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Moral and Professional Dilemmas in Long-term Assessment of Children and Families

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Abstract

- *Summary*: This paper discusses some of the issues that concern social workers making long-term assessments in the light of central government criticism of inadequate assessment and use of adoptive placements. We draw partly on our research into local government use of adoption placements (Clifford et al., 2003). We also draw on our previous publications on assessment, and on related research. Our approach is therefore both empirical and theoretical. It is partly a contribution to understanding the nature of contemporary social work assessment practice, but primarily a polemic against influential misperceptions.

- *Findings*: Our findings are that policy-makers have *not* sufficiently understood the complexity of the mix of interpretation, evidence and ethical judgement involved, and that social workers inevitably struggle with moral dilemmas arising from their simultaneous responsibilities to interpret evidence and to work in close partnership with the conflicting interests of service users, of carers and of other professional colleagues.

- *Applications*: The application of the evidence in this paper is that policy-makers need to understand the dynamic, ethical complexity of judgements involved in social work assessment, and avoid policy development linked to misguided assumptions. The findings also underline the need for social workers to continue to pay critical attention to empirical evidence, interpretative issues and ethical considerations.

Keywords   adoption   assessment   ethics

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Introduction

The Prime Minister's Review of Adoption (Performance and Innovation Unit (PIU), 2000) painted a negative picture of how social workers make assessments. Taking a popular media line, the review can hardly find a good word to say about local authority social workers. Their poor judgement is seen as a prime cause of the failure of social services departments across the country to achieve appropriate rates of adoption in the 1990s, causing 'looked after children' to languish in the care system, failing to achieve their potential and deprived of a fresh start in a loving family. This report, on which a raft of subsequent adoption policy and legislation was based, criticizes social workers on a number of points:

Evidence-based practice The condemnations of social workers are nowhere so pointed as in the comment that '. . . the team heard on several occasions social workers make statements or adopt positions that contradicted established research evidence' (PIU, 2000: 63).

Skills-based social work training The authors took the view that 'most social workers do not have sufficient skills or knowledge to be able to provide guidance to birth parents' (p. 48).

Maintaining clear ethical standards Unfortunately, the authors conclude that the moral fibre of social workers has a tendency to wilt under pressure: '. . . there can be a tendency for social workers to . . . avoid options that involve conflict' (p. 26).

Clear policy and practice targets The authors refer to '. . . the mixed quality of social work' in the '. . . failure . . . to explore fully and competently all the appropriate options' (p. 32).

Using multi-professional expertise It is especially important to work together with other professional experts in view of the fact that '. . . judging when rehabilitation is not viable . . . is a highly sensitive task in which social workers receive limited training and guidance' (p. 26).

Consequently, it is hardly surprising that social workers have difficulties when it comes to persuading people that they have made a competent and reliable long-term assessment of the circumstances, and that their judgements can be trusted. The report notes the '. . . inability of inexperienced social workers to convince the court that earlier rehabilitation efforts have been robust' (PIU, 2000: 32). This of course also contributes to further delay in placing needy children, because it leads the courts to make further, entirely understandable attempts to rehabilitate children with birth parents or other kin, not having the confidence to trust the social worker's assessment.

The argument we present is not intended to suggest that social workers always get it right. Our evidence is limited, but is drawn from fairly typical situations where people were aware of mistakes sometimes being made. They expressed concerns about failings in communication and understanding, but

they also expressed awareness of the inherent difficulties of decision-making. Whereas the PIU report tends to concentrate on negative aspects of social work practice, our discussion suggests a more rounded and more adequate interpretation, illustrated with evidence from similar kinds of practice experience but informed by different perspectives and evidence. The importance of challenging the PIU view of social work is not only because of its repetition of popular prejudice, but because public policy and legislation in adoption has been significantly influenced by that report.

Using Evidence

Our own research, commissioned by the Northwest Group of Voluntary Adoption Agencies, was carried out during and after the publication of the PIU report (Clifford et al., 2003). The main aim of the research was to identify factors that contributed to the variable use of voluntary adoption agencies by local authorities in the placement of looked after children. The way social workers made assessments was only one strand in our approach to investigating the apparently differing practices of local authorities. Amongst other things, we were interested to gather evidence from social workers about how they assessed the need for adoption, and how far their understanding, skills and values could be seen as barriers to adoption generally, and to placement with voluntary adoption agencies in particular. We interviewed over 100 individuals as part of this project, gaining an overview of agency policy and practice from senior managers across England and Wales. We completed in-depth face-to-face interviews with 38 social workers, asking especially about their willingness to use adoptive placements, their values and assessment methods. The second phase of the research focussed on workers in north-west England, so that we could examine in more detail the variable use of north-west voluntary agencies by regional local authorities. We also conducted a focus group interview with five social workers in a local authority in the south of England in order to see if there were any obvious contrasts with the north. Interviews lasted on average about one and a half hours, and were conducted in four differing north-west local authorities chosen to represent different types of authority: a major urban authority, a large county authority, and two medium-sized councils. These authorities had very different rates of adoption, demographics, practices and policies. We succeeded in getting a range of social workers, from short-term assessment teams to long-term children's teams, adoption specialists and adoption panel members. Our research thus offers some qualitative evidence of social workers' perspectives on the problems of making decisions and forming relationships in the process of assessment and planning for permanency in child care placements. It does not purport to be a comprehensive survey, but offers a different perspective from a selected group of social workers whose actions are so roundly criticized.

The view assumed in the PIU report is one that is thoroughly 'modernist'

in its advocacy of the use of empirical evidence as a basis for practice and policy. As has been noted elsewhere:

> ... while Parton and other academics suggest that we live in an age of chronic uncertainty where situated accounts, local narratives and stories must replace the explanatory theories of 'modernity', the Government clearly has other ideas. The Department of Health is certainly not convinced about the epistemological flaws in foundational knowledge. (Smith, 2001: 302)

In that currently favourite Whitehall word, the Government takes a 'robust' view of the nature of the social work task, and expects others to do likewise, setting performance targets and uniform standards for local authority social workers, with the aim of meeting the needs of children and families. The Government also receives support in this position from academics such as Sheldon, whose reply to a recent critic of evidence-based practice (Webb, 2001) is to dismiss the theoretical agenda involved as 'post-rational' rather than 'post-modern' (Sheldon, 2001: 803). It is not the aim of this paper to dispute the merits of these arguments. We are conscious both of the importance of evidence in research and practice, and also of the disputability of research evidence and its interpretation. We do aim to show that there is an alternative way of looking at social work assessment, drawing both on our evidence of how social workers explain their approach to long-term assessment in adoption, and also on work previously published by ourselves and others in this field, thus explicitly combining evidence and interpretation (Clifford, 1998; Clifford et al., 2002).

A recent research study of social workers' use of evidence in this field concluded that social workers *were* alive to the possibilities of using research evidence in their assessments, but sometimes found it difficult to access information on the particular points they needed to know about. As a result the researchers were planning '... an enquiry line for practitioners ..., which responds to practitioners' questions about research findings relating to particular areas of permanency practice' and also '... promoting a research programme that is responsive to practitioners' issues' (O'Brien and Wrighton, 2001: 70).

Our own work did not focus on this issue but, similarly to O'Brien and Wrighton, indicates that social workers had an interest in research evidence, and made efforts to access it when they could, but had difficulty getting access to it or to appropriate training. One said that she '... appreciates research information relevant to her role and tasks, and finds that it trickles down to her from training events, and occasionally via the training library'. Another social worker we interviewed commented: 'The parenting capacity of birth parents required *structured* assessment drawing on attachment theory and research.' She mentioned some recent evidence about the importance of attachment in the first few months of life. Social workers were aware of the need for more training, and managers admitted that there was not enough training offered in the area of adoption.

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Social workers' awareness of the problems of interpretation of evidence is highlighted both in our own research and in the work previously cited:

> They were also of the opinion that research evidence cannot stand alone without practice wisdom to support it, mentioned the difficulties of interpreting findings, particularly when they appear contradictory and inconsistent with practice experience [and also] . . . expressed concern that research can be misused by policy-makers to support a preferred position. (O'Brien and Wrighton, 2001: 69)

It does not seem to have been taken into account by the PIU authors that social workers might wish to challenge their interpretation of the 'established evidence' or its particular relevance to their circumstances. The notion of 'established evidence' seems to suggest that social workers should not presume to challenge it.

However, there is no need to espouse an extreme form of post-modernist scepticism about 'truth' to question how far any piece of social research will have built-in problems of perspective, historical specificity and questionable evaluative and political implications. Indeed it is precisely the awareness of this that could explain social workers' suspicions of those who insist that they should passively embrace the targets set by policy-makers and politicians without assessing the evidence of their general claims and their relevance to the particular case in hand. The advantage of 'evidence-based approaches with their concentration on critical appraisal training' is promoted by its supporters as an '. . . attempt to immunise staff against accepting famous ideas just because they are famous' (Sheldon, 2001: 803). Perhaps this is precisely what policy-makers and politicians dislike in social work practitioners. The evidence of our interviews with practitioners was that they were prepared to consider evidence seriously (though it was not always easy to access), but they would not be uncritical of 'established' research and would be concerned about issues of interpretation and application to their particular cases.

Policy, Practice and Complexity

Of many areas where social workers might have cause to query the assumptions of the PIU authors, the assessment of the children's needs and the choice between placements is the most obvious, and was indeed the cause of much concern to social workers in our research. Social workers and their managers were aware of the evidence that long-term fostering was sometimes as useful as adoption but only in certain circumstances. The research evidence is equivocal, indicating that whilst adoption is more often effective in providing security and a firm basis for life, long-term or permanent fostering can also provide good outcomes for children, and that there are advantages and disadvantages, depending on the circumstances (Triseliotis, 2002). Social workers and managers in our research provided clear reasons for using long-term fostering that were generally consistent with research evidence, and consistent with their

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own practice evidence about what works and what was appropriate for their particular children. They differed over how far it was justifiable to accept the Government's drive to increase the rate of adoption, and how far it was applicable to the specific demographic circumstances of their local authority, and to particular children needing placement. In relation to this, a practitioner commented that '. . . there was a need to be cautious about adoption. It should not be viewed as a panacea'. But many were clear that 'an adoption placement can offer security and stability to a child'. However, practitioners were acutely aware of the difficulty of the task:

> . . . considerations come into play such as the extent and strength of the child's attachments to the whole range of family and extended family members; the whole life history of the child, and its various experiences of abuse and loss; what the child is currently saying and how to interpret what is said.

The issue of complexity is thus a key issue in the approach of social workers to assessment, and is highly consistent with current accounts of the requirements of professional judgement in this area. A recent theoretical analysis of social work practice emphasizes precisely the 'complex nature of causality' in social work assessment, advocating that it should be based on a 'retroductive' research process based on Bhaskar's 'critical realism', which combines objective and subjective factors in social research (Houston, 2001: 225). Given this level of complexity it is understandable that some commentators have argued that '. . . although we can draw on research to help us understand the issues, empirical facts do not tell us what to do . . . the complexity of the phenomenon counsels caution. We need to handle with care both empirical and moral certitudes' (Howe, 1998: 8).

Another recent study of local authority social work practice observed how commonly work '. . . moved from preventative to protective interventions and ultimately permanent alternative placements' (Huntington, 2000: 283), so that it is '. . . more appropriate to think about practice interventions operating along a continuum of responses which take account of the complexity of, rather than seeking to arbitrarily simplify the issues' (Huntington, 2000: 285). This emphasizes the importance of understanding the assessment as a dynamic process, exposing the time-related aspects of its complexity.

In our research social workers were only too well aware that 'the assessment process is a changing process: it is important to be mindful of this fact. The assessment has to *take into account changes* as well as be aware that changes will occur.' One social worker gave examples of the complexity involved in decision-making. Whilst acknowledging the importance of making timely decisions in child care, she argued that complex human situations needed to be dealt with on a case-by-case basis, and this *sometimes* justified taking much longer in decision-making. In support of her view, she cited a case where the child's birth mother left the country for a considerable period of time, and the proposed adopters were initially unsure about the child. The outcome left

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the child in the care of the proposed adopters, but without the adoption being officially made until over two years later when the mother returned and was again in contact. In the meantime, the child's placement was secured, the child's needs were met, and the adoptive parents were satisfied with the support received. Nothing would have been achieved for the child in trying to speed up the decision-making in this case in the view of the social worker: indeed undue pressure could have been counter-productive.

This emphasis on the inevitability and importance of complexity and good judgement is reflected in our interviewees' conviction that 'it is not possible to make hard and fast rules, but you have to make judgements about particular situations'. In making these judgements, social workers are very ready to accept that 'staff should be making long-term plans that are realistic in relation to rehabilitation, long-term care or adoption'. They were familiar with ideas of 'twin-tracking' and 'parallel planning' to support the difficult decisions that have to be made. Often social workers made comments about the problems of matching resources with assessed need and, for example, the 'balancing act' that takes place between delaying placement and finding a better match more likely to meet the child's needs. They saw that what was at the heart of the problem was the tension between the different needs of the same child and how to balance the achievement of one set of needs against the other in the context of limited availability of adoptive placements and time.

They *do* therefore attempt to consider and clarify the range of policy aims and adoptive alternatives for children, but perhaps the PIU authors do not acknowledge sufficiently the difficulty of making assessments in unique, fluid and complex situations. Alternatively, it could be suggested that the PIU authors are espousing specifically North American values on adoption because of their political agenda. There are recent suggestions that the promotion of 'rescue' by adoption has gone too far (Gupta, 2002; Marsh and Thoburn, 2002). There is also the suggestion that the more inclusive Australasian approach to adoption, with lower adoption rates, is impeded by the lack of 'greater sanction in legislation and policy' for the use of family group conferences, a method regarded by some as a key tool for working with birth parents (Sundell et al., 2001: 334). Whatever the case, it is clear that there are inevitably differences of opinion and interpretation about complex circumstances that are changing through time. Social workers expressed their concerns to us about the need for good judgement of overall claims for adoption policy, and for their relevance to particular practice situations – issues requiring critical professional consideration of all the options, rather than passive acceptance of global targets.

Skills and Relationships

One of the most difficult aspects of making assessments in child care is the skill required to engage in partnership with birth parents whilst keeping options

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open as to the most appropriate resolution of the difficulties that have led to the child being referred. We will henceforth refer to 'birth mothers', since it has been pointed out that the birth parent who has to face social services is almost exclusively the mother, and that such women are typically from already marginalized social groups (Charlton et al., 1998: 112). The PIU authors are sceptical about social work skills in relation to birth mothers, especially in preparing them for the process of adoption. However, the task of the social workers is by no means easy, required as they are by the 1989 Children Act to work closely with birth mothers to ensure their continuing involvement and responsibility, even at the same time as they may be making alternative plans and collecting evidence to oppose the birth mother's wishes.

Other research has shown how difficult this relationship is, yet how important it is to the process of assessment and intervention in child care. Recent research has demonstrated that, in order to have any chance of partnership with birth mothers, social workers have to make therapeutic efforts of communication with the approximately 40 per cent who are depressed and unable to work in partnership without pro-active support from the social worker. It is pointed out that 'the situation itself is already a criticism of the mothers' capacity to adequately care for their children' (Sheppard, 2002: 108–9), and therefore '. . . the data suggest the need for a therapeutic content to social work practice simply to make partnership a reality' (Sheppard, 2002: 110).

From a very different perspective, in a separate study of the views of the birth mothers, Sheppard's conclusions are strongly supported:

> When a decision is made to permanently remove a child, social workers gather evidence to prove to the court why that child should not return home . . . It is therefore not surprising that even the most competent social workers find it difficult to work in partnership. (Charlton et al., 1998: 117)

and that 'the loss of parental status and the common loss of partners at the same time combine to lead to a high risk of suicide following court hearings' (Charlton et al., 1998: 39). Birth mothers who were not depressed before may soon become so (as Sheppard also shows), and therefore the need to work closely with them remains very high throughout the processes of assessment, working together as much as humanly possible for the benefit of the child. However, as a consequence, '. . . being social worker for the child must also mean being "social worker for the parents"' (Sheppard, 2002: 110). The two indeed should go hand in hand, as the desirability of some form of continuing contact, or at least access to information about the child's past, will be important in the child's future (Neil, 2000: 314). The obvious moral and professional dilemma here is that of balancing the rights and needs of both the birth mothers and the children.

Further research on the relationship between social worker and birth mother in long-term assessment emphasizes the centrality of the relationship and the importance of communication skills, but 'an over-emphasis on verbal

skills might be a less than fair attempt to assess the parenting skills of those who are not so verbally proficient, particularly those with learning disabilities' (Holland, 2000: 161). As the author points out (again), it is a socially marginalized group of women who have to face the authority of the social worker, and who may often be passive, unable to engage actively in partnership, and therefore run the risk of being assessed as uncooperative, and thus as a high-risk group in relation to their children. Her view is supported by a study of birth parents where in one case 'no specialist social workers with knowledge of learning disabilities were involved in the child protection process' (Charlton et al., 1998: 106). Holland advises the importance of 'systematic, *reflexive analysis* of both the information gathered and the processes of assessment themselves, careful observation, and a greater role for the child's needs and perspective' (Holland, 2000: 162, my emphasis).

In other words, in addition to the pro-active therapeutic involvement required of the worker by Sheppard, there also needs to be a consciously *reflexive* analysis of how the worker is socially positioned and situated in changing relationships with birth parents and children. It is expected – not least by children themselves – that the social worker will prioritize making a relationship with them, even though the demands of time and standardizing documentation may make it hard to respond to children's views (Munro, 2001: 136).

In our research, workers knew well that it was '. . . very important to be sensitive towards the service user, and to make a relationship with them'. Although this question was not the focus of our research, the majority of social workers raised this issue as a matter of concern. They deliberated on the problems of '. . . managing the inherent contradiction and tensions of working towards rehabilitation whilst simultaneously thinking about permanent placement', and used various strategies to ensure as far as possible continued partnership with the birth mothers, but also to make the best assessment for the child. One interviewee commented that:

> . . . because she became so close to the family, and especially to the birth parent . . . it was hard to be detached about what was right for the child. Sometimes she would now raise this with her senior, and suggest an additional independent source for assessment such as the psychiatric service.

A similar kind of referral for specialist assessment is described in Hindle (2001). However, in some other circumstances closeness with the birth parent was very difficult to achieve because it '. . . was very difficult to work with the parents as they were not cooperative or willing to work in partnership'. In this situation, it was possible to be '. . . not usually over-influenced by our sympathy for birth parents, even though we understand the local circumstances'. Thus, in our research, social workers showed evidence of understanding the need to balance sensitivity with objectivity, using their judgement to react appropriately to the particular circumstances. They also were at least partly aware of their

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own strengths and weaknesses, and the need to take these reflexively into account as suggested by Holland.

A different social worker gave an account of how another social worker may have 'got it wrong' because of a close relationship with a birth mother who had herself been in care. In trying to support the birth mother, a decision to get a young child adopted may have been delayed unnecessarily. In this case, the interviewee thought that the understandably close relationship with the birth mother on the part of a young social worker needed better supervisory support. It is inevitable that the skill and judgement involved in sensitive personal relationships will produce varying outcomes, with workers not always coping with their own feelings. They also have to assess the personal involvement of others with the service user. For example, in several interviews social workers commented that family centre workers were sometimes assessing parenting capacity too optimistically because of too close a relationship with the carer, and too little knowledge of family history.

Perhaps the PIU report authors were not sufficiently aware of how difficult the whole process is; how intimately involved workers sometimes have to be with both birth parents and children, taking account of their own feelings, values and personality. We would argue that social workers are well aware that they sometimes get the balance between sensitivity and objectivity 'wrong' or may be open to criticism from one side or another – or indeed from both simultaneously. Assessment is thus about not merely the application of technical skills, but the use of professional and personal judgement in which moral dilemmas and empirical evidence intersect.

Moral and Legal Standards

The law is supposed to provide social workers with a clear framework of standards within which to act. At the time of these research interviews social workers have had to balance the assumptions of adoption law favouring adopters – *predicated on adoption of illegitimate babies by childless couples* (Ball, 2001: 8) – with the reality of older and abused children needing placement in the context of the guidance for the 1989 Children Act designed to *assist the [birth] parent and enhance, rather than undermine, parental authority and control* (Sheppard, 2002: 94). It remains to be seen whether new legislation will be able to provide a sufficiently consistent framework to assist both social workers and service users. It is difficult to see how any legal framework can entirely reduce the assessment and intervention required to a level of technical skill rather than judgement involving personal values and ethics.

The moral dilemmas facing social workers are hardly represented adequately by the inept PIU comment about social workers tending to avoid conflict. The fact is that the situations in which they are involved are morally and ethically fraught with difficulty. They are also central to the concerns of women's social and moral values and their ethics – in ways which may cause

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some tension with the abstract rules and technical skills that the PIU seems to expect social workers to apply. Feminist moral philosophers have been debating for some time the implications of their view that:

> Women are often inclined to attend to rather than to dismiss the particularities of the context in which a moral problem arises. And we often pay attention to feelings of empathy and caring to suggest what we ought to do rather than relying as fully as possible on abstract rules of reason. (Held, 2002: 681)

No doubt, some might see this as the intrusion of unwarranted values, but it can reasonably be argued that it would be more sensible to view the matter from women's positions, especially, as already noted, the vast majority of the birth parents involved are marginalized women – and most of the workers are also women. It can also be argued more positively that feminist discussions of ethics in recent years have a lot to offer the social professions, especially in relation to the kinds of judgements that have to be made in long-term assessment (Clifford, 2002). The critique that women have made of traditional ethics includes the relevant point that '. . . neglect of caring in the discourse of conventional moral philosophy is continuous with and provides support for the exclusion of experiences, interests, needs and desires characteristically associated with women' (Bowden, 1997: 185).

Although feminist ethicists do not present a unified theory, having their own different voices, nevertheless a summary of recent feminist discussions emphasizes, for example, the importance of '. . . imaginative discourse, making conversants equal participants, and also the importance of . . . power differences in historically situated circumstances, and making a difference by changing that world' (Koehn, 1998: 5).

We would contend that social workers making long-term assessments need to consider their often complex positioning in precisely these terms. This feminist and discursive concept of ethics requires a critical and reflexive openness to empirical evidence *and* to the opinions of others, especially knowledge of those whose experiences are hidden or submerged by the dominant cultures, in a similar way to the research methodology for social assessment proposed in a previous work by one of the present writers (Clifford, 1998). Further, it should also be clear from the evidence given above, from our own and others' research, that social workers often do in fact try to think through the moral dilemmas of assessment in terms of a discourse including concepts such as these. Some will do it better than others will, but the point is that *this kind* of morally sensitive approach to assessment is central to the reality of situations in which they work, and has an intellectually defensible basis.

Most social workers interviewed in our research made reflexive comments on the personally and morally challenging nature of the dilemmas involved in working with birth parents, children and carers. Many referred to their own life history and the need to take that into account in working with service users. For example, the religious background of the worker was seen as a difficult personal

issue: '. . . you have an understanding of what other religions are about, but what it's really like is a very personal thing. So this is an area where . . . social workers have to be very careful.'

Other social workers also expressed concern about how 'personal feelings come into all aspects of your work'. Those personal feelings are bound to be intense at the point where workers are trying to maintain a relationship with service users at the same time as they are making plans to place children for adoption. Part of the problem is expressed well by one of our interviewees:

> . . . you are . . . having to have a conversation . . . along the lines of: 'whilst I know you completely disagree with everything we're doing, could you discuss what sort of carer you want for your child?'. It's a very skilful piece of work to engage with a birth parent, to say: 'You've lost the battle and I know that's a tremendous sadness for you, can you work with us towards your child's needs?'

Female (and male) social workers may thus not necessarily be moral cowards in 'tending to avoid conflict'. They may be trying to balance out the legitimate interests of different parties, as well as the longer-term needs of children, by maintaining relationships as well as possible, and continuing to mediate and seek consensus in difficult conditions where their own social and moral position is itself in question. A male social work interviewee encapsulates this position, stating, 'I am aware of the fact that I am a white male, . . . conscious of the role and power that social workers have, and I am aware of . . . working with people who have limited material resources and very limited choices.'

This by no means excuses workers from the necessity of considering painful solutions, but it is entirely consistent with the view that long-term social work assessment involves human social and ethical values of the kind supported by many social workers in the field and by female social work academics (Dalrymple and Burke, 1995). The example given above of a young female social worker getting it 'wrong' by relating too closely to a young birth mother who had been in care herself, exemplifies the difficulties of personal involvement. However, the reflexive personal involvement of workers is a mixture of strengths and deficits – depending on what their life experiences have been. Our interviewees sometimes draw positively on their own experiences of parenting, especially when they have themselves adopted a child, or on their experiences of loss or poverty. Whatever their personal values, they were aware that they could not put on professional values 'like an overcoat', and take them off at the close of day, nor rely solely on technical skills in assessment. They have to work with conflict, including challenges to their own moral judgement arising from the real dilemmas of practice, and from their personal responsibility.

Multi-Disciplinary and Social Work Assessment

The PIU comment (above) concerning social workers' limited ability to make judgements about rehabilitation, and the need to consult with other members

of the multi-disciplinary team, implies that social workers are not expected to be experts, except perhaps about details of service users' social histories, and even then they may not know as much as the service users. What they should obviously do is draw upon the knowledge of those who *are* experts – doctors, lawyers, clinical psychologists, psychiatrists and psychotherapists. It is universally accepted that professions should work together for the benefit of the child, especially in view of the long and well-known history of failures of communication in child care. The danger is that if social workers are not recognized as having some 'expertise' in making social assessments, then they will be in no position to contribute on an equal basis, and service users will be facing the diagnosis of medical and quasi-medical experts without the advocacy or support of a socially oriented professional. The social aspects of children's and families' lives need to be strongly represented if an adequate assessment of their needs is to be constructed.

In our research, there was evidence of a critical appreciation by social workers of psychological, psychiatric and other contributions to assessment. It was common practice to involve other professionals and work closely together from an early stage. For example, the practice in one team was to:

> . . . have a family support meeting which will include . . . as many people as we can get there who are involved in the family, such as education (education welfare officers, teachers); health (community nurses, etc); mental health (community psychiatric nurses, psychology and psychiatry); the youth offending team, and others as required. This is therefore a multi-disciplinary approach to assessment from the start.

However, social workers also felt that they had a different brief from other professionals, and tended to portray it in terms of understanding the social relationships and histories of individuals and families in holistic terms. One social worker used a graphic illustration of what she meant, and how difficult it can be to access information about personal and family histories:

> The image I use is that of being on a bus for a couple of stops. You only get to know a family for a short period of time, and they often do not tell you about what has happened during the many stops they have been on before you got on the bus. Many families are very reluctant to tell us anything about that period, knowing that we are a potential threat to them.

It is partly for this reason that workers will value an opinion that will refract the image of service users' lives in a different light. Nevertheless, they will not be uncritical about this opinion, but will also assess its significance. This is well illustrated in relation to the example of assessment in family centres, where several social workers expressed a critical appreciation of multi-disciplinary work. It is also evident in the detailed reservations of another social worker commenting on psychiatric and psychological assessment as against social work assessment:

> It depends as always on who the person [i.e. the psychologist or psychiatrist] actually is – some are good/have a good reputation: others not. A key issue would be whether

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and how often/long they have seen the child – and spoken to other relatives. They often hedge their bets – possibly because they don't always know that much themselves about the details of adoption and/or fostering practice and the research evidence about what works. Social work assessments can use psychological/psychiatric evidence as part of what is needed – but the social worker has to assess the whole range of social relationships over the whole life course.

The approach used by social workers thus positively values psychological and psychiatric information but social workers place consistent importance on *social* assessment. They place the personal factors within complex and holistic social histories in reflexive dialogue with service users and professional colleagues, taking account of various social systems and manifestations of power and difference (see Clifford, 1998).

The PIU comment about social workers' limited expertise and training, and the implied approval of non-social work experts, is consistent with recent government guidance on assessment. Social workers are directed towards using validated psychological instruments to provide evidence for making such judgements, as well as towards multi-disciplinary work in which they are expected to defer to the 'established' expertise of medicine, psychology and psychiatry, something which has been commented on elsewhere (see Clifford et al., 2002: 115; Cox and Hardwick, 2002: 43). The realism demonstrated above by the social worker's assessment of psychological contributions reflects the fact that *judgements* about what is best for a child and family cannot be decided by 'expert' disciplines. Social workers thus have a critical social perspective, which they take to multi-disciplinary discussions, and which should not be undervalued in comparison with other disciplinary specialisms. However, the status differentials between professionals are being unnecessarily reinforced by the critical PIU attitude to social workers. This makes it more, rather than less, difficult for them to facilitate multi-professional assessments.

Conclusion

None of the above evidence from social workers making long-term assessments in relation to issues of permanence or rehabilitation, nor the interpretation we have placed upon it, need be understood as in any way a detraction from the use of evidence in particular cases. The examples already given above show how some social workers use psychological information and research evidence. We ourselves have used evidence of our own, and from other sources, to support an interpretation of how social workers make long-term assessments, coming to a less derogatory view than the one presented in the PIU report. This is not to say that particular social workers always achieve sound judgement in their use of evidence, or succeed in understanding situations through ethical use of relationships. Quite the contrary, it is obviously always possible for workers to err, whether through cognitive misperceptions or through emotional or ethical lapses, pressure of work, or a lack of resources. Our own evidence indicates that

in some cases social workers were critical of practice in their own department where assessment had not been done properly: 'From looking at the files it was evident that practice was wanting in terms of the rigour of assessments undertaken.' At the worst, social workers are as likely as any other professionals to engage in thoroughly oppressive and exploitative relations with vulnerable service users.

However, what needs to be understood very clearly is that, as in child protection risk assessment (where it is commonly accepted that the worker can be damned whichever direction is taken), so the same is true in long-term permanency assessments. It is not simply a question of 'error' There are personal and political issues of evaluation, ethics and evidence that can be read in different ways. We think we have demonstrated that this is the case in relation to the PIU document itself. It should be accepted that social workers' assessments *have* to be 'trusted' to some degree with making value-laden judgements, even in this unsympathetic climate (Smith, 2001). This is partly because if they are not to make these disputable judgements, then someone else, perhaps psychologists, will have to. However, psychology is also a disputed discipline where professional judgements may be challenged. Unnecessary vilification of social work assessments may have deleterious effects on:

1. the process of assessment (through delays for further assessment);
2. attention given to individual needs (through pressure to achieve adoption targets);
3. multi-professional assessment (through social work not being taken sufficiently seriously).

We would suggest that we have offered some evidence and a reasoned argument to show that many social workers do have an understanding of their own and others' expertise, and the limits to both. They also exhibit a grasp of the ethical and political issues of the relationships they must make with often-reluctant service users whose knowledge and perspectives they have simultaneously to hear, respect and assess. We have previously worked with social services in the area of integrating values and child care assessment, when there was also a positive acknowledgement by experienced social workers of the usefulness of such an approach to the nature of their task, and the need to maintain a critical awareness of the dimensions of ethics and values (Clifford et al., 2002). On the other hand, the same evidence and arguments also suggest that policy-makers and researchers at the centre of government need to be more aware of the complexity and value-laden nature of social assessments and the moral and professional dilemmas that practitioners face.

Note

for supporting the original research into adoption that provided the opportunity for this paper. Further information about the adoption research project is available in Clifford et al. (2003), and data files on the research can be emailed by the authors on request.

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