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Social work: risks, needs and balanced assessments

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Chapter 1.1 Social work: risks, needs and balanced assessments

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Part 1 Risk and social contexts

Whatever the social conditions, political circumstances and organizational arrangements, social workers still have to balance care and control in their work with service users, empowerment and protection, support and surveillance; they face tensions of working for change in individuals and society, casualty work and preventive work; they have to balance the wishes and needs of service users with their needs and abilities, the interests of others and legal duties.

Dickens, 2011, p. 35

In his article, Jonathan Dickens argues that balancing 'care' and 'control' remains a core component of social work practice despite changes to political contexts, legal mandates and professional standards. Balancing care and control can also be understood as balancing risk and need. Balancing risk and need is a dynamic process, as needs and risks and society's ideas about them change over time. For this reason, care has to be taken to avoid assumptions and to seek supervision and support for day-to-day practice.

This chapter focuses on the importance of taking account of both need and risk in assessments (whatever the model used) and avoiding a narrow one-sided view. It will conclude that whether the assessment is supposedly an 'assessment of risk' or primarily 'needs-led' it is always important to consider both components, even though concerns about one aspect may have been the initial reason for referral. Assessments are also expected to be holistic as the practitioner gathers information relevant to the physical, social, psychological and spiritual needs of the person. The practitioner should start from what the person says about their situation and as far as possible agree plans for intervention and/or providing services, as people have a right to have their views heard.

Professional social work developed to respond to risks, usually those that communities identify as 'of concern', and to provide services to meet 'needs' that might otherwise put someone at risk of harm or of social deprivation. From its early beginnings social work was involved with three major groups: those who break the law (probation and criminal justice settings); children who require support and/or protection (child and family services); and adults who, for identified reasons (for example, mental ill health, disability, age, poor physical health), require support to promote their wellbeing (adult services). Issues of risk and need are relevant to all settings. Assessment has traditionally been a way for social workers to

quantify risk and identify how needs might be met. These three aspects of practice, risk, needs and assessment, are discussed together in this chapter.

While the chapter focuses on the social work role, usually other practitioners are involved, supporting the assessment process by providing information and/or services. Assessments may need the contributions of health, education and other practitioners and, where appropriate, relatives and friends. A generic understanding of concepts such as ‘need’, ‘risk’, and ‘assessment’ is important so that social workers can be effective in their own settings and share common understandings when working together with other professionals. While each social worker’s primary focus will be their own agency’s responsibilities, close working with other practitioners remains essential and adds important information and/or perspective to each situation.

Social policy contexts

Law and social policy shape the way social work is delivered. The Welfare State aimed to combat the ‘five giants’ identified by William Beveridge as: want, disease, squalor, ignorance and idleness. His report (1942) led government to incrementally legislate for social reform through: national insurance and benefits, a health service, education reforms, house building and full employment policies. These reforms were supported by politicians on all sides and were largely in place by the early 1950s, creating the ‘Welfare State’.



Figure 1.1 William Beveridge

Since then, as society and governments have changed, there have been significant social policy developments. The social climate for ‘welfare’ is very different at the time of writing (2015) from that which predominated from 1942 until the early 1980s. A particular feature that commentators have identified as relevant to modern social work is a preoccupation with ‘risk’. Kemshall (2007) identifies how the change of approach from a ‘welfare society’ to a ‘risk society’ leads to a ‘residual’ approach to welfare, where citizens are increasingly responsible for themselves and

scarce public resources are provided as a last resort. Kemshall presents this shift in table form (p. 153):

Table 1.1 From welfare society to risk society

Welfare society	Risk society
Universal welfare	Residual welfare
Risk protection	Risk promotion
Social insurance	Social justice
No 'fault' exposure to risk	The 'prudential' citizen

(Source: Kemshall, 2007)

The developing and receding Welfare State in the United Kingdom from 1942 onwards has been extensively analysed (Glennister, 2007; Bochel et al., 2009). As a result of gradual social policy shifts, social workers now find themselves practising in a very different climate from the days following the Seebohm report (1968). Then, well-resourced social services departments were introduced to engage with meeting need in a wider way than practitioners can in the target driven environment of subsequent practice. Buchanan (2011), suggests that the 'spirit of the age (Zeitgeist) in the twenty-first century differs from that of the 1970s. It is that of an ever-changing world, understood in very different ways in relation to globalization, consumerism, individuation and rights' (p. 11).

Social work departments, once the gateway to a range of early interventions and supportive services (Seebohm, 1968), are now expected to target and ration resources and also manage risk. This has been particularly the case in the 2014/5 climate of 'austerity'. Assessment, which should be holistic and person-centred, can become a procedural process for determining risk and channeling limited resources. Assessing 'risk' may be prioritised over the assessment of need. This chapter argues that this can lead to a lack of balance in various ways. For example, adults may want to take certain legitimate approaches in their lives, where the taking of risk is not necessarily negative (Titterton, 1999). A lack of family support services and increasing levels of poverty produced by cuts in welfare spending may have the consequence that some children who are looked after by local authorities could have stayed with their parents. Focusing on risk can result in unmet need.

Risk, moral panic and media frenzy

Sensationalist media coverage of social work has not been helpful. It has been particularly harsh in relation to children's social workers, although adult services workers have not altogether escaped. A consequence is that managers and others may practise defensively to protect the system rather than listen carefully to service users' views and use their discretion (Ayre, 2001).

The climate of mistrust and blame between politicians, media and professionals may mean that:

First, workers may come increasingly to lack confidence in their own judgment and to be dependent on being told the right thing to do. Second, the system may become so wrapped up in process and procedure that it loses sight of objectives and outcomes. When those involved at all levels are asked to explain why certain actions were taken, they are likely to respond in terms of compliance with procedures and technical requirements. They are much less likely to speak, or perhaps even to think, about what they were trying to achieve for their clients.

(Ayre, 2001, p. 894)

Ayre suggests that discourses of 'incompetent social work services' promoted by the media and echoed by politicians are superficial and written by those with little understanding or sympathy for the public sector. It is important to resist such narratives and for social workers to promote alternative and more realistic discourses with people who will listen. The reality is that, day in day out, the majority of social workers are providing effective services. At the same time it is unrealistic to be overly defensive when media investigations 'uncover' poor practices, as they have at times in relation to children and also in care homes for older and disabled people.

High-profile cases that generate public interest can lead to improved policy and legislation. In England, the Children Act 2004 responded to an inquiry into Victoria Climbié's death (Department of Health/Home Office, 2003), and the death of Peter Connelly led to The Munro Review of Child Protection (2011). In Scotland, the Report of the Caleb Ness Inquiry outlined areas for change (Edinburgh and Lothians Child Protection Committee, 2003). In adult services, the Bournemouth ruling (Brown and Barber, 2008) led to the deprivation of liberty safeguards, operational in 2009. Therefore, the findings of reports after high profile events, for example, the sexual exploitation of young girls identified in Rotherham, Rochdale and Oxfordshire in 2015, offer helpful practice points for future work.

Research findings in academic papers and the findings of reports offer an antidote to moral panics (intense public feeling caused by sensational reporting that may be disproportionate to the facts). For example, every child death is a tragedy and seriously affects the professionals involved. However, there is some evidence (despite the deficiencies identified in individual cases) that between 1974 and 2006 some progress in reducing child abuse-related deaths was made in the UK (Pritchard and Williams, 2010). Pritchard and Williams suggest this offers practitioners encouragement, while also saying, 'We should never be satisfied whilst even one child is left helpless in a neglecting or abusing home' (2010, p. 1715).

Moral panic does not lead to better ways forward. If social workers become afraid of blame for failure to act, it may lead to disproportionate interventions. Certainly, the number of care applications in England has increased since the death of Peter Connelly in 2007. This could be a corrective to previous trends but could also be an overreaction. Either way it is critical that practitioners take their cue from evidence-based papers,

inquiry reports, serious case reviews and government guidance, not the media.

It can be argued that the number of children living in poverty in the UK is as much of a scandal as child deaths at the hands of carers. This receives scant media attention but affects far more children and families and can be constructed as ‘societal abuse’. Bywaters (2015) and Bywaters et al., (2014) have begun to map out the issues of inequalities in child welfare services. They bring an approach from the field of health inequalities, where disparities in the life chances and health of adults can be linked to social position. Bywaters (2015) argues for child welfare theory, research and action to be reframed in terms of the social determinants of ‘child welfare inequalities’. He suggests that the wellbeing of children in any locality cannot be improved without directly addressing inequalities.

Featherstone et al. (2014) have identified how, in neo-liberal policy contexts such as the economic and political climate in the UK in 2015, risk becomes individualised and parents particularly are often held personally responsible for their situations, which may well be the result of multi-layered social disadvantage (for example, poor income, housing, health education and employment opportunities). This contrasts with the collective welfare systems of some other countries where there is more of a social protection net and less emphasis on individual responsibility. They argue for a ‘broader engagement with ethical questions about how the current child protection system deals with multiply deprived families in an unequal society and with the dynamics of shame and harm to self and others that flow from such inequalities’ (p. 9). They also, while clearly recognising the need to protect children, advocate for a more humane approach to child welfare.

Social workers have to be responsible and accountable and make decisions as carefully as possible and on the best information and research evidence they can gather. The important aspect of high-profile cases is usually the measured learning points for future practice (Munro, 2011). It is important to have an organisational culture in place where there is a positive attitude to learning from mistakes and challenges, and where options and issues can be openly discussed. Blame is easy, and seldom improves matters. It may also ignore the social policy contexts, identified by researchers, which determine the potential individuals have for health, positive life chances and economic wellbeing.



Private risks and public responsibilities

We all take some private risks. You may not think about the element of risk in some actions (for example, a skiing holiday) unless someone points it out. The biggest regular risk that many people take is travelling by car. Some risk taking, such as speeding or using a mobile phone while driving, is restricted by law. Some people find the levels of legislation curbing their freedom acceptable. Others consider that state intervention in their lives goes too far and are hostile to what journalists have described as ‘the nanny state’.

Social workers, however, make assessments about risks, not just for themselves, but on behalf of society in legally specified areas and within the policy contexts that shape their practice. They have publicly accountable responsibilities to meet need and prevent people from harming themselves and others. This can mean debating the dilemma of whether an individual’s life style and life choices can be supported, or whether intervention is needed because of the risks to others or the individual concerned. These are ethical and moral, rather than procedural debates. Negotiation with what the vulnerable person considers they need, and respect for their perspective, is very important.

There are many social work roles relating to risk. In general it can be identified that social workers are concerned with:

- those risks which people pose to others;
- those risks to which people are exposed; these are perhaps best understood as referring to people who are vulnerable to risk.

(Kemshall, 2013, p. 334)

Kemshall identifies the key components of assessing risk as:

- identification of the risk of what? – the behaviour or event of concern
- calculation of its likelihood or probability
- the conditions, situation(s) or circumstances in which the risk might occur
- the likely impact of risk
- the consequences of risk and who might be exposed to and harmed by risk.

(2013, pp. 335–6)

Social workers usually aim to manage risk through actions to reduce risk and minimise harm (Kemshall, 2013). There may be high expectations of social workers, yet they are often asked to manage situations where others have given up or failed. They can therefore only make ‘defensible decisions’, which means ones that can be accounted for, are ethical and made on the best information available at the time. ‘Defensible practice’ is not the same thing as ‘covering your back’ or being ‘defensive’. It means that you have made critical, reflexive and careful judgments, ‘in particular situations at particular moments in time and with the fully considered

evidence of incomplete knowledge so that you can defend and justify your assessments, plans and interventions' (Cooper, 2010, p. 23). Risk can never be entirely eliminated, but as Kemshall argues it can be 'minimised' and living with some manageable risk may be an acceptable and reasonable outcome.

Thresholds and proportionality

Another issue is the variation that exists between thresholds for receiving services in different areas and the definition of what exactly, in the case of children, constitutes 'harm' or 'significant harm.' The possible 'harm' caused by intervention (for example, children have been abused in care) against the 'harm' caused by failure to act decisively also has to be judged. Research studies can helpfully identify practice outcomes and trends. McGhee and Francis (2003) examine the impact of the 1995 Children (Scotland) Act on practice; Brandon and Thoburn (2008) examine in detail services to children who are suffering or likely to suffer significant harm; Horwath (2011) examines assessment in practice. Humphreys and Absler (2011) report on child protection in domestic violence cases. Platt and Turney (2014) argue that threshold decisions can be nuanced and mediated through a naturalistic decision-making process which responds to sense-making strategies at a local level.

Decisions about thresholds (points of entry to services/social work interventions) are made by local authorities. The positive aspect of this is that local child safeguarding boards can respond to local conditions and demography. However, a critique is that this can lead to arbitrary assessments and decisions, and inequalities in service responses. A large authority with high levels of childhood poverty may set thresholds lower than another authority with more general affluence. This might mean the less affluent authority might be forced to set higher thresholds for taking children into care. They may also provide fewer preventative services. There is a similar issue in relation to services for adults, where different UK nations may set different eligibility criteria for the provision of support services. This means that people with very similar circumstances may be treated differently depending on where they live.

The key is that individual social workers aim to act proportionately. This means weighing up the choices and taking the least restrictive option for the service users (Kemshall and Pritchard, 1997; Parsloe, 1999; Bytheway et al., 2002; Parton, 2011).

Part 2 Assessment in social work: decisions and dilemma

Needs and assessment

Assessment literature describes models for assessment and discusses the ethical and moral choices that practitioners make. It debates the concept of need, as well as that of risk (Parker, 2013). Needs (Doyal and Gough, 1991)

can be defined on the basis of disadvantage or the right to a minimum level of provision, for example: clean water; adequate nutrition; adequate protection and housing; a non-hazardous work environment; appropriate health care; security in childhood; significant primary relationships; physical security; appropriate education; safer birth control and child bearing. Bradshaw (1972) provided a 'taxonomy of need' from which much social policy has been developed. His four categories are:

- normative needs: defined by policy makers for society, such as benefit levels or vaccination schedules
- felt needs: needs that people feel they have but do not express
- expressed needs: what people say they need
- comparative needs: problems which emerge by comparing one group of people with another.

An additional factor for children is that their needs are defined developmentally. This was pioneered by writers such as Kelmer-Pringle (1980) and Black (1990) and has been developed by others (Seden, 2001; Sinclair, 2001; Aldgate et al., 2005; Daniel et al., 2010). This is because neglect of early needs creates vulnerabilities that may last a lifetime. Children's developmental needs can often be met through a child and/or family centre, or other family support interventions if they are available. However, where a child's health is compromised by structural deficits such as poor housing or schools, it can be hard to enable change. Social workers are encountering ethical dilemmas where they have identified needs, formed plans to improve a child's life and are then unable to access the relevant resources.

The gap between the desirable outcomes that assessment identifies and the actual services available (for example, the lack of counselling and supportive services in mental health, shortfalls in support to enable older people to live at home, the shortage of foster carers) is difficult for social workers, who often network widely to find out what their service users need. Social workers strive to work from their anti-discriminatory values of empowerment and principles of personalisation to provide services tailored to meet identified need, only to find that they are juggling with expressed service-user need and resource issues and/or gatekeeping their own and other services. However, by identifying need and evidencing it, practitioners can also actively lobby for better service provision and advocate for particular service users.

People at the frontline of practice can also be the first to identify a need for research. For example, practitioners noticed the difference between the amount of research underpinning the child and parent sides of the assessment triangle (Department of Health et al., 2000) and the lack on the third aspect: the interplay between family's external and internal worlds and ecological perspectives. Since then, Gordon Jack has addressed some of this (Jack and Owen, 2010).

Rights in practice

Rights apply to everyone, whatever their ethnicity, gender, sexual identity, religion, language, abilities, beliefs or family background. In adult services, practitioners seek to work with the moral and ethical components of social work and the commitment of the profession to human rights. However, rights have to be translated into effective practice and it can take time and effort to embed them into service provision. In assessment it is important to consider both legal responsibilities and the rights of the individuals concerned.

Children's rights are encoded in the UN Convention on the Rights of the Child (www.unicef.org.uk). Among other things, the Convention says that countries should support children to enjoy the best possible health, to learn at school and be protected. The rights are embedded in policy in England, Wales and Scotland. Of particular note for social work is Article 3, which says that the 'best interests' of children must be a primary concern in decisions which affect them and that adults should do what is best for them and think about decisions that will affect children. All organisations concerned with children should work towards what is best for each individual child.

However, these aspirations require discussion, for example, there might be a range of perspectives about 'what is best' in a particular situation. Practitioners often have to consider a complex set of perspectives, including the child's own view. Obtaining a child's views can take time and skill but should always be attempted (Aldgate and Seden, 2006). Researchers have sought adults' and children's opinions about good practice in a range of situations (Rose, 2006; McPhail, 2011). However, dilemmas remain about rights, risks, needs and responsibilities. Often, both children and adults will need an advocate, a champion or a supporter if their rights are to be achieved in practice (Forbat and Atkinson, 2005). Social workers make judgments based on their values (McCormick and Fraser, 2011) which may conflict with those of other people. Ethical practice is the way social workers express their values; ethical debate is the way they make decisions when different rights and responsibilities have to be reconciled (Dawson and Butler, 2003; Hugman, 2013). The balancing of needs, rights, risks and responsibilities is often complex; social workers in England working with adults, implementing the Care Act 2015, are likely to find it brings new challenges in this area.

Social workers have responsibilities to their services users and agencies, but also to themselves and their colleagues. It is relevant to mention here that practitioners have a right to safe working conditions and not to be exposed to violence and unacceptable risks in the course of their work (Seden and McCormick, 2011). It is important to develop strategies to ensure your own safety and wellbeing. In particular, to ensure that supervision is available, prepared for and the time used effectively.

A balancing act

While needs and risks can be discussed separately they cannot, in operation, be seen as two different concepts. They are interrelated, and both aspects

may co-exist within assessments and interventions. Sometimes one is more prominent than the other, but this can change during the work. Issues of ethics, rights and proportionality in assessments are also critical. An unmet need can lead to someone being put at risk. If an older person is discharged from hospital with no support after surgery to repair a broken hip caused by a fall they may be at risk of another fall. Meeting their care needs will reduce the risk of further harm. Recognising the needs of parents and supporting them to manage better should not prevent social workers from prioritising the right of the child to develop as well as possible. This may mean intervening to accommodate the child.

The assessment of need and risk is a continuous process, because even situations that seem relatively safe can change suddenly. For example, in the case of Peter Connelly, social workers were supporting his mother; however, when she began a new relationship the presence of a new boyfriend and his brother substantially increased the risk of harm, as events tragically showed. This was not the only factor that contributed to Peter's injuries being missed. The delays in completing medical assessments also played a role, as did the lack of interdisciplinary work. This balancing of needs and risks is equally relevant to work with older people, mental health and other adult services work, simply because social workers act on behalf of society to promote the welfare of, and protect, the most vulnerable groups.

Sometimes social workers become anxious because of high-profile cases and inquiries and, while the lessons from them need to be learned, it is helpful to remember that the overwhelming majority of social workers provide good services day in, day out, without finding themselves 'in the news'.

Conclusion

Social workers have legal responsibilities to work with needs, risks and harm. They must understand the relationship between ‘need’ and ‘risk’, and know how to respond proportionately and effectively. Social workers can use a variety of assessment frameworks and methods, while aiming to remain child- or person-centred in their approach. Working with risk means balancing rights and responsibilities between individuals, society and the agency. Social workers can aim to keep themselves safe, as well as service users and colleagues.

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