MODULE 05: ANALYSING AND UNDERSTANDING

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WORKING AGREEMENT

► Confidentiality
► Respecting others
► Valuing differences
► Building on similarities
► Careful listening
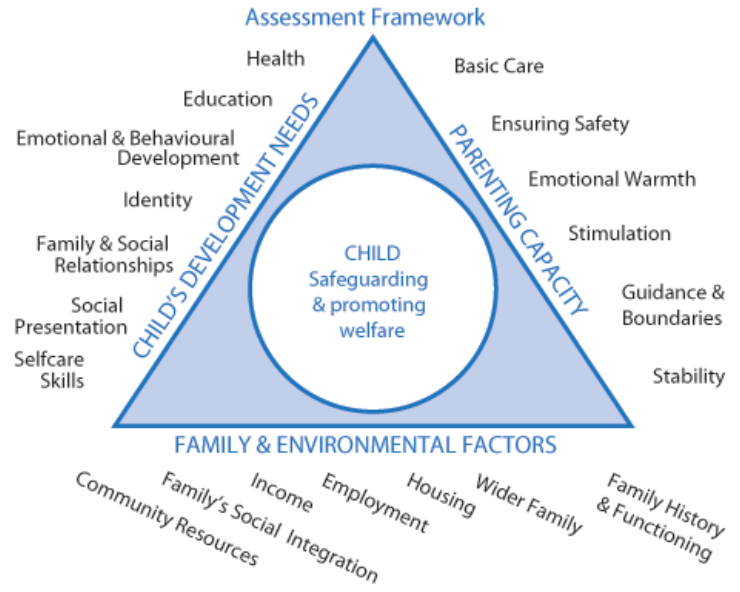► Respecting right to challenge constructively
► Being your own chairmen

DISCUSSION

Discuss with the person next to you how you go about the tasks of:

▶ **assessment** and
▶ **analysis**

THE ASSESSMENT FRAMEWORK & EVIDENCE BASED ASSESSMENT TOOLS IN DAY-TO-DAY PRACTICE

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Assessment Framework

Health
Education
Emotional & Behavioural Development
Identity
Family & Social Relationships
Social Presentation
Selfcare Skills

CHILD'S DEVELOPMENT NEEDS

Basic Care
Ensuring Safety
Emotional Warmth
Stimulation
Guidance & Boundaries
Stability

PARENTING CAPACITY

CHILD
Safeguarding & promoting welfare

FAMILY & ENVIRONMENTAL FACTORS

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

SEVEN STAGES IN ASSESSMENT, ANALYSIS AND PLANNING INTERVENTIONS

cf. Bentovim, Cox, Bingley Miller, Pizzey & Tapp (2014)
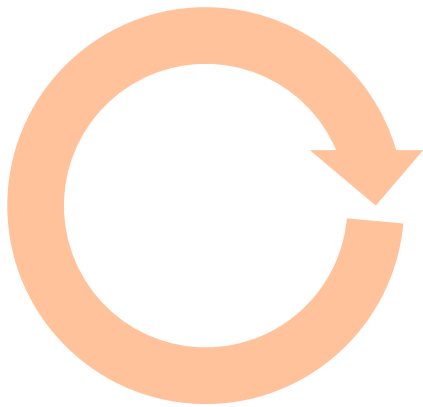
- ▶ Stage 1: initial recognition and referring
- ▶ Stage 2: gathering information
- ▶ Stage 3: organising the information available
- ▶ Stage 4: analysing patterns of harm and protection
- ▶ Stage 5: predicting the likely outlook for the child
- ▶ Stage 6: developing a plan of intervention
- ▶ Stage 7: identifying outcomes and measures for intervention

FRAMEWORK FOR THE ASSESSMENT OF CHILDREN IN NEED AND THEIR FAMILIES
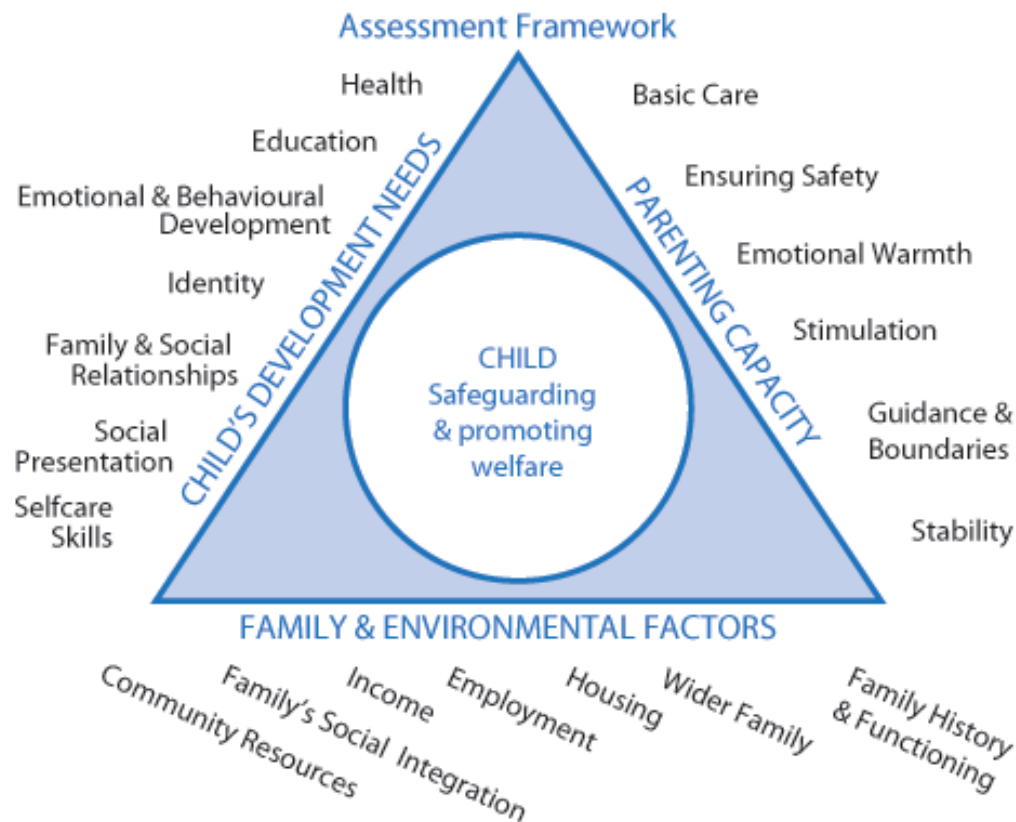
Department of Health, Department for Education and Employment & Home Office (2000)

PRINCIPLES UNDERPINNING THE ASSESSMENT FRAMEWORK

cf. Department of Health et al. (2000)

Assessments are …

► **child centred**
► **rooted in child development**
► **ecological** in their approach, i.e. the situation of a child needs to be understood within the context of the family
   ► role of economic disadvantage
   ► role of friendship groups
   ► impact of supportive families on parenting capacity

► **main areas** which need to be taken account of include
   ► **child's developmental needs**
   ► **parents' or caregiver's capacity to respond appropriately**
   ► wider **family and environmental** factors

PRINCIPLES UNDERPINNING THE ASSESSMENT FRAMEWORK

cf. Department of Health et al. (2000)

Assessments …

- ►involve **working with children and families**
- ►build on **strengths as well as identify difficulties**
- ►are **inter-agency** in their approach
- ►are a **continuing process**, not a single event
- ►are carried out in **parallel with other action** and providing services
- ►are **grounded in evidence based knowledge**

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PRINCIPLES UNDERPINNING THE ASSESSMENT FRAMEWORK

cf. Department of Health et al. (2000)

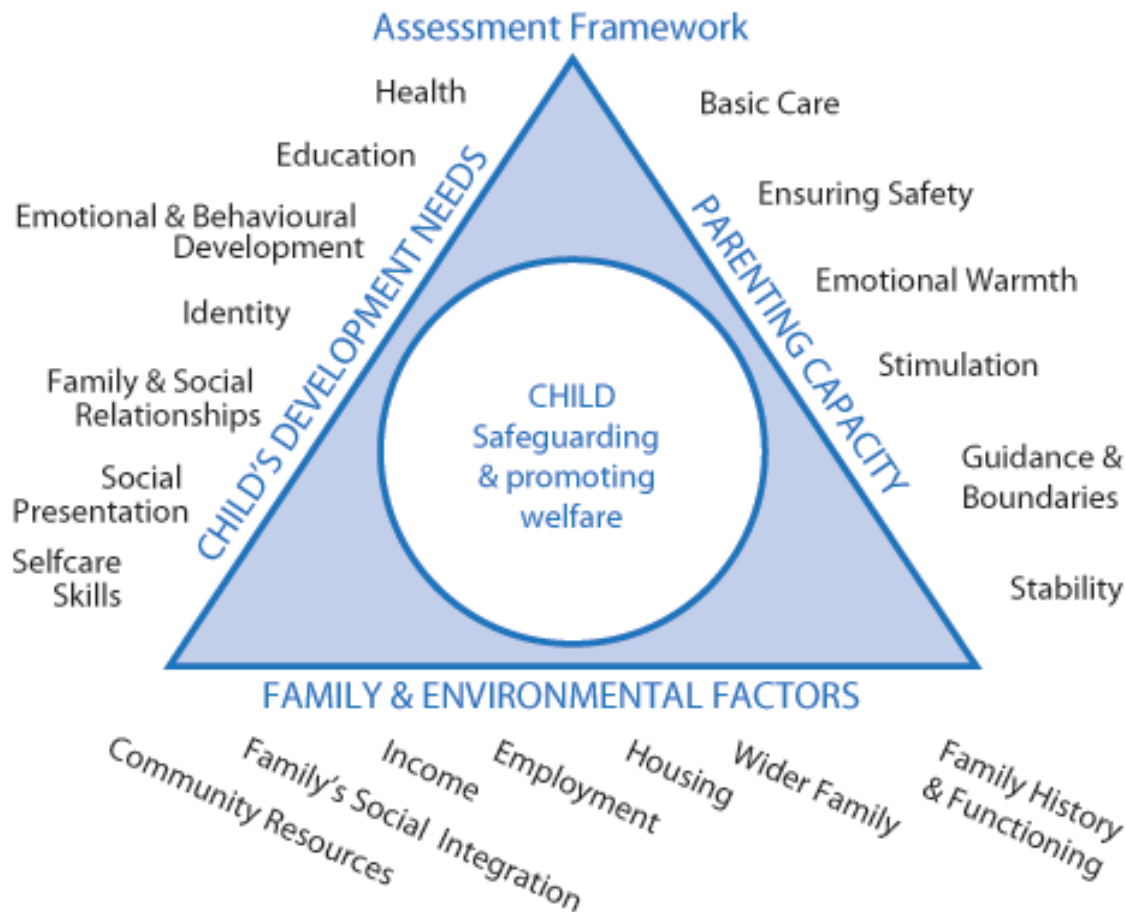**Evidence based practice** means that practitioners should:

► **use knowledge form research and pratice critically** to inform assessment and planning

► **record and update information systematically** noting sources of information

► **learn from experiences** from service users, i.e. children and families

► **monitor whether intervention is effective**

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WORKING WITH THE ASSESSMENT FRAMEWORK

►The Assessment Framework triangle provides **a map for assessing the needs for children**.

►The **Child's Developmental Needs** domain of the Assessment Framework triangle maps strengths and impairment in development.

►The **Partenting Capacity** domain is concerend with attributability.

►Where there is no observable or measureable impairment, the **Parenting Capacity** domain and **Family and Environmental Factors** domain are relevant to the likelihood of impairment.

  ► Note that the nature of any impairments is also relevant to attributability, e.g. Autism is genetic, Cerebral Palsy is congenital in most instances

ASSESSMENT FRAMEWORK
A MAP FOR RELEVANT DATA TO BE COLLECTED

Assessment Framework

CHILD'S DEVELOPMENT NEEDS
- Health
- Education
- Emotional & Behavioural Development
- Identity
- Family & Social Relationships
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- Selfcare Skills

PARENTING CAPACITY
- Basic Care
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- Stability

CHILD Safeguarding & promoting welfare

FAMILY & ENVIRONMENTAL FACTORS
- Community Resources
- Family's Social Integration
- Income
- Employment
- Housing
- Wider Family
- Family History & Functioning

Department of Health, Department for Education and Employment & Home Office (2000)

USING EVIDENCE-BASED ASSESSMENT TOOLS

Goals are:

▶ Develop an understanding of the nature and level of a child's functioning

▶ Gain an understanding of factors affecting the child and their needs

▶ Develop partnerships

▶ Prepare for intervention if necessary

USING EVIDENCE-BASED ASSESSMENT TOOLS

Good assessments use multiple sources of information. An assessment should not rely on one source of information.
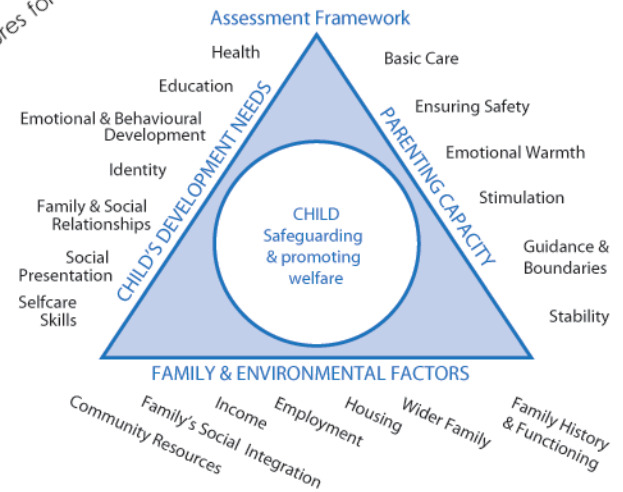
Therefore judgements must be based on an integration of data from

► varied methods of assessment

► different assessors

► different occasions

► different locations
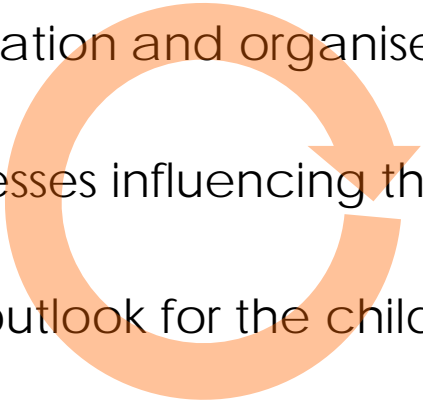
► varied (groups of) respondents

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ASSESSMENT, ANALYSIS, PLANNING INTERVENTIONS AND IDENTIFYING AND MEASURING OUTCOMES
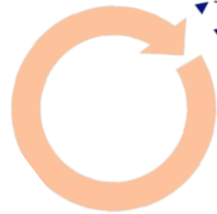
- ▸ Stage 1: initial recognition and referring
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Assessment Framework

CHILD'S DEVELOPMENT NEEDS
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THE PROCESS

► Consider the referral and aims of the assessment

► Gather information from available sources including assessment tools

► Categorise information and organise it using the Assessment Framework

► Analyse the processes influencing the child's health and development

► Predict the likely outlook for the child

► Plan interventions

► Identify Outcomes and Measures that would indicate whether interventions are successful

cf. Bentovim et al. (2014)

WHY IS ANALYSIS IMPORTANT?

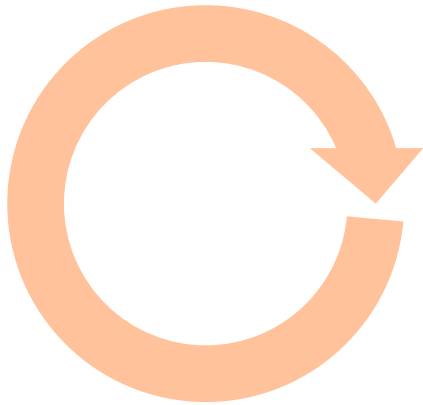Professionals in child protection regularly face **many challenges**…

- ▶ Ambiguous information
- ▶ Complex cases at the threshold of taking coercive measures
- ▶ …

Gathering and organising information is necessary but not sufficient for understanding a child's situation. **A holistic analysis is required**.

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SEVEN STAGES IN ASSESSMENT, ANALYSIS AND PLANNING INTERVENTIONS

cf. Bentovim, Cox, Bingley Miller, Pizzey & Tapp (2014)

- ▶ Stage 1: initial recognition and referring
- ▶ Stage 2: gathering information
- ▶ Stage 3: organising the information available
- ▶ **Stage 4: analysing patterns of harm and protection**
- ▶ Stage 5: predicting the likely outlook for the child
- ▶ Stage 6: developing a plan of intervention
- ▶ Stage 7: identifying outcomes and measures for intervention

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ANALYSING PATTERNS OF HARM AND PROTECTION

according to Bentovim et al. (2014)

► The analysis aims at **identifying factors and processes affecting the child's health and development** and at determining their impact. Remember:

    ► What is **central is whether there is impairment** (or likelihood of impairment) **of the child's health and development**.

    ► Difficulties in the Parenting and/or the broader Family and Environment **may or may not** be producing impairments in child's health and development.

► Analysing means **raising hypotheses** about how Family and Environmental Factors, Parenting Capacity and Child's Developmental Needs impact on each other and to **check whether there is a sufficient base** to confirm or refute these hypotheses.

? ⟶ !

CORE QUESTIONS IN THE ANALYSIS OF PATTERNS OF HARM AND PROTECTION

Looking For Patterns of **Harm** **&** Patterns of **Protection**

- ► What are the **impairments in the child's health and development**?

- ► How have these been brought about?

- ► What are the **strengths in the child's health and development**?

- ► Why have they occurred?

Chronology: Distinguishing between
- ► what has brought things about in the **past** and
  - ► what keeps things going in the **present** helps predicting
    - ► what is likely to happen in the **future** if noting changes.

WHAT ARE FACTORS AND PROCESSES?

Factors: strengths or weaknesses in either dimension of the assessment framework triangle for which there is evidence, e.g.

- ► child's neglected appearance;
- ► parents' disorganised and chaotic caregiving;
- ► poorly maintained housing;
- ► child's ability to make friends easily;
- ► parents ensuring child keep in contact with members of the wider family.
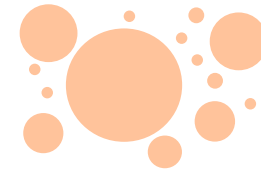
Processes: relations among factors, e.g.

- ► parents' disorganised caregiving impacts on child's health;
- ► parents' encouraging and joining child's play facilitates child's cognitive development
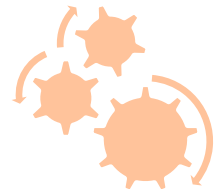
All **processes taken together form a pattern** of influences.

LINEAR AND CIRCULAR PROCESSES

Individual **factors may be linked to others in different ways**:

Linear processes: individual factors affecting others but not vice versa, e.g.
- ►Parents' disorganised and chaotic caregiving
  - ►affects child's social representation
    - ►resulting in its neglected appearance.

Circular processes: reciprocal effects between factors, e.g.
- ►Aunt provides emotional support to her niece at times of stress
  - ▼which helps her to develop positive emotional regulation skills
- ◄what motivates the aunt to get involved even more.

FOCUS ON EFFECTS WITH MOST IMPACT

Step subsequent to identifying factors and processes:

determine their **impact on child's health and development**.

Essential for planning interventions as these should focus on:

▶ areas of vulnerability or risk which need action

▶ strengths on which it may be possible to build.

Core questions help detecting the most potent factors and processes:

SEVERITY OF DIFFICULTY & MAGNITUDE OF STRENGTHS

▶ What are the factors and processes that appear to be **most harmful to the child's health and development**?

▶ What are the factors and processes that seem to be **most protective to the child's health and development**?

HOW TO DETERMINE THE IMPACT?

cf. Angold et al. (1995)

A Factor may appear significant but its impact on child's health and development might be low (e.g. poverty).

6 **characteristics** of factors and processes to look at:

1. intrusiveness
2. pervasiveness
3. modifiability
4. frequency
5. duration
6. unusualness

3 ASPECTS TO CONSIDER …

1. **Intrusiveness**: the extent (or depth) to which a behaviour, emotion, experience, environmental factor and so forth interferes with or contributes to a child's developmental needs or family activity.
    - ▶ The more a factor or process intrudes, the greater its impact.

2. **Pervasiveness**: the range (or breadth) of people, situations and activities on which a strength or difficulty has an effect.
    - ▶ The greater the number of aspects affected, the greater the impact.

3. **Modifiability**: the extent to which other actions, experiences or situations alter or change a factor or process.
    - ▶ The less modifiable a factor or process, the greater its impact.

… AND 3 MORE

4. **Frequency**: the rate of occurrence of behaviours, experiences and events.
   ►The more frequent a factor or process, the greater its impact.

5. **Duration**: the length a strength or difficulty already continued to exist.
   ►The longer the duration of a factor or process, the greater its impact.

6. **Unusualness**: the extent to which a factor or process is exceptional. Unusual behaviours, emotions, experiences etc. may be seen as major factors in their own right regardless of their other characteristics.
   ►The more unusual a factor or process, the greater its impact.

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SYNTHESISING THE ANALYSIS

cf. Bentovim, Cox, Bingley Miller & Pizzey (2009)

In exploring the degree of severity of the problem to be addressed, it is usually the case that:

- ► the **more domains and dimensions** that show difficulty,
- ► the **more frequently** those difficulties are manifest,
- ► the **longer** they have existed,
- ► the **less modifiable** they are and
- ► the **more they intrude** upon child's health and development,

- ► the **greater the severity** of the pattern of harm.

EXCURSUS: COGNITIVE BIASES

Cognitive biases: tendencies to think in certain ways that can lead to systematic deviations from a standard of rationality in judgement and decision-making.

Particularly relevant biases for analysing information in child protection proceedings:

▶ Availability heuristic

▶ Confirmation bias

▶ Shared information effect

!

There is no way to entirely eliminate cognitive biases, but…

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AVAILABILITY HEURISTIC

Availability heuristic: tendency to overestimate likelihood of events with greater "availability" in memory which can be influenced by
- ► how recent the memories are or
- ► how unusual or emotionally charged they may be.

!

Problematic: what is easiest to remember may not be typical of the overall picture, leading to faulty conclusions. For example:
- ► *If recently a child died due to maltreatment this worst case scenario comes to professionals' minds more easily. In consequence they are prone to more readily apply coercive measures in subsequent cases.*

► **How to deal with the influence of the availability heuristic?**
- ► Involve multiple professionals into analysing information.
- ► Apply structured measures in assessment and analysis (e.g., the Assessment Framework triangle).

What else **?**

CONFIRMATION BIAS

Confirmation bias: tendency to search for, interpret, focus on and recall information in a way that confirms one's preconceptions, while giving disproportionately less consideration to alternative possibilities.

!

Problematic: people automatically generate explanations for what they observe (implicitly and/or explicitly) causing misjudgments because contradicting information is ignored. For example:

►*A professional "falling in love" with the hypothesis that a child is neglected may overlook that the parents provide appropriate medical care despite failing to providing for the child's physical needs.*

►**What to do to avoid blatant misjudgements?**
- ►Routinely consider a case from another perspective.
- ►Intentionally look for facts in opposition to the own appraisal.
- ►Generally formulate multiple hypotheses for the same case.   **What else**
- ►Engage multiple professionals into gathering and analysing information.

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SHARED INFORMATION EFFECT

Shared information effect: tendency for group members to spend
- ►more time and energy discussing information that all members are already familiar with (i.e., shared information), and
- ►less time and energy discussing information that only some members are aware of (i.e., unshared information).
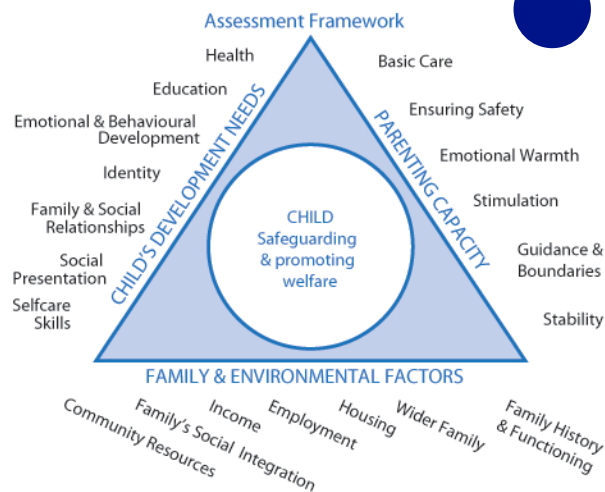
Problematic: Harmful consequences related to poor decision-making can arise if professionals discussing cases do not have access to unshared information. For example:
- ►*A professional may not share her observation that the parents are in good contact with the neighbors once these have been primarily characterised by several deficiencies. within the discussion.*

►**What to do to reduce group focus on discussing shared information?**
- ►Spend more time actively discussing collective decisions.
- ►Increase the diversity of opinions within the group.
- ►Structure the discussion and introduce new topics to avoid returning to previously discussed items among members

What else ?

EXERCISE: ANALYSING A CASE EXAMPLE

This exercise aims at training how to use the Assessment Framework triangle for analysing the information gathered and organised.

► **Join in small groups** of about three to five people and have a look at the completed Assessment Framework triangle.

► **Raise hypotheses** about how family and environmental factors, parental capacity and child's developmental needs impact on each other and **check whether there is corroborating evidence or not**.

► Which factors and processes are **most harmful** and which are **most protective**? Review the pattern of harm and protection identified according to the impact on child's health and development.
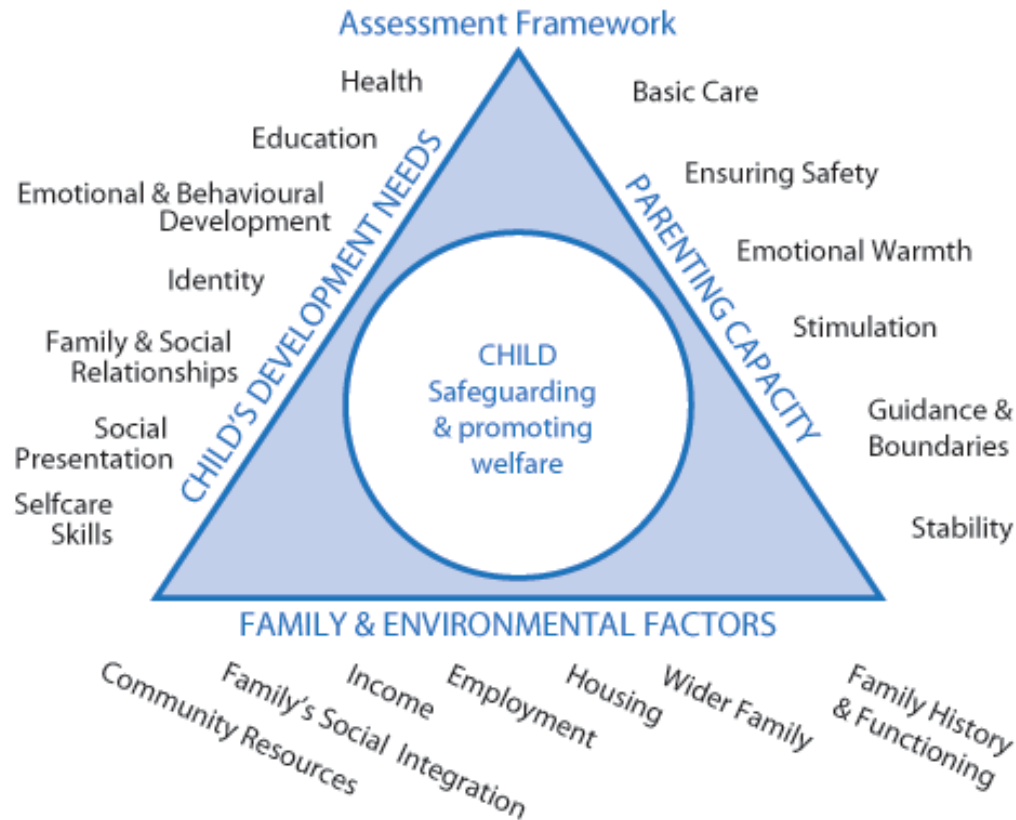
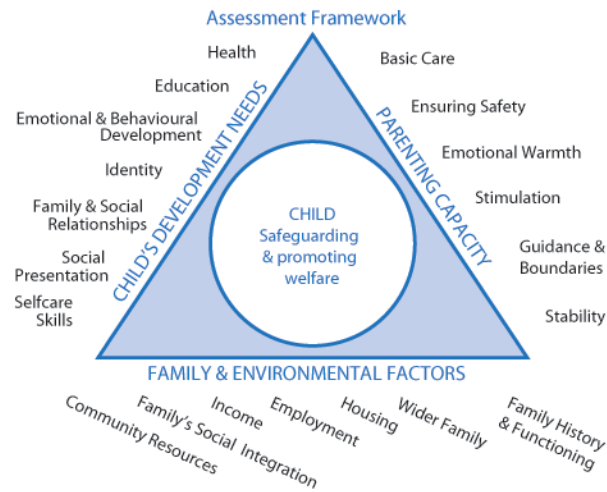We will discuss your findings and experiences in **30 minutes**.

ASSESSMENT FRAMEWORK
MAP THE PROCESSES

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Department of Health et al. (2000)

REFLECTION ON ROLES AND ATTITUDES

Take **10 minutes** time to **consider once more the previous approach to analysing and understanding** the information available in child protection proceedings. In doing so, please focus your thoughts on the following questions:

▶ **What can you contribute in your professional role** to the step of analysing the information available in the process of safeguarding children?

▶ **What have you learned about the role of other professions** in analysing the information available in child protection proceedings and how does this affect your attitude towards this step in safeguarding children? Are there aspects regarding the role of other professions related to the analysis of information that are irritating for you?

REVIEW OF LEARNING

▶ Surprises

▶ Learnings

▶ Satisfactions

▶ Dissatisfactions

▶ Discoveries

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ACKNOWLEDGEMENTS

Many **thanks to Child and Family Training** (UK) for providing MAPChiPP not only with their exceptional expertise but also their material in the process of preparing these training modules!

► www.childandfamilytraining.org.uk

REFERENCES AND RESOURCES

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REFERENCES

► Angold, A., Prendergast, M., Cox, A., Harrington, R., Simonoff, I. & Rutter, M. (1995). The Child and Adolescent Psychiatric Assessment (CAPA). Psychological Medicine, 25, 739-753.

► Bentovim A., Cox A., Bingley Miller L. & Pizzey S. (2009). *Safeguarding Children Living with Trauma and Family Violence: A Guide to Evidence-Based Assessment, Analysis and Planning Interventions.* London: Jessica Kingsley.

► Caldwell, B.M. & Bradley, R.H. (2003). *HOME Inventory: Administration Manual Comprehensive Edition.* Little Rock, AR: University of Arkansas for Medical Sciences.

► Cox, A. & Bentovim, A. (2000). *The Family Pack of Questionnaires and Scales.* London: The Stationery Office.

► Cox, A., Pizzey, S. & Walker, S. (2009). *The HOME Inventory: A Guide for Practitioners – The UK Approach.* York: Child and Family Training.

► Department of Health, Department for Education and Employment & Home Office (2000). *Framework for the Assessment of Children in Need and their Families.* London: The Stationery Office

► Pizzey S., Bentovim A., Cox A., Bingley Miller L. & Tapp S. (2015). *The Safeguarding Children Assessment and Analysis Framework.* York: Child and Family Training.

FURTHER RESOURCES

▶ see **toolbox** 📦 available online at: www.mapchipp.com

▶ Kelly, L. & Meysen, T. (2016). *Transnational Foundations for Ethical Practice in Interventions Against Violence Against Women and Child Abuse.* London: CEINAV. (translations to German, Portuguese and Slovenian available)

▶ Are there **any ressouces that you consider particularly useful** for practitioners in child protection when it comes to planning interventions? Please **let us know** about it (write to mapchipp@dijuf.de)!

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COLOPHON

▶ The training material at hand was developed as part of the project **Multi-disciplinary Assessment and Participation in Child Protection Proceedings: training program with modules and toolbox, international network**.

▶ This collaborative project was **supported by the Rights, Equality and Citizenship (REC) Programme of the European Union** and conducted by the German Institute for Youth Human Services and Family Law (Germany), Family Child and Youth Association (Hungary), the Estonian Union for Child Welfare (Estonia) and the Netherlands Youth Institute (Netherlands).

▶ **Module 05: Analysing and Understanding was developed in main responsibility of project partner DIJuF** by Thomas Meysen, Hentriette Katzenstein and Felix Dinger.

▶