



Social workers' decision-making following initial assessments of children in need in the UK

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Abstract

This paper presents research results from a UK study of social workers' initial assessments of children in need, in the context of the *Framework for the Assessment of Children in Need and their Families*. The data are used to deconstruct the processes of decision-making following initial assessment. Key factors, or practical reasoning devices, are described, using the headings *specificity, severity and risk, parental accountability, corroboration, and parental co-operation*. Application of these devices is illustrated using case material from the research. The value of making explicit social workers' intuitive reasoning strategies is explored, and a method of doing so is proposed.

Key words: social work, assessment, decision-making

There has been a considerable amount of interest in the UK, in recent years, in the content and organisation of social workers' assessments, particularly with the introduction of the *Framework for the Assessment of Children in Need and Their Families* (DoH, 2000) and its subsequent evaluations. With some notable exceptions, less attention has been given to the decision-making that arises from those assessments, and to the ways in which social workers evaluate the information collected. This paper uses data from a wider study of social workers' initial assessments to shed light on the processes by which social workers analysed the content of their assessments.

It begins by reviewing recent literature on decision-making in childcare and child protection work, and uses that literature to explore the more intuitive or 'common sense' aspects of social workers' decisions. A number of themes emerge from this review, which link to findings from the research. The research itself explored the practice issues for social workers in carrying out initial assessments in borderline child protection cases, in the light of the refocusing initiative in the UK (Platt, 2004; Platt, forthcoming, a). In the present context, the findings are presented with particular attention to the *processes* by which the social workers evaluated the content of their assessments. They build on a previous paper examining decision-making at the referral stage (Platt, forthcoming, b). It is argued that an understanding of these processes may have wider applicability in enhancing social workers' reasoning in practice.

To appreciate this analysis, for readers unfamiliar with the British context, it is necessary to understand that local authority social work with children and young people in the UK is un-

derpinned by two particular legislative principles set out in the Children Act, 1989. The first is the response to children in need, governed by s. 17 of the Act. It leads to the assessment of needs and, where appropriate, the provision of a range of supportive services. The second is the response to allegations of child abuse: s. 47 of the Children Act is generally interpreted as requiring investigation of the allegations, and may lead to an inter-agency child protection conference, state monitoring, service provision, and, where necessary, measures to remove the child from the family. Practice developments in recent years have tended to identify the need for greater integration between the two approaches, and the *Assessment Framework*, for example, is applicable to children falling into either category.

Literature review

Initial assessment is generally regarded as the brief assessment carried out by a social worker upon first contact with the client. It takes place within the first few days or weeks, although it is accepted that assessment will continue after that point, albeit in a variety of forms, and generally alongside the provision of services. Initial assessment is rarely defined with clarity. Robbins (2001), in a study conducted by social services inspectors into innovation in child care assessments in the UK, reported that the inspectors adopted the terminology of *preliminary screening*, followed by

“an initial assessment, to establish more detail about the history, situation and needs of the child, and the family” (p. 147).

The *Framework for the Assessment of Children in Need and their Families* (DoH, 2000) was less specific:

“An initial assessment is defined as a brief assessment of each child referred to social services with a request for services to be provided.” (para 3.9)

The publication of the *Assessment Framework* in the UK was accompanied by an initial assessment record form, which has now been incorporated into an integrated recording system for social services, the Integrated Children's System (DoH, 2003). Here initial assessment is defined as follows:

“An initial assessment identifies whether a child is a child in need, and the services and interventions that are required to respond to those needs.”

This approach echoes that taken in the government guidance, *Working together* (DoH, 1999). Whilst the record form is comprehensive and relevant, it covers the same key dimensions as a *core* assessment¹ (DoH, 2000), and there is certainly a sense in which it comes across simply as a miniaturised version of its more substantial cousin. It fails, thus, to present a clear vision of how the two levels of assessment differ, in terms of their substantive content.

Evaluation of initial assessments under the *Assessment Framework* have been undertaken by a number of researchers. Cleaver and Walker (2004) conducted a wide-ranging examination of the implementation and operation of the *Framework*. With regard to initial assessments, they found that child protection concerns, parenting issues, and a child or young person being beyond parental control accounted for the largest proportions of cases. Cases where there were multiple problems were more likely to lead to services being offered. Little further reference

is made to decision-making following initial assessment, although a key finding from the research was of social workers' anxiety about their ability adequately to analyse the information gathered during an assessment.

Other recent studies are those of Spratt and colleagues, and Corby and colleagues. Spratt's research was carried out in Northern Ireland. In the first phase (2000), he conducted a vignette study of referral categorisations. The results have some similarities with those of Colton et al. (1995) in that senior social workers were more likely to categorise cases as child protection in the real life situation than when examining the vignettes. The second phase of Spratt's research (2001) also adopted a predominantly quantitative approach, and did not provide depth of understanding of the social workers' attitudes to their role. However, he showed that a high priority was given by social workers to the management of risk, whether or not they were operating under child protection procedures. Spratt argued that, in the absence of formal guidance, social workers adapt the techniques of child protection investigations to working with children in need, a finding that is supported, again, by the work of Colton and colleagues (1995) and by Calder and Hackett (2003). Corby's (2003) research involved a review of 400 cases in a single local authority area that aimed to establish, in part, whether social workers were effective in identifying the appropriate response (family support or child protection) following the refocusing initiative (a UK initiative in the late 1990s aimed at moving child protection services towards a more supportive response, and, where appropriate, away from unnecessary investigation). The study included 'before and after' comparisons, but showed little difference between judgements pre- and post-refocusing.

Thoburn et al. (2000), in a study of emotional abuse and neglect, found evidence of very careful assessment of initial referrals. Those with most problems were more likely to be allocated to a social worker, and practice wisdom appeared to be an effective method of making such judgements. Wattam (1992), writing about her own research in the child protection context, identified "*devices for practical reasoning*" (p. 68) that social workers and others used in analysing information. She suggested they used the structures of *motive* (motive to offend or to report the allegation), *corroboration* (the availability of corroborating evidence), *specificity* (the specific detail of the allegation) and *categorisation* (the tendency to hear information according to certain expectable features or cultural categories). The importance of this analysis is that she was helping to identify the structures of reasoning that appeared to operate in actual practice, structures that may be seen as more intuitive than evidence-based. Subsequently, Parton, Thorpe and Wattam (1997), went further in describing risk assessment in a child protection context as a "*moral enterprise*" (p. 87). They highlighted *categorisation* (i.e. comparison of parenting with a template of 'normal' expectable features) and *corroboration* (as a form of 'common sense' reasoning in which comparisons are made between types of information) as key to such a process. The usefulness for practitioners of overlaying the analysis of their reasoning processes with the language of moral judgment is limited, particularly since much of their data derived from Australia and was outdated and culturally specific. However, their work contributed to an understanding of the ways in which social workers go about their business in a socio-political context, and the role of value systems is of huge significance in child protection work.

There are some similarities between this analysis and that of Giller and colleagues (1992). In a study of four Welsh Area Child Protection Committee areas, they examined decisions made at initial assessment or investigation of cases of possible child abuse. They identified a set of 'first order' factors that were used by social workers in determining those cases that would not be handled under child protection procedures (second order factors were related more to content information than to the actual evaluative strategy). The 'first order' factors were *insufficiency of evidence*, *referrer discredited*, *corroborated explanations*, *normal chastisement*, and the *child* being in some way *responsible* (page 26).

Approaches to understanding social workers' decision-making were further analysed by Buckley (2000), albeit in the Irish context, where, again, cultural differences are evident. She did not describe a specific set of reasoning devices, but she did highlight comparable features of decision-making, such as the mother's (sic) *compliance* or *co-operation*, and the ways in which comparisons were made with expectable features of parenting (Parton et al., 1997).

One particular implication of these findings is the pervasiveness of the reasoning devices that social workers employ. Munro (2002) described this type of approach as intuitive, and based on 'pattern recognition'. The "*experienced decision-maker*" she suggested, "*will be able to recognise patterns, to see similarities between the current problem and past problems that have been worked through to a solution. This helps them set priorities about what needs to be tackled first, to know what information is essential, and gives them an idea of what to expect next*" (p. 113). Munro argued that this approach was valuable to a degree, but lacked the benefits of more systematic analysis. She suggested that an integration of analytic and intuitive thinking would be central to the enterprise of improving decision-making in child protection.

The present paper concerns children whose circumstances would be seen in the UK to be on the margins of, or just outside the 'child protection' system. It seeks to identify those elements of decision-making that appeared to be used intuitively by social workers in such cases.

Methods

As indicated earlier, the findings reported here are taken from a wider study of the practice issues for social workers conducting an initial assessment of a child and his/her family in the context of the refocusing initiative. The study adopted a qualitative approach with the intention of gaining deeper understandings of the processes involved. Data collection involved a total of 23 case studies: families where the referrals involved concerns about children that came close to the child protection threshold. This attention to 'borderline' cases was chosen because it sharpened the focus of the study onto a particularly complex area of decision-making, but one that lacks the 'comfort zone' of highly systematic procedures. The cases were drawn from Social Services' caseloads in two urban local authorities in the north of England, and involved a total of 14 social workers (where possible, for comparative purposes, social workers contributed two cases to the study). For the most part, the social work responses were initial assessments, but, where consistent with the sampling method, a small number of investigations (3) were also included. A purposive approach to sampling was used, based on protocols describing the characteristics sought. These protocols were designed to identify 'borderline' cases in a manner that was consistent with local conditions and practices. The reliability of the findings was enhanced by data collection from two local authorities, each of which had very different procedures and traditions. Only limited comparison was possible between cases involving initial assessment and those involving investigations, although earlier research was helpful in this context (e.g. Farmer and Owen, 1995), and each social worker was asked to contrast their practice with their approach had the case been categorised on the opposite side of the threshold.

The cases chosen included a high proportion of female single parents, and a fairly even spread of ages of children (with 5-9 year olds slightly over-represented and 10-15 year olds slightly under-represented). The sample characteristics were reasonably consistent with similar research samples (Tunstall and Aldgate, 2000; Cleaver and Walker, 2004). The high proportion of female single parents draws attention to well-known gender disparities, and conforms with accounts of the over-representation of single women being referred to or seeking help from social services departments (e.g. Gibbons et al., 1995, Farmer and Owen, 1998; Spratt and

Callan, 2004). The majority of families were living on low incomes, and the only representation of black people was one parent who was of mixed racial origin and one black worker. The racial mix was not regarded as acceptable: considerable efforts were made to re-dress this balance, including the involvement of an additional social work team in the research, identifying a more ethnically mixed local authority area for the second authority in the study, and the offer of resources for interpreting services. These measures were unsuccessful. Part of the reason for this lay in the small 'pool' of cases to draw upon, since both local authorities prioritised work towards more serious referrals.

Qualitative interviews were conducted with social workers and parents in each case, using an interview guide approach (Patton, 2001). Of the 23 case studies, 2 parents refused the interview, after consenting to involvement in the study. In 16 cases the female parent was interviewed without a partner, two partners were interviewed in four cases, and there was one male single parent. The choice of which partner(s) should participate was made by the parents, and options were provided for neutral locations to be used if a parent felt that would be preferable to a home visit when meeting an unknown male researcher. Two (single female) parents took up this opportunity. A total of 44 interviews took place focussing on the process of the initial assessment (or investigation), the needs that were identified, and the issues that were of concern to each party. They were held 3-6 months after the initial assessment in the first local authority area, and within three months in the second.

The fieldwork was conducted between 1999 and 2001, before the *Framework for the Assessment of Children in Need* (DoH, 2000) was fully implemented. However, in one local authority, the social workers were using assessment templates similar to the initial assessment form introduced by the *Framework*. In the other authority, substantial interagency procedures had been developed for children in need that were effectively a fore-runner of those envisaged in the new government guidance, *Working Together* (DoH, 1999). Consequently, the results of the research may offer some insights into the implementation of initial assessment procedures arising from this guidance. Of the 20 cases that were handled as initial assessments, 8 were identifiably situations where the social worker treated the initial assessment as an exploratory form of contact consistent with the initial assessment requirements in *Working Together* (DoH, 1999). All research interviews were tape-recorded (except one where the interviewee withheld consent, and notes were taken as an alternative). Qualitative analysis was undertaken as outlined by Strauss and Corbin (1998), and was managed using the computer software, NVivo (v. 1.3). The findings presented here are drawn from this analysis.

Findings

Analysis of the data suggested that the means by which social workers evaluated the information involved evaluative strategies, or reasoning devices, similar to those identified at the referral stage (Platt, forthcoming, b). These strategies are described below, under the headings of *specificity*, *severity and risk*, *parental accountability*, *corroboration*, and *parental co-operation*. Social workers' decision-making was conceptualised as a two-dimensional activity involving the *process* of evaluation using these headings, and the *content* of the individual case assessment. In other words, it is suggested that the *information* gathered as part of the assessment was examined and understood in the light of key *processes* through which social workers made sense of the situation. These process features are abstracted here for more detailed examination.

Specificity

A recurrent theme was the extent to which the social workers described the information they obtained as clear and specific in its detail. When concluding the initial assessment, the issue of specificity was most apparent in relation to social workers' considerations of harm to the child. In my interviews with social workers, they drew attention to it constantly when discussing the role of s.17 (initial assessments) vis-à-vis s. 47 (investigations). For example,

"An injury is very clear, you've got some evidence, presumably, and an explanation, or not an explanation, and you're looking at that particular injury, and that episode, around that, initially. And obviously, the assessment extends into other areas once you get into it. But ... the s.47 is very much concerned about one specific incident."

In this example, the social worker explained specific types of information that were required for a situation that was handled as an investigation. She went on to contrast it with a case of neglect, where she saw the situation as more "*blurred, really*", and that it was not considered appropriate, at the initial assessment stage, to choose a child protection route (i.e. case conference) in managing the case. It is interesting to compare this with a situation, handled as an initial assessment, where the presence of alleged sexualised behaviour on the part of two young boys indicated that it was very close to the threshold of child protection. Here, there was insufficient *specific* information provided by the assessment, because of particular difficulties in communicating with the children, with the result that the case did not cross that threshold, even after the initial response had taken place.

Moving away from the question of harm to a child, there was evidence that social workers looked for specificity in other types of information that they obtained. This use of specificity was not as prominent as the first, but was nevertheless present, particularly with issues that might affect a child. The following is an example:

"(she) gave me a lot of information about how she'd been coming off the drugs, and what amount she was down to at that point. I think she hadn't had any for a week, at that point. And what she'd had the week previously hadn't been very much. So again, I mean, you know that was fairly convincing, but like I say, I mean, it could have been completely fictitious..."

In this extract, the social worker was clearly placing greater credibility on information the parent had given her because of the amount and detail of that information.

Severity and risk

Although severity and risk could be seen as separate issues, they are combined here because the social worker's approach at initial assessment seemed to assess both severity and risk together. In borderline cases, the tendency was to evaluate the patterns of interacting contextual factors in order to achieve an assessment of both risk and seriousness. In one case involving domestic violence towards the mother of four children, the social worker, in consultation with management, decided to set up a child protection conference because of her concerns. Here, she describes her thinking:

"These children clearly are vulnerable. There's no doubt about that. But they've also got some protective factors, i.e., they're able to go and tell the neighbour when things are happening. They're able to get themselves out the house, they're able to report it to Dad, and they do stay at Dad's on occasional weekends. So there's some information, they are able to do something themselves. So, whilst the actual... they are vulnerable to the ongoing emotional abuse, I suppose you

tend to think, 'This has been going on for five years. Two more weeks to conference is not going to do that much difference.' On that aspect. The physical... the actual risk of them getting involved in physical harm is the point I was concerned about, and why I have taken it to conference, ... If there had been a younger child, that vulnerability would have increased, maybe ten-fold."

In this example, the social worker examined the interaction of factors, related to the incidents of domestic violence, including the age of the children, informal support, vulnerability etc. She concluded that there was a degree of risk to the children, and that the situation was serious enough to warrant holding a child protection conference.

In a similar way, the social worker in the next extract weighed up, in particular, the attitude of the parents and the involvement of other agencies, in coming to a conclusion about risk:

"I think that a lot of the thing, when you decide about child protection, is, you know, any likelihood of significant harm to the children, and I certainly felt that there was no likelihood of significant harm, because, you know, the families were co-operating with us, they were working with us. And, you know, there were other service providers going in, other agencies that were going in, that weren't feeling, certainly, like me, that there were any issues about possible harm to the children. And, therefore, it didn't warrant child protection procedures being initiated."

What is interesting about this example is the way the worker examined the interaction between evaluative processes, i.e. risk, corroboration and parental co-operation, in reaching her conclusion. The importance of severity and risk is that social workers routinely made a judgement on these dimensions, but that judgement was made on the basis of other factors, and other pieces of information, coming together to form a more comprehensive picture.

Parental accountability

The way in which social workers appeared to evaluate the role of the parent was in relation to the degree of responsibility they were believed to hold regarding any identified harm to a child. This was an aspect of the assessment that seemed to vary from cases that were closest to child protection procedures, to cases that were not. When it came to cases where there was an investigation, the attempt to identify responsibility seemed to be at the heart of the enquiries. The following example comes from a case where an investigation was carried out:

"I mean, (mother) was quite clear about when she'd hit (son) that time, it was a one off. She wouldn't normally resort to that at all. And she hadn't even done it in anger. She hadn't lost control and done it. She'd just, had, sort of, run out of ideas and so she, you know, clonked him on the leg to try and get him to realise that, you know, he had to calm down and stop what he was doing. So I wasn't actually thinking in child protection terms at all."

Although the social worker explored the question of responsibility for an injury to a child, in her assessment she quite clearly accepted the parent's explanation, that it was a once-off event. This assessment took account of other factors in the situation, in particular the child's uncontrollable behaviour. However, the parent, in this extract, is clearly described as accepting the blame for a small injury to her son. Although she was the identified 'assailant', it is seen as a point in her favour that she accepted responsibility. The 'mitigating' circumstances meant that the focus of intervention was on support rather than child protection, although the child was eventually admitted to local authority accommodation on a voluntary basis (Children Act, s. 20) because of the behavioural problems.

In cases where the picture of harm to a child was less clear, the issue of responsibility was not described in such specific terms by the social worker. Analysis of the data had to take account of implicit information that identified the parent's role. The following example involved a young woman, whose behaviour had created significant difficulties for her parents. She had alleged neglect or possibly emotional abuse, and then withdrawn the allegation. Here, the social worker's account relates to the initial interview.

"I explained to Mum, you know, that there are some support services that we can offer, and that, you know, I'll, sort of, get involved with the family, and, you know, try and help her to address the issues of (daughter's) behaviour. Talked about psychology and whether that was any use, and I said that, you know, it would be useful for the whole family to do some work, some sessions with psychology, and maybe we could link in with that. Spoke to (daughter), and she was, sort of like, calmed down by this. I think it was a big attention-seeking, sort of like, episode for (daughter), really. And she'd got, basically, what she wanted. She'd got people running around, trying to, you know, sort this situation out. So, I left it with them. Dad was there, and Dad, you know, was saying that, you know, he was fed up, and... but it felt that Dad wasn't taking an active role. He just left them to it. And I, sort of, spoke to him, and I said I think that he needed to take control of the situation because Mum wasn't able to cope with it, so that he was the only responsible adult."

Without using the language of blame, the social worker painted a picture, here, of shared responsibility for the difficulties. One was the daughter herself, whose behaviour was described as attention-seeking, and (elsewhere) as bizarre. Secondly, there was the mother, who was presented as sinking into a sort of despair, or depression, and unable to cope, but who responded to the offer of support. And thirdly, the role of the child's father was portrayed as inactive: that potentially he could calm things down by becoming more involved. Overall, the picture comes across differently from the child protection type of situation, in that responsibility was shared amongst the main 'actors' in the situation, rather than blame being laid at the feet of an individual parent or carer.

Corroboration

As with the earlier analysis of referrals and decision-making about the immediate response, the question of *corroborative* information was of considerable importance. This corroboration took several forms. At its most basic level it would involve another professional concurring with the worker's opinion, or providing information that backed up information the worker already held. In the example cited immediately above, the worker's decision not to accommodate the young person was supported by a past incident of an unfounded allegation, and by the view of the psychologist in the case:

"There was the psychologist who I spoke to, and who felt that, you know, she wouldn't be at risk, you know, if she went home, basically."

However, it was not uncommon for complexities to emerge. They might include disagreement over an interpretation or the emergence of opposing forms of information. In these cases, the social worker was often in the position of having to choose. The following example involved a physical injury to a child of uncertain causation.

"there was, there was an intimation from the health visitor that maternal grandmother had suggested could it be (child abuse). So, I spoke to maternal grandmother, and got quite a negative picture of (boyfriend). ... Cos, the couple worked in a nightclub... That's how they met. He still works for the nightclub. She works days, now. And, you know, ...'(child)'s Dad was a good Dad,

and he still is, and (child's mother) left him for (boyfriend). And he's a bit of a waster, and he wears his baseball cap back to front and...' So they were very negative about (boyfriend), and ... (Grandmother) was implying all sorts of things, but when I spoke to (child's mother) about that, about, you know, what her Mum had said, ... she hadn't had much to do with (child) at all, throughout his childhood, and she didn't have much to do with her other grandchildren as well. And when I spoke to (child's) Dad, you know, I said, 'How did you get on with... (Grandmother)?'... And he said, 'Oh, not at all, you know, like, she didn't... didn't like me at all'. But as (child's mother) said, 'She thought (boyfriend) was the bees knees, and she was ecstatic when me and (boyfriend) got together'. So there were things about that, that I thought I had to, really, disregard anything that maternal grandmother had said. So, what looked like... might be, sort of, an insight into the family, wasn't reliable enough to base anything on, really.

... So, I don't know what her agenda was, but... I decided to disregard that, really. The health visitor had, I mean, sort of like, looking at what contributed to the assessment, the health visitor was saying, up until the injuries had occurred, she'd had no concerns about parenting issues."

Here the social worker found a range of conflicting information about the grandmother's stance, and consequently chose to consider her suggestion of child abuse as unreliable. Whilst this case was one that involved a suspected injury, and the process started on the basis of an investigation, it is a good example of the complexities facing a worker in terms of evaluating information.

Parental 'co-operation'

Questions of how the social workers were able to work with the parents cropped up throughout the study, and the extent of the parents' willingness to become involved with helping agencies was a significant piece of information within the overall assessment. In the research interviews, the social workers commented, implicitly or explicitly, on the degree of *co-operation* offered by the parent. An example was a case where there were concerns about a newborn baby, but no evidence of actual harm. The social worker told me:

"I think they've coped very well, and they have a lot of support from the health professions. They've given everybody access. Initially we were thinking, 'is this the sort of person, (father), who's not going to allow access? Is he going to be very difficult?' But I don't think he has been. He's recognised the need, that they do need this level of support."

In cases where the *co-operation* from the parent was unambiguous and enthusiastic, there was often a corresponding de-escalation in terms of formal interventions. Social workers felt that through using the working relationship with the parent, any risk to the child would be reduced, and the seriousness of concerns diminished.

The notion of co-operation had two aspects to it. The first was the one indicated here, of the up front co-operation of the parent with state intervention. The other involved instances where the parent was able to convince the social worker that they were addressing a key problem. In other words, they were seen as reasonably 'responsible', in that they recognised things that were going wrong and were already trying to put them right. Perhaps the most 'convincing' evidence of parental co-operation in the study was a case where the parent had moved in to a residential detoxification centre, complete with her children, *before* the referral to social services was made. In other words, her 'co-operation' involved addressing her own difficulties to the extent of uprooting her family's living arrangements, all of her own volition and without reference to social work help. This case is analysed in greater depth in the next section.

Discussion and interpretation

The picture painted here is one of social workers using reasoning devices that are relatively familiar from the literature, and that have a degree of 'fit' with the assessment templates applied in child protection cases. Specificity and corroboration are similar to the concepts described by Wattam (1992). Risk and culpability crop up in the analyses of moral reasoning explored by Parton et al. (1997) as well as in the more practice-focused analysis of child protection investigations of Farmer and Owen (1995). And the idea of parental co-operation or compliance has been documented in a variety of contexts from the classic study by Dingwall and colleagues (1995) to more recent work such as Buckley (2003). The relationship between child welfare and child protection processes in this context has been examined elsewhere (Platt, forthcoming, a). My concern in the present paper is to argue that an awareness of the structures of social work reasoning can contribute to making that reasoning more explicit in individual cases and potentially to a more fluent integration of analytic and intuitive processes.

It is acknowledged that the process factors drawn from the analysis suggest that the voice of the child may be neglected in decision-making. There was variability amongst the workers interviewed in their awareness of the child's experience, with some workers devoting energy to talking with children, and others gaining such understanding through second-hand accounts. Whilst their concern for the child's well-being was clear, the child's experience was less prominent as a feature of their reasoning. This is not to suggest that the child was *invisible*, but it does support, to a degree, the findings of Parton, Thorpe & Wattam (1997), that children are often "*silent*" in social workers' accounts.

As indicated, the strategies described above were the *process* factors applied to the *content* of social workers' initial assessments. It is reasonable to postulate that the content of the assessment may vary depending on the family situation, the nature of the assessment template, cultural conditions etc. In the present study, the content factors that emerged as dominant were the following:

- Incident, injury, allegation, or threat to child
- Child behaviour problems
- Serious parental illness
- Child disability

Table 1
Initial Assessment Decision-making Matrix

Content Factors (information gathered):	Process Factors (evaluative strategies):				
	Severity of harm/ risk of future harm	Specificity of infor- mation	Corrobo- ration	Parental Co-operation	Parental accountability
Incident, injury, allegation, or threat to child					
Child behaviour problems					
Serious parental illness					
Child disability					
Bonding					
Parental ability to cope with children					
Informal support					

- Bonding
- Parental ability to cope with children
- Informal support

It is not suggested that this is a definitive or prescriptive list, and, given that it was taken from a predominantly white British sample, it is likely to be culturally distinct. However, if the evaluative processes arising from the study were applied systematically to the content – whether the above list, or another approach chosen on the basis of wider evidence – the two-dimensional representation of the process can be demonstrated via a grid (table 1).

The ways in which these factors interact can be illustrated with reference to two of the case examples from the research. The first situation has already been mentioned. There were concerns about past care of two children aged five and three years by a single mother. The concerns involved possible neglect, mainly linked to the children being inadequately supervised and poorly clothed. Currently one child had faltering growth (which was the subject of hospital intervention), and was exhibiting behavioural difficulties. A key factor related to the difficulties was the mother's alcohol use. The assessment took place at a point in time when the mother had just been admitted, with the children, to a residential detoxification programme. She indicated that she was managing to cope with the children satisfactorily, and had been supported in moving to the residential centre by her own stepmother.

The situation is interesting in illuminating the place of *co-operation*, *corroboration* and *informal support*. The social worker's assessment was that although there were no *specific* incidents of alleged abuse, there were concerns about her care of the children (*risk*). They could be balanced against the *informal support* she was receiving from her stepmother, the fact that she was willing to accept social work support in the future (if she needed it), and the fact that she was already addressing her difficulties through going into the residential centre (*parental co-operation*). The social worker indicated that her assessment of *risk* was much lower because of these considerations. There were a few small concerns in relation to *behaviour* of one of the children, but no evidence of *disability*. The parent did not indicate that she had difficulties *co-oping* with the children and there were no concerns at the time regarding *bonding*. The *co-operation* of the parent, in terms of seeking help over detoxification also served to provide opportunities for *corroboration* of her account, and indeed the added bonus of future corroboration if further problems occurred. Thus, because of existing services, no immediate social work response was proposed, although future involvement was seen as likely at some point. It is interesting that at the time of the assessment, the parent was *ill* due to withdrawal from the alcohol. The illness in this case was tied in with her parenting ability (*parental accountability*) rather than, as in cases of unexpected illness, being seen as something outside of her control.

The second example was one that began as a social services 'case' with an investigation rather than an assessment, following an apparent leg injury to a 2½ yr old child, with symptoms similar to those of a fracture. The medical investigation was inconclusive concerning the possibility of abuse, but it was clear that the leg was not fractured. However, there had been fractures on three previous occasions. At no time was there any real evidence of abuse, although the third fracture had been subject of a previous referral to social services. The conclusion of the social worker was as follows:

"So, we had three breaks, the third of which was a little bit 'iffy'. And then we had this other incident. So that's what we had, and we didn't have anything to say categorically yeah, you know, any ... finger print bruising, or anything to go on... On each occasion there'd been nothing, you know, that would suggest a grab or whatever, so... So that's all we had, so there were a number of explanations, and, you know,

- the first one was, yeah, it was malicious;
- second was, it was lack of supervision, and, sort of, failure to put safety measures in;

- the third that it was a medical condition, there was some sort of brittle bone defect;
- and fourth, that it was just a run of bad luck, you know, the family had just had incredible bad luck, really!"

Referring again to the analytical grid above, this social worker, first, had no substantiated injury or incident, so consequently had no current information on *specificity* or *severity*. She was working with parents who were *co-operative*, which tended to reduce her concerns. She had slight queries about the child exhibiting some unusual *behaviour* and the possibility of some form of *disability* or physical defect (e.g. brittle bone disease) had crossed her mind. The parents were both healthy (*parental illness*). There was insufficient data to comment on *bonding*, but the parents seemed to be *coping* with the child quite satisfactorily, and there was evidence of the availability of *informal support* networks. In other words, in terms of the picture painted by the present research, the worker had only one key type of information to go on, and that was secondary information from the past referral. Even that was hardly helpful, and certainly did not *corroborate* present findings.

As a 'deviant case' (Patton, 2001) this case lends support to the analysis of key factors, by showing how they can interact to produce confusion as well as to produce a conclusion. In the case in question, the investigation led to a planning meeting under child in need procedures, rather than a child protection conference. There were also services provided to help support the parents in caring for the child, which the parents broadly welcomed. It is perhaps fortuitous that in such an unresolved situation a fair degree of agreement was reached with the parents.

The approach suggested by the grid in Figure 1 is that, where applicable, each process factor is applied systematically to the key content aspects of an individual assessment. In other words, analysis of an assessment could involve completion of each box in the above grid with information indicating the implications and importance of the information collected. It is not intended to imply that the reasoning strategies are the right ones, nor that they necessarily have a substantial base of supportive evidence in the research literature. In fact, key headings from the *Assessment Framework* triangle (DoH, 2000) could be substituted for the content factors shown here. Application of such a grid to individual case analysis would, in the first instance, encourage the consistent application of existing, intuitive, reasoning strategies. By making these strategies explicit rather than implicit, it is suggested that they may be open to greater scrutiny, and to modification by the reflective practitioner as appropriate.

It should be emphasised that the use of this grid is untested, and further work would be necessary to demonstrate its effectiveness. However, it has been used by experienced social workers in a classroom situation, for individual case analysis. It was found to be very useful in drawing attention to commonly used decision-making strategies, and in encouraging more systematic thinking.

Conclusion

This paper presented findings, from a study of social workers initial assessments of children in need, that shed light on intuitive decision-making processes. At the initial assessment stage, social workers are faced with shortages of time and personal resources. Indeed government guidance in the UK requires an initial assessment to be completed within seven working days (DoH, 2000). In this context, the worker is unable to obtain comprehensive information such that a detailed, evidence-based appraisal can take place. This is not to disregard the potential of an evidence-based approach, merely to recognise its limitations. The social worker, conse-

quently, falls back on identifying patterns of information that can be appraised in a more intuitive manner, using reasoning devices that have emerged from the context of social work – and child protection – practices.

An understanding of these processes may assist social workers in decision-making, by rendering explicit the implicit and the intuitive. The paper proposed a grid that may be used in doing so, and showed that its application worked well in a classroom situation. If Thoburn et al.'s (2000) assertion is reliable, that practice wisdom appeared to be an effective basis for decision-making, making explicit that practice wisdom is arguably an effective strategy in improving social work practice. Methods of doing so could be applied usefully in the context of supervision, training, and in future research. Using an evidence-based approach in the context of an explicit understanding of intuitive processes is likely to be more effective than a decontextualised application of research findings.

The implications for future research are that the validity and reliability of intuitive decision-making may be tested by examining the outcomes that flow from those decisions, and by comparing decision-making approaches with the use of known factors. Examples from the present study are that the presence or absence of informal support has repeatedly been shown as a reliable risk factor (notwithstanding the inherent weaknesses of risk assessment) (Hagell, 1998). On the other hand, some researchers (e.g. Cleaver and Freeman, 1995) have concluded that parental co-operation leads to improved outcomes for children, but the overall body of research is insufficiently comprehensive to draw unequivocal conclusions and there is considerable room for examination of the effects of different types of 'co-operation', by different family members, and of how the families' responses may interact with the role of the social worker.

Note

1. For readers outside the UK, a 'core assessment' is the more comprehensive form of assessment covered by the British *Framework for the Assessment of Children in Need and their Families* (DoH, 2000).

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