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Assessment in the Twenty-First Century

What this chapter is about

In this chapter we look at the difficulty of defining assessment. How theory and research influence social workers' hypotheses about the focus of assessment is then addressed, as is the impact of legislation and government guidance in recent years and the complexities arising out of the emphasis on managing risk.

Main Points

- Definitions of assessment
- Psychology versus sociology
- What is normal?
- How hypotheses are formed and checked
- The changing legal context and its impact
- Evidence-based effective practice
- Handling uncertainty in complex assessments.

Defining assessment

Although Crisp *et al.* (2005) found that there was no universally agreed definition in social work, most textbooks on assessment offer some definition related to one or more of the five stages of assessment proposed by Milner and O'Byrne (2002, 2009). Coulshed and Orme (2012) said it was an ongoing process in which the service user participates, the purpose of which is to understand people in relation to their environment; it is the basis for planning what needs to be done to maintain, improve and bring about change. Kemshall (1998) said it is a process of professional judgement or appraisal of the situation, circumstances and behaviour of the service user and it might involve risk assessment, while Griggs (2000) said it is about ascertaining need.

More comprehensively, Smale *et al.* (1993) held that realistic assessment has to address the whole of the task, engage in ongoing negotiations with the full range of people involved in the situation and their possible solutions, and address both the change, care and social control tasks so as to go beyond the individualization of social problems as the focus for assessment and intervention. Compton

and Galaway (1999) described assessment as the collection and processing of data to provide information for use in making decisions about the nature of a problem and what to do about it. It is a cognitive process: it involves thinking about the data, and the outcome is a service plan which provides a definition of the problem for work objectives or solutions to be achieved, and an action plan to accomplish the objectives. For Hepworth, Rooney and Larsen (2002), assessment is a fluid, dynamic process of receiving, analyzing and synthesizing new information as it emerges through the entire course of a given case. Mainstone (2014) makes the point that meeting the needs of each family member and protecting the vulnerable from harm often means that several different assessments have to be brought together before an holistic understanding can be reached – and that, sometimes, specialist assessments offer new insights or difficult, contradictory information.

The Working Together to Safeguard Children guidance (Department for Education, 2013) states that, whatever the legislation the assessment is being made within, the purpose is (a) to gather important information about a child and family; (b) to analyse their needs and/or the nature and level of any risk and harm being suffered by the child; (c) to decide whether the child is a child in need (section 17) and/or is suffering or likely to suffer significant harm (section 47); and (d) to provide support to address those needs to improve the child's outcomes to make them safe. Additionally, and echoing Hepworth *et al.* (2002), the guidance recommends that the assessment should be 'a dynamic process, which analyzes and responds to the changing nature and level of need and/or risk faced by the child' (p. 8).

Our definition

Assessment in social work is a five-stage process of exploring a situation by:

1. *Preparing* for the task.
2. *Collecting data*, including perceptions of the service user, the family and other agencies of the problem and any attempted solutions.
3. *Applying professional knowledge* (practice wisdom as well as theory) to seek analysis, understanding or interpretation of the data.
4. *Making judgements* about the relationships, needs, risks, standard of care or safety, seriousness of the situation, and people's capacities and potential for coping or for change (is the progress good enough?).
5. *Deciding* and/or recommending what is to be done; plus how, by whom and when, and how progress will be reviewed.

In this definition, *analysis* is about making sense of events and statements, arriving at an overall picture and an understanding of what is happening and perhaps giving some thought as to how the situation has come about, using one or more of the theoretic 'maps' (Chapters 5–9). *Judgement* is about what is good enough and what is not, what is dangerous and what is reasonably safe, what is of a

reasonable standard and what is not. *Decision making* is about future action or inaction and aspects of that action, with a plan for carrying it out and reviewing it. Described thus it seems almost simple, but of course it is anything but, in most cases. Even the question of what data to collect, what is relevant, what is enough, and so on, makes the very start of the process difficult and many of the frameworks that have been written are little more than checklists to ensure nothing relevant is forgotten in stages 1 and 2 of work with particular service user groups. Where it is needed most – in stages 3, 4 and 5 – there is less guidance. We will return to examining frameworks in Chapter 3; first, we consider some of the debates over what knowledge informs the process.

How working hypotheses are developed

Traditionally, social work texts have expressed agreement that assessment is a key element in social work practice – in that, without it, workers would be left to react to events and intervene in an unplanned way (see, for example, Coulshed *et al.*, 2006). Having agreed on the centrality of assessment in the social work process, some texts, over the last 20 years, then dismissed the subject in a few pages. Apart from some brief homilies on counterchecking facts and hypotheses and the necessity of reassessing wherever appropriate, most writers made a list of information-yielding sources and then departed from the subject to other aspects of the social work process. Exceptions include Middleton (1997), Clifford (1998), Parsloe (1999), Holland (2010) and Mainstone (2014), who have written books specifically on assessment.

However, gathering information, sifting it carefully and coming to an ‘objective’ and ‘accurate’ conclusion is by no means as unproblematic as this implies; assessment has never been the scientific, easy-to-learn activity that many writers pretended. For example, Coulshed and Orme (1998) compared assessment with a social study that ‘avoids labels and is reached as a result of logical analysis of data which has been carefully and systematically collected’ (p. 3). They implied that editing needed to be done but made no suggestion for how this skill could be acquired, although editing shapes the way information is collected and selected for the initial assessment (Sheldon, 1995), and later information is processed selectively and discretely if it fails to confirm the initial hypothesis (Reder, Duncan and Gray, 1993; Milner, 2008a).

Theory into Practice

Mohammed and Tracy’s children were removed from their care following discovery that Mohammed was violent towards Tracy, that their home lacked some basic amenities, and that they regularly entertained large numbers of young people who were known to misuse substances. Mohammed and Tracy obtained the tenancy of a more suitable house in a nearby town, the address of which they kept from their previous acquaintances. They were angry and upset throughout the subsequent child protection assessment process, being particularly aggrieved at what they perceived as a lack of acknowledgement of their efforts to meet the concerns which had led to the removal of their children. After Mohammed beat Tracy again, she ejected him from the house and was hopeful that she would

regain the care of her children. She found the questions asked as part of the continuing assessment offensively intrusive and tended to respond in either an angry or a tearful manner. The social worker accepted that Tracy had done everything demanded of her but continued with care proceedings on the grounds that Tracy's 'hostility' would make it impossible for her to work with Social Care if the children were returned on a supervision order.

- How could the information collected by the social worker have been interpreted differently?

Viewing assessment as unproblematic and unbiased in itself creates a gap between theories of problem causation and intervention, a gap in which the service user is often squeezed to fit the social worker's ideas about the nature of people and how best their problems could be addressed. This has been recognized for some time in social work practice. Denney (1992), for example, found in his study of probation reports that many of the assessments seemed to contradict the form of work being advocated. The most commonly used interventions were largely individual rather than social, although there have been some protests: 'If we are to maintain the integrity of "community" care, "social" service and "social" work, we have to confront the constant tendency that we all have to regress to the individualization of people's problems' (Smale *et al.*, 1993, p. 30). Similarly, Barber (1991) also expressed dismay at the tendency towards 'reductionism', in which social work became equated with casework and individual solutions were found within the psychopathology of individuals and their interpersonal relations. Harrison (1995) refers to this as the 'forensic gaze', suggesting that it gives rise to 'placebo solutions'. He illustrates his point with the example of a refugee mother of five children:

Mrs Rusha lost half her family, struggled through a civil war, fought her way to England, studied in the evenings for a decent job and then popped out to the shop, leaving a 10-year-old in charge of the family. She was then 'threatened' with parenting skills training.

This was a solution firmly embedded in a belief that family pathology is the key to much abuse and neglect rather than one, minority, analysis of the context of abuse. Why the preoccupation with individual casework? Scourfield (2003) makes an important point about the impact of theory and research on the development of working hypotheses: '[S]ocial workers take up *selected and condensed messages* from this literature, which are passed on to colleagues through occupational cultures' (p. 111, our emphasis). For example, he found that persistence of psychodynamic ideas about the emotional wellbeing of children in social work practice meant that social workers dig for sexual abuse as an explanation of current family dysfunction: '[I]t seems that social workers want to get beyond the surface of observable family situations to find unpleasant secrets rather than

locate causes of problems that can lead to helping strategies' (Scourfield, 2003, p. 127). 'Digging' for secrets is not only subjective data collection but is also deeply resented by service users:

They failed me with my sexual abuse. My social worker never even turned up for the court case, even though she promised. I took an overdose after the court case and then she turned up ... before, she was just digging, thinking it was something else, like a problem at home. (Milner, 2004)

It also skews the assessment, leading to inappropriate interventions being prescribed. As the Criminal Justice Joint Inspection of responses to children and young people who sexually offend (Criminal Justice Board, 2013) found, 'most of the work to address offending behaviour was not delivered as identified in various plans, and interventions were not always informed by assessments' (p. 7).

Practice Example

Nadia, a girl subjected to a single sexual assault by a peer acquaintance, was assumed to require counselling due to the traumatic nature of the event. She was referred to a group for girls who had been sexually abused, yet left after one session because the rest of the group had been systematically abused by members of their families over a long period of time, an experience she could not relate to. Nor did the therapy address her specific needs. Questions were asked about her 'denial' (a psychological concept of dubious validity) as she had been subsumed into a category 'abused' without any sense of the complexity and individuality of her own experience. She had been constructed as a victim, which became her identity with all the expectations of this (Myers and Milner, 2007, p. 2). When psychological explanations locate problems and solutions within people, they categorize rather than individualize people.

There are several important assumptions being made here:

Checking assumptions I

The counselling offered to Nadia is predicated on assumptions that sexual abuse is always traumatic, that it is likely to be repressed (so the person will deny or forget much of it), and that it needs to be sensitively drawn out through the counselling process before the person can 'move on'. Check out the basis of this assumption by reading:

Bass, E. and Davis, L. (1988) *The Courage to Heal: A Guide for Women Survivors of Child Sexual Abuse*. New York: HarperCollins.

Dolan, Y. (1991) *Resolving Sexual Abuse*. New York: Norton.

Selekman, M. D. (2002) *Living on the Razor's Edge*. London: Norton.

Storr, A. (1966) 'The concept of cure'. In C. Rycroft et al. (eds), *Psychoanalysis Observed*. Harmondsworth: Penguin.

Warner, S. (2001) 'Disrupting identity through visible therapy: a feminist post-structuralist approach to working with women who have experienced child sexual abuse'. *Feminist Review*, 68(1): 115–39.

Barber (1991) complains that the problem with much casework theory is that the sole unit of concern and the focus of all analysis is the individual. The research by Sinclair, Garrett and Berridge (1995) into assessments of young people accommodated by a local authority also expressed concern about the tendency of 'traditional' assessments to concentrate on searching for the origins of past problems. They comment: 'However it is defined, assessment was commonly associated with identifying a problem, the purpose of which was to find an appropriate resource or solution' (Sinclair, Garrett and Berridge, 1995, p. 130). Given that resources available to social workers have always been restricted, it is not surprising that they have been lured into locating the solution within the individual. There are several reasons why social workers find a broad, social assessment particularly difficult to undertake and present successfully to their managers.

Assessment of individual need is affected by expediency because there is pressure on workers to construct their assessments so that they fit into existing resource provision. The pressures of expediency may mean that it is easier, as a consequence, to subsume some individual needs under more general family needs when one is faced with uncooperative family members. For example, Bebbington and Miles (1989) found that a combination of poverty and lack of available social support led to children being accommodated, and 'most people enter residential care because of the relationships they have, or do not have, in their social circumstances and not just because of their individual characteristics' (Smale *et al.*, 1993, p. 26). Similarly, mental health problems are more likely to result from a range of adverse factors associated with social exclusion than from individual characteristics (Department of Health, 1998, p. 6).

When faced with the miseries of poverty, inadequate housing and poor employment conditions, it is easier to seek psychological explanations for events rather than explore complex interactions between the social and psychological dimensions of problems. The 'psychologizing' of social problems in this way has been referred to as 'therapy to help you come to terms with your rats' by practitioners who are only too aware of the fate of an accurate assessment. Agency function rarely permits social workers to address major problems rooted in social deprivation, while at the same time it holds them responsible for attempting to operationalize a care plan that is not founded on a realistic social assessment.

Equally damaging is sociological reductionism (attributing all social phenomena to social structures alone), as a number of child deaths in families of different cultures demonstrate (see the Climbié report as an example of these). Indeed, research shows that a different approach to child protection assessments is taken depending upon whether the subject of enquiry is a case of physical or sexual abuse – the former tending to focus on parents and the latter on children (Corby, 2000), although this creates difficulties where children are victims of adult sexual abuse but have also been encouraged to sexually abuse their younger siblings. Should the assessment focus on the child's needs or other

children's safety (Myers and Milner, 2007)? Scourfield (2003) looks at how working hypotheses are developed from feminist sociological research into sexual violence, with men seen as a threat to children. He found that social workers interpreted the research in a way that formed a rigid template for assessing safety: sexual offenders were viewed as inherently recidivist and thus exempt from the fundamental tenet of social work – universal respect; thus women who refuse to leave such partners are constructed as failing to protect rather than as women in need. This distorts the reality of sexual abuse for mothers, who typically vacillate between believing their partner's assertions of innocence and their children's disclosures (Milner, 2004). This does not necessarily mean that a mother is either in denial or failing to safeguard her children (for a fuller discussion see Turnell and Essex, 2006).

Checking assumptions 2

What evidence do you have that sex offenders are inherently dangerous and recidivist? Check this out by reading the following:

- Craig, L. and Hutchinson, R. B. (2005) 'Sexual offenders with learning disabilities: risk, recidivism and treatment'. *Journal of Sexual Aggression*, 11: 289–304.
- Hanson, R. K. (2004) 'Sex offender risk assessment'. In C. R. Hollin (ed.), *The Essential Handbook of Offender Assessment and Treatment*. Chichester: Wiley.
- Soothill, K. et al. (2000) 'Sex offenders: specialists, generalists, or both?' *British Journal of Criminology*, 40: 56–67.

Checking assumptions 3

How likely are child sexual abusers to become adult offenders? Check the evidence for this by reading:

- Chaffin, M. (2008) 'Our minds are made up don't confuse us with the facts': commentary on policies concerning children with sexual behavior problems and juvenile sex offenders'. *Child Maltreatment*, 13: 110–21.
- Hackett, S. (2004) *What Works for Children and Young People with Sexually Harmful Behaviours?* Barking: Barnardo's.
- O'Callaghan, D. and Print, B. (1994) 'Adolescent sexual abusers; research, assessment and treatment'. In T. Morrison, M. Erooga and R. Beckett (eds), *Sexual Offending Against Children: Assessment and Treatment of Male Abusers*. London: Routledge.

There remains a rightful place for psychological explanations in assessments; the real issue is to remain cautious (Sutton, 2000) and avoid blaming or pathologizing individuals by ascribing to them the cause of their difficulties that stem from injustice, disadvantage and deprivation. Barber (1991) clearly argues that external difficulties cause and interact with internal difficulties.

How does this happen? The 'social' frequently becomes 'psychological' and vice versa; the disempowered develop 'learned helplessness', for example, and resource improvement may not be a helpful solution on its own. Many service

users either ‘lack the purchasing power to seek solutions to their problems or are constrained by the courts to submit to social work’ (Barber, 1991, p. 29). Common to both instances is a lack of control over some of the important events in their lives, and therefore a ‘psychology of empowerment’ is useful. Powerlessness generates despair, listlessness and lethargy, people internalizing the views of oppressors, blaming themselves and developing dysfunctional, self-defeating thought processes and behaviours so that, in Freire’s (1972) terms, ‘the oppressor lives inside’.

Social work hypotheses underpinning assessment are encouraged by what has been called an ‘individual dependency-led model’ (Dalrymple and Burke, 2006), leading to what Lindow (2000) refers to as ‘clientism’; that is, simply by *being* a client of social services, people’s judgements about themselves and their differences are seen as inferior to those of social workers, who become the experts in problem solving. As Braye and Preston-Shoot (2010) say, ‘To be chosen for state intervention somewhat lowers citizenship status, confirming the neediness as some form of pathology’ (p. 37). None of us are objective in our assessments; we tend to weight some pieces of evidence more heavily than others, particularly negative information. There are also two other effects of this *selective attention*: vivid, distinctive or unexpected data are perceptually more salient. The subjects of social work assessments are most likely to encourage these effects, the reason for their referral being usually one which is distinctive. As they will initially be seen when they are at their ‘worst’ (an overload of negative information), they will then present the assessor with an initial impression that is difficult to dislodge.

Thus service users’ potential and possible solutions are often ignored. This leads to social workers clinging to their hypotheses and interventions in the face of considerable failure. For example, child protection social workers holding strong beliefs about the importance of attachments in healthy personality development undertook lengthy assessments consisting of ten sessions with parents discussing their attachment experiences, without ever once observing the parents parenting their children. The results were that mothers not uncommonly were prescribed counselling to come to terms with previous experiences of abuse before their children could be returned home, despite the mothers exhibiting many mothering skills and capacities (for a fuller discussion see Milner, 2001). Similarly, Dobash *et al.* (2000) base their understanding of domestic violence on a concept of male abuse of power, with interventions predicated on the principle of challenging abusive men in groups. Their research into the men’s analyses of their behaviour revealed that the men located their violence in domestic discord and desperately wished to stop arguing and fighting with their partners; and that their narratives were so impoverished that they did not understand the concepts of male power underpinning the prescribed group ‘challenging’. Dobash *et al.* (2000) reframe these findings as more ‘denial’ in need of further challenging. The group work interventions researched had a high dropout rate; however, rather than reassess in the light of service user views, the authors recommend more of the same, but backed up by a court mandate (now known as Integrated Domestic Abuse Programmes (IDAP) and run by probation services). The working hypothesis that domestic violence is the misuse of male

power over known women has become so entrenched in social work assessments that female violence or couples fighting is constructed as ‘fighting back’ and totally ignored (for an overview see Milner, 2004, 2008a, 2008b). For example, faced with permitting a father to care for his children after his partner left the home following the extensive fighting of the couple when they were both coming down from drugs, a female social worker said: ‘We did everything we could to keep the children with the mother and get her to separate from the father. It goes against everything I stand for to have had to place them with the offender [the father].’

Checking assumptions 4

To what extent is female violence always a defensive response to men abusing their power? Check this out by reading the following:

- Grady, A. (2002) ‘Female-on-male domestic abuse: uncommon or ignored?’ In R. Young and C. Hoyle (eds), *New Visions of Crime Victims*. Oxford: Hart.
- McKeowan, K. et al. (2001) *Distressed Relationships: Does Counselling Help?* Dublin: Marital and Relationship Counselling Services.
- Milner, J. (2008b) ‘Working with people who are violent towards their partners: a safety building approach’. *Journal of Family Therapy*, 30: 29–53.
- Muptic, L. R. et al. (2007) ‘An exploratory study of women arrested for intimate partner violence: violent women or violent resistance?’ *Journal of Interpersonal Violence*, 22: 753–74.

Lindow (2000) suggests that pessimism and persistence with an original planned intervention is caused partly by the compartmentalized thinking that characterizes much service delivery, the latter imposed largely by legislation which is based on preventing something rather than enabling independence – a shift towards risk assessment. Also, treating people in separate groups according to age or impairment or defined status can powerfully enhance *stereotyping*. There can be some truth in stereotypes – indeed, people give strong signals by the way they present themselves, indicating the categories to which they consider themselves to belong. The danger is that information on which categorization is made may be faulty because of the selective attention errors mentioned above, or because differences from a stereotype that indicate a person’s uniqueness may be ignored. For example, a social worker with a stereotype of Asian families regarding the importance of family networks assessed an Asian woman as depressed owing to social isolation because she had no links with her extended family. This completely ignored the fact that she had made a conscious decision to move away from her family, whom she saw as the cause of her problems in the first place.

Primacy effects work on stereotyping in a peculiar manner. If the first impression is a good impression – which will be weighted heavily for both distinctiveness and primacy effects – a halo effect can sometimes operate in which a person’s very positive characteristics colour one’s perception of their various other characteristics. This is quite different from picking out strengths and

resources as well as dangers in assessment work and can have grave consequences when too much is expected of people. Another inherent danger in stereotyping is that it tends to produce negative as well as positive self-fulfilling prophecies about people. Putting people into erroneous categories tends to perpetuate myths about them, as has been amply demonstrated by research into social class, race and gender effects on educational achievement. The results of research into social work attitudes shows that social workers are, like everyone else, susceptible to stereotyping effects, with concomitant self-fulfilling prophecies. Davis and Ellis (1995) found that when social workers were responsible for allocating scarce resources, they labelled people who appeared knowledgeable about their entitlements as ‘demanding’ and those who tried to exercise choice or challenge workers’ judgements as ‘fussy’ or ‘manipulative’.

We suggest that in new situations social workers routinely ask themselves, ‘How is this person similar to others – how might they be categorized?’ and then ask ‘How are they *different*?’. The most common way in which service users are categorized is by age, but this is not always helpful.

Theory into Practice

Jeff is a young man who physically abused his partner but had also been sexually abused by his foster father and is about to lose his job. Should he be the subject of a risk assessment or a needs assessment?

Cassy, aged 15, is her disabled mother’s primary carer but was being physically abused by her alcoholic father. Should she be assessed as a young carer or as a child at risk of significant harm?

A risk assessment would probably mean that neither of their own descriptions of themselves would be considered: Jeff viewed himself as a child in need while Cassy viewed herself as an adult with responsibilities. If they were to be appropriately compartmentalized for service assessment and delivery, Jeff would be best served by a children and families team and Cassy by an adult care team (although their particular risks and needs do not actually compartmentalize neatly).

While social workers remain within a problem-solving narrative that pays little attention to the complexities of assessment, it is very difficult for them to make social rather than individual assessments, as the former would highlight what is currently well hidden; that is, the moral issues involved in making judgements about what is and what is not desirable social behaviour. It is not surprising, therefore, that social workers tend to drift towards psychological reductionism, to analyzing and working on the individual service user. And this service user was for a long time most likely to be a woman. Despite service user compartmentalization, the bulk of carers are women (for an overview, see Williams, 1993), as are service users (for an overview see Braye and Preston-Shoot, 1995), although most people’s lives are more complex.

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