

Selected chapters on interviewing and assessing from:

**WORKING WITH CHILDREN AND
FAMILIES.**



A TRAINING MANUAL

Volume 1

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THE WORKER'S ROLE

This chapter clarifies the reasons why workers need to communicate with children. It focuses on how to start thinking about aims more clearly, in order to plan casework successfully.

This chapter will cover the following topics:

- 1.1 Defining the Purpose of Communication
- 1.2 Types of Communication Purposes
- 1.3 Achieving Multiple Aims
- 1.4 Summary

1.1 Defining the Purpose of Communication

The first step in successful communication with children as a professional is to be clear on the purpose. Communication may be required to carry out an assessment, to do therapeutic work, to educate children, to gain their opinions, or to provide respite. Many of these purposes cannot be mixed, and may require different types of communication. Having a clear purpose therefore is essential if the work is to be done effectively and professionally. It allows you to achieve the following:

a. Plan your intervention

The worker is able to research the intervention, highlight potential problems, allocate sufficient time, and identify who needs to be involved. Good planning means the worker is more likely to achieve agreed aims.

b. Gain co-operation

The workers are able to define their roles, the process of intervention, and what is required of those involved, including the child and family. When roles are understood they are more likely to be achieved, and co-operation will be enhanced.

c. Maximise effectiveness via supervision

With a clear purpose, the process of supervision becomes much more useful. The worker and supervisor are able to discuss relevant issues and anticipate and work through difficulties.

Without such clarity of purpose, problems can arise which may destroy the trust between the worker, child and family. Trust is essential if communication is to be effective.

Exercise 1a The importance of a clear purpose

Consider the following example:



A child meets his allocated social worker at the children's home. The worker asks the child about how he is getting on, and about the recent home visit. This information is then passed to the parents. Later the child becomes upset that the social worker told his parents, and is reluctant to meet the worker again.

What should the worker have done to avoid this outcome?

Answer 1a The importance of a clear purpose

Such a situation can easily arise when the child or family are not aware of the purpose of a visit and how information will be used. Relevant information regarding risk to a child will always need to be communicated, but how this is done is crucial in maintaining relationships with clients. In this example the worker should have told the child the purpose of their meeting. Any concerns the child had, could then be discussed, and the worker could have explained what information should be shared with the parents and why. The child would then be prepared and more likely to accept the decision. The child would not feel the worker had gone behind his back, and would therefore be more likely to continue meeting the worker.

1.2 Types of Communication Purposes

In order to clarify the purpose of a visit to a child and/or the family, it is necessary to define the aim of any intervention. This aim may be to provide therapy, education, an assessment, general supervision, or to gain the child's opinion. The following are descriptions of such interventions:

1. Therapeutic work

The purpose of this intervention is to provide a safe space for a child to work through emotional issues as a result of abuse, neglect, separation, loss, trauma, etc. The worker may use a range of interventions e.g. therapeutic play, cognitive behavioural therapy, art therapy, and psychotherapy. Such interventions help the child process events to achieve increased piece of mind and control.

2. Education

The purpose of this intervention is to make children aware of certain issues and behaviours that may increase risk, or are detrimental to their healthy development. This can include keeping safe, anger management techniques, road safety etc. Such talks may take place in groups e.g. in schools, or individually with vulnerable children.

3. Assessment

The purpose of this intervention is to gather factual information from relevant individuals in order to evaluate a child's situation, and make recommendations for action.

4. General Supervision

Supervision provides caregivers with a break from the full-time care of a child. This is often necessary where the child or caregivers have particular demands and are less able to cope e.g. as a result of illness, disability, behavioural problems etc. General supervision is provided by a professional e.g. a residential

caregiver, and often includes the provision of developmentally appropriate activities.

5. Opinion

The purpose of this intervention is to gain the opinion of the child, caregivers, and other relevant professionals, on the careplan for the child. Such opinions are documented and evaluated over time.

Exercise 1b Establishing the intervention purpose.

Read the examples of cases below and determine what the main purpose of intervention with the child would be.



1. Muna has been sexually abused by her stepfather. The case has gone to court and the stepfather is serving a sentence. Muna presents as extremely anxious.
2. Ibrahim is 12 and in long term foster care as a result of previous neglect by his parents. He has been thriving in his foster care placement and previously maintained he did not want to be rehabilitated home. After a recent home visit he stated that he wants to return home.
3. Hanan is 13. She is in a residential home after experiencing poor parenting, including emotional abuse and neglect. She is extremely attention seeking and has begun flirting with older men.
4. Ahmad is 8 and is unable to concentrate in school and has been showing increasing signs of distress at going home times. The cause is unknown.
5. Iman is 7 years old with attention deficit disorder. Her mother generally copes well with her, however she has had an operation and needs to stay in bed for 2 weeks.

Answer 1b Establishing the intervention purpose.

1. **Therapy:** Therapeutic intervention is recommended in order to help Muna process her previous abuse and cope with her feelings.
2. **Opinion:** Ibrahim's opinions would need to be sought over a period of time in order to establish whether he really wanted to return home permanently. The worker would need to discover whether Ibrahim's feelings were consistent or if he only felt that way immediately after contact with his parents. His current opinion may be the result of another reason e.g. he may be under pressure from his parents to say he wants to return home, or he may be having some problems in his current placement etc.
3. **Education:** Hanan would need to be educated on the risks of sexualised behaviour and be provided with guidance on how to keep safe.
4. **Assessment:** An assessment is needed in order to establish the reasons for Ahmad's distress and poor concentration.
5. **Supervision:** Respite could be provided to the mother for all or part of her recovery time.

1.3 Achieving Multiple Aims

In some cases workers will have one clear purpose for intervening in the life of a child, however more usually there are multiple reasons, and consideration needs to be given to the priority purpose. The priority will always be determined by what is necessary in order to reduce any immediate or future risk to the child. For example in number 3 above, Hanan would need educating on the dangers involved in flirting with men, in order to reduce the risk of her becoming sexually abused. This is the principle presenting risk in her case. However consideration would also need to be given to her emotional needs for attention, and on helping her find ways to manage this need more appropriately. This may be achieved via therapeutic work, as the secondary purpose. The worker then needs to consider whether it is appropriate to provide this therapeutic intervention at the same time

as the education, by the same worker, or if a referral should be made to another professional, and if so, when.

Having several purposes e.g. therapy and education, is frequent, however if carried out at the same time, by the same worker, numerous issues are raised. This includes factors such as confidentiality, the client-worker relationship, and resources. Consider the following exercise in relation to having several purposes for communicating with a child.

Exercise 1c Dual purposes in intervention

Look at the following examples of dual-purpose visits to a child. What are the advantages/disadvantages of 1 worker pursuing both interventions at the same time?



1. Therapeutic work and education
2. Therapeutic work and assessment
3. Education and assessment
4. Opinion and supervision

Answer 1c Dual purposes in intervention

1. Therapeutic work and education

In therapeutic work, children need to be free to explore their own thoughts and emotions, according to where they are, without being judged. The worker's role is to provide a safe and accepting environment for this to take place. In education however, the worker has an agenda in mind and uses judgement to prescribe acceptable behaviours or to promote alternative thought processes. If the worker sets out to educate the child she may hinder the therapeutic environment. Any educational input by the same worker, such as helping the child to reduce his aggressive behaviour, or giving the child suggestions for reducing anxieties, would need to be done following a period of therapeutic exploration with the child. The child would need to feel accepted, involved, and able to reject ideas at his own pace. In some therapeutic interventions such as non-directive play therapy, any educational input by the worker would not be appropriate.

2. Therapeutic work and assessment

In a formal assessment, such as a risk assessment, the worker is actively seeking opinions and factual information in order to make a decision or to give recommendations. This involves asking lots of questions for the worker's own purposes. In therapeutic work however, the worker starts with where the client is and assists him in exploring his own concerns. These concerns may differ from those of the worker.

During therapy, the worker is continuously assessing the progress of a client and noting any relevant information during therapy, however she is not necessarily carrying out a formal assessment. A formal assessment usually takes place prior to therapy. During this time the worker may ask numerous questions and make specific observations in order to determine what type of intervention is most appropriate. Assessments that use play as the main medium, may be of therapeutic value to the child.

Where an assessment is needed in relation to current issues outside of the therapy room, e.g. to determine a caregiver's parental abilities, this is more appropriately done by another worker. If children feel information given during therapy is to be used for other purposes, then they are less likely to feel safe enough to explore what is on their minds. The exception to this is when children give information regarding current or future risk to themselves or other children. In these circumstances the worker must share this information and take appropriate action.

3. Education and assessment

Education involves advising individuals of appropriate behaviours, values, or thoughts. For example in parenting education work, the worker would be helping the mother or father make use of positive parenting techniques. In a formal parenting assessment, the worker would want to explore the parents' opinions regarding what is acceptable and unacceptable according to them, and their current parenting methods. If there were concerns by the worker, education could be given on how to make use of more appropriate techniques. The worker could then assess how well the parent made use of the

suggestions. The results of this education would then feed into the assessment, and would clarify recommendations for future action i.e. whether the parent is able to change.

4. Opinion and respite

The purpose of respite is to provide care and usually some activities. If the worker was to actively seek the child's opinions on sensitive issues such as the home environment, then the parents would be likely to withdraw their consent for respite, and the child would feel uncomfortable. If the child volunteers information or the worker makes useful observations, this may feed into appropriate action, however it should not be the explicit purpose of respite.

Exercise 1d Case Study.

Consider the case below and answer the following questions.



1. What intervention is needed in this case?
2. Is it appropriate for one worker to undertake all the necessary work?

Mary was born in Africa, and from her birth, her care was shared between her mother and her paternal grandmother. Her father, Mr Donaldson, lived in England, but saw Mary approximately once a year for a few weeks in Africa. Mary knew Mr Donaldson as her father. When Mary was 1 year old, her half sister was born. From Mary's descriptions and from information given to Mr Donaldson from relatives, it seems Mary had a role in caring for her sister. When Mary was approximately 4 years old, her grandmother died and Mary was cared for by lots of different relatives. Mr Donaldson was concerned about this and reports from friends that Mary was being mistreated by her carers. He asked a relative to bring Mary over to England to live with him.

Mary arrived in England in March 1999, at the age of 5 and a half. She lived with Mr Donaldson and his girlfriend, Ruth. Their relationship ended that year, however Mary remained in Ruth's care. Mary shared a bedroom with Ruth's 13-year-old daughter. After a year Mary moved in with friend of Mr Donaldson's, as he did not have his own home.

Finally in Sept 2001 Mary moved back with her father in temporary housing. Shortly afterwards Mary was found to have several old injuries from her time in Africa. On 4 separate occasions Mary has been seen with minor injuries on her body and she has stated that her father has verbally and physically hurt her. Mr Donaldson has admitted that he may have been heavy handed with Mary, however he denies abuse. He also states that Mary has distorted events and has made up lies about what happened to get attention. Mary is having significant problems coping in school and requires an extreme amount of attention, is aggressive, and she cannot relate to her peers. She talks about her father very positively. Mary is currently in foster care due to concerns about her father's parenting abilities.

Answer 1d Case Study

1. Intervention

Therapy: Mary requires therapeutic intervention to help her process the separation and loss she experienced as a child, her relationship with her father, and her need for constant attention.

Opinion: Mary's opinions are needed regarding where she would like to live. This needs to be explored in depth over time in order to determine her real opinions. Mary's opinions are also needed on her father's care of her.

Mr Donaldson's opinions need to be sought on his ability to care for Mary and where he would like her to live. It is important to note that in good practice the parent is made aware of the content of any assessment, and the parents opinions on the contents and recommendations are included in the final draft.

Assessment: An assessment is needed of Mr Donaldson's parenting abilities and risk to Mary.

An assessment is also required regarding Mary's emotional needs.

Education: Education is needed for Mr Donaldson on parenting techniques.

2. Role of the worker

One worker could undertake a formal assessment of Mr Donaldson's ability to care for Mary, his opinions, and Mary's opinions. The worker would meet with the father and daughter separately and together, with the explicit intention of asking questions, gaining their views, and making observations. The worker could also give the father advice on positive parenting techniques for him to implement. Alternatively the father could be invited to attend a parenting group, and feedback on his progress could be used in the assessment of his ability to parent Mary. This worker would then be able to make recommendations regarding Mary's future care.

A separate worker could provide an initial assessment of Mary's emotional needs, followed by appropriate therapeutic support. The content of the therapeutic sessions would be confidential to allow Mary to feel safe enough to engage. If she expressed opinions regarding her care, Mary would be asked if she wanted this information shared or not. In this way, the therapeutic environment is maintained. The only exception to this would be if Mary divulged new information that described a potential risk to her. (In good therapeutic practice the child is always made aware of this condition regarding confidentiality).

If the same worker was to do the parenting assessment and the therapy, Mary would not be free to engage in the therapeutic process for fear that everything she said would be used in the assessment. In addition, the worker would have difficulties keeping information from the therapy sessions confidential, and it would be likely to cloud judgement regarding recommendations made in the assessment.

1.4 Summary

It is essential for the worker to think carefully about what the child needs and how this may be achieved. This may require a period of assessment in order to plan for intervention. It is important that where several types of intervention are required e.g. therapy and a formal assessment, that the potential issues for the child and worker are carefully thought through. The primary consideration is

given to addressing risk factors, and this will determine the intervention agenda. If more than one intervention is needed, consideration is essential regarding whether one worker can achieve these, and if so, how and when they will be carried out. Alternatively another worker may be more appropriately used. Clarifying such issues will ultimately make practice safer and more likely to achieve the desired aims.



PLAY AND COMMUNICATION

This chapter describes the developmental importance of play for children, and assists the worker in understanding why it is a key tool for communicating with children.

This chapter will cover the following topics:

- 2.1 Identifying Developmental Problems
- 2.2 Healthy Child Development and Play
- 2.3 Developmental Problems and Play
- 2.4 The Benefits of Play
- 2.5 The Use of a Third Object in Communication
- 2.6 Summary

This chapter focuses on development in terms of how children communicate via play. For more general information on how children develop in terms of movement, vision, hearing, and communication, reference is needed to more detailed texts (see bibliography).

2.1 Identifying Developmental Problems

Understanding how children develop is essential when working with children. It helps workers to:

- Identify developmental problems.
- Provide age appropriate activities.
- Communicate at the child's level.
- Assist parents in developing realistic expectations of their child.

The successful developmental journey from birth to adulthood focuses on the child's ability to become an autonomous individual. Healthy children are able to grow into social and moral beings, they are able to communicate effectively with others, accept their feelings, and gain self-control. This is the result of a secure attachment to their primary caregiver and an appropriately safe and stimulating

environment. This provides children with the meeting of their physical, emotional, educational, and social needs. Illness, separation, loss, abuse and neglect, all have a profound effect on a child's healthy development. This disruption to development is frequently evident in a child's play. Play has a crucial role in a child's health and as such knowledge of how children play is vital in preparing to work with children. This knowledge can then be used in communicating with children.

2.2 Healthy Child Development and Play

Play begins from birth and continues into adulthood. The types of play develop into sophisticated forms, as the child grows older. This development forms a predictable pattern, which the worker can assess. The principle types of play are:

- Sensory***
- Physical***
- Exploratory***
- Social***
- Symbolic***
- Regressive***

Child development theorists e.g. Freud, Erikson, Piaget, and Klein, recognise the above stages under differing terms.

In a healthy relationship between a primary caregiver and baby, the mother interacts playfully with the child. The baby explores his own and mother's body via touch, taste, smell, movement, and sound. This is the beginning of **sensory play** through which a baby develops a sense of himself (McMahon, 1992).

The mother responds to the baby's emotions, whether good or bad. The mother helps to contain any bad feelings, and gives back more good feelings than bad ones. This containment eventually helps children to cope with negative emotions on their own, rather than continue to push them onto others to deal with. This

containment is the result of a healthy attachment to a main carer.

If a baby is securely attached i.e. he has experienced a predictable meeting of his needs for comfort, then the infant feels safe to explore the environment further. This is the beginning of **physical play** and **exploratory play**. Children experiment with different textures and objects, discovering new ways to use things and themselves. The child begins the foundation of self-confidence and control over his environment.

The child also starts **social play**. He begins to copy the primary caregivers actions, learning how to take turns, and how to interact with others. Positive experiences and parental responses raise the child's self esteem.

The child learns to use imagination in play e.g. the child may pick up a cup and pretend to drink from it, and later use the cup as a microphone to sing with. This is **symbolic play** – where a child uses an object for something other than its real purpose. This type of play enables the child to understand how people, ideas and objects work, and how to gain control over things. The child is able to play out events that have gone well or wrong, and as a result the child learns how to cope with feelings. In this way symbolic play is self-healing (McMahon, 1992).

Moving from toddlerhood to the age of 5, the child is developing independence from the primary caregiver. Children rely on their caregivers for opportunities to do this, and seek positive responses on their achievements. In this way the child is further gaining a sense of self and esteem. Sensory, physical, and exploratory play continue to develop, and children are beginning to engage in more social play with other children. In symbolic play the child works through feelings and concerns, whether real or imaginary.

As children grow into adolescence their play takes on other forms but continues to provide a space for understanding people and events, and for the development

of skills, confidence, and self-worth. Play may come in the form of a sport, hobby, reading, games, drama, music, creative writing, art, or with computers. Solitary play, helps the growing child have a secure space to work through the stresses of interactions with others and events.

Exercise 2a Experience of play

Consider your own experience of group and individual play from toddlerhood to adolescence. What types of play do you remember? How did these help you?



2.3 Developmental Problems and Play

Where children have had poor attachments as a result of a parent's unresponsiveness, unpredictability, overprotection or anxiety, abuse or neglect, this lack of containment will be evident in their behaviour (Pearce, 1997). The children's negative feelings are not resolved via interaction with their caregiver and the children do not have the developmental ability or safe opportunities to work through their feelings in play. As a result, uncontained children project their negative feelings onto others via aggressive behaviours, or internalise them by withdrawing into themselves. Such children are less able to verbalise their feelings and depend more on actions to communicate e.g. via tantrums, hitting, and self-harming.

Children who have not been contained, frequently lack the capacity for symbolic play. Such unintegrated children will then benefit from play help, in order to support their emotional and social development (McMahon, 1992).

When children's experiences in their first year have been inadequate, they will benefit from **regressive play**, where they can re-experience being a baby e.g. by sucking on a baby bottle, being held, doing baby talk etc. This helps children explore their senses and assists them in getting in touch with themselves and their environment. The worker helps contain the child's feelings, as the caregiver should have, and will assist the child's ability to interact via social play.

As children's play develops, symbolism may be used to help children express and explore their feelings and concerns. The worker can help the child understand and come to terms with events and dispel 'magical thinking'. Magical thinking is where children blame themselves, or attribute cause and effect incorrectly, for example children may believe a parent left home because of something they did.

2.4 The Benefits of Play

Behavioural problems as a result of a disruption to the child's healthy development is evident in how a child plays. Children with healthy development, who have experienced such problems as trauma, separation, loss, and illness, will also display such events in play. Play is a cathartic experience for the child. Children affected by abuse, neglect, loss, separation and trauma frequently need play help since they are less able to cope emotionally and socially, as they grow older.

Children make sense of their world, primarily through play. It allows them to experiment with different scenarios safely. It links the real world with their own imagination. Children are not autonomous individuals, however in play they have the opportunity to be in control of what and how they play, and when the play should stop. This freedom allows them to experiment, explore reality and their imaginations, create, understand, and express feelings and emotions safely. They are able to make mistakes, without serious consequences, and as such play becomes an invaluable part of their social and emotional development.

2.5 The Use of a Third Object in Communication

Real communication with children, when they open up, relax, and reveal something of themselves, is generally possible when a third object is used. We can notice when playing sport or a game with a child, how they relax and talk easily. When children are absorbed in an activity, or while in a car, it can be

easier to communicate. This is the result of a third object. A third object creates a neutral space, avoids continuous direct eye contact, and reduces pressure to answer how a person wants us to. This makes communication indirect and is therefore more comfortable for the child. This concept originated from Claire Winnicott (Winnicott, 1964). It was noted that children under 7 particularly benefited from communication via an object, since they are less able to use verbal language.

The 3rd object is linked to symbolic play. A child may use an object to symbolise something else. For example a child may punch a pillow, imagining the pillow is his anger. A 3rd object can also be used by a worker to explain something by using objects that represent ideas, people, or actions, in the real world. This type of learning is particularly helpful for young children since they do not yet have the developmental skills to understand concrete thinking, and are vulnerable to magical thinking. Children over 7 also benefit from a 3rd object in terms of facilitating communication and understanding concepts, however the 3rd object used may take a more sophisticated form.

Professionals working with children should make use of a 3rd object wherever possible. On homevisits it is useful to always carry at least colouring materials, even if the purpose of the meeting is to talk to the parents only. Frequently when talking to parents, children will seek attention and may disrupt the flow of the interview. Having a third object enables the worker to continue the interview uninterrupted. Useful 3rd objects include:

- Pens, crayons, pencils and A4 or larger paper. It is helpful if the paper is coloured as it will remind the child less of school.
- Playdoh and shape cutters.
- Finger and hand puppets.
- Toy animals.
- Miniature people.

- Life-size baby with accessories e.g. bottle, nappy.
- Frisbee, softball etc for outside play.

A worker may carry these in a bag for homevisits in order to facilitate communication directly with the child. Care should be taken to take out only one toy at a time, otherwise communication will become distracted by the child's excitement. Toys should be simple, age and culturally appropriate. If visiting a child with little or no toys, keep play materials as basic as possible in order not to embarrass the family, and to help the child continue to focus on communication. The professional's workplace should have a child-friendly, private space, which is well-equipped with play materials. These materials can be stored in boxes, in order not to become distracting to the child.

Exercise 2b The third object



Imagine you are a 7 year old child. You did something bad at school today and got into trouble with your teacher. You hit another child and stole his sweets. You have to tell one of your parents, as they need to sign a paper for the school. Try to imagine how you feel about this as a 7 year old, while you are walking home.

You reach home and are greeted by your parent. Consider how you might respond in each of the scenarios below.

1. As soon as you walk, in your mother tells you to sit down in front of her and asks how your day was. Your mother makes lots of direct eye contact with you.
2. As soon as you walk in, your mother suggests you do some colouring together. While you are drawing your mother is commenting casually on what you are doing e.g. you've chosen a bright yellow pencil. You look like you are concentrating hard. You look happy/sad.
3. As soon as you arrive home, your mother states that she has to drive to the shops. You sit next to your mother in the front seat.

Your mum starts talking generally while driving, and asks you how your day was.

Answer 2b The Third object

Most children would open up and communicate their concerns more comfortably in the second and third scenarios, since both make use of a 3rd object.

In the first scenario the child often feels uncomfortable with direct eye contact and the reliance on verbal communication. Frequently the child will minimise what happened or will say what he thinks the parent wants to hear.

In the second scenario the child usually becomes more relaxed since communication is eased via the 3rd object of drawing. The child is more likely to give a fuller and more open account of his concerns.

In the third scenario the child often benefits from the lack of direct eye contact via the 3rd object of the car journey. This helps the child feel more inclined to talk, although in this case the child may be concerned about a negative response from the mother while she is driving.

2.6 Summary

Play is a vital part of a child's developmental progress. Children use play as a method of expressing and working through day to day events, connecting reality with fantasy, and ultimately helping them cope with negative emotions. Where children have had poor attachments to the primary caregiver, or have experienced a traumatic event, play is an invaluable tool in helping the recovery process. As a communication aid for workers, play works at the level of children, and enables them to better express themselves. This is primarily achieved via the use of a third object, which helps to connect the child's thoughts and feelings with the outside world.



INTERVIEWING FAMILIES

This chapter examines how to interview families. In particular it looks at what families bring to meetings, the principles of effective communication, and the structuring of a social work interview.

This chapter will cover the following topics:

- 11.1 Introduction
- 11.2 Anti-Discriminatory Practice
- 11.3 Family Systems
- 11.4 Family Attitudes to Interviewing
- 11.5 Interview Aims
- 11.6 Relationship Building
- 11.7 Responding to Resistance and Distress
- 11.8 Listening Skills
- 11.9 Effective Communication
- 11.10 Questioning Skills
- 11.11 Communication Skills
- 11.12 Planning the Interview
- 11.13 Who to Interview
- 11.14 Initial Interview Phase
- 11.15 Middle Phase
- 11.16 Closing Phase
- 11.17 Summary

11.1 Introduction

An interview can be defined as a face to face meeting with a mutually acceptable purpose (Kadushin, 1972). The ability to conduct a productive interview is probably the most important skill a social worker can acquire. It lays the foundation for work with a family and enables professionals to acquire information and effect change through which children can be protected. Interviewing is the single most frequent social work activity. The purpose of the interview will vary depending on the needs of the family, and the social work agency. This will include:

- Relationship Building
- Behaviour Change
- Opinion Seeking
- Assessments
- Court Reports
- Child Protection
- Intervention Planning
- Therapy

Whatever the purpose, interviewing demands a great deal of skill in listening, questioning, assessing, and information-giving. This and the next chapter will cover these skills in more detail.

11.2 Anti-Discriminatory Practice

In order to work effectively with families it is necessary first to examine how our own experiences and expectations may affect our interactions with others.

Exercise 11a Assumptions

a. Consider the family members below. Which roles would you expect each to have?



Grandfather	Father	Mother	Grandmother
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- Main earner
- Works part-time
- Cleans and cooks
- Main carer for children
- Spends time with children in the evenings and weekends
- Takes responsibility for discipline
- Provides children with physical affection

b. Consider the following different types of family. Is it possible for a child to have his needs met in each?

- i. Single parent with no extended family
- ii. Parents with 12 children

- iii. Gay couple with adopted child
- iv. Widower with 1 child, and grandparents

c. Consider how your own experience of being parented affects your opinions, expectations and values.

Answer 11a Assumptions

- a. Children require love, attention, stimulation, a positive self-identity, discipline, and the meeting of their health needs. These requirements can be met in a multitude of ways by different attachment figures. Social workers must be open to accepting alternative lifestyles that provide the child with the meeting of his needs.
- b. Families have different functional patterns. As long as they meet the needs of the child to a good enough level, then they are acceptable. It is not appropriate to expect families to change in order to suit our personal values or expectations. Judgements should be rooted in evidence-based research regarding the child's developmental needs and the family's ability to meet them.
- c. Our opinions of family roles will be shaped by our own experiences of being in a family, society and culture and by our religious beliefs (Coulshed, 1991).

Social workers have a professional responsibility to counter discrimination in individuals, organisations, and society. This involves examining our own prejudices, practicing in a way that does not stigmatise individuals or groups, avoiding stereotyping others, and actively challenging discriminatory comments, attitudes, and actions. Supervision is an essential component in becoming aware of how our beliefs and experiences unknowingly affect how we deal with others, and our expectations of how things should be. Such beliefs need to be identified and discussed openly, in order to be dealt with effectively.

11.3 Family Systems

The family has a profound effect on our behaviours and beliefs. Families are comprised of individuals with assigned roles and patterns of interaction in order to fulfil mutual needs (Coulshed, 1991). For example, the father may be the main

earner and decision-maker, while the mother looks after the children and provides emotional support for her family. This is known as the family 'system.' These systems are influenced by the parenting experiences of those within the system, and the societal, religious, and cultural environment. There is no such thing as a 'normal' family. Rather, families in most cases find ways of being, interacting, and coping which make sense to them, and allow individuals within the family system to develop (Kiser et al, 1998).

The family aims to keep a balance, and avoids changes which can upset this. It is when a family gets 'stuck' that they may seek solutions to address the difficulties. The 'solution' however may result in additional problems, which the family is unable to resolve. For example, parents with a rebellious teenager may decide to set firmer boundaries in order to reduce problem behaviours, however this may result in the young person becoming more resistant to rules and a worsening in his behaviour. When the family 'solution' is unsuccessful, help from professionals may be sought. Alternatively the situation may have become so bad that the family is required by law to work with professionals.

Meeting a professional is a significant step, which may be unwanted by the family. Even where the family is motivated and eager for help, there will still be apprehensions about implementing changes, which will upset the usual family system. Change, is a central tenant to success since whatever the family is currently doing is not working. For the social worker, it is worth noting that while significant change in the system will be resisted, it is often possible for change in one individual to cause change in the whole family system. Creating change, or asking members to do something they would not normally do, is a vital step in addressing problems.

11.4 Family Attitudes to Interviewing

The presentation and skill of the worker hugely influence the degree of co-operation from family members. If a practitioner is judgmental, impatient,

domineering, critical, or all knowing, the client is likely to resist change. It is extremely important for social workers to hold an open, empathetic disposition. This can often be difficult when the client is hard to like, the abuse or need is distressing, or when the solution is rejected by the family. It is worth keeping in mind that the attitudes and actions of those within the family are frequently the best the individuals have been able to come up with in order to resolve a pattern. The family, therefore, is doing as well as they can or know how. By the time families are at the stage of a social work interview they have usually exhausted their own coping methods, and have already sought help from family and friends (Coulshed, 1991). The realisation that professional help is needed is often demoralising for parents, and where clients are referred by another agency they are likely to feel disempowered, deskilled and fearful of the consequences of professional involvement. These feelings create initial resistance to intervention. This may be apparent via the following behaviours:

- Arriving late or missing appointments
- Providing minimal responses to questions, withholding information, or giving inaccurate information
- Lack of commitment to following up on decisions made at the interview
- Reliance on the social worker to solve the problem
- Angry, frustrated, and aggressive language, tone of voice, and/or actions.
- Blaming other professionals or institutions
- Being unrealistic about what can be achieved or the state of the current situation
- Resignation that the situation is hopeless
- Being overly optimistic about what can be achieved and by whom

Resistance is further exacerbated since the worker holds the power balance. The client is expected to answer personal questions about sensitive issues, while the social worker reveals nothing intimate about herself (Kadushin, 1972). Acknowledging this dynamic, using good communication skills, and dealing with

resistance and conflict are essential skills in conducting an effective social work interview.

Exercise 11b Expectations



- a. Draw up a list of possible problems a family may have that result in the need for a social work interview.
- b. Consider a family you have worked with in the past.
 - i. Which of the above problems did they have?
 - ii. Who had the family spoken to about these problems before seeking a social worker?
 - iii. How did they present at the interview?

Answer 11b Expectations

- a. Common problems include:

Violence	Discrimination
Poverty	School Difficulties
Parenting Problems	Relationship Issues
Ill Health	Unemployment
Isolation	Poor Housing
Crime	Disempowerment/Racism
Abuse	Loss
Substance Misuse	Pregnancy
Custody Issues	Disability

- b. The family may have spoken to relatives, friends, colleagues, their doctor, sheikh, school, police, psychologist etc. Individuals may present as resistant, angry, pessimistic, or overly compliant, and with unrealistic expectations.

11.5 Interview Aims

The point at which individuals come to a social worker, whether on a compulsory or voluntary basis, is usually when there is a significant problem which may have resulted in risk to the child and other family members. The overarching goal for the social worker has to be to prevent and address risk and need. This may or may not be the same as the family’s goal. It is important, however, that there is a

mutually agreed remit for intervention and that the interview aims to meet the needs of both the social worker and the family. This agreement is crucial since it facilitates the beginning of a successful working relationship through which a child can be protected. If the family do not see the need for professional involvement then they will not engage in the necessary work, or provide full and open information. If there is non-compliance and the worker is not able to meet with the family, make observations, and gain the necessary information, then she will be unable to highlight and address risk factors effectively. As a result, it is necessary to take time with families explaining why professional intervention is necessary and how it will ultimately benefit them, in order to increase the likelihood of co-operation. The primary caregivers should also be made aware of their rights and responsibilities, and any consequences for not working with professionals. In this way the family can make an informed decision about how to manage their situation. Once full consent has been given for the social worker to have a role with the family, relationship building is the next crucial element.

Exercise 11c Interview Aims

Consider the last social work interview you conducted.



- a) Did the interview have a clearly defined goal?
- b) Was this goal explained to the client?
- c) Did the client accept this goal?
- d) Did the client have an alternative goal? If so, were you able to incorporate this to meet his needs?
- e) Was the goal achieved?

11.6 Relationship Building

Individuals are not just cases. They are people with their own particular histories, needs, wants, and beliefs. Relationship building depends on the professional taking an active interest in the person in order to be able to address the problem. Coulshed (1991) highlights research showing that:

“Successful interviews do not depend on content (what was said) or if the client got what was asked for: a significant outcome for the first interview is

for the worker to be perceived as someone who is able to understand what the client's concerns are and how they feel about their difficulties and how the worker in turn accepts and uses subjective feelings in the working relationship (p18).”

With this in mind it is extremely important that the worker focuses on the following:

- Listening to and taking into account the opinions of significant family members, including the child
- Being non-judgemental, approachable, and empathetic
- Providing honest and open practice
- Working with what motivates the parents and child, so that mutual benefit is derived from intervention
- Dealing with resistance

11.7 Responding to Resistance and Distress

Where individuals are reluctant to engage with professionals, or where the topic discussed is sensitive, resistance and distress are a frequent phenomenon. A client may become upset and emotional, or uncooperative, closed and/or angry. Successful management of resistance and distress is essential if the working relationship is to be maintained. It is important to note that resistance and distress are usually not aimed at the worker's individual personality, but are more frequently about the worker's role and the client's personal frustration at the situation. While resistance and distress may be uncomfortable for the worker, it is essential that the person be allowed to express this frustration. Without such expression, negative feelings are likely to become stronger and may impact on the worker's ability to engage with the family. The following steps are helpful in addressing negative emotions in others:

- i. **Accept the emotion** – The worker should recognise that people have a right to be angry, frustrated, or upset at their situation, and that this is a normal reaction to a difficult situation (Berg, 1991).
- ii. **Encourage ventilation of feelings** – The worker should give the individual time to express himself fully, without interruption or attempts to minimise the distress. The only exception to this would be if the person becomes threatening or at risk of hurting himself, property, or others.
- iii. **Avoid a defensive reaction** – Recognition is needed that the client is in a stressful situation and is venting to the worker since she may be the only person available and/or represents the problem. Arguing, denying, blaming, changing the subject, or leaving abruptly are unproductive and are more likely to exacerbate the situation. It is more helpful to consider the underlying feelings that have resulted in the reaction of the client. For example, if clients say they feel they are not being listened to, consider where this feeling may be coming from (e.g. from you as the worker, from other family members, from fear about what will happen, from information that has been missed or undervalued, etc). The worker should ask the client to talk about this more. Simply telling the client that you are listening will not address what the client is really trying to tell you.
- iv. **Manage your own feelings** - Seeing anger or distress in others can raise anxiety and fear in the worker about what will happen and what to do. The worker should try to stay calm and slightly detached in order not to react on instinct. Giving time for the client to express himself will also give the worker space to consider how to respond. Bear in mind that it is very important to maintain a working relationship, no matter how you feel personally about the client, in order to protect a child. Where a client is being offensive and/or aggressive, the worker should accept these feelings and state that such behaviour is not acceptable. She should terminate the interview and offer another time.

E.g. “I can see that you are extremely upset right now and you have the right to be, however I can’t accept you swearing at me. What I’d

like to do is leave it for today and meet up again to see if we can work this through.”

- v. **Value distress** - Distress can be a person’s way of showing that something is important. Most of the issues social workers deal with are extremely significant to families and therefore some level of grief is to be expected. Some individuals have acquired more self-control than others and therefore the degree of distress will vary.
- vi. **Recognise undue distress** - Often a client will become more upset than would be expected for the situation. Rather than indicating to the client that they are overacting, or minimising the situation, it is more helpful to explore with the client his feelings and how these came about. It may be that an earlier negative experience or issue was previously unresolved and has resurfaced.
- vii. **Manage silence** - Wait for feelings. Workers may feel the urge to step in and tell the client that everything will be ok, minimise feelings, or move the discussion on. However, it is important to give the client time to express himself fully. While silence may feel uncomfortable for the worker, it is a useful skill to develop since it gives the client time to digest information and respond.
- viii. **Recognise denial** - Reach for feelings. Where a worker would expect a reaction from an individual and none is apparent, it is useful to confront this directly. The worker can highlight the client’s reaction, and invite him to explore this further.

E.g. “I know I have just told you something difficult and it would be normal for you to be upset about this. You seem ok, and I am just wondering if this is how you really feel.”
- ix. **Give appropriate information** - Workers should be honest about their professional role and duty, as well as realistic about what needs to happen and the likely outcomes. Withholding or minimising information is unhelpful and disempowering to the client. Providing information allows the individual to make informed decisions.

- x. **Offer a break or resumption of the meeting** - If the worker and client are unable to move forward in the interview, or the client is becoming aggressive, it is helpful to offer a break or another time when the client is more able to discuss issues.

Exercise 11d Managing Distress and Resistance

In groups of 3, with one person as the client, another as the worker, and the third as the observer, role-play the following situations, changing roles each time.



The purpose of the interview is to address an incident of physical abuse by the client, towards his 9-year-old child. The child presented in school with a bruised eye and red mark to the side of his face, stating that his parent had hit him for being cheeky. The social worker should use the above guidelines to manage the client's emotions. The observer should feed back any helpful comments.

- a. The client becomes angry that he has to meet a social worker, as he does not feel that hitting is wrong.
- b. The client becomes upset at what he did to his child, and what is going to happen.
- c. The client is uncooperative and denies having hurt his child.

11.8 Listening Skills

The ability to listen is a highly underrated skill, yet individuals spend more time listening than in speaking, reading or writing (Smith, 1986). There is a vast difference between hearing and listening. Listening should be visual in the sense that the person speaking should see that he is being paid attention to. It is also oral since the feedback to the speaker should indicate that the information and the feelings expressed have been noted. For the worker, good listening is vital in obtaining accurate information and in developing a supportive and productive relationship with the client.

The worker should:

- Have an open, relaxed posture

- Show the person unconditional and non-judgmental positive regard (Rogers, 1986)
- Maintain eye contact
- Use appropriate facial expressions
- Use minimal responses, e.g. “uh huh,” “mmm,” etc
- Reflect back the emotional content of what has been heard
- Summarise the main points of what the speaker has said

Barriers to good listening:

- Trying to make the person feel better
- Disagreeing
- Being distracted
- Talking
- Busy environment
- Closed or tense body language

Exercise 11e Listening

Work in pairs. One person should talk for 3 minutes about a decision he is trying to make. Their partner should not talk during this time. At the end of the time, the listener should summarise the information as accurately as possible and reflect back the emotional content of what he heard. The speaker should state how this felt. Did the listener pick up on all the important information? Did he interpret your feelings correctly? Did he judge what you said?



11.9 Effective Communication

People who are being interviewed by social workers will often experience strong emotions, which will make it difficult for them to express themselves clearly. These feelings may be about the issues which bring them to have contact with social work, or they may be associated with some difficulties about seeing a social worker. In most instances, it is important to give time to deal with these

feelings before trying to collect factual information. Effective social work interviewing is balance of pacing, listening, asking questions, and intervening, in a manner which supports clients while confronting problems.

Exercise 11f Effective Communication

Look at the list below and identify which from A or B, which are useful skills for effective communication in a social work interview.



A	B
Not important if does not like the client	Has positive feelings for the client
Gives a realistic picture of what may happen	Makes family feel everything will be ok
Starts where the worker is	Starts where the client is
Is detached	Is involved
Seeks support from colleagues	Relies on self
Judgmental	Non-judgmental
Ignores difference	Acknowledges and works with difference

Answer 11f Effective Communication

A	B
Not important if does not like the client	Has positive feelings for the client ✓
Gives a realistic picture of what may happen ✓	Makes family feel everything will be ok
Starts where the worker is	Starts where the client is ✓
Is detached ✓	Is involved
Seeks support from colleagues ✓	Relies on self
Judgmental	Non-judgmental ✓
Ignores difference	Acknowledges and works with difference ✓

These skills are elaborated on below:

1. Having positive feelings for the client

One of the key factors in creating positive change is the relationship between the worker and client. The worker should show genuine positive regard for the client (Rogers, 1986). Where a practitioner dislikes a client, she should work hard to find a quality or skill that she can respect. In recognising strength in an individual, the worker is much more able to help the client use that quality in overcoming his present situation.

Exercise 11g Liking your client

(Sharry et al, 2001)

Think of a client you have found challenging to work with currently or in the past. List 3 positive characteristics you can attribute to this client, despite the difficulties with the case.



2. Honesty

Although the truth may be difficult to say, not giving clients the information they need is disempowering. If the client later finds out that information was withheld, the relationship with the worker will be damaged. Clients should be in a position to have the relevant knowledge to make an informed decision. The worker may have to confront a client if he holds untrue beliefs, in order to give a more realistic description of the situation.

3. Starting where client is

The worker may have prioritised a task. However, unless the client agrees with the priority, then motivation will be low. Try to start with what is important for the client and build on this at the client's pace, where possible. If the worker has identified a more urgent objective, then the reasons for this should be explained clearly to the client.

4. Being detached

A client may show great despair or overwhelming enthusiasm and it is very easy for the worker to share these feelings. From this position it is difficult to see a

realistic way forward. The worker should not get drawn into the despair of the client since it prevents the worker from identifying strengths and inhibits case planning. It can also make the client feel more hopeless. The worker needs to remember that she is not the client's friend. Supervision is essential to ensure that boundaries are maintained. Without such boundaries the identification of the necessary action to prevent or reduce risk may be diminished and the client can become overly dependent on the professional.

5. Seeking support from colleagues

Given the demanding nature of social work it is essential that workers have the opportunity to express their frustrations and concerns, and receive positive feedback and constructive advice with their supervisor. Colleagues should also be supportive, while respecting client confidentiality.

6. Being non-judgmental

A worker may not agree with a particular attitude, behaviour, or morality, however clients must feel accepted for who they are, in order to be comfortable enough to address a problem behaviour or situation.

7. Acknowledging and working with difference

Differences between the client and the worker always exist in gender, ethnicity, culture, ability, language, age, religion, etc. It is important to bring difference into discussion, in order to reduce the impact of power imbalances, and misunderstandings. Workers need to ensure that they avoid making stereotypical assumptions and should seek to understand the client's religious, social and cultural context.

E.g. "I would like to acknowledge that we are from different countries and cultures. Do you have any concerns, as it might be helpful to talk about them? If you feel at any time I do not understand something or am making a stereotypical assumption, please let me know. "

The worker is invariably in a position of power. Acknowledging this, and creating opportunities to increase the power of the client, helps individuals to take responsibility for their actions. The worker should encourage clients to ask questions, pursue their rights, and discover their own solutions.

E.g. “I know the court has asked you to meet with me, and I have a responsibility to report back to them about this interview. This can be hard for parents. Are there any concerns about this that you would like to raise?”

Exercise 11h

a. Consider what differences are common between workers in your agency and the clients.



b. Brainstorm how these differences can be acknowledged.

11.10 Questioning Skills

Good questions are those which draw out facts and feelings (Coulshed, 1991). While certain questions need to be asked for the agency’s purpose, and to identify risk and need, it is also useful to ask questions which are relevant to the client, and will provide them with opportunities for insight. In this way the interview becomes mutually beneficial. It is important to note the tone of voice in which questions are asked, as this can dramatically change the meaning (Coulshed, 1991).

- i. **Open questions** give people the freedom to develop the answer in their own way, without being directed by the worker. They are helpful when asking clients to describe their feelings.

e.g. Can you tell me more about.....?

How do you feel about that?

- ii. **Closed questions** are helpful in clarifying information, gaining facts, or for getting accurate details. They help keep the client focused, and limit the possible response.

e.g. Do you agree?

Would like to see him again?

- iii. **Probing questions** help explore aspects of the interview in more depth. They encourage the speaker to focus and expand on his response.

e.g. You said you were worried about what you would do. What did you mean by that?

- iv. **WH questions** e.g. What/Where/When/How allow people to give descriptive answers. Why questions should be avoided as they put people under pressure to provide a reason, when they are more than likely unable to do so. Why questions can also indicate blame which is counter productive to the interview.

- v. **Circular questions.** This is where one person is asked to answer for another person who is present at the interview.

e.g. What do you think upsets your mum most about Mum, what do you think your son would do if....

- vi. **Therapeutic questions:**

These concentrate on helping the client learn something about himself.

e.g. What if this problem did not exist anymore, how would you know?

What does this tell you about yourself?

- vii. Avoid using **multiple and leading questions or suggesting answers.** Make sure the questions are relevant and that you will be able to justify the asking of each.

Exercise 11i Questioning Skills

Work in groups of 4. One should take the role of the client, one as the observer, and two as the



social workers. The client should be asked to describe a difficulty he is currently having at work. The workers should take it in turns to explore this problem using suitable question forms, from the list above. The observer should feed back on how effective the choice of question was.

11.11 Communication Skills

Social workers can draw on a wide range of skills when communicating with clients. The following are discussed in more detail below:

- a) Paraphrasing
- b) Summarising
- c) Clarifying
- d) Reflecting
- e) Pacing
- f) Use of Silence
- g) Empathising
- h) Not Showing Self as Expert

a) Paraphrasing

This involves checking out that you have understood what you are hearing and feeding this back briefly. This gives the person a chance to think about what he has said and to correct or modify details (Millar et al, 1992).

E.g. "So you are feeling upset about what he said to you?"

b) Summarising

The listener feeds back an overview of what was discussed in order to indicate to the speaker that they have been listened to, to check understanding, and to clarify and order the main issues. It also enables the moving on from one topic to another.

e.g. "You talked about feeling hurt during the divorce, and the fact that afterwards you felt very angry. You also mentioned that your family put pressure on you, which was confusing."

a) Clarifying

When the speaker has mentioned several different issues, it is necessary to focus on one at a time in order to make communication more manageable.

e.g. “You mentioned several things which are bothering you at the moment, perhaps we could start by looking at...”

b) Reflecting

The listener gives the speaker an indication of the feeling content of the discussion. This helps to build the relationship between the speaker and listener (Millar et al, 1992). It is important to stress that the feelings of the speaker should be accepted since they belong to the individual.

e.g. “It sounds like this is really important to you.”

“I notice when you talk about the problem, you seem very frustrated.”

c) Pacing

The interview needs to have a negotiated structure. Within this the worker should aim to achieve the purpose of the interview within the allotted time. The worker should try to mirror the client’s pace (e.g. by talking slowly if the client talks slowly.) The worker should not ask too many questions, or too many questions of a probing nature, very early in the interview.

d) Silence

Silence is a very effective tool. As long as it is not too long, it provides the speaker with more opportunity to think and express himself. For workers uncomfortable with deliberate pauses, taking notes during the interview provides more silent time.

g) Empathy

Empathy is different to sympathy. It is when a worker recognises that she cannot know what an individual is actually feeling, but can relate to the feelings from her

perspective. It means imagining what it is like for the client, rather than what it would be like for me (Millar et al, 1992).

e.g. Sympathy = “You poor thing, I know how you feel.” “You must feel awful.” X

Empathy = “It sounds like you have been having a difficult time.” ✓

h) Not Showing Self as the Expert

Although it may seem logical to come across as an expert in your field, this can be disempowering for the client. If the worker always provides the answers, then clients miss out on the opportunity to develop their problem-solving skills. In the long-run the individual will be more dependent on professionals, and will have lower self-esteem as a result. Clients should be helped to see that they have the resources and knowledge to meet their own difficulties. When they are supported and experience success, clients will be able to take credit for their achievements and become more self-reliant. Try to get the client to give the answer first.

e.g. “I can’t get my son to stop wetting the bed.”

“Can you tell me what you have tried already that helped at all? What has made it worse? Does he drink something before he goes to bed – Do you think this could have an effect? What would you like to try? Have you noticed any connection between how his day goes, and his bedwetting? Are there any medical problems you think may be connected? Some parents find X works – would you like to try this?”

Exercise 11j Communication Practice



a) Body language and minimal responses.

One person should talk about his family. The other should be silent except for short responses to indicate he is listening. e.g. Mmmm, yes, uh huh. The listener should also demonstrate good body language, e.g. appropriate eye contact, mirroring, open posture.

b) Reflection of feeling and content.

One person should describe a difficulty he has at the moment that he is happy to talk about: e.g. there is no time to cook healthy meals;

kids do not want to do homework, etc. The listener should reflect back the feelings the person demonstrated and the content.

E.g. "I'm so tired at the moment. I just seem to be able to manage work every day and look after the children. I do not have any time to read books, or see my family, or just relax."

"It sounds like you have been trying really hard to do a lot of things, but haven't yet found the time to do everything you want to do."

c) Summarising

One person should describe a difficulty he has been having at work, in detail. This should take approx. 5 minutes. The listener should remain silent. At the end the listener should try to give a summary of the main issues and an indication of what the speaker is looking for in terms of change.

E.g. "It seems that you are finding that you do not have enough time to complete your work, which is unsatisfying for you. Am I right in saying then that you would like to find a way to be able to fully complete a task, or at least feel satisfied with what you have done?"

The observer should give feedback on the listener's ability to:

- a) Show interest via body language
- b) Show they are listening and how they do this
- c) Use silence
- d) Accurately and sensitively reflect
- e) Accurately and sensitively summarise
- f) Be non-judgmental
- g) Avoid giving advice
- h) Use open questions to facilitate communication

11.12 Planning the Interview

Prior to meeting a family it is helpful to spend time preparing for the interview. If this is the first interview, it is necessary to obtain information from the case file, previous reports, and the referrer. At this stage workers should not contact non-referring agencies until they have advised the family and, ideally, gained consent.

While workers do not want to get a fixed idea of the family before meeting them, it is helpful to get an overview of what the family members have been through, their reasons for the current interview, and their likely expectations and attitudes.

Useful prior information includes:

- Who made the referral (If the referral was not anonymous, details should be noted regarding the name, contact information, and the relationship to the child).
- Family information (who is in family, the dates of birth, and the relationship to the child).
- The family's knowledge of the referral and their attitude towards it.
- The type of need or alleged abuse, nature, extent and surrounding circumstances.
- The welfare of the child.
- The involvement of any other agencies, including the police.
- The date of birth, gender, ethnicity, and any disability of the child referred.
- The identity of any alleged abuser (name, date of birth), and contact information; details of previous related incidents
- The location of the child at the time of the referral.

This information will help the social worker:

- a. Define the purpose of the interview.
 - Do you have a clearly defined goal for the interview? E.g. to gain specific information, to get parental consent for an action, to provide therapeutic support etc.
 - Will the client share your view of what the interview is about? If not, how can you incorporate the client's goal with the social work one?
 - How will you achieve your goal?
 - Have they asked for social work involvement or have they been referred?
 - Have they had previous social work involvement? Was this useful?
 - What may be going on for the clients before you see them?

- Is the client likely to be motivated to participate?
- b. Consider questions which will clarify risk and need.
- What information do I have? What do I need to get?
 - Does the child or family have any special needs?
 - Who else might I need to contact?
- c. Explore hypotheses - It is helpful for the worker at this point to develop numerous hypotheses regarding the cause of the problem, the reasons for the chosen solution, and the issues around why a balance has not been achieved.
- What dilemma has the problem behaviour been trying to solve?
 - What solutions have been tried already? (Why were they successful or unsuccessful then or now?)
 - Why has the family come to social services now?
- d. Consider what will motivate clients.
- What are the clients likely to want from the interview/intervention?
 - How can I explain my role in a positive way?
 - Is there flexibility regarding what I can offer the family?
- e. Consider what may lead to resistance or withdrawal.
- Environment (seating arrangements, warmth, refreshments, toys). How will the clients feel if they are not in their own surroundings?
 - Is there an issue which the family are likely to be particularly sensitive about? How can I introduce it diplomatically?
- f. Special needs. E.g. location, translator, etc.
- What cultural factors need to be considered?
 - Will the family be able to come to the office?
 - Are any members illiterate?

11.13 Who to Interview

Since all members of a family are affected by and influence each other, to varying extents, it is important that the initial meeting is with the family group. Individual members are not able to report accurately on their own social situation, and it is helpful to have the perspectives of all those involved in order to get a more precise account (Hayley, 1985). It is usual to interview everyone who lives in the same household; however it may additionally include other close relatives. Where the issue involves another agency (e.g. school, doctor, etc.) the initial meeting should also include the relevant professional.

11.14 Initial Interview Phase

The initial part of an interview sets the foundation for relationship building. The goal is to establish a warm and open environment where the client and social worker understand and agree upon the purpose of the meeting. It is helpful for the worker to begin with some general conversation, which aims at seeing the interviewee as a whole person rather than as just a case or a problem to be solved.

The interviewer should:

- Introduce herself, the agency, and her role.
- Invite each member to introduce himself.
- Find out if any other family member or professional should attend the meetings.
- Clarify the purpose of the interview and explain what information you have already.
- Acknowledge difference.
- Explain any legislative duty, clients' rights, and confidentiality.
- Use open questions.

- Pay attention to explicit and implicit feelings, and observe family interactions.
- Provide a 3rd object for any children present.

11.15 Middle Phase

This is the stage at which the reason for the interview is explored. This stage requires skill in listening, observing, relationship building, handling resistance and aggression, using authority, and questioning.

The interviewer should:

- Avoid jargon
- Be aware of body language
- Listen
- Be objective
- Observe but avoid hasty interpretations
- Use open and closed questions
- Ask what changes people want to see
- Direct questions initially at the adults, paying attention to the family hierarchy (Hayley, 1985)
- Avoid leading and multiple-choice questions
- Ensure understanding
- Move from general to specific information (Hayley, 1985)
- Use reflection and summarise responses
- Encourage members to talk to each other in the meeting (Hayley, 1985)

11.16 Closing Phase

Preparation for the end of the interview should begin at the initial interview phase. The client should be advised of the time available, and any subsequent sessions. Ideally by the end of the interview the agreed purpose should be achieved.

The interviewer should:

- Check with the client if it is appropriate to end. E.g. “it seems to me that we have done what we set out to and that we are coming to an end. How do you see it?”
- Arrange the time, place and purpose of any subsequent interview.
- Give information regarding any decisions to be fed back to the client, and the timescale for this.
- Give a brief summary of the content of the interview, any decisions made, any questions still to be resolved, and steps for action.
- Provide the client with an opportunity to state his perception and clarify any points.
- Feedback any strengths identified

Exercise 11k Interview Stages



Work in groups of 5. One person should be the observer, and should take the role of a known client. The other 3 should take turns in being the social worker in the beginning, middle, and end stage of the interview. In each stage, the worker should concentrate on her use of communication skills. The observer should feedback constructive comments at the end of the interview.

Exercise 11l Working with families Quiz



Answer True or False to the following statements:

- a. 2-parent families are always better than 1-parent families.
- b. Mothers and fathers should have fixed gender roles.
- c. Children need affection from their mothers more than from their fathers.
- d. It is reasonable for families to be hostile in interviews.
- e. The worker should tell the family what to do as often as possible.
- f. I know how you feel - this is a good example of empathy.
- g. You should try to find something you like about the client.
- h. You should start with what motivates the client and mould it to fit your social work agenda.
- i. You should get as involved as possible in a client's situation.

- j. You should talk about difference with your clients.
- k. You should use minimal responses, silence, appropriate body language, reflection and summarising as your core communication techniques.
- l. You should talk more than the client.
- m. In a family interview you should address the children more than the parents.
- n. You should move from general information to specific information in an interview.
- o. If someone becomes angry you should tell him or her to calm down.

Answer 11/ Working with Families Quiz

Statements d, g, h, j, k, and n are true.

11.17 Summary

Successful interviewing requires an understanding of how families function, and what individual family members are likely to bring to a meeting. Our own attitudes, experiences, and skills in managing dynamics, and facilitating change will depend on the self-awareness of the worker, and her ability to communicate effectively. Communication involves listening, questioning, and responding. Where social workers are able to make the client feel understood and valued, they will be far more able to maintain a working relationship with the family, and ultimately protect the child.



ASSESSMENTS

This chapter outlines the main principles of assessing families. It examines the types of information required and the process of gaining the facts.

This chapter will cover the following topics:

- 12.1 Purpose
- 12.2 Principles of an Assessment
- 12.3 Working with Families
- 12.4 Types of Assessment
- 12.5 Planning the Assessment
- 12.6 Components of the Assessment
- 12.7 Summary

12.1 Purpose

Social workers will be expected to complete formal and informal, one-off and ongoing assessments as part of their casework. Assessment is an extremely skilled process through which information is sought, sorted, analysed, and acted upon. It enables workers to identify risk and need, and design an intervention plan appropriately.

The type and scope of an assessment will vary depending on the legislation and statutory procedures of a country, and the remit on an organisation. All assessments however require the gathering, processing, and analysing of information. This chapter will provide an example of such a process according to the statutory system in England.

Assessment should not be confused with evaluation. Evaluation takes place following an assessment. It is the process through which the intervention plan recommended in the assessment, is reviewed.

12.2 Principles of an Assessment

Assessments go beyond the scope of an interview. While a family may meet a social worker to gain advice or support, an assessment will require the professional to ask specific questions for a statutory purpose, i.e. to determine risk to a child. In a formal assessment the emphasis will be on asking questions and making observations, with services being provided as the needs are identified. The family will be required to answer numerous questions about their family system, attitudes, routines, roles, values etc, in the knowledge that professionals will make a decision about their family. As a result, assessments can raise anxiety, defensiveness, anger, high expectations, and fear. Social workers must be aware of their power and how this impacts on the family during an assessment. Great care must be taken that the information gathered is from numerous relevant sources and assessed thoroughly, in order to be confident that the result is fair and accurate.

Exercise 12a Agency Assessments

- a) What type of assessments does your agency carry out?
- b) What information is included in these assessments?
- c) How do parents respond to being assessed?
- d) Who is contacted in the process of the assessment, e.g. the school, doctor etc?
- e) What statutory or agency guidelines do you follow?



12.3 Working with Families

Assessments can be intrusive and difficult for family members. In order to minimise concerns, and raise confidence in the process, a lot of effort should be placed on helping the family to understand and accept the need for the assessment, what it will involve, what will be expected of them, what they can expect from the worker, and the possible outcomes. Clients should know and believe that their opinions will form an integral part of the assessment, and they will be able to read and comment on the assessment before it is submitted. Families should also be advised that their agreement or disagreement with

professional opinions will also be recorded in the assessment, and advised of the complaint's procedures and their rights.

The Department of Health in England (1999) has laid down useful guidelines on the necessary principles for assessing families. These are helpful in maintaining a working relationship with the family throughout and beyond the assessment period:

- Ensure the family know that the child's welfare is the first priority.
- Do not infringe on privacy more than is necessary.
- Explain your power, purpose and responsibilities to the family.
- Respect the family's confidentiality where possible. (Families should know that most of the information they give will not be confidential since it may be recorded in the assessment for other professionals to read.)
- Be aware of the effect your involvement may have on the family.
- Listen to the family members before arriving at your own explanations.
- Learn about the family's religious and cultural context.
- Ensure family members know about their rights and responsibilities.
- Use plain, simple language.
- Be open and honest about your concerns and plans.
- Take care to distinguish between personal feelings, values, prejudices beliefs, and professional roles.
- Ensure good supervision.
- If a mistake has been made, provide an explanation.
- Acknowledge and reduce distress.

The following are useful guidelines for raising the standard of assessments. They are based on the English framework for the assessment of children in need (DOH, 2000, and expanded on by Howarth, 2001).

Assessments should be:

a. Child-centred

It is important to remember at all times that for children and family social workers, the assessment must focus on the child's needs and how other factors impact on the child. Even when the social worker is interviewing only the parents (e.g. on substance misuse) the primary client is the child. The worker would be considering how issues with the parent impact on the child's development, and what services would help the parent overcome the problem, in order to reduce the risk to the child.

b. Evidence-based

The assessment should be clearly rooted in factual information, observations, and evidence from research. Any opinions must be based on facts and should be clearly stated. Research knowledge must be sourced. Regular supervision is a vital component in checking that the social worker is as impartial as possible and not expressing her own values without just reason in the assessment.

c. Rooted in child development

Social workers need to have a solid base of knowledge of healthy child development on which to assess the impact of factors and evidence of risk and need. Social workers also need to consider any special needs the individual child may have according to his developmental stage and what is age-appropriate. For example, if a child has had ill health he may be behind developmentally and may have additional needs as a result. Expectations of what this child could achieve may also need to be adjusted.

d. Take into account any impairment and the social circumstances in which the child lives.

An impairment is a physical condition (e.g. blindness), which affects that individual's ability to function normally. Disability is the resulting barrier that society puts up that prevents a person with an impairment from being able to

participate fully. For example, a person in a wheelchair has the impairment of not being able to walk. The disability however may be that he cannot take up services due to the lack of building access. Social workers must consider any additional needs or risk factors a person may have as a result of his impairment and disability. In addition, social circumstances such as poverty, crime, or poor housing will also impact on an individual's healthy development, and will reduce resilience to stress. Social workers must take such factors into consideration when looking at an individual's functioning and needs.

e. Interagency in their approach.

Assessments should not be done in isolation but should include those professionals and family members with relevant knowledge. In a brief assessment there may be less time or need to consult a wide range of opinions. However a complex case requires that all those with knowledge of the child be consulted, and their opinions included in the assessment. Such an interagency approach enables a more thorough and complete assessment, reducing the risk of missing key strengths or weaknesses.

f. A continuing process.

An assessment should not be a one-off finished event since it only captures a particular period of time. Frequently, by the end of a long assessment, the situation may have already altered. Assessments therefore should be reviewed and built on over time, in order to address the changing needs of the family.

g. Done in conjunction with children and families.

Assessing families is a significant event for the individuals involved. The more involvement a family has, the more they are likely to engage fully in the process and contribute to the creation of an accurate account of the situation. Family members are the ones living in a situation and therefore have

invaluable information on events, beliefs, and behaviours. This information allows social workers to consider the risk to a child, and the family's likely uptake of recommended intervention. For example, if parents were unable to accept that hitting their child was causing damage to the child physically and emotionally, this would not only indicate risk, but would also suggest that the parents would be unlikely to engage in parenting classes to stop hitting. This would need to be explored with the family, along with evidence of how well the family has taken up other supports. The opinions of the primary caregivers, the child, and other close relatives, should be recorded in the assessment, and these opinions taken into account.

The primary caregivers should be able to read the final assessment, and their views on what has been written should be included before submission of the report. The child, where appropriate, should be given information on what has been written and the recommendation. Where details are confidential or determined to be damaging to an individual, they can be separated into a confidential section, to be read only by appropriate parties.

h. Carried out in parallel with other action and providing services

Where risk or need has been identified during the course of the assessment, services should be provided immediately, rather than waiting until the end of the assessment, unless it is in the best interests of the child to wait. For example, if a child is in immediate danger he may be provided with a place of safety, however the decision of whether the child should remain in care, would be best made at the end of the assessment.

i. Identify strengths as well as weaknesses

It is all too easy to focus on what is wrong with a situation. While it is essential to highlight deficiencies which have led to risk factors, it is also crucial to stress any positives that may redress or reduce the risk. This is particularly important when making recommendations for action. For

example, a child may have been emotionally abused as a result of the parents fighting all the time; however the parents have come to the social worker for help. The fact that the parents recognised the problem and took action is a strength. This strength makes it more likely that they will take up services to reduce the fighting and risk to the child. While the weakness and risk still exist, the strength is a crucial factor in the overall assessment of necessary action.

Exercise 12b Explaining the assessment purpose



Work in pairs, with one as the client, and the other as the social worker. The worker should sensitively explain the reason for the assessment, how it will be carried out, and the client's rights and responsibilities. A successful result is when the client feels he will benefit from the assessment, and that his opinion will count.

12.4 Types of Assessment

A family may refer themselves or be referred by another agency. On referral the social worker, depending on the time available and the urgency of the referral, will examine any available information, including case-notes, reports, and referral advice, and consider what action to take, with approval from a senior. The social worker may then seek additional information from relevant professionals, or proceed directly to meeting with the family. An initial assessment is then usually made.

A. Initial Assessment

This is a brief assessment of a referred child where there is a request for services to be provided. This involves gaining information on:

- **Any grounds for concern.** If there are concerns, then information should be gained on the origin of concerns, the source of risk, and the level of risk to the child and other children at the address.
- **The needs of the child and family.**
- **The necessary action to safeguard the child.** This includes the provision of services and the initiation of child protection procedures.
- **The desired resources and timescales.** These should be clearly stated with a named person responsible for implementation and review.

In the UK, a child is defined as 'in need' under the following circumstances (Children Act 1989):

- The child has a disability.
- The child is affected by the disability of someone in the household.
- The child is unlikely to achieve or maintain reasonable health or development.
- The child's health is likely to be impaired without services.
- The child is under 5 and in need of day care.

The initial assessment will involve at least one meeting with the family (including the child), and may include contact with other agencies. The assessment will be recorded in writing, often following predetermined headings, and will include essential information, analysis, a recommendation of action or no action, and a plan for any recommended intervention. This would be checked by the senior practitioner. The family and referring agency would be informed of any decision made.

This initial assessment may be all that is needed at the time to determine whether a child or family requires a social work service. Immediate help should be provided where necessary (e.g. physical protection or medical treatment).

If the child is felt to be in need or at risk, then a more comprehensive assessment is necessary to explore the situation.

B. Comprehensive Assessment

A comprehensive assessment is an in-depth assessment of the child's needs, and the capacity of the parents to meet those needs within the wider family and community network. It involves working with other agencies, gathering information over time on the child's developmental needs, the parenting capacity, and family and environmental factors. The social worker is usually the writer and key worker who gathers information from reports and interviews involved professionals, the child, primary caregivers, extended family and friends (as appropriate), and makes observations of the child and the family. The assessment of this information enables the long-term planning for the welfare of a child. A comprehensive assessment is required when a child has been identified as in need of protection, a court has ordered it, the child is in care, or it is unclear how to move the case forward.

The assessment should cover:

- An understanding of causes of concern and risk.
- A description from professionals and parents of why harm is occurring or likely to occur.
- Information about the strengths and weaknesses of family functioning.
- The level of responsibility accepted by the parents and their capacity to protect the child in the future.
- A view of the parents' responsiveness and ability to change.
- Detailed information about the child's needs.
- Identification of what needs to change.
- An initial prognosis for the child and family, and recommendations regarding intervention.

Services should be provided according to the needs of the child and family as they arise, rather than waiting until the end of the assessment.

Exercise 12c Types of assessments



Consider the following situations. Would an initial or comprehensive assessment be more appropriate?

1. A child protection medical has shown evidence of a iron burn on a child's thigh. The family is not known to social services.
2. A child has been off school more days than officially allowed. The family is not known to social services.
3. A parent has requested a 2 day foster care placement for her child, while she has an operation in hospital. The family is not known to social services.
4. A parent has requested a 2 day foster care placement for her child since she has been admitted for hospital for depression. This is the second time this request has been made. The family are known to social services. The mother experiences frequent episodes of depression.

Answer 12c Types of assessments

1. Comprehensive Assessment
2. Initial assessment
3. Initial assessment
4. Comprehensive assessment

12.5 Planning the Assessment

Planning is essential in order to achieve an effective assessment. It is necessary to be absolutely clear on the purpose of the assessment, the legislative remit, and the structure to follow. The social worker should consider who needs to be consulted and interviewed, any special interview requirements, how consent for interviews will be obtained, and in what order and combination people should be met. In addition, the worker will need to review what information is already available and what needs to be sought, and within what timescale. (DOH, 1999).

12.6 Components of the Assessment

Assessments need to be well set out, with information sorted and placed under clear headings.

Exercise 12d Assessment headings

What headings should be included in an assessment? How should the headings be organised within the document?



The following is a list of the headings used in England (DOH, 2000 & Howarth, 2001) for initial and comprehensive assessments, and the type of information sought. In an initial assessment, only brief information will be gained on each topic, whereas in a comprehensive assessment a significant amount of detail will be recorded. The skill of the writer is in the ability to discern what information is important. The worker should question whether the fact adds to the understanding of the needs the child. Case examples have been included to highlight how such information could be recorded. These examples are from the same anonymous case, and only represent part of the actual information recorded.

ASSESSMENT FRAMEWORK

(DOH, 2000)

1. INTRODUCTION

2. CHILD'S DEVELOPMENTAL NEEDS

Health
Education
Identity
Relationships
Presentation
Development
Self-Care

3. PARENTAL CAPACITY

Basic Care
Ensuring Safety
Emotional Warmth
Stimulation
Guidance
Boundaries Stability



4. FAMILY AND ENVIRONMENTAL FACTORS

Family History and Functioning
Wider Family
Housing
Employment
Income
Family's Social Integration
Community Resources

5. ANALYSIS AND RECOMMENDATIONS

Each section is expanded on below:

1. Introduction

This section should include the following:

- a) Period of assessment, and social worker details.
- b) Family composition (full names, dates of birth, relationship to child, ethnicity, addresses and contact numbers).
- c) Other involved agencies (names and positions of key workers, contact numbers).
- d) Sources of information and the methods used in the assessment.

E.g.

I have had access to the department's casefiles, the psychologist's evaluation report, and school documentation of significant incidents. I have met with Mr Smith on the following dates:

- e) Reason for assessment. This should state how the decision was made for the assessment to take place, and its purpose.

E.g.

Kerry's name was placed on the Child Protection Register in July 2001 under the categories of physical and emotional abuse and neglect. The protection plan from this conference outlined the need for a parental assessment and a core assessment, including extended family members and significant others.

It was recommended that the assessment address the following issues:

- To evaluate whether Mr. Smith accepts responsibility for the concerns/incidents as evidenced by Social Services in the past.*
- To evaluate the differences, if any, from the preceding.*
- To discuss what changes are required of Mr. Smith to eliminate the likelihood of significant harm*
- Whether change is sustainable, and if it meets Kerry's needs*
- What support would be required for Mr. Smith to sustain change that eliminates the likelihood of significant harm?*

- f) Reason for referral. Information should be included on how social services became involved in the case and why.

E.g.

On 20.06.01 Kerry alleged that her father had threatened to punch her, had hurt her stomach, and that he blamed her for all that was going

wrong. Mr. Smith denied allegations of alleged or actual physical abuse and name-calling, but agreed that he had told Kerry off and threatened to not pick her up anymore. A Child Protection Case Conference was held on 01.07.01 and Kerry's name was placed on the register. It was felt that Mr. Smith had minimised the concerns of professionals and was preoccupied with housing issues. It was also felt that Mr. Smith had not acted in Kerry's best interests by changing her school while he was in temporary housing. It was recommended that a core assessment be completed and support be put in place for Kerry and Mr. Smith.

- g) Significant incidents. This section provides details of any previous episodes which impacted on the child's healthy development, and the action taken by social services and other relevant professionals.

E.g.

A referral was made to Social Services on 12.05.99 by Kerry's previous Primary School, Peters Primary, regarding bruises and marks on Kerry's right side of her face. Kerry stated that her father had hit her. At the time Mr. Smith advised that the bruises to Kerry's face were caused when he held her by her dress and she was suspended off the ground. The dress went over Kerry's face and thus caused the marks. Mr. Smith then took off his belt and gave Kerry four or five strikes on the buttocks. During a subsequent Child Protection medical, bruises were seen on the right side of Kerry's face and neck as well as marks on her buttocks. It is noted in the report that Mr. Smith gave his full co-operation for the investigation and acknowledged that he had used inappropriate methods of discipline. He attributed this to being in a new and challenging situation with regard to managing Kerry's behaviour. A decision was made not to hold a Child Protection Case Conference, as Mr. Smith was remorseful and co-operative. It was recommended that further assessment should take place. The case was allocated for family support.

- h) History of social service involvement. This is an overview of the previous social work contact any decisions made, or intervention provided.

E.g.

03.99 Kerry Smith comes to UK from Africa

12.05.99 CP referral – Kerry alleges physical chastisement by Mr. Smith

08.99 Mr. Smith requested by Social Services to get parental responsibility for Kerry.

08.99 Referral made to Psychologist – Family did not attend

29.11.99 CP referral - Kerry alleges physical chastisement by Mr. Smith

13.03.00 Mr. Smith asking for support from Social Services regarding his housing situation, Kerry's immigration status, and child benefit.

03.00 Case allocated to _____

27.03.00- Initial Child Protection Case Conference – Kerry not registered.

Decision to put family support plan in place – referral was to be made for parenting skills work, and play therapy for Kerry. Support to be provided from Social Services regarding secure and permanent housing

After the introduction, the next 4 sections are divided as follows:.

- Dimensions of the child's developmental needs
- The parenting capacity
- Family and environmental factors.
- Summary, analysis and recommendations

The descriptions below outline what needs to be assessed and what would be expected in healthy child development.

2. Dimensions of Child's Developmental Needs

This section covers the following topics:

- a) Health
- b) Education
- c) Identity
- d) Relationships
- e) Social Presentation
- f) Development
- g) Self-care

- a) Health: The assessment of the child's physical and emotional health in relation to healthy child development. This should take into account any impairment or illness. The child should receive medical attention as required,

an appropriate diet, and sufficient exercise, as well as attend all medical checks. For older children this includes education on relevant issues such as puberty, sex etc.

E.g.

Kerry is in good health. A statutory medical took place on 20th March 2002 and no concerns were reported. She has eczema and has been to her GP regarding this. She currently has a lump on her groin. This has been checked by her GP and no treatment is necessary at present.

At the Child Protection medical in June 2001 it was noted that Kerry had several old injuries, which were thought to have been sustained in Africa. She has a scar on her forehead, which Kerry is very conscious of. She claims to have been teased at school as a result. Mr. Smith has been told by relatives that this scar was the result of her cousin having dropped Kerry when she was in Africa.

- b) Education: The child should have sufficient opportunities for play, stimulation, and social interaction, according to his stage of development. The child should be able to experience achievements and have adult interest in his education.

E.g.

Kerry is a bright, keen learner, however she has shown serious behavioural problems at both Peters and Clove Primary. She has significant difficulties in managing her emotions, and this is having a negative impact on her development. While Kerry is at a level with her peers academically, she is not fulfilling her potential. Clove Primary is currently using all the resources available to them to support Kerry and some improvements have been evident. To date Clove Primary has found Mr. Smith very supportive of the work the school is doing, extremely co-operative, and he has attended all meetings.

- c) Emotional and Behavioural Development: The child should interact with other children and adults appropriately, and be able to show self-control according to his development. There should be assessment of attachment behaviour, stress management, and adaptation to change.

E.g.

Kerry is an intelligent, animated and lively child who can be very kind and affectionate. Kerry has unbalanced emotions as a result of her life experiences and this is affecting her emotional and behavioural development. Kerry is having significant difficulties coping in a group situation and as a result she demands 1-1 attention from adults. Kerry is desperate for positive friendships, however she is unable to maintain lasting relationships with her peer group in school. Kerry is acutely aware that she does not have friends in school and this reinforces her negative self-image. Kerry will seek cuddles from Alexis in school and rock like a baby. Kerry also sucks her thumb in class. Kerry will become frustrated very quickly and this can make her aggressive and unpredictable.

- d) Identity: The child should have a positive sense of self, according to his stage of development. This includes how the child views his abilities, relationships, image, culture, religion, and gender.

E.g.

Kerry has had no contact with her sister and mother since leaving Africa. Since her arrival in England she has had numerous different carers. In addition, her main carer, her father, is someone she had not known well until she was 5. These have all impacted on her identity and self-esteem. This has been evident from her arrival in England and it is noted in reports from Peters Primary School that Kerry stated she had no family and was very lonely. Similar statements have been made at Clove Primary School. Kerry has projected her own feelings about herself onto other pupils by telling them that they have no family and that no one loves them.

- e) Family and Social Relationships: The assessment of the child's capacity for empathy according to age-appropriate development, and the quality of the relationships with family members and their peers.

E.g.

Kerry is very keen to make friends, however her behaviour disrupts friendships that she makes. Kerry finds it very difficult to trust that people will remain constant and be there for her, and as a result she can be controlling and smother her peers. She does this by taking an adult role and bossing children, frightening them with unpredictable and extreme behavioural changes, laughing when peers make mistakes, breaking up existing friendship groups, and being overly affectionate or hurting children. As a result of these behaviours Kerry is isolated within school and is acutely aware of this.

Kerry has consistently said to school, in her foster placements, in counselling, to Social Services, her psychologist, and myself, that she would like to have contact with her mother, sister and relatives, but would like to live with her father. While Kerry may feel pressure to say this as a result of being aware of her father's wishes, her consistency to several different professionals over a period of time indicates that this is her wish. Kerry's relationship with her father is complex. While she expresses generally positive feelings, there is a sense that she has some ambivalent feelings and is unsure about the relationship. This view is also supported in the psychological assessment. Where Mr. Smith may have mixed feelings about the relationship, Kerry picks up on this.

- f) **Social Presentation:** The child should present as appropriate for his gender, religion, culture and society, and be clean with good personal hygiene. The assessment also of the child's awareness of how they are seen by others.

E.g.

Kerry is aware of her behaviour and has stated that she wants to change, but does not know how to. She seems less able to relate to how she interacts with peers, and why they do not respond in the way that she wants them to.

I observed Kerry in class while she was having a tantrum. Kerry was very conscious of what had happened and was reluctant to tell her father. Mr. Smith responded positively, however Kerry remained embarrassed.

- g) **Self-care Skills:** The assessment of the child's age-appropriate ability to take care of himself (e.g. feeding, dressing, attainment of practical skills, and problem-solving ability.)

E.g.

Lucy, Gloria, Sue, and Mr. Smith have all reported that Kerry has good self-care skills, bathes without complaint and takes pride in her appearance. I have always observed Kerry to be clean and appropriately dressed.



Exercise 12e Child's developmental needs

Work as a whole group. One person should take the role of the client. The others should ask the necessary questions about the child's developmental needs. The answers should be written

up under the headings above. Take care to only include necessary and factual information. The reports should be compared with each other to determine the accuracy of information and suitability of style.

3. Parenting Capacity

This section covers the following topics.

- a) Basic Care
- b) Ensuring Safety
- c) Emotional Warmth
- d) Stimulation
- e) Guidance and Boundaries
- f) Stability

- a) Basic Care: This is the assessment of the parent's ability to provide for the child's physical needs. This includes regular dental and optical check-ups, inoculations and other necessary medical attention. It includes an adequate diet, shelter, clean and appropriate clothing, and adequate personal hygiene.

E.g.

No concerns have been raised regarding Kerry's basic care. Mr. Smith takes Kerry to a family friend, who is a cook, as his own current accommodation does not have cooking facilities in the room. He prepares porridge for her breakfast. Kerry is always appropriately dressed and has a good level of personal hygiene. Mr. Smith has a sink in his room, which Kerry uses to have a wash. There is also a shared bathroom. When Kerry is having a bath, Mr. Smith stays nearby in order to ensure she is adequately supervised.

- b) Ensuring Safety: Making sure the child is protected from harm or danger in the home and elsewhere. This includes making sure the child is not in contact with unsafe adults/other children.

E.g.

Mr. Smith is able to adequately supervise Kerry and ensure her safety. On one occasion when Kerry ran away, Mr. Smith notified the police in order to ensure her safe return.

- c) Emotional Warmth: Meeting the child's emotional needs by making sure the child feels valued and has a positive sense of his own racial and cultural identity. The child should have security, stability, praise, encouragement and affection from attachment figures.

E.g.

Mr. Smith feels he and Kerry bonded from day 1 and expressed concern about how some of her experiences in Africa may have affected her. He described Kerry giving him hugs in Africa when he visited, and on one occasion crying when he left. Mr. Smith talks positively about Kerry and has continuously stated that he would like Kerry to be in his permanent full-time care. Kerry has a clear attachment to her father and I have observed a warm relationship with both enjoying each other's company.

- d) Stimulation: The child should be encouraged to learn and be provided with adequate stimulation. The child should have opportunities to socialise with other children. This includes interacting with the child, encouraging and joining in play, and promoting educational opportunities and attendance at school.

E.g.

Much of Kerry's contact time with her father is spent visiting family friends and previous carers, at Kerry's request. During these visits Kerry will play with her cousins and friends, watch videos and go to her father for attention, and will let him know when she is ready to leave. Kerry enjoys seeing her family and friends and benefits from having regular contact. Mr. Smith feels it is important for Kerry to have some normality by seeing her family frequently, and makes a particular effort to visit people. He is also worried that Kerry will feel bored at the bedsit.

Kerry needs a balance of visiting friends and having time alone with her father in order to feel secure. Mr. Smith has made efforts to make it clear to Kerry that he would like to spend more time just the two of them, in order to create more balance and meet Kerry's need for his attention.

- e) Guidance and Boundaries: The parent should demonstrate and model appropriate behaviour and set boundaries. Children should be supported in regulating their own emotions and behaviour. Children should be able to develop with a moral code appropriate to the society in which they grow up.

E.g.

Mr. Smith acknowledged that he has felt extremely tense, particularly with his housing situation. In the past he found it hard to understand why Kerry was misbehaving and had used some physical chastisement. Family friends have stated that they have never seen Mr. Smith use physical chastisement and have rarely observed him having to tell Kerry off. Mr. Smith found that Kerry was very independent when she arrived from Africa and he has been trying to get her to unlearn some habits (e.g. turning the TV over without asking.)

- f) **Stability:** The child should be able to grow up in a stable home environment with healthy attachments to the primary carers. Parents should be consistent.

E.g.

Kerry has not had stability in her care, schooling, and home since her grandmother died. The following outlines the numerous changes of carers and accommodation since Kerry arrived in England:

March 1999 – Dec 1999: c/o _____ and Mr. Smith. Mr. Smith often staying elsewhere due to domestic tensions

Feb 2001 – July 2001: c/o _____ (temp housing) with Mr. Smith, but spending evenings at _____ to play


July 2001 –Sept 2001: c/o _____ Mr. Smith in temp accomm

Sept 2001 - Nov 2001 Kerry moves back with father

Nov 2001 – Jan 2002 c/o _____, foster carer.

Exercise 12f Parental capacity



Work as a whole group. One person should be  take the role of the client. The others should ask the necessary questions about the parental capacity. The answers should be written up under the headings above. Take care to only include necessary and factual information. The reports should be compared with each other to determine the accuracy of information and suitability of style.

4. Family and Environmental Factors

This section covers the following topics:

- a) Family History and Functioning
- b) Wider Family
- c) Housing

- d) Employment
- e) Income
- f) Family's Social Integration
- g) Community Resources

- a) Family History and Functioning: This should outline who lives in the household, the nature and quality of relationships, significant changes and life events and their impact on the child, and parental strengths and weaknesses.

E.g.

Mr. Smith was born in Cape Town in Africa. He was an only child. He lived with his grandparents in Africa from the age of 5 when his father died and his mother moved to England. He came to England when he was 13 to live with his mother and stepfather. Mr. Smith described positive memories of his parents and grandparents. The death of Mr. Smith's mother was a great loss to both Mr. Smith and Kerry, and he found it difficult to talk about when Kerry moved to England, as he was still grieving.

- b) Wider Family: A description of extended family members and family friends, their role in relation to the child and parents, and the quality of the relationship.

E.g.

Kerry has 6 cousins on her father's side with whom she has contact. She visits family friends, _____, on a weekly basis, as Kerry likes to play with their son. As already stated, Kerry also has contact with her previous carers and family friends, Mr. and Mr.____ Kerry also sees her other main friend, _____, every fortnight. Kerry has described enjoying seeing these friends. Kerry calls family friends her aunties and uncles.

- c) Housing: A description of the type, quality (hygiene and safety), and amenities of the accommodation. This would include a description of where the child sleeps. Assessment of whether the housing meets the needs of the family.

E.g.

Mr. Smith is currently in a bedsit provided by Liverpool Homeless Services. There are 4 other families living on the same floor. This housing is not appropriate for prolonged overnight contact with Kerry,

as the cooking and bathing facilities are shared and this raises problems concerning Kerry's safety, as she cannot be easily supervised. The accommodation is comprised of one room with 2 beds, a sink and a fridge, and access to a shared lawn. Mr. Smith worries that the lack of space will get on Kerry's nerves and she will react negatively. He feels that in the long run he has to have suitable accommodation for Kerry to be able to live with him permanently.

- d) Employment: A description of who works in the household, the nature of the work, hours, stability of employment, and any impact on the child and other key family members. This includes any work experience the child has had.

E.g.

Mr. Smith's main previous employment has been in the shipping industry and he used to run a grocery business with this mother. Mr. Smith would like to be in employment and stated that any future work would be organised around Kerry's needs.

- e) Income: Available income to the family and changes over time, including sources of income, and whether this meets the needs of the family. Income that the family could claim (e.g. from charity, government benefits, etc.). How resources are used in the family, and any financial difficulties (including debts) which affect the child.

E.g.

Mr. Smith is currently on benefits, and is able to provide adequately for Kerry. He is not able to finance private accommodation without support from Social Services and housing benefit.

- f) Family's Social Integration: Description of how the family fits into the local community and its impact on the child and family. This includes family networks, peer groups, social groups.

E.g.

Mr. Smith has a wide network of family friends as previously outlined, and he views this network as his family. During the period of the assessment Mr. Smith has been involved in many meetings relating to Kerry, and spends his free time with friends, playing music or pool.

- g) Community Resources: An outline of the facilities available to the family in the area and how these are used. This includes health services, schools, places of worship, transport, shops, and sport facilities.

E.g.

As a result of temporary housing Mr. Smith is not integrated into any geographical community. He uses the local resources such as Liverpool swimming pool. On referral to Liverpool community centre Mr. Smith was reluctant to engage as he felt angry about having to be assessed, however he has since participated fully and has stated that he would find continuing support helpful, particularly in terms of parenting.

Exercise 12g Family and environmental factors



Work as a whole group. One person should be take the role of the client. The others should ask the necessary questions about the family and environmental factors. The answers should be written up under the headings above. Take care to only include necessary and factual information. The reports should be compared with each other to determine accuracy of information and suitability of style.

Areas of vulnerability

Within the 3 main sections, particular emphasis should be placed on the following topics since research shows that they are factors in reducing a family's resilience to risk and need (DOH, 2000).

- Physical illness and impairment
- Disability
- History of mental illness
- Learning disability
- Problem drinking
- Problem drug use
- Childhood abuse
- History of abusing children
- Domestic violence
- Severe financial difficulties

It is worth noting that a single abusive incident rarely causes long-term difficulties for children. A negative environment, particularly one of low warmth and high criticism, is far more damaging in the long-term than an isolated incident of physical abuse (Howarth, 2001). Assessments should therefore focus on how the developmental needs of the child are met, rather than only on the abusive incident.

5. Concluding Sections

a) Summary

A summary should be provided in a long assessment in order to restate the main facts. It should review the needs and highlight the strengths and difficulties within the family that will affect the risk to the child. There should be no new information at this stage.

E.g.

Areas of Strength

- i. *Mr. Smith's role as a continuous figure in Kerry's life and his commitment to being her main carer*
- ii. *Mr. Smith's regular and consistent contact with Kerry, which is enjoyed by both*
- iii. *Mr. Smith's support network of family friends*
- iv. *Kerry's regular contact with her eldest sibling and her family friends*
- v. *Kerry's attachment to her father and evidence of a warm relationship*
- vi. *Kerry's wish to live with her father, which has been communicated over a long period of time, and to many different professionals*

Areas of Concern

- i. *Significant likelihood of Kerry making further allegations, through Kerry's ability to manipulate information, and her feelings of anger and frustration*
- ii. *Mr. Smith's lack of acknowledgment of his own role in the changes Kerry has experienced and her previously unmet needs*
- iii. *Previous use of physical chastisement*
- iv. *Evidence of Kerry having significant behavioural problems in a variety of settings, and with different carers*
- v. *Lack of suitable permanent housing*

- vi. *Lack of information regarding Kerry's early years*
- vii. *Lack of contact with Kerry and her mother, half sister and half brothers*

b) Analysis

This section is the most important part of the report since it is the professional analysis of all the information presented and will form the basis for the intervention plan. The social worker must be able to account for the analysis with evidence based information. It should answer the following questions:

- Is there significant harm or the likelihood of it?
- What is the harm?
- What is the risk?
- What is the explanation for the harm or likely harm?
- What is the impact of the harm or need on the child and family?
- What are the child's and the family's needs resulting from the harm?
- What needs to change to resolve/prevent harm?
- What is the prognosis for the child and family if the harm is addressed or ignored?
- What are the patterns of interaction which operate within the family and with professionals?
- Have any changes occurred during the assessment?
- What is the impact of services already provided?
- Do the circumstances, which give rise to the harm or likely harm, still exist?
- How does the information from the 3 main sections affect each other?

E.g.

Kerry's sense of security in her relationship with her father and her ability to adjust to living in England has been seriously affected by the lack of permanent and suitable accommodation. Kerry has suffered an unnecessary amount of subsequent change and is continuing to experience this in her current situation. I do not feel that it is acceptable for Kerry to have been accommodated as a result of a lack of suitable

housing for her and her primary carer. Mr. Smith's current accommodation is unsuitable for a family and places an unnecessary strain on Mr. Smith's and Kerry's relationship and his ability to parent Kerry effectively.

b) Recommendation:

When making the final recommendation it is worth seriously considering the parental motivation to change since this will significantly affect the meeting of the child's needs. Where motivation is very low, an alternative plan may need to be considered that does not depend so heavily on the parent. It is useful to ask the following questions:

- Does the parent accept there is a problem?
- Does the parent take some responsibility for the problem?
- Does the parent express some discomfort about the problem?
- Does the parent believe things must change?
- Does the parent see that they can be part of the solution?
- Can the parent make choices?
- Can the parent see the next step towards change?
- What intervention needs to be provided to secure the welfare of the child, by whom and by when, and who will be responsible?
- What will the process of change involve?
- What will the criteria for success be?
- Within what time-scale must the change occur?
- When will the next review take place?

E.g.

I feel it is in Kerry's best interests to be in her father's full-time care. Kerry has clearly stated that she would like to live with her father, to have a home, and to be part of a family. I recommend that Mr. Smith be supported in acquiring family accommodation urgently, and that the process of Kerry returning to her father's full-time care is started as soon as accommodation has been assessed as appropriate. Kerry should have continuing regular overnight contact with Lucy Brown during any rehabilitation process with her father. The process of rehabilitation should be gradual with parenting support being provided for Mr. Smith and

therapeutic support continuing for Kerry. Kerry must be kept fully informed of any changes and the reasons for them.

12.7 Summary

Assessments are extremely influential in the lives of families. They set in black and white the professional opinion of the family and their needs. While an assessment captures only a period of time, and should be followed by on-going analysis, it remains on the file of the family and is likely to influence future opinions and decisions. Great care is therefore necessary that the process of assessment is done sensitively, and with great attention to factual information. The family should be informed and involved at every stage. The social worker should be able to confidently defend any analysis and recommendations made, with factual information, and findings from research. Assessment meetings with children should include the use of a third object in order to ease communication, and will involve gaining opinions over a period of time, in order to ensure accuracy (please refer to section one for more information).