in relationships between social workers and parents in the UK between the 1990s and the 2000s, the research has also highlighted substantial complexities in managing relationships in practice.

The child's voice

Keeping the child or young person 'in view' is fundamental to good assessment, and failure to do so can have severe consequences, as analyses of serious case reviews have consistently demonstrated. Good practice with children and young people includes taking time to build relationships, listening to and respecting them, giving information, providing support for them to understand assessment reports, and offering them real choices when possible (Bell, 2002; Cleaver *et al.*, 2004). However, research continues to indicate that there are difficulties for many workers in making and sustaining relationships with children and with representing the child's voice in assessments. A number of personal and practical factors have been identified that affect the relationship between the practitioner and the child or young person. These include time constraints, insufficient skill or confidence in conducting direct work or undertaking child observations, and insufficient emotional support to ensure that workers do not become overwhelmed by such engagement. When children are seen, they do not always feel they can be open because of their concerns about confidentiality and the consequences for their parents – and for them - of any disclosure.

Keeping the child at the centre of the assessment process can be a particular issue in relation to older young people. A number of studies commented on an apparent unwillingness to intervene with teenagers - in some cases, because of a reluctance to bring young people into the looked after children system, or in response to perceived pressures to ration resources. This lesser level of engagement may also reflect a misunderstanding of the vulnerability of older young people and a belief that they will sort things out for themselves - or that practitioners do not follow up contact with the young person, if initially rebuffed. However, evidence from serious case reviews highlighted the vulnerability of these young people and indicated that suicide was a common cause of death within this group of 16- and 17-year olds. It is important, therefore, that practitioners are aware of the potentially significant impact of neglect and abuse on these young people, and that agencies have appropriate strategies and resources in place to address their needs (Brandon *et al.*, 2008 and 2009; Hicks and Stein, 2010; Stein, 2007).

Some parents make it difficult for workers to see the child and/or overwhelm workers with their own difficulties. When workers over-identify with the parents or become desensitized over a period of time to low levels of care – as can happen, particularly in relation to chronic neglect - children's difficulties are less likely to receive adequate attention (Brandon *et al.*, 2008 and 2009; Farmer and Lutman, 2009). These factors need to be considered by professionals and organisations to ensure that children are kept fully in view. Clinical supervision has an important role to play here.

Relationships between social workers and parents

The relationships formed between social workers and parents during assessments serve a dual function of allowing the work to proceed, at the same time as providing relevant information. It is not always easy to establish good partnership or cooperative working and there is a degree of consensus about the characteristics of 'hard to help' parents (Hindley *et al.*, 2006; Thoburn *et al.*, 2009). However, the research does not identify clearly the extent to which parental involvement and co-operation is affected by the knowledge and skills of the social worker compared with other contributory influences, most importantly the attitudes and behaviour of the parents and also the organisational or managerial systems within which practitioners work.

As a general point, the relationship between parental engagement and outcomes for children remains under-researched. However, there is considerable evidence that the nature of parental relationships with professionals affects decisions arising from assessments (Brophy, 2006; Cleaver *et al.*, 2004; Holland, 2010; Iwaniec *et al.*, 2004; Masson *et al.*, 2008; Platt, 2007; Wade *et al.*, 2010). Interventions tended to de-

escalate where parents appeared cooperative (although there is evidence that cooperation, in itself, is not an adequate predictor of parents' abilities to change sufficiently to meet the needs of the child) (Barlow and Scott, 2010; Ward *et al.*, 2010). More coercive intervention was likely where parental involvement was considered inadequate (Platt, 2007; Selwyn *et al.*, 2006). It is concerning to note that in some instances an opposite effect occurred, and lack of parental engagement led to less intervention, because parental obstructiveness effectively restricted access to evidence (Dickens, 2007; Farmer and Lutman, 2009).

Practitioners can find themselves trying to manage what may be contradictory imperatives: to maintain a central focus on the child, at the same time as trying to establish effective working relationships with parents, because without their active involvement the basis for intervention may dissolve. Clearly, cooperation and partnership working are not possible in all cases and parents may respond to professional concerns with denial and outright hostility. Situations can also occur where apparent cooperation and compliance disguise a lack of congruence between parental and professional perspectives. It is therefore important that practitioners have the knowledge, skills, time, and support to work with non-compliant parents and to maintain an attitude of "healthy scepticism" and "respectful uncertainty" (Cm 5730, 2003. See also Trotter, 2008).

There is evidence that the expectation to focus on the child can sometimes lead to social workers giving lower priority to engagement with parents. There is also evidence that practitioners can become 'enmeshed' in chaotic family systems (Brandon *et al.*, 2009) and find their attention diverted away from the child by the pressures to work with often very needy parents. Managing these dilemmas clearly requires good organisational support, supervision and time for reflection.

Working with parents who are misusing drugs or alcohol and where domestic violence is involved

A number of studies showed that problems with substance misuse (both alcohol and drugs) are a feature of a significant proportion of cases dealt with by children's social care services (Cleaver *et al.*, 2007; Forrester and Harwin, 2008; Harwin and Ryan, 2007). However, social workers are not always well equipped to deal with these issues. A clear message from the studies was that children's social workers needed appropriate training in how to assess and work with parents who misuse substances. Working with specialist substance misuse workers can be helpful for children's social workers (Harwin and Forrester, 2002), although continuing differences, in professional perspectives and approaches to issues such as client confidentiality, may make this quite challenging (Cleaver *et al.*, 2007).

Other studies pointed to the need to develop an understanding of the impact of domestic violence on children, to work with specialist domestic violence services where appropriate (Cleaver *et al.*, 2007; Hester *et al.*, 2007; Rose and Barnes, 2008), and the importance of taking account of the role of fathers and male partners, including those who live outside the family.

Effective assessment within a multi-agency or inter-professional group

The complex, multi-dimensional problems experienced by many children and families who come into contact with children's social care services are likely to require a range of knowledge, skills and expertise beyond that of a single professional and there is evidence of the value of different professional inputs in the production of a holistic assessment of a child's needs. Studies found, for example, that psychological assessment could contribute helpfully to the process of family finding and matching children to potential adopters or foster carers, in particular early on when decisions were being made about whether or not to separate siblings (Farmer and Dance *et al.*, 2010). In neglect cases, psychological assessments in care

proceedings were found to make a major contribution to decisions about whether a child could be returned to their parents (Farmer and Lutman, 2009).

More generally, there is evidence of the importance of coordinated multi-agency assessment for families with complex, entrenched and multiple difficulties and that children were more likely to be returned home safely after a period of being looked after, where multi-agency assessments had been conducted. Good outcomes for children are likely to be enhanced in the context of a professional culture of good communication and information sharing and there are examples of successful practice in this regard using the Common Assessment Framework and the model of the 'team around the child' (TAC) (Boddy *et al.*, 2009).

It seems clear that professionals should work together for the benefit of the child and there are policy imperatives to ensure that agencies work together to provide better services. However, doing so raises a number of challenges. One challenge lies in finding effective ways to manage different professional perspectives and cultures – for example in relation to client confidentiality and boundaries around information sharing – and to promote 'joined up' working (Cleaver *et al.*, 2007). Evidence suggests that organisational re-structuring is not necessarily associated with better outcomes. Indeed, *intra*-organisational factors - the 'climate' and culture within an organisation, which include features such as cooperation, role clarity and low levels of conflict – may be more significant in promoting improvements in service delivery and outcomes for children than inter-organisational factors or major structural changes (Glisson and Hemmelgarn, 1998). In addition, successful 'joined up' working is supported by the establishment of effective relationships and trust between the front line and other practitioners in the agencies involved and it takes time, effort and personal and organisational commitment to develop these links (Barlow and Scott, 2010; Worrall-Davies and Cottrell, 2009).

A second challenge concerns the role of 'expert' assessments and how they relate to social work assessments, particularly in family court proceedings. As noted above, specialist assessment can be immensely helpful. But some studies suggest that a hierarchy can emerge in the court arena with 'higher status' professionals' assessments (usually medical or psychological) taking precedence over those of social workers. Furthermore, there is evidence that additional and/or repeated assessments may be used to defer difficult decisions and can increase delay in complex cases (Beckett and McKeigue, 2003; Dickens, 2007; Masson *et al.*, 2008; Selwyn *et al.*, 2006). So the delay - and the costs - that can be introduced by commissioning additional assessments need to be weighed against the additional insights and guidance that they can offer. And alongside that, there is also a need to be clear about and value where *social work* expertise lies - for example in terms of knowledge and skills about relationships and knowledge of the child and family over time – and how this contributes to the assessment process.

Quality in assessment

There is considerable variation within and between local authorities in the way different assessment reports are completed, with significant differences noted in content, length and completeness of reports and their related documentation. This variation was found in a number of studies, with poor assessments identified across a range of different contexts. Shortcomings in relation to assessments of black and minority ethnic children, in particular, were noted (Selwyn *et al.*, 2010). Studies continue to identify concerns with the quality of recording, and highlight problems with missing assessments, gaps and inaccuracies in the information recorded, and 'cut and paste' strategies that lose the individuality of the child at the heart of the assessment process (Cleaver *et al.*, 2004; Farmer *et al.*, 2010; Holland, 2010; Macdonald and Williamson, 2002; Selwyn *et al.*, 2006). At the same time, though, it is important to acknowledge that broader organisational issues – for example, time constraints and workload pressures, associated, in part, with a

system of strict performance management - have a significant impact on assessment and recording practices (Bell *et al.*, 2007; White, 2009).

The research reviewed 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.

Conversely, good quality assessments:

- Ensure that the child remains central
- Contain full, concise, relevant and accurate information
- Include a chronology and/or family and social history
- Make good use of information from a range of sources
- Include analysis that makes clear links between the recorded information and plans for intervention (or decisions not to take any further action).

The importance of good knowledge of the case history – including the child's history and that of the parents', past events, and interventions that have been tried before and their success or otherwise - was underlined by the research (Brandon *et al.*, 2008 and 2009; Farmer and Lutman, 2009). This may be particularly important in long-term, chronic cases, such as those involving child neglect, to help avoid the 'start again syndrome' that has been identified. It is also helpful to have at least an annual summary of long term cases available in the file.

Underpinning the notion of quality is an expectation that assessment should be both *purposeful* and *timely*. Practitioners need to know *why* they are undertaking an assessment and to think about what it is they are trying to achieve. The review highlighted the range of assessments that take place for children in need at different stages/times, for different reasons and with different outcomes. Whatever the format or circumstance, though, the *purpose* (and possible consequences) of the assessment should be clear - to the practitioner, the agency, and to the service user - and practitioners need to be able to use the assessment process to:

- identify needs, risk and protective factors, and
- come to a view about how far, or to what extent, change is possible within the child's time frame for an individual, a family or a situation. This can sometimes be tested out by using written agreements or similar methods to provide clarity about the changes expected and timescales and which allow practitioners and parents to review parental progress or lack of it.

An awareness of timeliness and purpose should also reduce the likelihood of (potentially unnecessary) repeat assessments. No assessment can guarantee certainty and it is important that repeated assessment is not used as a way of avoiding difficult decisions.

As can be seen, assessment is a complex activity and there are a number of factors that appear either to help or hinder practice.

Barriers to quality in assessment

Barriers can operate at a number of different levels:

- Personal - including whether or not the practitioner is competent, and has the appropriate knowledge and confidence to carry out the required tasks, and has the scope to do so within their individual caseload;
- Inter-personal/ relational - including the range of activities involved in communicating with children and young people, parents, and other professionals;
- Systems issues - including increasing dependence on complex and sometimes unreliable or unwieldy IT systems; and the sense of lack of time for face-to-face work as a result of time spent inputting data; and
- Organisational constraints - including the organisational culture, for example whether there is a commitment to reflection and learning, management of workloads and so on - and level of available resources. The outcomes of assessments often depend on there being adequate resources to implement plans.

Supporting quality in assessment practice

Drawing together the messages from this review, the following points describe the organisational and professional climate needed to support good assessment practice:

- A knowledgeable, highly skilled and confident workforce, supported by appropriate education, training and continuing professional development;
- A clear framework for reflective 'clinical' supervision (individual and/or group) and other forms of case-based consultation, including support for practitioners working directly with children;
- Resources – in terms of time and staffing, as well as services – to allow practitioners to complete assessments and plan appropriate interventions in a thorough but timely manner;
- Good intra-organisational and inter-professional working relationships;
- An organisational culture that supports reflection and learning (not a 'blame culture');

- Electronic information management and recording systems that ‘work with’ practice, are reliable and not unnecessarily time-consuming; and
- ‘Organisational health checks’ or audits of the quality of assessments undertaken.

Conclusions

Good assessment matters and should be underpinned by a clear focus on the child and careful attention to analysis. Without the solid foundation of an holistic and ecologically informed assessment, the edifice of professional interventions is unsafe. However, it takes time, resources and appropriate supporting tools and materials to do well. In addition, since assessment makes a range of practical and emotional demands on practitioners, good access to reflective supervision is essential. Overall, the review suggests the need to put assessment knowledge and skills centre stage in practice, in management, and in training. This requires a more clinically focused approach and opportunities at different levels to learn and develop assessment knowledge and skills. There are clear messages from research about the factors that help to promote effective practice and improve the quality of assessments. These can be used to create a climate in which practitioners are supported to make the best assessments they can in order to provide interventions that improve the lives of children and their families.

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