
Peter Dale*

Children's Services Manager
NSPCC East Sussex

Ron Fellows

Practice Manager
NSPCC East Sussex

Independent Child Protection Assessments: Incorporating a Therapeutic Focus from an Integrated Service Context

Assessment following serious child abuse is a significant activity for the social work, psychology and psychiatric professions. Notwithstanding the profound significance of the consequences for abused children and their families from recommendations made by such assessments, there is little research which examines the process and outcome of child protection assessments. This paper describes the professional practice principles of an independent assessment team and presents preliminary findings from a retrospective examination of 160 major independent assessments undertaken over a period of 11 years. The review suggests that nearly 60% of the families gained some therapeutic benefit from the assessment process and outlines the areas in which such benefits occurred. It is argued that structuring assessments in a way which maximizes the possibility of parents/carers effecting changes in problem areas is the essence of a constructive partnership relation with families. Copyright © 1999 John Wiley & Sons, Ltd.

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'Lack of research relating to assessment of families where serious child abuse has occurred'

There continues to be a surprising lack of research and clinical literature relating to assessment of families where serious child abuse has occurred (Katz, 1997). Notwithstanding the number of assessments which are undertaken by a variety of professionals in greatly contrasting formats, there is little published material which reflects upon

*Correspondence to: Dr P. Dale, NSPCC East Sussex, 2 Sedlescombe Road South, St. Leonards on Sea, East Sussex TN38 0TA UK. e-mail: pdale@drdale.demon.co.uk.

principles of good practice and effectiveness in assessment work. The recent collection of child protection studies known as *Messages from Research* (Department of Health, 1995) was conspicuously silent with regard to assessment.

In contrast to the Department of Health's 'Orange Book' formulaic sequence of questions for 'hoovering' information from families (Department of Health, 1988), the few publications which derive from clinical practice emphasize the interactional nature of assessments and the importance of including a specific focus on the potential for change in the families being assessed. There is, therefore, established need, from a clinical perspective, for assessment work to offer a therapeutic opportunity to families (Dale, Davies, Morrison and Waters, 1986; Dale, 1991; Essex, Gumbleton and Luger, 1996; Reder and Lucy, 1995; Tucci, 1995).

In this paper the independent assessment work of the NSPCC East Sussex Team is described, alongside preliminary findings from research in progress regarding therapeutic benefits from participation in such assessments. NSPCC East Sussex comprises five full-time practitioners most of whom have formal counselling or psychotherapy training in addition to social work qualifications. The major characteristic of the team is the integrated and comprehensive service provision spanning prevention, assessment, therapy and research. Specific services include:

- Independent assessments
- Therapeutic work with abused children and their carers
- A specific counselling service for adults who were abused as children
- A direct-access brief solution-focused family therapy team

All of the practitioners are involved in most or all of these activities. This means that assessment knowledge and experience is constantly brought to bear on therapeutic work, and that therapeutic knowledge and experience is continually applied to assessment work.

NSPCC East Sussex: Independent Assessment Work 1986–1997

Independent assessments are commissioned from a number of sources: as part of service contracts with East Sussex Social Services Department; by neighbouring Social Services Departments; by solicitors representing children or parents in court proceedings; and by guardians *ad litem*. One hundred and sixty major independent assessments have been undertaken during the period under review.

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‘Assessment includes consideration of the potential for necessary changes to be made’

Principles of Independent Assessment Work

One principle underlying the independent assessment work of the team is that the structure and theoretical basis should be stated as explicitly as possible. The following points constitute the professional practice principles underpinning independent assessments:

- Assessments are undertaken on an independent basis, and from a position of neutrality regarding possible outcomes.
- All family members whatever their roles, attitudes and behaviour have the right to be treated with consistent respect. This involves listening and responding to concerns which family members raise, and involving them in planning the structure of the assessment.
- Assessments should take as long as is necessary to attempt to gain the confidence and commitment of the family members to explore fully all relevant matters of concern. Pressure to do assessments in a very short period of time can be disadvantageous to children and families. Best decisions for children need to be carefully considered and should not be rushed.
- The emotional atmosphere which is often present during, and following, a child abuse investigation or court proceedings may be transient, often involving a state of shock. Such reactions need to be recognized in their context, and care taken not to misinterpret these as being necessarily indicative of lack of cooperation or as inherent dangerousness. When feelings are running high, short-term ‘snapshot’ assessments can be liable to construe such intense emotions as being inherent negative characteristics of the individuals or the family as a whole.
- Recommendations need to be based on the principle of the *least detrimental alternative* for the child. In assessments following significant harm—whether children remain in their own homes or are placed with substitute carers—there are no risk-free solutions. Risk can be minimized by assessment practice which is thorough, is based on significant professional experience and which maximizes the potential for cooperative parental involvement.
- Recommendations from assessments must take into account the *level of understanding, wishes and feelings of the child*, and these must be carefully elicited. Attention must be given to any significant influences on the child from the context in which such views are obtained.
- It is fundamental that assessment includes consideration of the potential for necessary changes to be made. It is not sufficient to obtain and collate information about problems unless the willingness and capacity of the family to work constructively to resolve those problems is assessed. Assessment and therapy are not incompatible so long as the continuing assessment task is overt and is continually reviewed.

- Families and children have the right to have the *context* of their difficulties fully taken into account in the assessment. The cause of child abuse is multi-factorial, including factors relating to personalities, relationships and environment. There is no single theoretical model which ‘explains’ abuse and which can predict risk with certainty. Consequently, our assessment work is based on broad theoretical knowledge and a flexible structure. We do not follow a set format. We ‘design’ the structure of each assessment in relation to the particular task, and retain a broad theoretical view of the issues being addressed. Depending on the particular circumstances, the assessment is likely to take into account some or all of the following factors:

- Personality development and characteristics
- Family relationships
- Types of parent–child attachment, including parental ambivalence
- Dynamics of the abusive incident/relationship
- Denial/recognition of problems
- Chronic and transient stresses
- Motivation and consistency to work towards understanding and change
- Availability of, and parental response to, support systems
- Levels of understanding, wishes and feelings of children
- Appropriateness of other available alternatives for the child

Assessments involve a team approach, and may include two, three or four practitioners depending on the number of relevant family members, complexity of issues and time scales. The structure within which such work is undertaken includes:

- A specific agreement with the parents about the nature of the work
- Individual sessions for each relevant family member, including relevant children
- Joint sessions with parent figures
- Joint sessions with relevant parent figures and children when appropriate
- Involvement of significant others in sessions
- Observation of ‘contact’ sessions when appropriate
- Direct liaison with significant other professions, e.g. foster parents, social worker, schools, etc.

At the conclusion of each assessment a full report is prepared for either the court or the referring agency. These reports contain:

- A review of the work undertaken
- Observations and opinions about the referred matters of concern

‘We do not follow a set format’

‘At the conclusion of each assessment a full report is prepared’

- Observations and opinions about positive qualities, progress made and potential
- Observations and opinions about matters of concern which remain
- Summary of professional dilemmas
- Summary of available options for the future
- View of expressed wishes and feelings of the children
- Recommendations

Therapeutic Benefit from the Independent Assessment Process

Between 1986 and 1997 (to July), 160 independent assessments along these lines have been undertaken with 137 families involving 220 children. The assessments cover seven main categories of abuse in order of frequency as follows:

- Sexual abuse (34%)
- Physical abuse (31%)
- Schedule 1 offenders (13%)
- Emotional abuse (12%)
- Neglect (8%)
- 'Grave concern' (8%)
- Munchausen's syndrome by proxy (2%)

This totals more than 100% as many cases involve more than one abuse category. The most typical assessment scenarios involve:

- Serious physical/sexual abuse where responsibility is accepted to some degree (with or without criminal conviction)
- Serious physical abuse where responsibility is denied: 'unexplained significant injury' cases
- Serious sexual abuse where responsibility is denied: parental claims of mistaken diagnosis or counter-allegations implicating others
- Allegations of serious sexual abuse which are unconfirmed and unconfirmable
- Schedule 1 offenders wanting to return to previous families or move into new families
- Non-convicted adults about whom serious concerns are recorded by the child protection system
- Children who behave sexually inappropriately with other children (e.g. siblings)
- Grave concern in relation to unborn children (e.g. previous children seriously abused)

In the context of a proposed thorough evaluation of the overall sample, a preliminary analysis was undertaken focusing on one outcome of independent assessment interventions: that which involves therapeutic benefit for families and children.

'Many cases involve more than one abuse category'

Method

The process utilized a peer review of each case by the practitioners involved in each assessment and subsequent discussion with all members of the team. From a database of 160 assessments, each practitioner identified the cases they had been involved in and then separately made judgements as to whether any identifiable therapeutic benefit had been gained by participating family members as a consequence of the assessment. The individual judgements of the practitioners involved were then compared for each family. Interrater agreement was high, with most cases being seen as definite 'yes' or 'no'. Where there were initial differences in views about therapeutic benefit, the onus was on the practitioner recording such benefit to convince colleagues in discussion as to the nature of such benefit. On some occasions this occurred; and on other occasions the initial view of benefit was amended to one of no benefit.

This method of analysis resulted in 92 cases being identified where there was agreement about some degree of therapeutic benefit stemming from the independent assessment. The next step was to discuss each of these cases to identify categories of therapeutic benefit. Again, this involved a peer practitioner review to specify case by case what benefits were noted. On this basis a developing categorization of benefits emerged. Using established qualitative research techniques of constant comparison (Denzin and Lincoln, 1994; Patton, 1990), this categorization system was continually refined. A limitation of this analysis at this stage is that only the practitioners' perspectives on the existence and types of therapeutic benefit are elicited. Perspectives of families themselves and of referrers will be incorporated in a subsequent phase of the research.

Findings

Based on this staff group retrospective review of the process of work and outcome of each case, the independent assessment experience was judged to have provided some degree of identifiable positive therapeutic effect in 92 out of a total of 160 assessments (57.5%). The analysis indicates that beneficial effects of independent assessments occurred in relation to the following categories:

1. Some degree of amelioration of the continuing negative impact of parents' own childhood abuse

'Made judgements as to whether any identifiable therapeutic benefit had been gained'

'The independent assessment experience provided some degree of positive therapeutic effect in 57.5%'

2. Development of greater acceptance of responsibility for the abuse (or abuse context) by parents or other carers
3. Increased parental maturity
4. Improvement in parents' mood and greater self-control over behaviour
5. Increased parental self-awareness, self-esteem and self-confidence
6. Increased parental understanding and consistent appropriate responsiveness to children's perceptions, development and needs
7. Parents'/carers' belief and confidence in their existing parenting/caretaking abilities enhanced
8. Improvement in individual and family communication abilities
9. Specific benefits for children (e.g. own wishes influence placement outcomes)
10. Specific family benefits (e.g. reducing conflict between parents and with extended families)
11. Benefits re family-child protection system relations (e.g. defusing tension between family and professionals; increased appropriate utilization of professional help)
12. Benefits to the child protection system (e.g. avoidance of contested court proceedings)

Three of the categories of benefit will be briefly illustrated. It is a consistent research and practice finding that high proportions (approximately 70%) of parents who seriously abuse their own children were themselves abused as children (Dale *et al.*, 1986; Oliver, 1993). However, this does not mean that equally high proportions of adults who were abused as children will abuse their own children. This is a common misconception which is inaccurate and offensive to many parents who go to great lengths to ensure that their children do not have similar experiences to themselves (Dale, 1998).

In this context, the experience of providing specific therapeutic work for adults who were abused as children alongside the team's research in this area (Dale, 1997; Dale and Allen, 1998; Dale, Allen and Measor, 1998) enables the impact of parents' own abuse on their abusing parenting to be carefully considered. Specific short-term therapeutic interventions within the assessment process can target the intergenerational transmission of abuse dynamics, which can provide a very important positive turning point for some parents.

A second category of significant benefit involves parents who make use of the independent assessment opportunity to effect a process of accelerated maturity (i.e. to grow up). Such parents (often single young teenage mothers) have often found themselves with overwhelming and restricting

***'Specific
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parenting responsibilities while still in the throes of adolescence. An approach which provides supportive structure, feedback and education regarding parenting skills, and which may also help negotiate consistent support from extended family members, can lead to out-of-control or overwhelmed young parents developing sufficient levels of motivation, consistency and skills to parent their new babies in satisfactory ways.

A third area involves benefits to the child protection system which can be derived from independent assessments. In our experience, these occur in situations where a level of significant mistrust, antagonism and hostility has developed between the family and the Social Services Department. These cases are conflictual, contentious and often seem to be headed for lengthy, expensive, contested hearings in courts. While this cannot be avoided in every situation, it is clear that the process of an independent and neutral assessment can sometimes significantly diminish such negative emotional intensity. Furthermore, recommendations can sometimes be made which all parties are able to accept without losing face, thus avoiding the painful process and significant expense of contested court hearings.

While positive changes often heighten the possibility that families can be reunited, this is not necessarily the outcome of a therapeutic response to assessment. As has been pointed out before (Dale *et al.*, 1986), for a small proportion of parents involved in serious abuse events, the 'positive benefit' experience of the assessment helps them to conclude that they cannot provide the parenting their children require. This transition enables other arrangements to be made consensually, rather than conflictually.

Importance of Initial Sessions

The independent assessment structure provides the opportunity for intensive and extensive exploration of families' difficulties and strengths. A very significant stage in such work is the positive opportunities (and potential pitfalls) which arise in initial sessions. The distillation of 11 years' experience suggests that family cooperation and benefit is most likely to occur when initial sessions are facilitated along the following lines:

- Utilizing an attitude (until proved otherwise) that parents/carers have the best interests of their children in mind, but that there may be difficulties which prevent this being

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- consistently demonstrated. Assume goodwill and potential cooperation underlying initial presentations of shock, suspiciousness, anger and testing-out.
- Maintaining and communicating a position of neutrality and honesty with regard to possible outcomes. Repeat key information and check clients’ understandings without being patronising. Information is easily misconstrued and incompletely retained, especially at initial stages when emotions can be particularly high.
 - Beginning by inviting adult parents/carers in on their own (without the referrer), to establish motivation and understanding of concerns. From the outset we demonstrate that we are interested in their perspectives and views. Avoid the role of representing the child protection system concerns to the parents/carers—instead, facilitate parents/carers in reflecting on the concerns they understand the child protection system to hold.
 - Exploring what is important to the parents/carers and focusing initial discussions in that area. Listen carefully, and communicate understanding. Begin by engaging with the parents/carers on their agenda: ‘What they want?’. Move on to: ‘What has to happen for them to achieve it?’. And: ‘What can they do to contribute towards this being a possible outcome?’. This helps establish what the parents/carers can be motivated for, and feels relevant to them. Our experience is that if we firstly engage the parents/carers on their concerns, they are likely to either initiate discussion about other concerns or be more receptive when we raise these.
 - Avoiding arguments or over-assertiveness. Above all, be respectful. Be clear and confident about what you have to offer. Be careful about use of language—avoid lengthy explanations and psychological or child protection system jargon at all costs.
 - First sessions focus on coming to an agreement about what the assessment will entail. They also provide an opportunity for giving relevant information. Avoid attempting to explore key assessment issues before this agreement is reached. The challenge is to behave in a way which maximizes the likelihood of parents/carers agreeing to participate. This involves being flexible about the structure of the assessment to facilitate this without compromising the thoroughness and integrity of the professional task.
 - This approach provides a context of independence, clarity, hope and opportunity. It maximizes the possibility at an early stage that a transition will occur for the parents from attending ‘because they have to’ to attending ‘because they want to’—the generation of a feeling that there may be something of benefit in this process for themselves.

Conclusions

This paper has outlined some of the features which contribute to therapeutic benefit for a proportion of families

who participate (sometimes not totally willingly at first) in independent assessments following serious child abuse. It has highlighted that carefully structured independent assessment work can have important helpful effects as part of a process of reaching carefully considered recommendations about the futures of seriously abused children and their siblings.

Our preliminary findings (based on practitioners' retrospective evaluations) are that nearly 60% of 160 independent assessments involved notable therapeutic benefit. While this is encouraging, a cautionary note must be added that we are not able, at this stage, to quantify the degree of benefits identified, nor their sustainability. Also, it is possible that the views of the families themselves might be quite different. There may be those whom we have judged that the process helped them therapeutically who would not agree; equally, it is conceivable that some of those whom we felt derived no benefit would report helpful consequences. Although the methodological and practical problems will be challenging, we intend to develop the research to incorporate the retrospective views of the families about their assessment experiences.

The outcomes reported in this paper provide a contrast to some of the more pessimistic findings contained in *Messages from Research* (Department of Health, 1995; Farmer and Owen, 1995). It seems likely that many of the 'Messages' studies took place in areas which did not have the benefit of a range of well-established preventive, assessment and therapeutic services. In areas where such resources do exist, it is likely that findings relating to outcomes and consumer satisfaction would not be as negative as is generally reported in 'Messages'. As outlined in this paper, the preliminary evaluation of a well-resourced service based on integrative theoretical and practice perspectives indicates that the process and outcomes of independent child protection assessments can be experienced as effective and beneficial. This must be the essence of a constructive partnership relationship with families.

On this basis, it is important that developments in child protection policy and practice are as informed by cases and services with good outcomes as they have historically been by cases with poor outcomes.

'Carefully structured independent assessment work can have important helpful effects'

'The essence of a constructive partnership relationship with families'

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