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Evidence Matters in Family Justice: Wales second edition

Practice Briefing 3
Analysis and assessment

Contents

Evidence Matters in Family Justice

Analysis and assessment

This briefing will help you:

> Think about quality in assessment and reflect on the skills and processes involved in analysis and critical thinking.

> Identify areas where your own practice in this area and the approach of your organisation can be strengthened and developed.

> Think about how you approach risk and capacity to change.

Key messages

> Developing analysis and critical thinking is key to assessment practice.

> Working in partnership with families is central to assessment.

> Improved social work assessment practice clarifies where and when specialist assessments may be necessary.

The importance of high quality assessment

> Local authorities are responsible for assessing families referred to children's services who meet the threshold for such assessment. Where the threshold is met and safeguarding concerns identified, local authorities have a duty to provide support to address those concerns and meet the needs of the child or young person and their family.

> Any assessment requires careful analysis of the positive and negative factors in a child's life and a consideration of the interconnecting risk and protective factors in family.

> Robust assessments and provision of support to parents in pre-proceedings are crucial for ensuring parents are given the opportunity to make positive changes and for ensuring timely decisions are made for children and young people.

> Assessments and subsequent care plans, and the evidence from the direct work carried out with families, are all used to inform social work reports presented in court should the needs of the child not be safely met within the home and family environment.

High-quality assessments are key to the family court making effective use of social work expertise. The Public Law Outline (PLO) is reliant on the quality of social work evidence being filed with the application in order to achieve timely completion of proceedings and the best possible outcomes for children and young people.

Turney and colleagues' (2011) review of research on social work assessment of children in need looked at the link between the quality of assessments and children's outcomes. It found that good assessment is related to improved chances of reunification success and to children finding successful and stable placements.

Conversely, the research found shortcomings in assessment were a consistent feature of cases of severe injury or death, delays in assessment or decision-making impeded successful placements, and poor assessments exposed children to the risk of further harm (Turney et al, 2011).

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The review identified some consistent themes:

> There was a lack of reference to research or explicit use of theory in assessments.

> Social work assessments as overly descriptive and insufficiently analytical – with a tendency to provide a great deal of background information without addressing the 'so what?' question about what this means for a particular child. (Turney et al, 2011)

The issue of analytical rigour in social work reports to court has also been raised in a number of judgments. In the landmark judgment Re B-S (Re B-S (Children) [2013] EWCA Civ 1146) the President of the Family Division expressed concerns about:

… the recurrent inadequacy of the analysis and reasoning put forward… both in the materials put before the court by local authorities and guardians and also in too many judgments [and demanded an end to] this sloppy practice. [1]

Characteristics of a good assessment

Assessment requires a practitioner to gather a diverse set of information and opinions, which are unlikely to be consistent, and to explore a situation that is constantly changing. The task is to draw this information together, weighing up factors that point in different directions, coming down on the side of specific recommendations and demonstrating that those recommendations are well founded in facts, observations, research and professional expertise.

Good assessment is:

> *An ongoing and dynamic process:* Sidebotham and colleagues' (2016) triennial analysis of serious case reviews found that 'professionals saw assessment as a one-off event rather than an ongoing process and relied on single visits and single sources of information', to the detriment of developing and applying critical thinking and analysis.

> *Regularly reviewed:* Reflective supervision provides the core underpinning context for interrogating hypotheses and building quality assessment.

> *Conducted in partnership with families* at all stages.

> *Conducted within a multidisciplinary framework:* Working with partners to share information, interrogate its meaning through different professional perspectives, agree plans and avoid duplication of effort are key aspects of assessment.

[1] www.familylawweek.co.uk/site.aspx?i=ed117048

📖 TOOL 6

This tool can be used in group training to help social workers think about the factors that influence decision-making – and to reflect on how far their recommendations are based on the needs of the child.

📖 TOOL 7

Use this tool to reflect on how research-minded you are. Do you have a critical and analytical approach to your work in the family court?

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Building analysis into assessment

Brown et al (2014) highlight the characteristics of a good assessment:

Features of a sound analytical assessment (adapted from Brown et al, 2012)

Aims

> provide a good picture of the child, the parent and their story

> provide an understanding of the purpose of the assessment

> be specific about the child's needs and clear about their seriousness and the likely consequence or risks if they are not addressed

> be clear about what will happen as a result of the assessment.

Context

> show an understanding of the family history and context

> be clear about what we don't yet know

> show an understanding of the emotional implications for the family of what has been observed

> show an open-minded and questioning approach.

Style

> be logical, show how conclusions and recommendations flow from the information

> be succinct, relevant and specific

> be jargon-free

> link the action plan back to specific parts of the assessment.

Evidence

> be explicit about the knowledge, theory and evidence (from observation and research) that underpin your argument and your judgments

> include a clear, evidence-informed account of the likely impact on the child if needs are not met

> show confidence in your analysis and clear statements backed up by evidence.

Expertise

> be clear about your concerns and the reasons for them

> include hypotheses and explanations.

Views

> include the family's views and an analysis of them.

Concepts that are key to assessment

> **Analysis:** breaking something down into its constituent parts and exploring the relationship between them. Working systematically through what is often complex information and trying to make sense of it.

> **Intuition:** operates at a subconscious level and draws on a practitioner's life experience and practice knowledge, as well as on their knowledge of theory and research. It is about using your 'gut reaction' or feelings to shape the questions you ask of yourself and of the situation, pursuing and testing hunches. Turney et al (2011) note: 'Intuition can be a good place to start but not to finish thinking.' In other words, it is best used to raise questions and shape hypotheses that need further investigation.

> **Critical thinking:** being able to think about different ways of understanding the information in front of you, weighing up different options and interpretations in an open-minded way, and being clear about why one interpretation is chosen over another.

> **Hypothesising:** thinking about various possible interpretations of the information, testing their fit with the information you currently have and considering what further information is required. It is an important guard against 'verificationism' – the tendency to focus on information that confirms a pre-formed view and to discount information that does not fit with it. Hypotheses need to be reconsidered as you become aware of new information or as your instincts change. It is also valuable to discuss competing theories with children and their families, testing your hypotheses with them.

> **Reflection:**
  • **'reflection in action'** is the way a competent practitioner is able to think on their feet, using and applying learning from previous situations
  • **'reflection on action'** is about looking back at what you did, thinking about how it went and considering how it might have been done differently. Both are important.

📖 TOOL 11

This tool will help social workers focus on writing analytically. Use it to highlight the difference between written description and written analysis of the same event. The tool can be used in training or supervision. It can also help you prepare for cross-examination.

📖 TOOL 13

This tool can be used as an 'ice-breaker' when developing training around evidence in assessment and reports. It's a fun way of focusing on the importance of accuracy when conveying evidence.

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Organisational support for effective analysis

Key aspects of organisational support for analytical work by social workers include:

> **Management 'buy-in'**

> **Build on good practice:** Identify and build on a team's strengths, gather examples of assessments, identify assessment tools, schedule practice meetings, and critique cases in group or peer supervision.

> **Supervision culture:** Focus on analysis in supervision and encourage supervisors to discuss approaches and share materials. Supervision is an opportunity for reflection, for challenge and for testing out ideas and hypotheses. Social work organisations have a responsibility to provide the time and space for reflective supervision.

> **Skills development**: Use team workshops to build skills, develop a shared understanding of the components of good assessment, identify areas for development, and learn from each other.

> **Practical measures:** Ensure staff have a quiet space for reflection. (Brown et al, 2014)

The Framework for the Assessment of Children in Need

The conceptual framework for assessment was established by the guidance set out in the *Framework for the Assessment of Children in Need and their Families* (NAW and HO, 2001). The Framework provides a research-based, ecological and developmental approach to assessing children's needs, structured around three domains – the child's developmental needs, parenting capacity, and family and environmental factors.

The Framework remains the statutory guidance in Wales for assessing children in need, although it was revised and reissued in England in early 2013 (HMG, 2013). Assessment under the *Social Services and Well-being (Wales) Act 2014* (s.19-30) is governed by the Care and Support (Assessment) (Wales) Regulations 2015 and Part 3 Code of Practice ('assessing the needs of individuals') (Welsh Government, 2015a) which at Annex 2 ('principles underpinning the assessment of children') references the *Framework for the Assessment of Children in Need and their Families.*

Early evaluation found the Framework was positively received by families when used well and that it could be used therapeutically. This is an important point: a rigid conceptual distinction between assessment and intervention does not reflect the realities of good, relationship-based practice within which assessment is itself an element in developing a supportive professional relationship (Barlow and Scott, 2010; Millar and Corby, 2006).

The Framework has also been criticised for a lack of explicit attention to issues of risk. Many local authorities in Wales use additional risk assessment frameworks (such as Calder's Risk Assessment, Analysis and Management Model (RASSAMM) 2003 and 2016; or Bruce Thornton's Risk Model[2]).
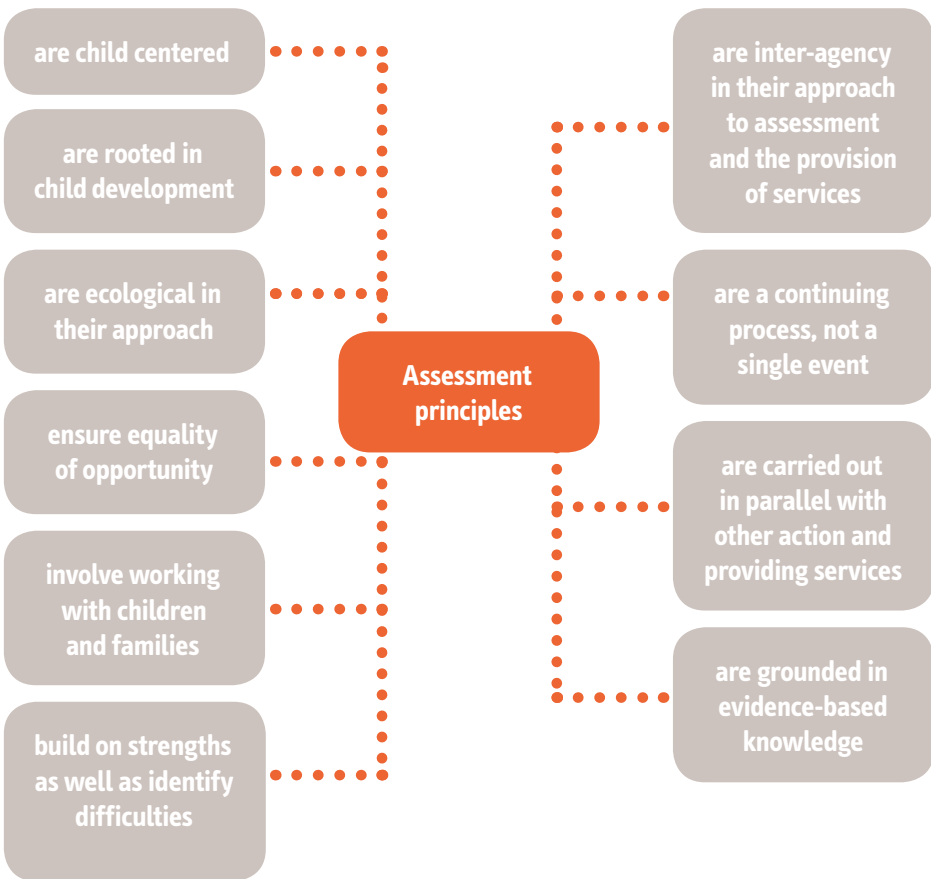
[2] Bruce Thornton's Risk Model is a framework to assess and manage the risk of significant harm: www.bruce-thornton.info/Risk/About_risk/

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Principles underpinning the Assessment Framework

The assessment Framework (NAW and HO, 2001) sets out important principles that underpin the approach to assessing children in need and their families.

are child centered		are inter-agency in their approach to assessment and the provision of services
are rooted in child development		are a continuing process, not a single event
are ecological in their approach	**Assessment principles**	are carried out in parallel with other action and providing services
ensure equality of opportunity		are grounded in evidence-based knowledge
involve working with children and families		
build on strengths as well as identify difficulties		

Working in partnership with families

A growing body of research and practice knowledge advocates a holistic approach to working with families, which does not compromise the safety of the child and engages parents and wider family in change processes that may help protect their children (Featherstone et al, 2016). In some organisations, working in partnership with families may require quite a radical shift in culture and practice to enable building humane, empathic approaches that motivate adults in the family to participate honestly.

Parents' position vis-à-vis statutory social work and the family court makes relationship-based engagement a challenge:

> The parents may have a family history (sometimes an intergenerational history) of involvement with services. This may well include experiences of insensitive or inconsistent practice.

> They may have experienced other children being removed from their care and the grief and loss that this evoked.

> They may have negative personal experience of having been in care as a child themselves, leaving them fearful for their own child's wellbeing in the care system.

> The issues that bring the family into care proceedings are likely to be entrenched and complex and require profound change, which is hard for anyone to achieve.

Any of these experiences, along with the present reality of court proceedings, may well leave a parent frightened and/or hostile to what they may perceive as the 'threat' of social work involvement in their family life. A 2018 article by 'Annie', a parent with experience in the family court, gives a visceral sense of the experience and ends with a set of questions that all social work services need to address in earnest:

How can we creatively work with parents to educate them on the court process? To reduce their fear, their distrust, to truly work in partnership, to level the playing field somewhat, to give families a better chance at staying together, to support and understand, rather than castigate, punish and alienate, to act as human beings with kindness?

How do we help families through the most vulnerable times of their lives without our own humanity ebbing away to protect ourselves? ('Annie', *Community Care,* 22 March 2018) [3]

Family Group Conferences

Family Group Conferences (FGCs) are voluntary decision-making meetings to enable a family and their network to draw on their own strengths and resources to make a safe plan for

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[3] www.communitycare.co.uk/2018/03/22/i-felt-like-an-alien-an-outsider-a-parents-experience-of-care-proceedings/

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their children. An FGC is also an opportunity for the family to be informed of any resources available to support them. Whereas at a child protection conference professionals usually outnumber family members, at an FGC professionals will be in the minority and will support but not lead the process.

Research into the impact of family justice reforms on frontline practice in six local authorities in England found increased use of FGCs in pre-proceedings to support the early identification of support for parents to address identified problems (Bowyer and Wilkinson, 2015). FGCs also provide a means to identify family members as alternative carers where problems escalate and children cannot remain at home. For one independent reviewing officer in the study, 'FGC is the most important point in planning for a child in terms of permanence' (Bowyer and Wilkinson, 2015: 8).

Debates about evidence of effectiveness of FGCs provide a good example of how messages from research may be contested. A large-scale analysis published in 2016 found that overall, FGCs 'did not significantly reduce child maltreatment [or] out-of-home placements' (Dijkstra et al, 2016). Individual studies, such as the evaluation of FGCs in Leeds, have shown significant reductions in numbers of children in care (Mason et al, 2017). Many family advocates, practitioners and academics agree that involving families in decision-making lies at the heart of good practice

and, as such, FGCs should be embedded in early help and/or pre-proceedings practice as part of a value-based child and family services system.

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For more information on Family Group Conferences see the Family Rights Group website at: www.frg.org.uk/involving-families/family-group-conferences

Links to FGC services in Wales can be found here: www.frg.org.uk/involving-families/family-group-conferences/fgc-listings/fgc-wales

Viability assessments

When a child may not be able to live safely with their parents, most local authorities use some form of viability assessment (or preliminary assessment) to determine which family and friends are a potentially realistic option to care for that child. In care proceedings, social workers are sometimes required at very short notice to undertake viability assessments with a number of family members and often to tight deadlines.

Masson et al's (2017) interim report on their large study into how the PLO is working found that of their sample of 203 cases (involving 326 children) issued in 2014-15:

> Over a third involved viability assessments pre-proceedings, with 11 per cent of cases having two or more such assessments.

> Viability assessments were ordered before the Issues Resolution Hearing (IRH) in nearly 60 per cent of cases – a total of 152 assessments, and up to seven assessments in a single case.

> 15 viability and 21 full assessments were ordered at or after the IRH, allowing little time within the standard timetable to complete assessments or test placements.

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Viability assessment good practice guidance

During 2016-17 Family Rights Group led on developing good practice guidelines and a framework for undertaking preliminary assessments of family and friends (Family Rights Group, 2017). While ultimately it will be for the judge to decide which permanence option is the right one for the child, the guide supports practitioners to 'demonstrate with confidence that potentially viable options have been fully and fairly explored'. You can download the guidance at: www.frg.org.uk/involving-families/family-and-friends-carers/assessment-tool

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Court orders and pre-proceedings

This open access website at http://coppguidance.rip.org.uk has been developed by Research in Practice for Department for Education to support professionals working in the family court to understand and implement changes in practice required to meet the English statutory Court Orders and Pre-Proceedings Guidance 2014 and the requirements of the Public Law Outline. (It is important to remember that the DfE guidance does not have the status of statutory guidance in Wales; nevertheless, there are many useful and transferable messages and resources for practitioners in Wales.) The resources were reviewed in 2017 to include resources on section 20 accommodation and special guardianship orders.

Risk and capacity to change

Capacity to change

Risk and capacity to change go to the heart of pre-proceedings work and the decisions that are made in the family court.

> **Assessment of parenting capacity** considers the parents' current ability to meet the developmental needs of their children, typically through a cross-sectional assessment that gathers evidence about previous events (history) and current functioning.

> **Capacity to change:** The critical question is whether a parent can make sufficient change, in the timescale required, to meet the needs of the child.

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This section summarises content from the Research in Practice Frontline Briefing on understanding and assessing parents' capacity to change (Bowyer et al, 2013) which presents, in a practitioner-oriented format, the strong approach developed by Australian psychologists Paul Harnett and Sharon Dawe (Harnett and Dawe, 2008; Harnett, 2007).

Assessment of capacity to change asks whether parents – over a specified period of time and if provided with the right support – are ready, willing and able to make the necessary changes to ensure their child's wellbeing and safety.

The main aim of an assessment of capacity to change is to reduce uncertainty. When an assessment of parenting capacity – carried out at one point in time – identifies both weaknesses and strengths in the family, it is difficult to predict future outcomes. An assessment of capacity to change provides parents with the opportunity to show whether they can address concerns identified in an assessment of current parenting capacity.

Although we know a lot about the factors that impact on parenting capacity, assessing parents' ability and motivation to change long-established patterns (that have a negative impact on the safety and welfare of their child) is a difficult, but important, task.

Capacity to change requires that parents:

> Recognise the need to change and be willing to engage in the change process.

> Have the ability to make changes (eg, to learn new parenting skills or engage social support).

> Put effort into the change process.

> Sustain initial effort over time.

Practitioners assessing capacity to change need to:

> Ensure they monitor change by having clear, observable goals by which to determine whether change has occurred.

> Understand that parents may be unwilling to recognise and address some aspects of their situation.

> Recognise that parents with multiple problems may find the challenge of making changes overwhelming.

> Acknowledge that some parents may show an initial willingness to engage in the change process but fail to make changes that indicate a capacity to improve their parenting.

> Remember that willingness to work with a particular professional or participate in a particular programme should not be equated with capacity to change.

(Buckley et al, 2006; Barlow and Scott, 2010)

Assessment of capacity to change will be supported by working in partnership with parents to reach an understanding of their:

> Views of the presenting problems

> Goals and values

> Hopes and beliefs about whether the situation can improve

> Views of available alternatives. (Littell and Girvin, 2006, cited in Barlow and Scott, 2010)

Harnett and Dawe's framework for assessing capacity to change involves:

> Assessing current functioning

> Specifying targets for change based on an assessment of strengths and deficits

> Implementing a brief intervention with proven efficacy for the client group and specified targets

> Measuring changes in parenting.

Harnett and Dawe have been working with Jane Barlow, using their approach within a community-based pre-birth assessment and care pathway in the NSPCC's Parents under Pressure programme (Harnett et al, 2018). The project shows promising results for women on the pathway against those in a comparison group receiving routine care. Standardised measures of psychological distress, social support and alcohol use measured change for the women in the assessment and care pathway: 42 per cent of the infants whose mothers received the pathway showed an improvement in child protection status (compared to 14 per cent of the routine care infants); and safeguarding status deteriorated or stayed the same in 52 per cent of the routine cases (compared to 26 per cent of those receiving the pathway).

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Research overview

An overview of research in this field – *Assessing parental capacity to change when children are on the edge of care: An overview of current research evidence* **(Ward et al, 2014) – can be downloaded free from the Department for Education website:** www.gov.uk/government/publications/children-on-the-edge-of-care-parents-ability-to-change

Capacity to change assessment manual

C-Change is an open access assessment resource (developed at the University of Bristol) that focuses on parental capacity to change. Go to: www.bristol.ac.uk/sps/research/projects/current/assessing-parental-capacity-to-change/materials-and-tools/assessment-manual/

Team-based learning resources

Research in Practice worked with a group of practitioners to develop team-based learning resources. You can find them at: www.rip.org.uk/resources/publications/frontline-resources/teambased-learning--assessing-parental-capacity-to-change-training-course/

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👁 Focus on practice

PAMS (Parent Assessment Manual Software) assessments[4]

PAMS is a parenting assessment that is used to systematically explore carers' ability to meet their children's needs. It is a staged assessment with an initial screening tool and a further in-depth assessment to be utilised as needed. PAMS can be used with a single carer or a couple, and is commonly used where a carer is vulnerable or has cognitive difficulties.

The assessment is centred on functional knowledge and tasks and is based in practical parenting. It looks at a range of areas:

> Childcare and development, including behaviour management

> Child safety

> Independent living skills of the parent

> Relationships and support networks

> Environment and community.

Cartoons, pictures and observation are used to establish whether a carer has knowledge and/or skills in these domains. PAMS highlights parenting strengths as well as difficulties and rates priorities for ongoing work in the form of teaching or practical skills. PAMS can be used at any time to assess family support needs.

📖 TOOL 14

Use this tool to help you think about how you assess parental capacity to change.

Assessing risk

> There are no absolute criteria or legal definitions on which to rely in assessing risk. The focus is on the individual child and family, not on children in general.

> Risk factors indicate probability. They show, on the basis of existing evidence, what may occur, but cannot predict what will occur.

> Risk factors can be static (such as an adult's previous conviction for child maltreatment) or dynamic and open to change (eg, behaviour such as substance misuse or a factor such as who is living in a household). This underlines the importance of understanding risk assessment as a continuous process.

> Risks interact, reinforcing each other, so the particular combination of factors in each case will be important. Risks to a child can escalate rapidly and sometimes unpredictably.

> The impact of harm on individual children within one family may differ according to individual characteristics and protective factors, or the degree to which children have been exposed to harm. Analysis of protective and resilience factors is an essential element of risk assessment.

[4] http://www.pillcreekpublishing.com/pams_more.html

> Key to a holistic risk assessment is the ability to analyse situational factors – the circumstances of the individual child and family – alongside research-based factors. In other words, looking at the evidence (gathered directly through social work observation, discussion and other sources) relating to the child and family at the centre of the case and analysing this in light of empirical evidence (drawn from populations).

> Risk assessment is not an end in itself – it must be linked to risk management, decision-making and plans for work with the family.

Professional judgment and standardised tools

In their systematic review of models of analysing significant harm, Barlow et al (2012) highlight that:

> The accuracy of much decision-making in the child protection field is poor and clinical judgment alone is not a reliable method of assessing risk.

> Standardised and actuarial-based risk assessment tools (based on research data and yielding numerical risk scores) have limitations, but 'have the potential to improve the classification of risk of harm by providing practitioners with clear guidance about how to focus the assessment process, and analyse the data collected' (Barlow et al, 2012: 22).

Structured professional judgment combines the use of research-based tools for analysis with professional judgment to produce assessments that are informed by research and reflect the unique implications for each child of the risks and strengths within their family and wider environment. Standardised tools are not a substitute for critical thinking and reflective practice:

Structured assessment protocols that emerge from empirically and democratically grounded research can provide very useful practice tools, but their effective enactment requires excellent critical thinking skills, together with a reflexive awareness of the impact of informal processes. (Broadhurst et al, 2010)

Effective assessment is dependent on the relationships built with child and family, the quality of the information gathered and the practitioner's ability to interrogate their own hypotheses and potential biases. Used in this context, standardised measures can improve the quality and consistency of risk assessment and bring credibility and transparency to an assessment in court. They lend specificity to the investigation of key aspects of families' circumstances and can highlight areas where a specialist assessment is needed. When used in a transparent and relational way, families may appreciate the value of such tools in making clear the reasoning behind social work decision-making.

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Standardised measures

> **A selection of freely available standardised measures that can be used to aid professional judgment when assessing parental capacity to change, including guidance on scoring and interpretation, are available on the Research in Practice website. Go to:** www.rip.org.uk/ resources/publications/practice-tools- and-guides/scoring-standardised- measures--all-measures-and- guidance-compilation-2015/

> **The standardised assessment tools that accompanied the Assessment Framework (NAW and HO, 2001) are available here:** http:// gov.wales/docs/caecd/ publications/110323familyen.pdf

📖 TOOL 12

This is a tool for managers – it can be used to audit how social workers assess risk and to support training on evidence-informed practice in court work.

📖 TOOL 17

This tool will help you challenge the evidence base underpinning some common social work issues and think critically about risk assessment. The tool can be used as a self-audit tool or in supervision.

Assessing risk of further maltreatment

David Jones, a senior academic, and Polly Baynes, an independent social worker with extensive court experience, have developed a tool for assessing risk of further child maltreatment (Baynes and Jones, 2013).

The tool is based on the findings of a systematic review by David Jones and colleagues (Hindley et al, 2006) which found that, within five years of having been abused, there was a 20 per cent recurrence rate of maltreatment for an individual child and a 30 per cent chance of any child in the family being abused. Risk was greatest during the first six months following detection. Risk declined thereafter, but increased after each maltreatment event and the time between episodes shortened (Jones et al, 2006).

The risk factors identified are shown in the following table (factors in italics are the ones most strongly associated with the likelihood of future harm). In their analysis, the risk factors are most strongly associated with future harm in cases that involve prior maltreatment, neglect, parental conflict, and where one or both parents has significant mental health problems.

Factors associated with future harm (Jones et al, 2006)		
Factors	**Future significant harm more likely**	**Future significant harm less likely**
Abuse	> severe physical abuse, including burns/scalds > *neglect* > severe growth failure > mixed abuse > *previous maltreatment* > sexual abuse with penetration or over-long duration > fabricated/induced illness > sadistic abuse.	> less severe forms of abuse > severe, yet if there is compliance and a lack of denial, then success is still possible.
Child	> developmental delay with special needs > mental health problems > very young - requiring rapid parental change.	> healthy child > attributions (in sexual abuse) > later age of onset > one good corrective relationship.
Parent	> *personality disorder:* antisocial, sadism, aggressive > lack of compliance > denial of problems > learning difficulties plus *mental illness* > substance abuse > *paranoid psychosis* > abuse in childhood - not recognised as a problem.	> non-abusive partner > willingness to engage with services > recognition of problem > responsibility taken > mental disorder, responsive to treatment > adaptation to childhood abuse.

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Factors associated with future harm (Jones et al, 2006)		
Factors	**Future significant harm more likely**	**Future significant harm less likely**
Parenting and parent-child interaction	> disordered attachment > lack of empathy for child > poor parenting competency > own needs before child's.	> normal attachment > empathy for child > competence in some areas.
Family	> *inter-parental conflict and violence* > family stress > power problems: poor negotiation, autonomy and affect expression.	> absence of domestic violence > non-abusive partner > capacity for change > supportive extended family
Professional	> lack of resources > ineptitude.	> therapeutic relationship with child > outreach to family > partnership with parents.
Social setting	> social isolation > lack of social support > violent, unsupportive neighbourhood.	> social support > more local child care facilities > volunteer networks.

Note: Those risk factors in italics are most strongly associated with the likelihood of future harm

Systematising checklists of factors in assessment tools is difficult and Jones and colleagues warn against using them to calculate a numerical risk score. Rather, they emphasise that factors interact with each other in complex ways and that qualitative assessment of individual factors, and their manifestation in the lives of individual children, is key:

Risk assessment ... is simply too imprecise and inexact to apply in this field. However, that is not to say that risk of future harm to the child can't be managed in a sensible, logical and open manner. (Jones et al, 2006)

Protective and resilience factors

> Consider protective and resilience factors alongside risk

> Consider carefully how different factors might interact

> Test this against the available evidence or through work with the family

> Work with the child and family to develop protective and resilience factors.

Consideration of strength and resilience factors is a key aspect of risk assessment. Stressors or risks do not play out in the same way in every family and it is the interplay of different factors that shapes risk. However, while some authors argue that resilience factors are not given enough attention (see for

example Gilligan, 2010), others highlight a tendency sometimes to overemphasise resilience (Turney et al, 2011). The 2009 analysis of serious case reviews found that enthusiasm for a strengths-based approach was sometimes an obstacle to weighing up the risk of harm (Brandon et al, 2009). This is an important consideration when thinking about risk in the context of strengths-based approaches and the importance of meeting the support needs of parents and carers in order to enable them to meet the needs of their children, an emphasis which is given legislative backing in the *Social Services and Well-being (Wales) Act 2014.*

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Protective and resilience factors
(adapted from Dalzell and Sawyer, 2011 and Newmans, 2011)

Child	Family and parenting	Community factors
> a secure relationship with one reliable adult > other stable adult figures > positive social networks and social role > positive school experiences > self-efficacy: belief that your own efforts can make a difference > verbal skills, cognitive ability, problem-solving skills, absence of neurobiological problems > autonomy, sociability, self-esteem > coping skills, ability to adapt and see stress/change as a challenge > seeing self as in some way separate from family problems > plans and goals for the future > early compensatory experiences.	> confiding relationship with partner or others > cohesive and consistent parental relationship > self-esteem > positive role models > adequate finances and employment opportunities > constructive coping style > actions to minimise adversity for child > openness, good communication > knowledge of child's needs and protective factors.	> cultural connectedness, values and identity > access to health, education, welfare and other services.

Assessing options for permanence

*The court is concerned with substance not form. (*Ryder LJ, in Jones, 2014)

The objective of permanency planning is 'to ensure that children have a secure, stable and loving family to support them through childhood and beyond and to give them a sense of security' (Department for Education, 2015: 22).

In her review of evidence on permanence for the Care Inquiry, Boddy (2013) stressed the importance of 'individual solutions for individual children'. This means placing equal value on other ways of achieving permanence (not just routes to legal permanence) including support for children and families at the 'edges of care', reunification and permanence in shared or full-time care. The aim should be to:

> provide high-quality and stable care
> support children's sense of identity and belonging
> connect past, present and future through childhood and into adult life (Boddy, 2013: 5)

Identifying the 'right' placement is key to ensuring progress, recovery and permanence – and to limit potential risks, such as:

> emotional and behavioural difficulties
> school difficulties
> reinforcement of insecure attachments
> going missing
> becoming involved in the criminal justice system
> struggling to make the transition to adulthood. (Moran et al, 2016; Selwyn, 2010)

Outcomes following care proceedings reform

As Masson et al (2017) and others have noted, a different pattern is emerging to court orders made since the 26-week timescale was introduced. The number of care and placement orders has fallen, while the number of supervision orders, child arrangements orders (previously residence orders) and special guardianship orders has gone up. But while shorter proceedings benefit children if harm ends sooner and permanence is achieved more quickly, they may increase the risk that a wrong order is made. If so, the opportunity for achieving permanence at an early stage will have been lost.

Planning for permanence - analysis for a just decision

> Local authority evidence has to present the court with a detailed and holistic welfare analysis to provide it with the information it needs to make a just decision.
> Local authorities and children's guardians must give detailed

Analysis and assessment

consideration to the various placement options that are realistically open to the court. (Jones, 2014)

An analysis has to go through the realistic placement options and analyse them in depth, weighing the advantages and disadvantages, rather than simply stating whether or not they are appropriate.

...each case is fact specific and simply listing the alternative permanent placements available to a child and briefly stating whether they are or are not, in the opinion of the local authority, suitable is not going to be adequate. (Jones, 2014)

The structured presentation of social work reports to court may be improved by the use of pro-forma templates such as the Social Work Evidence Template (SWET). Another pro-forma often used by local authorities in the wake of Re B-S is the 'balance sheet' approach. Many local authorities structure their final evidence around a 'checklist' – with a heading for each placement that can be realistically considered and an analysis of whether the placement is appropriate.

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The SWET was developed by ADCS and Cafcass England and introduced in summer 2014 (updated 2016) with the aim of providing clear and analytical material to the courts. You can find the SWET on the Research in Practice open access Court Orders and Pre-proceedings website at: https://coppguidance.rip.org.uk/social-work-evidence-template

Whatever template, pro-forma or structure is used, the analytical content needs to be detailed and to evidence careful thought or it will be impossible for the court to make an adequately reasoned judgment. There is no simplistic 'balance sheet' format that can compensate for 'the substance of the reasoning' (Re W (A Child); Re H (Children) [2013] EWCA Civ 1177[5]) (Jones, 2014).

Children's involvement in decision-making

A systematic review of the literature on children and young people's views of being placed in care found they generally wanted more involvement in decisions made about them (Minnis and Walker, 2012). Most felt the decision to take them into care had been right; however, many were given little choice about where they would live. They felt they were not always listened to and stressed the importance of having their individual needs and choices taken into account.

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[5] www.familylawweek.co.uk/site.aspx?i=ed118831

The characteristics of children in different placements

> Research findings relating to specific groups or specific outcomes are helpful in informing decisions, but cannot predict individual outcomes. Children are individuals with specific social, cultural, familial and genetic characteristics. Susceptibility and resilience in the face of adverse experiences will vary from child to child; even within the same family the outcomes for one child may be very different to those of another.

> Research evidence evolves over time and interacts with policy priorities. It does not provide definitive answers for decision-making at individual case level. Its application in practice requires nuanced professional judgement and sophisticated analytical skills.

> There is not an equal body of literature on impacts of harm or different types of placement. This presents challenges in trying to make direct comparisons.

> Some research (for example the evidence on neurobiology and brain functioning) is relatively recent; the evidence base is still developing and subject to debate.

> Research studies do not always distinguish between specific forms of abuse and/or neglect. This represents a particular challenge in terms of understanding the distinctive pathways, impacts and required protective actions.

Although some studies have compared outcomes across different placement types, few have analysed national administrative data sets to compare the characteristics and outcomes for children in different placement types. Selwyn and colleagues' (2014) sought to do this by analysing local authority administrative data (2000-2011) on over 38,000 children to compare adoption, special guardianship orders (SGOs) and residence orders (now child arrangements orders). The research was done before the family justice reform programme was initiated.

They found that children who were adopted were youngest at entry to care (average age 1.2 years) compared to children with an SGO (3.4 years) or residence order (4.5 years). Age at entry into care is an important factor when considering outcomes, as older age at entry is associated with placement instability. Selwyn et al also found that 38 per cent of children with an SGO or residence order did not experience any move after their first placement. However, 39 per cent of those with a residence order had experienced at least one unsuccessful attempt at reunification with their parents.

Evidence Matters in Family Justice

Analysis and assessment

Stability and wellbeing

With regard to stability and wellbeing, there is evidence that outcomes for maltreated children who remain looked after are better than for those who return home, particularly if issues relating to the maltreatment have not been addressed. Wade and colleagues' (2010) study involving 3,872 children looked after (by seven local authorities) found overall that outcomes were better for children who had remained looked after than for those who returned home. The studies considered in *Safeguarding Children Across Services: Messages from research* (Davies and Ward, 2012) also offer some helpful findings.

> Farmer and Lutman's (2012) five-year follow-up of 138 neglected children who had been looked after and returned home found those who were living stably away from home were more likely to have good overall wellbeing than those living stably at home.

> A study by Ward and colleagues (2012), which looked at 43 children who were the subject of a core assessment before their first birthday, concluded that around 40 per cent of those living with parents remained at risk. This study also found that all but one of the parents who had changed sufficiently to care for their child had done so before the baby was six months old.

> Wade et al (2011) compared outcomes for 149 neglected and abused children who had been reunified with their family, with outcomes for others who had stayed in care. They found children in the care group had better overall wellbeing than those who had gone home, even those whose return home had been stable.

However, it is important not to let these findings undermine the key fact that many families are able to make the changes needed to care for their children; and with the right support more families would be able to do so. Nevertheless, the critical question in every assessment remains whether this family will be able to change within the timescale that meets the child's needs.

Taking a child into care is rightly seen as a last resort, but we need to be clear when that last resort is needed – and the research suggests that in some cases this was earlier than actually happened. Critically, 'last resort' does not mean 'worst resort'.

Conclusion

> Assessments need to be timely and proportionate.

> Professionals need to work in partnership with families to explore their understanding of the current difficulties and listen to their suggestions about how things might change.

> The assessment process should be explained to parents and children – and their views incorporated.

> Social workers need to be clear with parents about the 'bottom line' – explaining what must change and how quickly if statutory intervention is to be avoided.

> There need to be clear processes for measuring progress with any agreed plans based on written agreements with families.

> Assessments should be clearly linked to service provision and decision-making. Social workers need to 'show their workings out', ensuring that conclusions and recommendations flow clearly and logically from their analysis of what is happening in this family and why this matters.

> Good assessments include a clear account of family history including the parents' own experience of being parented as well as a description of each child's individual experiences and how they have responded.

> All of the men in the household and in the children's lives should be included in the assessment.

> Risk assessment should be part of every assessment and informed by knowledge of research relating to the static risk factors associated with risks of child maltreatment and family violence. Structured professional judgment combines the use of standardised actuarial tools and research with professional judgment. This is more reliable than clinical judgment alone.

> Assessment is a process, not a product and should be ongoing throughout all work with families. Children in need can become children in need of protection at any stage, as risks can escalate rapidly and unpredictably.