The Framework for the Assessment of Children in Need and their Families—A Basis for a ‘Therapeutic’ Encounter?

Malcolm Millar and Brian Corby

Malcolm Millar is a Lecturer in Sociology, Social Policy and Social Work Studies at the University of Liverpool. His research interests include service users’ perspectives in the statutory social work field, and the application of psychological theory to social work practice. Brian Corby is Professor of Social Work in the University of Central Lancashire. His main research interests centre on child care and child protection studies.

Correspondence to Dr Malcolm Millar, University of Liverpool, Department of Sociology, Social Policy and Social Work Studies, Eleanor Rathbone Building, Bedford Street South, Liverpool L69 7ZA, UK. E-mail: m.millar@liv.ac.uk

Summary

Does the Framework for the Assessment of Children in Need and their Families, implemented by local authorities in England in 2001, embody an ethos of bureaucratic regulation with stultifying effects on social work, or is there evidence, as was anticipated in the official guidance accompanying the framework’s introduction, that it has potential as a basis for therapeutic social work? These questions are considered in this paper, which analyses findings from a study of the use of the framework based on interviews with service users and social workers. Some service users found aspects of their assessment to be personally beneficial. This is discussed in detail, reaching the conclusion that using the framework can be therapeutic. Furthermore, it is argued that part of what some service users considered helpful was related to the format of the new framework, and not only to its use in the hands of skilful and experienced practitioners. This point is pursued to suggest that carefully balanced analysis is particularly important in the discussion of developments in assessment practice that might seem too ‘bureaucratic’.

Keywords: Assessment framework, therapeutic, service users’ views.

Context

Research into child protection work in England in the 1990s concluded that there were key deficiencies in front-line social work practice in this area
(Department of Health, 1995). A major finding was that social workers were so focused on child protection concerns that the broader welfare needs of disadvantaged children and their families were overlooked. This implied a failure properly to implement section 17 and schedule 2 of the 1989 Children Act which gave local authorities power (albeit discretionary) to assess families whose children were considered either to be disabled or to be unlikely to achieve reasonable standards of health or development without the provision of services. Consequently, the Department of Health sought to refocus social work so that child protection concerns were considered within the context of children and families in need. A tool for achieving this was the *Framework for the Assessment of Children in Need and their Families* (Department of Health, 2000a). This was introduced under section 7 of the 1970 Local Authority Social Services Act in 2000 and implemented in April 2001.

The new framework provided guidance and instruments for carrying out assessments at two levels, initial and core. Initial assessments were to be carried out at the referral stage to ensure the systematic screening of needs early on in the process of engagement with families. Core assessments were required in cases where families were judged to have more complex problems, including safeguarding concerns requiring more comprehensive examination and possibly a more elaborate provision of services or intervention. Timescales were prescribed for completing these assessments (7 days for initial and 35 days for core assessments), and assessors had to gather information along three parameters—the developmental needs of the child, the capacities of the parents and the environment surrounding the family. These interacting factors had to be assessed in terms of their significance for the child’s welfare and safety.

In general terms, the refocusing trend has received support within the social work profession, despite some concerns that it could reduce vigilance in relation to child protection (Carrington, 2000). However, there has been more criticism of the assessment framework itself, particularly in terms of the impact of its prescriptive style on practitioner discretion and on the quality of social worker–service user relationships. Regan (2001) argued that the form filling associated with the new framework for assessment is a time-consuming obstacle to the process of engaging helpfully with people. Jones (2001), though not directly referring to the new framework, suggested that social work assessment frameworks in general largely ignore the value of listening and forming supportive relationships, diminishing the power of service users to express their concerns effectively. Garrett (2003), although not entirely dismissive of the new framework, considers that its New Labour emphasis on parental conduct, moral responsibility and family values may diminish its usefulness.

Certainly, the new framework has been introduced with more rigour than its forerunner, the so-called Orange Book (Department of Health, 1988), which was used without time limits and on a discretionary basis. Core assessment questions are more detailed and numerous and, although there is no stipulation to explore them all, both the assessment forms themselves and the philosophy of gathering as much information as possible do seem to encourage this.
Supplementing the main assessment questions, a range of measurement scales and questionnaires have been produced for use with children and their carers to justify the validity of any conclusions reached (Cox and Bentovim, 2000). Finally, a set of training materials has been provided to back the implementation of the framework (Department of Health, 2000b,c; Horwath, 2001).

The new framework might well seem to encapsulate an ethos of management and scrutiny, but the Department of Health has claimed that it can provide the basis for ‘therapeutic’ encounters between social workers and service users. This idea is presented in some detail in the published introduction to the framework:

Undertaking an assessment with a family can begin a process of understanding and change by key family members. A practitioner may, during the process of gathering information, be instrumental in bringing about change by the questions asked, by listening to members of the family, by validating the family’s difficulties or concerns, and by providing information and advice. The process of assessment should be therapeutic in itself (Department of Health, 2000a, pp. 15–16).

This idea that social work assessments can have intrinsic, ‘therapeutic’ benefits beyond the goal of gathering information _en route_ to the allocation of resources or to judgements of risk, is not entirely new. Smale _et al_. (1993) highlight the notion of exchange in assessment in which two-way communication takes place, enabling the views of service users and professionals to be accorded equal respect. Walker and Beckett have claimed that assessment is ‘more than an administrative task’ and that ‘the distinction between assessment and intervention is unhelpful and has always restricted the vision and creativity of social work staff’ (2003, p. 4). A key implication here is that assessment should be an interactive process. However, as Milner and O’Byrne imply, although this type of assessment might be desirable, an understanding of power differentials in social work encounters suggests the need for care before drawing optimistic conclusions (1998, pp. 27–28). Whether therapeutic outcomes, in particular, are achievable using the new framework is a question yet to be clearly addressed.

To date, there has been a limited amount of research into social work with children and families since re-focusing. Two studies concentrated on assessment practice with children and families just before the implementation of the new framework (Platt, 2001; Spratt, 2000, 2001; Spratt and Callan, 2004). Both concluded that social workers had difficulty in escaping the child protection perspective. However, in marked contrast to the findings of research carried out before re-focusing (see Cleaver and Freeman, 1995), parents in the later studies generally appreciated their contact with social workers, which might suggest some shift in approach.

There have been two studies into the implementation of the new assessment framework. Corby _et al_. (2002a) sought the views of 34 sets of parents being assessed under the new framework in one local authority area. They found that almost all parents were satisfied or positive in their views about initial assessments, and two-thirds felt similarly about core assessments. Focus groups elicited the views of 40 practitioners involved in carrying out assessments. They too were
positive about initial assessments, though they had more mixed views about core assessments, some seeing the framework as an impediment to working with families, and others considering that it provided opportunities for more positive intervention. Nearly all raised concerns about timeframes and staffing resources. The most comprehensive survey of the implementation of the new framework has been that sponsored by the Department of Health (Cleaver and Walker, 2004). This study examined work done in 24 English councils over a 2 year period which included 866 initial and 68 core assessments. A third of the practitioners involved in these assessments felt that the assessment format had ‘hampered the involvement of families’ (p. 86). However, three-quarters of the parents reported very positive experiences. Cleaver and Walker concluded that in terms of involving children and families, the new assessment framework has been a success.

The new framework and its therapeutic potential

None of these studies has directly considered whether and, if so, in what sense the new framework might have ‘therapeutic’ potential. We will concentrate on this question, drawing on data from one of the studies referred to above (Corby et al., 2002a) and on additional evidence from the research report based on it (Corby et al., 2002b). As noted earlier, this study took place in one local authority area. Information was derived from semi-structured interviews with 34 sets of parents who had been involved in initial and core assessments, but most of the data considered here are from the 24 sets of parents involved in core assessments. There are also references to the material gained from the 40 practitioners who took part in four focus groups. There was considerable variation in the responses from parents to our questions. About a third either had little awareness of the fact that they had been the subject of a core assessment or felt so negatively about social work intervention in general that they were unable to view any aspect of their involvement with social workers in a positive light. Some of these families were in conflict with social services departments because of disputed child protection concerns or because of lack of help from them (as they saw it) with challenging teenagers. The examples that follow which suggest that the new assessment framework might have therapeutic potential derive mainly from the remaining families where there was less extreme conflict. These included families with disabled children, families with complex caring problems and also some cases where there were child protection concerns but with more consensus about the need to address them.

Findings

Our first concern is to examine the evidence for saying that assessments carried out using the new framework can be therapeutic, particularly from the service user’s point of view. Some support for this claim is established and the main
perceived benefits are identified. There follows some closer scrutiny of the thesis that assessment by means of the new framework can be therapeutic, and this includes, first, some commentary on the variation that existed within the responses of service users, and, second, some analysis of the idea of ‘therapeutic’ assessment in the context of a wider debate about the place of social work in a UK policy context widely seen as generating excessive bureaucracy, making engagement with service users difficult.

First, though, we present some evidence broadly supportive of the view that there is a range of ways in which using the new framework can be helpful from a service user perspective.

**Gaining trust**

A prerequisite of a therapeutic encounter, arguably, is that of engaging with service users and developing a sense of trust. A key element in this process is that of listening to and validating feelings and concerns. Several of the respondents in the study commented on the importance of social workers listening to what they had to say. One 13-year-old girl who had referred herself to the social services department as a result of her mother’s drinking and her brother’s violence, said:

> It gets it all off your chest, doesn’t it? It’s better to get problems off your chest.

Overcoming distrust might also depend on genuine and straightforward communication, as illustrated in the following comment from one of the parents:

> I was wary to be honest, but the social worker came on her own and sat down and explained: ‘We really try and keep kids and parents together; we don’t drag kids off. We’re on your side. There’s obviously a problem why you’ve done what you’ve done and we’re here to sort it’.

Being available and accessible is yet another means of gaining trust—as one young mother said:

> The best thing was having somebody there and knowing I could ring them up.

There was evidence, then, that some social workers were able, within the constraints of the framework, to work with parents in ways that nurtured trust and understanding. However, as noted above, this was not always achieved. In several cases, particularly those where parents were in conflict with social services departments over child protection concerns, the process of assessment was characterized by suspicion about social workers’ intentions:

> I didn’t know if they [the questions] were asked another way round to catch me out.

> It’s like an invasion really, asking all those questions.

For these parents, being assessed by means of the framework was like an interrogation, and the sense of threat was powerful.
Sharing concerns, creating openness

It was evident that in some cases the use of the assessment framework facilitated open and clear communication between social workers and service users. The framework itself provided a useful tool for this. Parents and social workers were required to work together in producing a document that was explicit about concerns and identified what should be done to address them. Many parents (though certainly not all) were given copies of the assessment decisions and plans, and this practice was seen by some as a clear and open way of communicating.

One parent felt that this ensured:

knowing what’s going on, what’s been said.

Another, whose child was the subject of child protection procedures, said:

So you know what’s being said. If you’ve got any queries, any mistakes, or you don’t agree with this, you mark it down and bring it up at the meeting.

Despite commentators’ fears that the assessment format would get in the way of meaningful interchange between social workers and service users (Regan, 2001), several sets of parents found the question and answer approach to be upfront and demystifying:

It’s easy to work through: it’s mostly tick-box—how do I do this, what do I feel about that. You just tick what’s relevant.

It’s just straightforward questions and you, like, put either yes or no.

Interestingly, two of the fathers who were interviewed seemed particularly appreciative of this type of format. One said that they did discuss things:

…but the tick boxes are quicker to be honest.

It was almost as if they welcomed the matter of factness of some aspects of the new framework. On the other hand, some parents felt the framework provided the catalyst for working through difficult emotional problems. A woman who was having difficulties with the behaviour of her teenage grandson who was in her care was encouraged by the social worker to work through the assessment document with the boy. She said:

While we were doing it, we got a lot of emotions out that I wouldn’t have got out if we hadn’t had that form.

Openness could also be challenging. One social worker suggested that the framework helped concentrate minds on relevant but perhaps difficult issues:

That’s an interesting shift, that parents are actually forced to look at their own issues, because it’s written there, a bit on the children, a bit on the parents, a bit on the environment.

Some parents found that this focused, open approach produced hard lessons:
Obviously I’ve got to sit down and say there is a problem with the drinking, and that is a form of abuse.

However, there remained some parents who were suspicious of the whole process and its purposes. Social workers were seen as intrusive, and the straightforwardness of the document clearly did not produce appreciation:

I just don’t like them. I think they’re nosy. They’re a gang of snoops.

Influence and confidence

In several cases, use of the new assessment framework created conditions for involving parents so that they felt genuinely influential and more confident. Some social workers managed to sit down with parents and work through parts of the assessment framework in a positive way, resulting in parents feeling that they had made an important contribution to the process:

The assessment was done for me, but with me. I did feel in control of what was being put down.

It is worth noting that this experience accords with the view taken by this social worker:

It isn’t just about waiting until it [the framework document] is finished and then showing it to them; they’re involved throughout and their opinion is taken on board throughout.

In all, about half the parents we interviewed suggested that they had made a positive and, to some degree, confidence-building contribution to the assessment process. In addition, the fact that the framework places emphasis on recording positives as well as negatives (see Department of Health, 2000a, p. 13) appeared to have an encouraging effect on some parents:

It could show you how you were doing things. It boosts your confidence.

Again, however, there were cases where parents expressed contrary views. This parent, for instance, complained that she was not able to amend an assessment form that she believed contained misinformation:

She [the social worker] wrote on the form that I used needles. I’ve never used needles yet. When I told her, she didn’t cross it out—she just left it. So now people who read that report will think, ‘Oh, she’s into needles and everything.’

Bringing about change

One goal of a therapeutic intervention can be to bring about change. We considered whether this could occur through use of the new framework, and found some evidence of it. In one case that involved concern for the well-being of the
children as a consequence of domestic violence associated with heavy drinking, the parents said:

The assessment stopped us in our tracks.

In another case, a mother whose heavy drinking had resulted in her child being judged to be at risk of neglect, said:

Every now and then I go through the documents and I think, ‘Right, I won’t do that again.’

Another mother said:

I wanted to put it [the assessment document] up on the door as a reminder.

One further parent, a young mother whose care for her baby was causing concern to relatives and professionals, said:

When I first started this assessment, I thought, ‘Why should I do anything like this? Why should I stick with it?’ But now I understand that I stuck with it and it’s got me this far.

None of these parents suggested that the process of change had been easy, and for some it involved a kind of bargaining and uneasy acceptance. One mother, who had major problems in coping with the challenging behaviour of her teenage son, summed up the ambivalence that could be involved:

Sometimes I wish I’d never said anything. I wouldn’t have all this, but the situation would have got worse.

Some parents also felt the benefit of the basic information gained from being part of the assessment process. This was particularly true of some of the younger mothers who were assessed partly in a family centre setting:

I know everything now—what he needs to do, what he needs to learn, what to keep him away from and stuff.

Being observed with children could also produce reflection on emotional responses, and for some this worked:

Now I understand why [I was observed], like looking out for anger in you, because some parents hurt their children.

In all these cases, during the assessment process, parents reported a difference in their thinking and understanding about their situations—a difference that was evidently helpful to them to some extent. However, once more there remained those who objected to what they regarded as intrusive and judgemental. This mother attended a family centre as part of her assessment:

You feel like you’re being scrutinized all the time, and you’ve got to prove yourself to be like this perfect mother, and there’s no perfect parents out there anyway.
Variation in service users’ responses

While accepting the last comment, taken as a whole, the responses presented suggest that using the new assessment framework can result in outcomes that service users find helpful. Based on this, the view of the framework’s introduction as a managerialist and intrusive form of state intervention is questionable, but it is important to appreciate the variation within the responses of service users. The ‘therapeutic’ potential of the framework was not always evident, and this needs some explanation.

It is relevant, first, that where we found persisting disagreement between parents and social workers about the need for external intervention, these parents tended to view the process of assessment as negative and in no way therapeutic. Disagreements centred particularly on the question of the parents’ capacity to care for their children, an issue that is always likely to be difficult and conflictual.

This is not to say, however, that whenever parents were positive about assessments, the process had been without any conflict or stress. It should be apparent from the views of the parents who were more positive about assessments that the process of establishing trust and working through the documents with them was not straightforward. Most of these ‘positive’ families faced many challenges from their situations and some clearly felt that they or their behaviour was under scrutiny. Also, some families showed considerable ambivalence about the value of the assessment process while it was occurring, their appreciation coming more with hindsight.

There was evidence, relevant to this point, that the skill and approach of the social worker could make a significant difference. The ability to create a positive atmosphere, reducing tension and providing ‘space’ was helpful, as the view of this mother suggests:

They were brilliant. At first I was getting tensed, but after an hour they were really helpful.

Another factor was the attitude of workers to the assessment framework itself. This varied considerably. One social worker felt highly constrained by the assessment document:

It’s taken away from your autonomy in terms of how you approach the family. Every section has got to be filled in. You can’t follow your individual style.

But this negative view was not universally held. Indeed, the opposite was stated by another social worker:

The whole [assessment] document is about being creative. It’s about being flexible with families, focusing on what the assessment is actually about. You don’t have to cover every single aspect that’s not particularly relevant. It’s about getting what’s important within the timescale and I think the families appreciate that.

There is a telling difference of attitude and approach here. For some workers, it was possible to work selectively with the framework document to focus on the
assessment task while still offering a sensitive appreciation of individual circumstances. For others, the document presented a serious obstacle to good social work. One possibility that emerged in accounting for at least some of the variation in responses of service users was that the document was being used differently by different practitioners. An appreciative response from service users was more likely to be evoked by a more open, flexible social work approach that included genuinely listening and being prepared to respond sensitively to any conflict or initial resistance. However, although there was some indication of this, care is needed in interpreting its significance. Specifically, in valuing the skilful contribution of the social worker, we do not want to imply that the structure of the framework document itself played no part in shaping the practice that produced positive responses from service users. There is a point to be made here about the value of constraint on professional discretion and ‘flexibility’. It demands more detailed consideration.

**Accountability to service users**

We have seen evidence that parents liked to know what was being said about them, and valued the chance to make comments that were recorded and openly discussed. We suggest that the format of the framework helped to produce this transparency of approach, encouraging explicitness about social workers’ concerns and a dialogue about them. As we have seen, a degree of structure in the discussion of difficult issues was welcomed by service users, and there was evidence of good communication ‘exchange’, as advocated by Smale *et al.* (1993). Now, it might be argued that this kind of interaction, entailing as it does a form of accountability to service users, will be valued in any case by social workers who recognize the vulnerable status of those they engage with, and that documents and procedures are therefore not needed as prompts for it. However, the evidence of other studies raises questions about this.

The main concern here is with a series of factors that can inhibit communication between professionals and service users. There is, first, the possibility of some reluctance, on the part of practitioners, to voice concerns about child care that are likely to provoke conflict with parents. It has been suggested in other research that the desire to avoid ‘laying blame’ in ways seen as likely to damage the prospects of ‘partnership’ could be behind this, even though the *insinuation* of parental incompetence without providing an opportunity for discussion may itself have an alienating effect on parents (Corby *et al.*, 1996). The interpersonal dynamics associated with complex roles and relationships are crucial here. These may produce levels of anxiety and defensiveness that seriously limit clear expression and accurate understanding (see Reder and Duncan, 2003, p. 89).

Second, communicating well-articulated explanations of social work decisions is difficult, ironically, because of the nature of the expertise that develops with years of professional practice. There is evidence that the practice of experienced workers in complex situations is associated with a type of thought and intuition that does not always involve consciously formulated reasoning processes (see Fook...
‘Therapeutic’ Benefits of the Framework for the Assessment of Children

et al., 1997, p. 414). To the extent that this is true, it does not contribute to clear and easy communication about why decisions and actions are taken. It also makes it impossible for service users to question the grounds of decisions if these are not specified. Far from facilitating any genuine exchange, this would sustain a kind of inertia and bias against reflection and re-evaluation that has been noted in other discussions about assessment practice (see Milner and O’Byrne, 1998, p. 28).

The third and perhaps most basic factor that can work against open dialogue with service users is simply a shortage of time. With regard to this, Thoburn has noted in discussing the new framework that staffing crises have seriously impacted on the quality of practice with service users (cited in Rickford, 2001). We would support her view that assessment frameworks can make a positive difference in social work, but that this is unlikely to be fully realized, given problems in resourcing their use.

There is, for us, a broad message here, which is that, while accepting social workers’ commitment to the values of transparency and accountability (particularly to service users), the presence of these qualities in practice should not be taken for granted. The new framework gives a structure that, to some degree, prescribes what workers do, and service users can benefit from this—not because practitioners are uncommitted or lacking in integrity, but because there are significant obstacles to genuine dialogue, however experienced and well-intentioned social workers may be.

Concluding comments

We have produced evidence that the new assessment framework can, in some circumstances, be used therapeutically from the point of view of service users. It is worth noting as we draw threads together that our use of the term ‘therapeutic’ has at no stage implied that service users’ needs and troubles are generally psychological in origin. We would not support reductionism of this type (see Millar, 1998), and have not promoted the idea of the practitioner as a psychotherapeutic ‘expert’ who is inclined to see service users’ needs as symptomatic of a deeper and perhaps unspoken problem. A ‘therapeutic’ benefit in the intended sense will be experienced as an enhancement to personal understanding or well-being, and in our study this was evident particularly when service users found their views to be respected and genuinely ‘heard’.

As we have seen, not all cases produced results of this type. We have commented on the variation amongst service users’ responses to the framework’s use, and some reasons for these differences have been offered. The number and range of factors that can influence service users’ opinions make it impossible to say with certainty why individual respondents said what they said, but, even so, some important observations can be made. We have emphasized the significance of the nature of the cases practitioners work with while carrying out assessments. The quality of the contribution of practitioners has also been taken into account. However, we have not argued that there is something intrinsically valuable in giving free reign to the use of professional skill and experience. On
the contrary, there were indications that part of the new framework’s format for
assessment had improved communication in ways service users welcomed. Thus, in addition to the contribution made by social work expertise (including
skill in the flexible use of the assessment form), it was evident that *prescriptions*
for practice (such as are present in the framework) can be very helpful.

These findings are relevant to a broader debate on the impact of the ‘mana-
gerialist’ processes that are taken to have increased the amount of bureaucracy
in UK social work, with limiting effects on the scope for good practice. It has
not been argued here that a mass of cumbersome bureaucracy is good for social
work and, in this context, it is worth emphasizing that the substitution of
bureaucratic procedure for the provision of adequate resources to vulnerable
people seems particularly objectionable. Our judgement, however, would be
that the passion with which bureaucracy and the absence of adequate resourcing
is challenged, and the vehemence with which the use of forms and formats is
opposed, may obscure the benefits of some well-judged constraint on profes-

190

sional activity. We have already noted the power differences that exist in social
work encounters. It is important to observe that what might seem (particularly
from a professional perspective) merely to impose bureaucratic control could
actually reduce power differentials (see also Holland and Scourfield, 2004,
p. 30). From this point of view, forms and formats have a contribution to make,
but they should be used for specified and well-understood purposes and, cru-

181

cially, sufficient time should be allocated to meet intended goals.

Of course there are risks in saying this during a period when professionals
are already besieged by timescales and form-filling requirements. However, if
there is evidence of positive outcomes emerging from the use of the new assess-
ment framework, particularly in a context where both practitioners and service
users are besieged, it is important to establish it. The framework is not a perfect
instrument for assessment, but the conclusion strongly indicated here is that
the use of some frameworks may be therapeutic in some cases, and not always
because social workers can skilfully side-step the constraints they impose. This
is not to take a ‘managerialist’ stance, but it is, perhaps, a balanced one. We
suggest that social work that is effectively focused on the needs of children and
their families should be developed in ways that evidence this sense of balance.

*Accepted: April 2005*

**References**

Abuse*, London, HMSO.
framework for social work assessments of children and families’, *Child and Family