Hypothesising

This section introduces the notion of hypothesising. It looks at the origins and meaning of the word and how it should be considered to be a key feature of assessment practice. It goes on to examine how keeping an open mind and thoughtfully exploring different hypotheses assists in the assessment process and in explaining decisions that have been made.

The word *hypothesis* has its origins in ancient Greek and means 'a proposed explanation for a phenomenon' (Wikipedia – online dictionary). In modern day usage, a hypothesis is a provisional idea or explanation which has to be evaluated or tested. The idea needs to be either confirmed or disproved. The hypothesis should be ‘falsifiable’, which means it is possible for it to be shown to be false, usually by observation. Even if confirmed, the hypothesis is not necessarily proven, but remains provisional.

Hypothesising is a core activity within social work assessment. Holland (2004) states:

> The cornerstone of analysis in assessment work might be seen as the process of building hypotheses for understanding a family situation and developing these until they include a plan for the way forward.

This process of building, testing out and discarding hypotheses starts at the earliest point of contact. As soon as a referral is received into a social work team the practitioner will begin consciously or unconsciously to form some hypotheses of what is happening within the family.

For example, if a headteacher rings the duty team at 5pm to say that they are concerned about a seven-year-old girl who has not been collected from school that day (and who is often not collected on time, regularly arrives at school very late, is often brought by strangers, is usually dirty, unkempt and seemingly underfed), the duty officer is likely to be mentally hypothesising about what is happening within the family during the initial conversation. They may have several hypotheses that spring to mind immediately, of which the following are an example.

1. Parent has started working and has not been able to arrange proper childcare for child.
2. Parent or carer is depressed or ill and has become unable to meet the child’s day-to-day needs.
3. Child is a scapegoat within the family and is therefore neglected or abused.
4. This is a chaotic family who only just cope at the best of times and some event has occurred to tip them into an unacceptable level of chaotic neglect.
5. The child’s parents are misusing alcohol or other substances and are often too ‘out of it’ and unable to care properly for the child or bring her to school.

They would certainly check out some of their hypotheses during an initial conversation with the referrer and may even ditch one or more of them at this stage. The formation of various hypotheses and the decision taken about the steps needed to investigate the matter further will be influenced by a range of factors, for example: practice wisdom, personal values, and formal knowledge.

The practitioner is also likely to be susceptible to what Sheldon (1987) and Scott (1998) (cited in Holland 2004) refer to as ‘our natural human tendency to be “verificationists”’. This means that we tend to form an explanation for a family’s or individual’s circumstances early on in our contact with them and then we tend to seek information that will confirm these original hypotheses.
Similarly, Munro’s research (1999) into the findings of inquiries into child deaths highlights that a common error identified in inquiries was a ‘failure to revise risk assessments’ and that in numerous cases there was failure to check more widely or reappraise original judgements when new evidence arose.

Hollows (2003) refers to this tendency as ‘unconflicted adherence’, that is, where a new risk is discounted and the current strategy is maintained without change.

Raynes in Calder and others (2003) suggests that workers often remain narrowly focused on proving or disproving whether the original risk remains and fail to consider the broader picture. He suggests that practitioners should consider all the possibilities about what is happening and address each hypothesis, only discarding it when there is clear evidence to do so. In the Stepwise approach to assessment, as shown in the illustration below, the hypothesis stage first appears early in the process of assessment. Although one would argue that, as demonstrated earlier, the process of hypothesising starts earlier, that is, at the point of referral, this model is nevertheless helpful for giving a structured approach to the stages of the assessment process and the place of forming, testing out and discarding hypotheses within that process.

Illustration of hypothesis within the stepwise model of assessment

The above model is based on work by De Mello and Yuille and is adapted from Calder and Hackett (2003) Assessment in Childcare: Using and developing frameworks for practice, p.122, Figure 1 ‘A stepwise model for children and family assessments’.

The illustration above locates the various assessment activities at the specific stages of the stepwise model. Similarly, Margaret Adcock (2000) describes several overlapping phases of assessment and further explores the distinctions between analysis, judgements and decisions.
As identified earlier, the process of hypothesising might continue throughout the assessment process as long as new information continues to emerge. The information should be drawn from a range of sources using a variety of methods. In order to counter the verificationist tendency earlier identified, Holland (2004) argues as follows.

We should always look for data, or information, that might disprove, or at least throw doubt on, our understanding. The reason for such an orientation is that it actively works against our human tendency to distort what we see in order to fit with our fixed explanations.

New information is sought with the specific purpose of increasing understanding about what is happening within the family and how this is impacting on the well-being of the child or children under consideration. It is vital to make the search wide-ranging and to do it in partnership with family members as much as possible. Using different strategies for gathering the information, rather than relying on one narrow method, is also important. Methods for gathering information may include the following.

1. Interviewing parents and children
2. Interviewing professionals who know the family
3. Employing direct observation and child observation
4. Using questionnaires and scales with family members
5. Using play or drawing and creative approaches to communicating with children
6. Making reference to research or theory

Testing and evaluating hypotheses is a key part of the process. The timescales ascribed to different levels of assessment (initial and core) will limit the depth of exploration that can be undertaken but, even in an initial assessment, it is possible and indeed expected to generate possible hypotheses and explore these. Indeed, noting that some important hypotheses have not been tested during an initial assessment may well indicate that a core assessment is necessary in order to undertake further enquiries.
PRACTICE TOOL: QUESTIONS TO ASSIST IN HYPOTHESISING

Questions for hypothesising and reviewing hypotheses

The intention is that these questions are used as triggers to help practitioners reflect on whether they have explored all possible hypotheses during an assessment and have explained this thoroughly in their assessment report.

Hypothesising at the early stage of involvement

- Can you develop some hypotheses – at least four? (More if you can – keep them broad, not just single-incident based ones.)
- What knowledge and information are the hypotheses based on (for example, theory, research, observation, assumptions, information given, hearsay)?
- What actions will you take to test out your hypotheses?
- Can you construct an action plan for testing them, with timescales identifying the methods you will use?
- Who will be involved in gathering information to test out your hypotheses?
- How will you seek evidence to disprove (disconfirm) your hypotheses?
- What will you use to help you decide how to weight the value of different hypotheses?

Reviewing hypotheses mid-way through an assessment

- Have you been able to test out all of the original hypotheses?
- Are you satisfied that you have tested the hypotheses rigorously and you haven't simply sought out information to confirm your original hypotheses?
- Of the original hypotheses, which have you discarded and why?
- Have any new hypotheses emerged?
- What methods are you going to use to test out the new hypotheses?

Evaluating hypotheses towards the end of the assessment

- Are you satisfied that you have tested all the available hypotheses sufficiently rigorously?
- Are you able to demonstrate, in your assessment report, the methods you have used to test out the hypotheses and why you have discarded or retained each one?
- Are there some hypotheses that you have not been able to test out because of the unavailability of sufficient information or lack of time or access to key people?
- If so, are further enquiries indicated beyond the point of this assessment?
- If so, what form do you recommend these should take?
CASE STUDY 2.3

Hypothesising

![Family Tree Diagram]

Key
- Male
- Female
- /\ Divorced
- --- Living in same house

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Gender</th>
<th>Ethnicity</th>
<th>Status/relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tricia Gibbons</td>
<td>34</td>
<td>female</td>
<td>White British</td>
<td>mother</td>
</tr>
<tr>
<td>Miklovan Murati</td>
<td>34</td>
<td>male</td>
<td>Albanian</td>
<td>Anna's father</td>
</tr>
<tr>
<td>Anna Murati</td>
<td>7 months</td>
<td>female</td>
<td>dual-heritage Albanian/English</td>
<td>daughter of Tricia &amp; Miklovan</td>
</tr>
<tr>
<td>Frankie Johnson</td>
<td>6</td>
<td>male</td>
<td>dual-heritage (African-Caribbean/White British)</td>
<td>son of Tricia &amp; Ashleigh</td>
</tr>
<tr>
<td>Nathan Johnson</td>
<td>8</td>
<td>male</td>
<td>dual-heritage (same as Frankie)</td>
<td>son of Tricia &amp; Ashleigh</td>
</tr>
<tr>
<td>Natalie Graves</td>
<td>15</td>
<td>female</td>
<td>White British</td>
<td>daughter of Tricia &amp; Steve Graves</td>
</tr>
<tr>
<td>Ashleigh Johnson</td>
<td>32</td>
<td>male</td>
<td>African-Caribbean</td>
<td>Nathan and Frankie's father</td>
</tr>
<tr>
<td>Steve Graves</td>
<td>38</td>
<td>male</td>
<td>White British</td>
<td>Natalie's father</td>
</tr>
</tbody>
</table>

Tricia is a 34-year-old woman who lives with her partner and her four children in Sandley, a metropolitan borough in the West Midlands. The family moved into the borough from a neighbouring one about eight months ago, just before the birth of Anna.

Miklovan is the father of the youngest child, Anna. He is Albanian and, as far as the professionals are aware, Miklovan was previously an asylum seeker. However, further details around his current immigration status are unknown to the professionals. He has lived with Tricia for the last two years.
The father of Frankie and Nathan is Tricia's ex-husband, Ashleigh, who now lives in Birmingham. He has some contact with the boys. This usually occurs when he rings and arranges to pick up the boys to take them over to Birmingham for the weekend or during the school holidays. The arrangement is a loose one with no particular pattern to it.

Natalie's father, Tricia's first husband Steve, is serving a twelve-year prison sentence for armed robbery. He has not lived with Tricia since Natalie was two years old, although he was having regular monthly contact with Natalie until he went to prison last year.

The referral

The referral has been made by the health visitor because of concerns about Anna's development. She is underweight and has dropped below the 25th centile (she was at the 50th centile at her previous check). She was growing well for the first three months, but her progress has slowed in the last four. A referral has been made to the child development clinic for developmental tests to try to establish if there is any organic cause for the developmental slow down.

Tricia maintains that Anna is feeding well, but the health visitor is concerned because the house is in a filthy state after having been reasonably tidy and clean initially when she started visiting. Anna is often wearing a heavily soiled nappy when the health visitor visits. Tricia has become withdrawn and uncommunicative, possibly depressed. The health visitor has observed a lack of affection and engagement with Anna, although she has observed Natalie picking her up and playing with her when she has been there. Tricia does not seem to be particularly responsive to the health visitor's concerns about Anna's development.

The health visitor is not sure if Miklovan is still living with the family and says Tricia is evasive when asked. The health visitor hasn't seen him there for some time.

Checks with school reveal that they had been on the verge of making a referral to social services because of a build-up of recent concerns connected with the boys. Frankie is well behind the expected attainment levels for his age; he finds it difficult to cope in the classroom setting and seems very angry, often fighting with other children. Nathan is more settled and doing okay, but both boys often turn up late and are collected late. They have a lot of time off and they are often grubby and unkempt. Frankie recently commented to a classroom assistant that his mum was upset because Miklovan had 'gone off on one again' and had 'smashed Nathan's PlayStation and gone to Bolton'.

Natalie is in Year 11 at secondary school, her GCSE year, but has had a lot of absences recently, which have caused concern in relation to her forthcoming exams, and coursework completion deadlines. Otherwise, the school sees her as a quiet, unassuming girl. Parents have not attended open evenings and phone calls home have had little response.
Examples of the different hypotheses generated and plans for testing them out*  
Table 2.2

<table>
<thead>
<tr>
<th>Hypotheses</th>
<th>Methods for testing hypotheses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Domestic violence</td>
<td>Ask Tricia, Physical evidence, Talk to children, Speak to domestic violence team, Speak to other agencies, Investigate previous relationships, Talk to extended family, Use Fahlberg scale</td>
</tr>
<tr>
<td>Miklovan has a positive influence on the family. Things have deteriorated recently since he left</td>
<td>Ask Tricia, Talk to children, Make visits at different times of day, Make unannounced visits, Talk to schools, Clarify with health visitor</td>
</tr>
<tr>
<td>Tricia is depressed (post-natal depression?)</td>
<td>Use HV Edinburgh questionnaire, Check post-natal depression score, Use Adult Wellbeing Scale (DH and others 2000), Ask Tricia how she feels, Use observation, Liaise with other agencies, Talk to children, Talk to health visitor</td>
</tr>
<tr>
<td>Financial difficulties/impact of poverty</td>
<td>Talk to Tricia, Look at financial information/examine benefits take-up, etc.</td>
</tr>
<tr>
<td>On the run from CP registration in another authority; or Miklovan's unknown whereabouts linked to uncertain immigration status</td>
<td>Checks with other agencies and other authorities</td>
</tr>
<tr>
<td>Organic cause of failure to thrive</td>
<td>Check HV records, Refer to child development clinic</td>
</tr>
<tr>
<td>Socially excluded family, therefore more vulnerable</td>
<td>Talk to Tricia, Talk to children, Explore networks of support, such as neighbours' groups</td>
</tr>
<tr>
<td>Physical abuse of children esp. Frankie and Nathan by Miklovan</td>
<td>Look for physical evidence, Examine agency checks for previous incidents, Talk to Frankie and Nathan</td>
</tr>
<tr>
<td>Natalie is a young carer</td>
<td>Talk to Natalie on her own, Talk to Natalie with Tricia, Explain ‘young carer’ definitions and introduce local services</td>
</tr>
</tbody>
</table>

*These hypotheses and plans to carry them out were developed by groups participating in a practice development exercise, based on Case study 2.2, during the Putting analysis into assessment project.

As with the previous activity, the above are simply examples of answers generated during the practice development exercise with participants on the Putting analysis into assessment project. They are not right or wrong. The intention is to maintain a needs-based approach to making enquiries and, by keeping the possible hypotheses in mind when planning enquiries, there is perhaps more likelihood of asking questions and talking to people who may provide greater insight into the circumstances of the different family members through a variety of routes.
Practice development session 3

Hypothesising

Aim
To help practitioners understand the meaning of hypothesising during assessment and to test this out in practice.

Method
a) Begin **either** by asking participants what they understand by the word *hypothesis*.

b) Or invite participants to form pairs to discuss hypothesising. Tell them to prepare answers, to be shared with the full group, to questions such as: What is hypothesising? When should it happen? Who should be involved?

c) Whether the task was performed by the participants in pairs or otherwise, invite participants to share their answers. Record the answers, without questioning them, on a flip chart.

d) Explain to the participants what hypothesising is (using notes on hypothesising from this section; or the relevant slides from Presentation 2, see Appendix, or download from www.ncb.org.uk/resources/support).

e) Distribute Case study 2.3 on Hypothesising or a case study of your own choosing, or, if a team is participating in the course, one drawn from one of the team's real cases.

f) Organise the participants into groups of four and distribute the Questions to assist in hypothesising [page 28]. Ask the groups to work through the bullet points in the section called Hypothesising at the early stage of involvement. Record their points on a flip chart.

g) Reconvene the full group. Invite each small group to take one hypothesis and to run through how they would test it out. Encourage discussion on how to incorporate this approach into the timescales of initial and core assessments. Ask whether they foresee any difficulties and how they might overcome them. Record all the positive actions suggested for overcoming the potential difficulties.